A Study on
Japan's Global Health Aid Policy

- Toward the Formulation of a New Policy -

Final Report

March 2010

Japanese Organization for International
Cooperation in Family Planning (JOICFP)

HANDS (Health and Development Service)

Preface

This report contains the results of a "Study on Japan's Global Health Aid Policy—Toward the Formulation of a New Policy," conducted by a team comprising the Japanese Organization for International Cooperation in Family Planning (JOICFP) and HANDS (Health and Development Service). The study was commissioned by Japan's Ministry of Foreign Affairs in FY2009 as part of its efforts to formulate a new global health aid policy.

Within its official development assistance (ODA) policy, the government of Japan places priority on aid for the health sector. It announced a Health and Development Initiative (HDI) in 2005, and has been focusing its assistance on the achievement of the health-related Millennium Development Goals (MDGs 4, 5, and 6), utilizing a comprehensive approach that includes health systems strengthening as well as direct assistance for specific issues within the health sector.

As the HDI will conclude at the end of March 2010, we are now at a critical juncture where the government of Japan must review the impact and achievements of its policy and consider future policy directions. To help the government in its consideration of potential future directions, this study reviewed the recent trends in the policies of major donor countries and international agencies, analyzed the programs and challenges of past aid policies in the health sector, and further examined the policies and strategies that the government of Japan should adopt in the coming years.

Being fully aware of the emphasis given by the government of Japan to a broad-based participatory approach in its policymaking process—including the involvement of personnel from nongovernmental organizations and other experts—the study team collected and analyzed information and views from individuals in relevant sectors. The aim of this report is to promote a positive role for Japan in global health. It is our wish that this report serve as a useful resource to help the government in formulating a health aid policy and strategy that take into account the trends in the international community and enhance the effectiveness of Japan's ODA in meeting global health challenges.

The study team would like to express our deep appreciation to the many experts and practitioners involved in the foreign aid and global health fields who so kindly offered us their cooperation and advice. Finally, we would note that the findings and recommendations in this report are solely the responsibility of the study team and do not necessarily reflect the views of the government of Japan or the Ministry of Foreign Affairs.

Yasuo Kon
Chairperson, JOICFP
Yasuhide Nakamura
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March 2010

Summary

1. Outline of the Study

Five years remain before we reach the deadline for achieving the international development targets for the 21st century known as the Millennium Development Goals (MDGs). Accordingly, the United Nations is planning to hold a high-level MDG+10 Summit in September 2010. Also looming right around the corner is the conclusion in March 2010 of the Japanese government's Health Development Initiative (HDI)—a five-year, US$5 billion initiative that was first announced in 2005.

Against this backdrop, the Ministry of Foreign Affairs commissioned a study to seek the opinions and advice of a broad range of Japanese government officials, experts, nongovernmental organization (NGO) representatives, and others on how Japan might play an even greater leadership role in the field of global health, and what types of aid policies, strategies, and programs Japan should create in order to ensure its effective contribution. Having gathered and analyzed this information, the study team has prepared this report to offer lessons learned and recommendations that can be used in planning Japan's future global health policy.

2. Findings of the Study

1) Trends in Health-Related Foreign Aid Policies of Major Countries and International Agencies

The MDGs represent shared concerns that must be addressed by the international community as a whole. Recognizing that fact, governments, aid agencies, and civil society organizations have all been raising their level of commitment in order to achieve these goals. In recent years, the international governance system surrounding global health has changed dramatically, as the system for providing aid has shifted from one that is centered on traditional donor countries and international agencies to one in which many stakeholders, including private foundations and others, have entered the scene and become influential actors in the field. Based on such international agreements as the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action, the trend has been toward greater aid coordination, starting with greater coordination within the United Nations under the "One UN" slogan. It appears that the global health field today is in transition, searching for ways to create new global mechanisms for governance.

Over the past 10 years since the establishment of the MDGs, funding for the health field has doubled, but a good deal of that funding is being used to address specific diseases, and there has been limited investment for MDGs 4 and 5 (maternal and child health). There is a real and growing concern that these goals will not be achieved by 2015, and that has led the international community to pay much greater attention to these issues in recent years. "Health systems strengthening" is also increasingly recognized as an important item on the agenda, and there have been a number of new developments in

this area, such as a coordinated initiative to create a "joint funding platform for health systems strengthening" that involves the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the Global Alliance for Vaccines and Immunisation, and the World Bank.

In addition to these trends among international organizations, the G8 countries and other major donors are addressing global health as part of their foreign policy, positioning it as a key issue that contributes to the international community and to the interests of their own citizens. The G8/G20 Summit is scheduled to be held in Canada in June 2010, and as the chair of the meeting, the Canadian government has proposed that the G8 address development issues and global health, with a particular focus on maternal and child health.

The MDGs have had a strong impact on the way in which the international community considers aid policy for the health sector, both in terms of setting a timeframe (i.e., the 2015 deadline) and setting priority issues. Most major donors are using a "priority country" approach that designates aid recipients based on the current status of development aid in that country and the country's needs in terms of achieving the MDGs. Various forms of aid are being strategically utilized, such as linking bilateral and multilateral aid, general budget support, and sectoral budget support. In addition, based on the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action, the major donor countries have begun to emphasize aid coordination at the recipient-country level. Along with stressing greater ownership on the part of the recipient nations, they are also attempting to strengthen various strategic partnerships.

In the UK and the United States, universities, research institutes, and independent think tanks have a proven record of policy research and issue-oriented studies, which are in fact being used in the policymaking process and in the implementation of aid in the global health field. Greater emphasis is being placed on the research—including monitoring and evaluation—needed for policymaking in the aid field, and budget is earmarked for that purpose. In addition, in the major donor countries, cooperation with civil society (NGOs and the private sector) is increasingly stressed. By bringing to bear the knowledge and resources of diverse sectors, civil society is playing a more important role in aid implementation, in providing new funding sources, and in policy advocacy. However, in comparison to other major donors, the proportion of Japan's ODA that is implemented by NGOs remains low.

Another area where Japan is lagging behind other major donor nations is in its ability to utilize various means to effectively communicate new policy directions to both the domestic and international audiences. In other countries, key individuals are able to serve as the "face" of the country in presenting its political leadership and commitment to others. At the same time, Track II dialogues with broad, multisectoral participation—aid practitioners, researchers, NGO representatives, private sector representatives, and others—are also tremendously important for developing, advocating, and

communicating policies in the global health field.

2) Japan's Health-Related ODA Policy and the Challenges It Faces

In 2000, Japan announced the Okinawa Infectious Diseases Initiative (IDI), which called on the international community to address the critical issue of infectious diseases, thus laying the groundwork for the establishment of the Global Fund. In 2008, the country played host to both the 4th Tokyo International Conference on African Development (TICAD IV) and the G8 Summit, and through the drafting of the "Yokohama Action Plan" and the "Toyako Framework for Action on Global Health" for those meetings, Japan was able to assume a leadership role in the field of global health. That momentum must be maintained.

As the 2015 MDG deadline nears, many countries are in danger of not achieving the health MDGs. In particular, the slow pace of progress in two regions, sub-Saharan Africa and South Asia, is glaring in contrast to other regions. To address this concern, Japan has chosen to emphasize three areas as the main pillars of its health aid—health systems strengthening, the improvement of maternal and child health, and the fight against infectious disease—and is promoting an approach that attempts to develop human resources and strengthen health administration and community capacity.

At the same time, however, from a mid- to long-term perspective, Japan needs to consider policies and approaches more broadly in terms of development issues that can have an impact on global health in the future. Greater attention is already being paid in developing nations in Asia and elsewhere to approaches that address future health needs associated with the changes occurring in the disease burden. The knowledge Japan has gained through its own experiences to date (e.g., universal health insurance system, maternal and child health systems, management of health and medical organizations, measures to cope with an aging population, promotion of health over the lifespan, etc.) can be applied to demonstrate Japan's comparative advantages.

One issue that Japan must address is how to develop a multistakeholder system for policymaking and policy implementation that goes beyond the public/private framework. Japan also needs to strengthen its ability to communicate its health aid policy to the public, as noted above. In order to communicate information in a way that will have an impact, it is essential that Japan highlight its comparative advantages to the world through credible international media outlets. By doing so, it will also provide opportunities to raise interest within Japan about the country's contribution to global health.

In order to carry out aid programs effectively and efficiently, Japan needs to rethink the methods and modalities of aid that it employs. In this context, aid coordination with other donors should be considered as one means through which Japan can increase the effectiveness and efficiency of its funding, depending on the issue and conditions involved.

Another issue that Japan must consider if the fact that there are a limited number of personnel involved in policymaking in the global health field in Japan's government agencies, in JICA, and in Japanese NGOs. Most Japanese NGOs are project-oriented organizations, and very few have the capacity for advocacy. Currently, these organizations are extremely weak in terms of their financial base, organizational structure, and human resources, and it is therefore difficult for them to allocate the necessary budget or expert personnel to conduct policy advocacy. A mechanism should be established in Japanese society to ensure a career path for capable individuals by promoting greater job mobility between and among NGOs, government agencies, and international organizations. This would allow these individuals to gain critical hands-on experience and policy expertise.

Finally, in order to promote evidence-based global health, the Japanese government needs to think about how to strengthen cooperation with research institutions—not only in the health/medical field, but in international relations and other relevant fields as well. The importance of research needs to be affirmed, and the system for carrying out research (expertise, personnel, budget, etc.) needs to be rethought, including the role of the JICA Research Institute.

3) Issues in Health-Related Monitoring and Evaluation

As part of the process of reviewing the progress made toward the MDGs, donor countries are urged to create monitoring and evaluation systems. These systems should enable each country to present the necessary data for a review of global health and to clearly present to the international community its track record and the impact of its efforts on helping to achieve the goals. In order to clearly lay out Japan's contribution to global health as well, there are a number of issues related to the current monitoring and evaluation system that should be clarified and quickly addressed.

The first issue, which relates to the development field more broadly as well as to health, is that Japan has not been laying out clear goals and higher-level objectives with performance indicators at the time policies are decided. A policy framework with measurable expected outcomes needs to be prepared using a framework like a goal chart. In this way, the policy can be clearly positioned, showing Japan's commitment to global health and paving the way for monitoring and evaluation.

Second, Japan is not currently doing enough to utilize the results of its monitoring and evaluation. In order to communicate information to the world and have an impact, and in order to lead the global debate, Japan should make a greater effort to convey the results of its monitoring and evaluation. It must use the global media to reach the international community and at the same time find ways to communicate the results to the public in Japan in a way that is easy to understand.

Third, in light of the recent global trends toward the promotion of results-based management (RBM) and aid coordination, there has been a growing emphasis in the international community on monitoring and evaluation in the field of development assistance as a whole, including global health,

and on the need for transparency and objectivity in that process. However, Japan's monitoring and evaluation in the global health field has not adequately responded to these shifts as of yet. There is an urgent need to establish a monitoring and evaluation system that conforms to the international trends while also taking advantage of Japan's strengths and experience. At the same time, in order to carry out such efforts effectively, there are other steps that should be taken as well: securing both qualitative and quantitative data, creating a monitoring system that enables qualitative analysis and process evaluation, utilizing internationally accepted common indicators and national indicators set by the recipient country, and creating links and cooperating with international organizations, research institutes, and others.

The fourth issue involves the expectation that Japan will provide assistance to help improve the monitoring and evaluation capacity of recipient countries. This is an area in which Japan can and should contribute, for example by proactively engaging in the strengthening of recipient countries' systems of monitoring and evaluation and providing technical assistance for jointly implemented evaluations.

3. Recommendations

As the government of Japan considers its policy options for the period following the conclusion of the current HDI, the study team proposes the following five recommendations. They are based on a mid-to long-term perspective, and are intended to inform the new global health aid policy for the five-year period from 2010 to 2015.

Recommendation 1: Position global health as a pillar of Japan's foreign policy

1-1 Japan should consider global health to be a central issue within the development field and should declare it an important pillar of its foreign policy. It should convey to the world the image of Japan as the "protector of lives worldwide."

1-2 Japan's aid in the global health field over the next five years should be based on two perspectives: 2015 and post-2015.

1-3 Japan's new health policy should present a clear policy framework for contributing to global health, and at the same time should increase the total funding commitment beyond that of the HDI.

<Policy Framework>

Ultimate Goal: The "strategic objective" of Japan's new health policy should be centered on the concept of "protecting lives around the world." Based on a human security perspective, it should protect communities and individuals from health threats, enabling people worldwide to remain equally

healthy.

Strategy: Japan's approach should set a medium-term goal of health systems improvement and strengthening to ensure equal access to quality health services. It should adopt two strategic objectives: 1) achieve the health-related MDGs by 2015, aiming to reduce maternal and child mortality, improve maternal and child health, and reduce mortality and illness due to infectious disease; and 2) promote policy dialogue on development issues influencing global health beyond 2015.

Recommendation 2: Strengthen Japan's system for promoting global health and set the trends for international efforts in the field

2-1 Establish a system for the promotion of global health (establish an independent "Global Health Policy Committee [tentative]" comprised of representatives from various stakeholders)

2-2 Appoint personnel who can serve as the "face" of Japan in promoting global health (improve communications domestically and internationally and strengthen Japan's presence)

2-3 Disseminate evidence-based information through leading international media

2-4 Ensure Japan's presence through stronger ties to international organizations

2-5 Lead the international debate on innovative financing mechanisms

Recommendation 3: Reexamine and strengthen the aid methods and modalities for global health in order to improve aid effectiveness

3-1 Achieve impact by narrowing the focus of strategic objectives and geographical scope (select priority programs and priority countries, and focus investment on these)

3-2 Reexamine methods and modalities of aid to create a more effective and flexible approach (encourage program approach, coordinate and create greater synergy between multilateral and bilateral aid, and flexibly apply existing and new aid modalities)

3-3 Play a leadership role among donor countries (strengthen decentralized country-level decision-making capacity, appoint personnel with expertise in aid coordination among donors)

3-4 Establish a career path for those trained in the global health field, support the development of both human resources and NGOs, and strengthen policymaking and advocacy skills for global health

Recommendation 4: Strengthen evidence-based policy and practice for global health

4-1 Strengthen the monitoring and evaluation system

A mechanism for monitoring and evaluation should be incorporated into the policy framework from the drafting stage, and a set percentage of the budget should be earmarked for monitoring and evaluation. The recipient nation's system for monitoring and evaluation should be strengthened, and technical support should be given for conducting joint evaluations. The results of monitoring and evaluation should be actively utilized and the findings should be conveyed in ways that will have an impact overseas and within Japan.

4-2 Create a network with research institutes, universities, and others to strengthen research capacity

The Japanese government should strengthen its research capacity in the global health field through improved networking with research institutions, universities, and others in the field. The role of the JICA Research Institute should be reexamined and reinforced, and the global health field should be included as an important focus of its research.

Recommendation 5: Forge solid partnerships with civil society for promoting global health

5-1 Strengthen partnership with civil society (NGOs and the private sector)

The Japanese government should make use of the comparative advantages of NGOs and increase the amount of ODA implemented through partnerships with NGOs in "regions and fields that the government cannot cover" and in "areas that are 'weak points' for the government." Assistance should be given to facilitate the development of policy advocacy NGOs and to develop new initiatives linking ODA, business, and NGOs.

5-2 Strengthen methods of communicating information to the public

The Japanese government should raise awareness among the Japanese public that global health issues are not just a concern of the international community at large, but have a strong impact close to home as well. To do so, it must effectively utilize NGO networks, make use of personnel who can act as the "face" of Japan's global health policy communicate with the public, apply contemporary methods and means of communication to increase interest in global health, and incorporate global health issues in the "development education curriculum" for schools to help promote greater understanding of Japan's role in the field.

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Frequently Used Abbreviations

ACSD	Accelerated Child Survival and Development
ADB	Asian Development Bank
AMC	advanced market commitment
ARDE	Annual Review of Development Effectiveness
AusAID	Australian Agency for International Development
BMZ	Federal Ministry for Economic Cooperation and Development, Germany
CAS	country assistance strategy
CAE	country assistance evaluation
CDF	comprehensive development framework
CIDA	Canadian International Development Agency
COP15	15th Conference of the Parties to the United Nations Framework Convention on Climate Change
CSO	civil society organization
CSR	corporate social responsibility
DALYs	disability adjusted life years
DFID	Department for International Developments
DHS	Demographic and Health Survey
GAVI	Global Alliance for Vaccines and Immunisation (GAVI Alliance)
GHI	Global Health Initiative (US)
GHP	global health partnership
GII	Global Issues Initiative on Population and AIDS
GTZ	Gesellschaft für Technische Zusammenarbeit
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndrome
HDI	Health and Development Initiative
HSS	health systems strengthening
ICPD	United Nations International Conference on Population and Development
IDI	Okinawa Infectious Diseases Initiative
IEG	Independent Evaluation Group
IFFIm	International Finance Facility for Immunisation
IHP	International Health Partnership
IMF	International Monetary Fund
JBIC	Japan Bank for International Cooperation
JICA	Japan International Cooperation Agency

JOCV	Japan Overseas Cooperation Volunteers
J-PAL	Abdul Latif Jameel Poverty Action Lab
KfW	Kreditanstalt für Wiederaufbau
MAP	Multi-country HIV-AIDS Program
MBB	marginal budgeting for bottlenecks
MCH	maternal and child health
MDGs	Millennium Development Goals
NGO	nongovernmental organization
NONIE	Network of Networks of Impact Evaluation
NTDs	neglected tropical diseases
ODA	official development assistance
OECD	Organisation for Economic Co-operation and Development
OECD-DAC	Organisation for Economic Co-operation and Development, Development Assistance Committee
PCM	project cycle management
PDCA	plan-do-check-act
PEPFAR	President's Emergency Plan for AIDS Relief (US)
PMNCH	Partnership for Maternal, Newborn and Child Health
PRSP	poverty reduction strategy paper
RBM	results-based management
RCT	randomized controlled trial
RF	results framework
SARS	severe acute respiratory syndrome
SRHR	sexual and reproductive health and rights
TB	tuberculosis
TICAD	Tokyo International Conference on African Development
TIIFHS	Taskforce for Innovative International Financing for Health Systems
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WFP	United Nations World Food Programme
WHO	World Health Organization

Chapter 1: Outline of the Study

1-1 Introduction

This report presents the findings of the "Study on Japan's Global Health Aid Policy—Toward the Formulation of a New Policy," which was commissioned by the Ministry of Foreign Affairs (MOFA) and conducted by a joint study team consisting of the Japanese Organization for International Cooperation in Family Planning (JOICFP) and HANDS (Health and Development Service).

1-2 Objectives of the Study

This study seeks to offer lessons learned and present recommendations on Japan's future foreign aid policy, strategy, and actions to be taken in the global health field in order for Japan to be able to play a leading role and more effectively contribute to this key issue facing the international community.[1]

1-3 Background and Context

The government of Japan has pointed to the concept of human security as an important pillar of its foreign policy. As a result, it has emphasized assistance for global health, a critical issue that is closely intertwined with human security. The Japanese government's official development assistance (ODA) policy has also placed priority on contributing to the achievement of the Millennium Development Goals (MDGs), and particularly the health-related MDGs 4, 5, and 6. In order to achieve those MDGs, the government's global health efforts not only include direct assistance for specific issues in the health field, but also take a more comprehensive approach that seeks to assist the health field as a whole through such means as health systems strengthening. This approach was clearly stated in the Health and Development Initiative (HDI) announced in 2005 (a total commitment of US$5 billion over the period of FY2005–FY2009).

The government of Japan also laid the groundwork for the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) and has been contributing to the fight against infectious diseases as one of the major donors to that fund (it has contributed a total of US$1.04 billion to date). In addition, in 2008 Japan hosted two major international conferences, the 4th Tokyo International Conference on African Development (TICAD IV) and the G8 Hokkaido-Toyako Summit. At both of these conferences it was emphasized that health systems strengthening, including human resource development, was key to achieving the MDG targets of controlling infectious diseases and improving maternal and child health. Health systems strengthening has thus become a mainstream issue in global health.

In light of the fact that the current HDI concludes at the end of March 2010, and of the impending 2015 deadline for the achievement of the MDGs, this study sought to review the aid policies of the

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[1] The term "global health" is used in this report in the context that health is determined by problems, issues, and concerns that transcend national boundaries and need to be tackled in a global context since they are beyond the capacity of individual countries to solve. This is also related to the current situation in which many stakeholders in the international community—NGOs, foundations, and the private sector—are involved in health in addition to traditional bilateral and multilateral agencies (Brown et al. 2006).

Japanese government to date in the health sector and to consider its future policy directions. As various frameworks and initiatives have been created worldwide and stakeholders have been expanding, the global environment surrounding global health has been rapidly changing, making linkages among and collaboration with stakeholders in Japan and abroad increasingly important. As it considers its future policy direction, the government of Japan is taking a participatory approach, seeking the opinions and advice of experts and NGOs in Japan and abroad. In accordance with that policy, and based on the progress of the HDI to date, this study was carried out with the objective of providing basic reference materials and concrete recommendations that can assist the government as it determines its next steps on health policy.

1-4 Research Methodology

1-4-1 Framework for Implementing the Study

As the study team carried out this research project, it framed the issue by focusing on the following basic questions:

1) Global health as foreign policy:

Is Japan's global health policy appropriately positioned in the context of its policies on global issues and its overall development policy?

2) Appropriateness of Japan's global health policy:

Is the substance of Japan's aid policy toward global health convincingly communicated, drawing on global trends and making full use of Japan's position as the only G8 member representing Asia?

3) Aid effectiveness and aid coordination:

Has Japan's ODA in the health sector had an effective impact on the international community?

• What is the status of Japan's ODA from the standpoint of the policymaking process, aid schemes and tools, content of the support, budget allocation, etc.?

4) Comparative advantage of Japan's aid tools:

What is the comparative advantage of Japan's aid in the global health field?

5) Accountability and monitoring/evaluation:

Has the government of Japan achieved accountability in its own policies?

• Are the government's methods and processes for monitoring and evaluation appropriate in comparison with those of other donor countries?

6) Role of civil society:

What roles should be played by nongovernmental stakeholders (i.e., civil society, including the private sector, NGOs, etc.)?

• Compared with other countries, what is the current situation in terms of the roles and participation of civil society in Japan's health-related aid?

7) Beyond the MDGs:

What are the priority policy issues for the international community as the 2015 deadline for achieving the MDGs draws near? Looking beyond 2015, what are the priority policy issues that Japan should be addressing from a medium- to long-term perspective?

1-4-2 Parameters of the Study

Six donor countries were selected as the focus of research and analysis in this study. The United States, the United Kingdom (UK), Canada, Norway, and the Netherlands were selected on the basis of the proportion of their ODA budgets allocated to the health sector and the actual budget amounts[2]; in addition, Australia was examined from the perspective of its regional strategy. In terms of international agencies, the team analyzed the World Health Organization (WHO), the World Bank, the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and two additional initiatives, namely, the Global Fund and the Global Alliance for Vaccines and Immunisation (GAVI). As important actors in health-sector aid, the policies of the Bill & Melinda Gates Foundation, the European Union, and the African Union were also included as subjects of the team's information collection and analysis.

Furthermore, agencies in Japan that are providing aid in the health sector, experts from Japan and abroad, and representatives from Japanese and international NGOs were also included in the study.

1-4-3 Research Methodology

The following methods were employed in this study.

<Data and Information Collection>

Literature Review

The study team collected and analyzed the existing literature in the field, reports on Japan's foreign aid policy and programs, reports of international conferences and relevant reference materials, statistics, and information available on the Internet. A list of the main references used in this report is provided in the appendix.

Interviews (individuals and groups)

Using an interview guide, interviews were conducted with individuals involved with Japan's health-related foreign aid policy and implementation, as well as other experts. Those interviewed included government officials, persons connected to JICA, NGO representatives, researchers, practitioners, and other experts. (See Appendix 4: List of Agencies/Organizations Interviewed)

Field Research

In addition to the literature review and interviews in Japan, the study team gathered information by traveling to the United States (New York, Washington DC, etc.), the UK (London), and Switzerland (Geneva) from late November to early December 2009, where a team member gathered information and conducted interviews with officials working in the health field in major donor country governments and at the head offices of international agencies. (See Appendix 4: List of Agencies/Organizations Interviewed)

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[2] OECD-DAC, www.oecd.org/dac/stats/health (accessed in January 2010).

<u>Exchange of Views with Experts and NGO Representatives through Dialogue and E-mail Communication</u>

In the process of this study, experts and NGO members involved in global health were asked to serve as advisors to the study, and the study team exchanged views with them through e-mails and interviews, and through gatherings with NGOs. Immediately after the inception of the study, these advisors gave their advice on the basic research design, the interview guide, and candidates for interviews. In the process of preparing this report, their advice was sought on organizing the final lessons learned and recommendations.

<Analysis and Consolidation>

All interviews in Japan and abroad were conducted on a not-for-attribution basis for the purpose of eliciting the frank opinions of the interview subjects. Based upon the Study Framework, mentioned in section 1-4-1, the information gathered from all of the sources (literature review, interviews, exchange of views and with experts and NGOs) were distilled, analyzed, and then consolidated into this report.

1-4-4 Study Team

The study was conducted by a team consisting of the following members:

Chief Researcher: Ryoko Nishida, Assistant Executive Director, JOICFP
Assistant Chief Researcher: Tomoyo Wada, Program Advisor, HANDS
Researcher: Sachiko Miyake, Program Officer, HANDS
Researcher: Yoshie Mizogami, Program Officer, HANDS
Researcher: Makoto Yaguchi, Advocacy Group Chief, JOICFP

The study team carried out its work based on the research and analysis methods described above. The study considered and reflected the views and advice received through interviews with officials in relevant organizations in Japan with experts on global health, and with representatives of NGOs that participate in the MOFA-NGO Open Regular Dialogues on GII/IDI.

1-5 Structure of the Report

This report is comprised of five chapters. Following this chapter, which provides the outline of the study, including its background, objectives, and methodology, chapter 2 analyzes trends in the health-related aid policies of major donor countries and international agencies and considers the context and future trends of Japan's aid policy.

Chapter 3 examines Japan's health aid policy from a historical perspective; analyzes the key features of Japan's aid, its future challenges, and its methods and system of implementation; and considers the future issues facing the field.

In chapter 4, the trends in Japan's aid monitoring and evaluation system in the health sector are reviewed, particularly from the perspective of ensuring accountability. In addition, this chapter offers

an outline of the trends in and methods of monitoring and evaluation of major donor countries and international agencies, and considers how to promote effective monitoring and evaluation in future health-related aid.

In chapter 5, the study team presents its recommendations for Japan's new health aid policy. These findings and recommendations are based on the discussion and analyses described in chapters 2 to 4, and reflect the interviews that were conducted with, and the advice received from, relevant experts and NGO representatives.

For further reference, a supplementary report has been compiled separately to include information and materials gathered through the study.[3]

1-6 Limitations of the Study

JOICFP and HANDS jointly submitted a proposal for this study in accordance with the project tender procedures of MOFA. The proposal was approved and the organizations were commissioned by the ministry to implement this study.

The two implementing organizations have carried out technical cooperation activities in developing countries in cooperation with MOFA, JICA, and international agencies in the health sector (in particular in the areas of reproductive health and maternal and child health). In addition, they have conducted various studies on the health sector, and have carried out policy studies and advocacy as members of the MOFA-NGO Open Regular Dialogues on GII/IDI. The study team drew on these experiences and networks in conducting this study.

In the implementation of this study, the team conducted a literature review and data collection/survey of publicly available information and made efforts to gather comments and advice from people involved in foreign aid, experts, and NGO staff in Japan and abroad through interviews and consultations. However, due to time constraints, it was not possible to comprehensively cover the representatives of all stakeholders in the health aid sector in Japan. In terms of Japanese NGO representatives, based on the past track record of consultations between MOFA and NGOs, the study team used its own connections to the MOFA-NGO Open Regular Dialogues on GII/IDI and asked other members of that dialogue for their views and advice. For that reason, representatives of other NGOs (including universities) were not included. International cooperation consulting groups, which play a large role in Japan's ODA, were not included within the parameters of this study either. With regard to any potential conflict of interest on the part of those involved in this study, the fact that the study team consisted of NGO representatives who participate in the MOFA-NGO Open Regular Dialogues on GII/IDI may be perceived as a limitation on the independence of the research, but the team endeavored to present the research findings from an objective standpoint.

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[3] The supplementary report was produced mainly in Japanese as a reference material for Japanese readers.

Chapter 2: Trends in Health-Related Foreign Aid Policies of Major Countries and International Agencies

2-1 International Trends in Health-Sector Aid Policies

The announcement of the MDGs in 2000 led the international community—including governments, donor agencies, and civil societies—to enhance their commitment to the common challenges in the field of global health, and as a result the amount of funding for this sector doubled over the ensuing decade.[4] However, as will be discussed in section 2-5, there is still an enormous need for resources in order to achieve the MDGs. This remains a major challenge to the field. Furthermore, the international governance system for global health has been changing both in terms of financing and policy, as international agencies and donor governments are no longer the only actors playing a substantial role. In recent years, with the proliferation of various initiatives and partnerships[5], aid coordination among donors has been progressing and a growing number of stakeholders have entered the global health arena (e.g., the Gates Foundation and other private funders), offering more diversified funding sources. The environment surrounding global health is thus in transition and extremely fluid, as we move toward a new governance system, including new international financing mechanisms.

Against this backdrop, and triggered by the global pandemic of severe acute respiratory syndrome (SARS) and the H5N1 influenza virus, there has been a growing recognition that global health is not only a matter of concern for foreign aid policy but must also be addressed in the context of a broader range of foreign policy issues—from health concerns such as SARS and the H5N1 virus, where there is a close relationship between global and domestic health, to issues such as the intellectual property rights to vaccines and other medical products, or the brain drain of medical personnel from developing countries. As a result, global health is increasingly being addressed as a foreign policy issue.[6]

Debates continue over the most appropriate approach—a vertical approach based on each specific disease, a horizontal approach that aims to strengthen health systems as a whole, or a diagonal approach that works to strengthen health systems within the context of measures to address a specific disease.[7] At the 2008 Hokkaido-Toyako G8 Summit, participants agreed that the strengthening of health systems, including human resource development, is essential to achieving the MDGs. Accordingly, in recent years, many countries and organizations have begun shifting their health-related aid policy away from one that gives priority to HIV/AIDS and other specific diseases to one that emphasizes health systems strengthening, although still considering measures for specific diseases as

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[4] To be accurate, the amount doubled in six years from US$10.9 billion in 2001 to US$21.8 billion in 2007 (Institute for Health Metrics and Evaluation 2009).

[5] After 2000, a number of new global health frameworks called "initiatives" and "partnerships" have appeared. However, it is difficult to differentiate these two terms since they are not clearly defined and are used interchangeably. Both "initiatives" and "partnerships" aim to strengthen assistance and interventions to address a specific disease or health issue and bring about an impact on internationally agreed upon goals/objectives by mobilizing the resources and efforts of various stakeholders (e.g., donors, public-private partnerships). "Initiative" tends to emphasize a policy/agreement/measure that addresses a specific disease or intervention, while "partnership" is more concerned with alliances or frameworks, including public-private partnerships. UN Committee for Development Policy (2009); WHO Maximizing Positive Synergies Collaborative Group (2009).

[6] Takemi et al. (2009).

[7] Garret (2007); Jack (2007); Ooms et al. (2008); Takemi et al. (2008).

one important issue within that framework.

2-2 Aid Policy and Principles in the Health Sector

2-2-1 Aid Policy and Principles in the Health Sector

The way in which aid policy in the health sector is formulated varies among the major donor countries.[8] However, these countries—including the G8 members—have made global health a central element of their foreign policies, recognizing it as being both in the interest of the international community and in their own national interest.

In addition to its health-sector aid policy, known as "Working Together for Better Health," the British government announced a "Health is Global (2008–2013)" strategy as its government-wide global health policy, covering not only development assistance, but seeking coherence and consistency between foreign policy and national health policies as well.[9] For the formulation of this policy, the Department of Health, the Foreign and Commonwealth Office, and the Department for International Development (DFID) acted as core members, and a long process of deliberation and consultation was carried out that involved universities, research institutes, health organizations, and NGOs, and included two extensive online consultations.

In the United States, President Barack Obama announced in May 2009 that he would launch a "Global Health Initiative (GHI), 2009–2014" with a budget of US$63 billion, positioning global health as a key issue in his foreign policy.[10] Emphasizing a "smart power" strategy in the GHI, the US government is aiming to shift its image from a military-based power to one that is oriented toward humanitarian aid.

In the United States, a number of stakeholders are involved in the field of global health, including seven administrative departments, independent federal agencies, many relevant divisions, and various initiatives such as the President's Emergency Plan for AIDS Relief (PEPFAR).[11] In the formulation of the implementation plan and budget for the GHI, inter-agency working groups that include representatives from the global health–related agencies, including the State Department, the US Agency for International Development (USAID), and the Department of Health and Human Services, have been undertaking deliberations and consultations on the basis of five initial draft principles: integration and coordination; maternal and child health, family planning, and nutrition; health systems strengthening; infectious disease control; and metrics, monitoring, and evaluation. The budget plan for 2011 was announced in February 2010, and the consultation document on the implementation of the GHI was released on the USAID website for public comment.[12]

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[8] Major donors surveyed include the United States, the UK, Canada, Norway, the Netherlands, and the EU, as well as Australia for its regional strategy, and nine international organizations. Information was mainly gathered through the Internet, and a List of Relevant Websites is attached in Appendix 2.

[9] Department of Health, UK (2008); DFID (2007).

[10] White House, Office of the Press Secretary (2009); Kates (2009).

[11] Kates et al. (2009).

[12] USAID (2010).

In a recent speech titled, "Development in the 21st Century," Secretary of State Hillary Clinton also pointed to health as a priority sector, along with greater investment in women and girls, coordination with recipient countries and other organizations, and coordination among national organizations (in the case of health, this would refer to the Department of Health and Human Services and the Centers for Disease Control and Prevention).[13] In addition, the new GHI implementation consultation document and the 2011 Budget Plan[14] indicate a new emphasis on maternal and child health (MCH) and health systems strengthening in addition to the continuing disease-specific focus on HIV/AIDS, tuberculosis (TB), and malaria.

Unlike the UK and the United States, the European Union (EU) and other countries do not have any inclusive and independent global aid policy in the health sector. Canada names health as one of the priority areas within its "Children and Youth Strategy," and the EU addresses it as a part of "human and social development." In Norway's aid policy that was announced in 2009, the Norwegian government declared that it would provide aid primarily in the form of multilateral assistance in sectors such as health and education, in which the country has no comparative advantage over other countries.[15] The African Union, on the other hand, has its own health policy, even though it consists of recipient countries.

International agencies have clearly stated missions on health. The long-term plans (strategic plans) of the WHO, UNFPA, and the UNAIDS—organizations whose missions are concentrated on health—can also be regarded as health-sector aid policies, while UNICEF and the World Bank have their own separate health policies as well (UNICEF: Joint Health and Nutrition Strategy 2006–2015; World Bank: World Bank Strategy for Health, Nutrition and Population Results, 2007).

2-2-2 Impact of International Agreements

The MDGs have had a significant impact on aid policies in the health sector in two areas in particular. One is the implementation period of the policies, and the other is the designation of priority issues. Many of the national policies of major countries are five-year plans, and most of the currently announced policies are set to finish before the MDG target year of 2015. In terms of priorities, among the three MDGs that are directly related to health—MDG4 (reduction of infant mortality), MDG5 (maternal health improvement), and MDG6 (HIV/AIDS, malaria, tuberculosis, and other infectious diseases)—the majority of countries have emphasized MDG6. Among policies announced from 2008 to 2009, however, many focus on maternal and child health, and in particular on MDG5, since that is the goal that has seen the least progress among the health-related MDGs.

In addition, the Paris Declaration on Aid Effectiveness (2005) and the Accra Agenda for Action (2008)

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[13] Clinton (2010).

[14] USAID (2010); Kaiser Family Foundation website, http://globalhealth.kff.org/ (accessed on March 5, 2010).

[15] "Multilateral assistance" is characterized as assistance provided through traditional international organizations such as the UN, in contrast to "bilateral assistance." However, in this study, "multilateral assistance" can also include new aid modalities, such as international agreements and partnerships involving multiple stakeholders beyond typical international organizations.

are playing important roles. Of the five key principles of the Paris Declaration (ownership, alignment, harmonization, managing for results, and mutual accountability),[16] particular priority has been given to ownership and to alignment (i.e., alignment with the systems and policies of recipient countries). This was seen when the EU and the UK set out their sector budget support and general budget support as one element in their development assistance in the health sector, and when Canada looked to strengthen the capacity and authority of its foreign aid agency's overseas offices. As for managing for results and mutual accountability, both international agencies and national development assistance agencies have set policy-level indices, with some countries reporting the results annually (US) and others reporting every other year (UK).[17] In addition, International Health Partnership and related initiatives (IHP+, to be discussed below) has begun working to strengthen the health strategies of recipient countries with the aim of ensuring the principles of donor-country alignment and mutual accountability set forth in the Paris Declaration.

The MDGs and the Paris Declaration have thus had a strong influence on international agencies, and even when the MDGs are not mentioned as a direct target, many long-range plans include working "toward the achievement of the MDGs" as one of their major goals.

2-2-3 Priority Issues

As noted above, many countries have selected HIV/AIDS and infectious disease and maternal and child health as their priority issues from among the MDGs. Some consider the HIV/AIDS issue within the framework of their overall health policy (Norway), while others address the issue separately, creating specific initiatives and policies (US, UK, and EU). The latter approach can be seen as a sign of the greater priority they place on HIV/AIDS as an issue. Many countries refer to sexual and reproductive health and rights (SRHR)[18] and nutrition,[19] which are also related to the MDGs, in their national policies. Many people working in areas related to aid, international agencies, and NGOs in Britain and the United States comment that little attention has been paid to assistance for SRHR, including family planning, and propose that an integrative approach be taken on the issue. In particular, as efforts for improving maternal and child health under MDGs 4 and 5 had made the least progress to date, the G8 Summit agreed on the need to strengthen efforts in these fields by including them in the Toyako Framework for Action on Global Health. Maternal and child health has in particular come to be considered a priority in many countries in recent years, and it was also chosen as an agenda item for the G8 Summit in Canada in 2010.[20] Other priority issues include neglected tropical diseases (NTDs), smoking, and traffic accidents.

Together with disease-centered issues, many policies include the issue of "health systems

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[16] International Cooperation Bureau, MOFA (2008).

[17] For further details, see chapter 4.

[18] One of the targets of MDG5 that was added at the Revision Session in 2007 is "universal access to reproductive health." Among the countries surveyed, Australia and the UK use the term "sexual and reproductive health (SRH)," while the EU and the Netherlands use "sexual and reproductive health and rights (SRHR)," thus covering a wider range of challenges.

[19] Nutrition is included in the targets of MDG1. As it is closely related to health, many countries include it as an issue for their health policy.

[20] See http://www.pm.go.ca/eng.media.asp?id=3093 (accessed on March 5, 2010).

strengthening" as a crosscutting issue. The US's new GHI emphasizes health systems strengthening as one of its key areas, and the UK addresses it within its national policy as well, and has pledged a contribution of £6 billion for health systems strengthening.[21] The EU policy views health systems as a central concern in the health field. That also holds true for the health policy of the African Union, on the recipient side, and that of Canada, which clearly calls for health systems strengthening centered on maternal and child health. Support for the national health plans of the governments of each recipient country and sector-wide approaches can also be considered a part of health systems strengthening. Among the initiatives established to combat specific diseases, including the Global Fund, GAVI, and PEPFAR, the strengthening of health systems began to be viewed as an important issue starting around 2007.[22]

According to the WHO, a health system consists of six components—service provision; health personnel; information; medicinal products, vaccines, and technology; finance; and leadership and governance.[23] The problem is that "finance" in particular is closely linked to the finances of the health systems in recipient countries (tax burden, social insurance, private insurance, individual payments, and so on), but the policies differ depending on the donor country. For example, the health-sector aid policy of the UK, where they rely on taxes as the main pillar of the health system, promotes the elimination of user fees in recipient countries as well. And the Netherlands, which decided to cover a part of medical services with compulsory private insurance schemes in its own country in 2006,[24] is encouraging privatization overseas as well by providing financial support for the Health Insurance Fund, which develops and operates personal insurance schemes in low-income countries in sub-Saharan Africa.[25]

As the current study examined medium and long-term priority issues to be addressed by 2015 and beyond 2015, the achievement of the MDGs by the deadline was noted as a common challenge for the international community. There is a great deal of concern about whether the achievement of the health-related MDGs will be feasible. The primary reason given was the vulnerable health systems, particularly in the least developed countries.[26] Further challenges that were raised included gender, education, political commitment, societal obstacles such as poverty, and behavioral change for health.

A number of additional issues were raised during this study as being of ongoing importance to the global health field. For example, discussions related to the connection between climate change and health escalated in 2009, the year in which the 15th Conference of the Parties to the United Nations Framework Convention on Climate Change (COP15) was held. This theme was taken up in the *State of World Population 2009* (published by the UNFPA) and in the *Lancet*.[27] Similarly, experts pointed to noncommunicable diseases (e.g., chronic diseases, diabetes, and cardiovascular diseases) and mental

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[21] DFID (2009a).
[22] Ooms et al. (2008).
[23] WHO (2007b).
[24] Sato (2007).
[25] It should be noted that NGOs have been critical of privatization (Oxfam International 2009).
[26] Task Force on Global Action for Health System Strengthening (2009).
[27] Costello et al. (2009).

health, which are factors causing a significant disease burden worldwide,[28] as being priority issues after the MDGs, although that is not yet reflected in policies.

2-2-4 Regional Strategies

Given that there are a limited number of countries that have aid policies specifically for the health sector, the analysis in this section will include the regional strategies that are found within overall development assistance policies. The regional strategy of many donors is to focus on "priority countries." Often donor countries choose to place priority on countries with greater needs in terms of the health issues they are targeting. As shown in Table 2-1, African countries represent a large portion of the priority countries as a whole, but the donors do not limit their selection of priority countries exclusively to one specific region.

The UK focuses on countries with significant health needs, and as a result, a great deal of its investment is in the African region. The United States chooses priority countries based on the needs with respect to each health issue as well as the country's importance for national strategy. While some governments such as the Netherlands adopt multiple criteria for selecting their aid recipients, such as "promoting the achievement of the MDGs" (e.g., Bangladesh and Yemen), "public safety and development" (e.g., Afghanistan and the Palestinian Authority), and "broader regional relations" (e.g., Egypt and South Africa), there are other countries, such as Norway, that have opted for greater flexibility by no longer choosing any priority countries. Australia does not use the term "priority countries," but its actual track record shows that it does have priority countries in the sense that its aid is concentrated on Oceania and parts of Asia.

Table 2-1 Priority countries of major donors and global health partnerships by region

(Unit: no. of priority countries)

Region	US/MCH	PEPFAR	DFID	Canada	Netherland	IHP+	PMNCH
Asia	9	6	7	5	6	2	6
Latin America	3	3	0	6	5	0	2
Europe	1	2	0	1	3	0	0
Middle East	0	0	1	1	2	0	0
Africa	17	20	14	7	17	18	8
TOTAL	30	31	22	20	33	20	16

Source: Compiled by the study team based on national aid policies.

Notes: Afghanistan is included in Asia. PEPFAR data is as of December 2009. Priority countries for Mother and Child Health (MCH) for the United States are based on the annual report for 2008. According to the new GHI document, a maximum of 20 countries will be chosen as priority GHI+ countries.

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[28] WHO (2009); WHO (2005).

2-3 Approaches to Health-Sector Aid

2-3-1 Aid Methods and Modalities

According to a report on the relationship between the Paris Declaration and official development assistance (ODA) in the health sector, 41.7 percent of health-sector ODA funding was spent on technical cooperation during the 2002–2006 period.[29] In particular, 53 percent of the total budget for HIV/AIDS was spent on technical cooperation. It was also reported that many projects are small in scale.[30] Moreover, 7.7 percent of the health-related ODA was reported to be aid for sector programs, but the actual proportion is said to be smaller.

Figure 2-1 compares the types of aid provided in health and population/reproductive health (RH) by donor country. It clearly shows that Norway and Japan provide a larger portion of their funding to international organizations, and that Japan, Britain, and the EU as a whole contribute more to the public sector.

Figure 2-1 Type of aid in the health and population/RH sector by donor (2008)
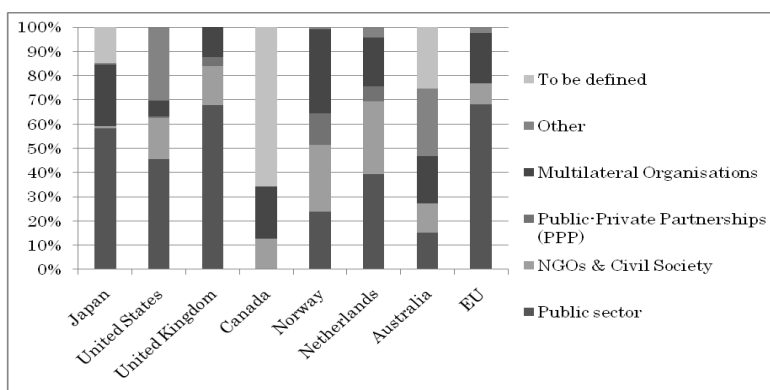
Source: Organisation for Economic Cooperation and Development, Development Assistance Committee (OECD-DAC) statistics.

The United States was providing 87 percent of its ODA in the form of bilateral assistance as of 2008.[31] In contrast, as mentioned above, Norway provides multilateral assistance rather than bilateral assistance in fields in which the country does not have a high level of expertise (including health). The EU as a whole and the UK provide a higher percentage of general budget support compared to other donors. The UK's sector budget support was 10 percent of its total health-sector aid in 2006–2007; that increased to 20 percent in 2007–2008, and that trend seems to be holding.[32] The EU, meanwhile, has begun a new type of general financial support called "MDG contracting," which links the progress toward the MDGs with long-term general budget support.[33]

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[29] Based on OECD/DAC classification. See also WHO, World Bank and OECD (2008).
[30] Small-scale projects are said to mean a greater workload and possible deviation from the national strategy for the government, and greater difficulty in coordinating among donors.
[31] Kates et al. (2009).
[32] DFID (2009).
[33] Oxfam International (2008).

In recent years, various initiatives[34] have emerged in the global health arena under the name of international frameworks or alliances. Some of the major examples of such initiatives are represented by PEPFAR, the Global Fund, and GAVI.[35] These initiatives are highly regarded among the health-related funding programs and the portion of funding that they are receiving is growing. For example, PEPFAR accounts for about 70 percent of the GHI's six-year budget (2009–2014).[36]

Finally, as will be discussed in greater detail in chapter 4, increased attention is being paid to acquiring data and evidence to show the outcomes of development assistance and to improve policy formulation. In the British and US aid policies, emphasis is placed on research and on monitoring and evaluation. In Britain, up to £1 billion (£200 million a year) will be devoted to research over the five years from 2008 to 2013, 40 percent of which is going to be allocated to global health.[37] The United States will allocate about 10 percent of the GHI fund to monitoring and evaluation and to sharing the outcomes from 2011 onward.[38]

2-3-2 Linkages with Other Sectors

Creating linkages with other sectors is a valuable approach in terms of health-sector aid, and this section offers a brief analysis of those sectors outside of the health field with which governments and agencies are cooperating in relation to their health aid policies.

The UK considers nutrition to be an important field for cooperation, and it is in the process of formulating a nutrition strategy, to be announced in early 2010. The government believes that food security and ensuring a means of livelihood are also linked to health and are thus important. In the same way, the United States also emphasizes linkages between the health sector and its Food Security Initiative (related to nutrition), as well as linkages to the fields of climate change, basic education for girls, water, and sanitation.

In selecting policy-level linkages with other fields, a country's priority issues seem to have a major impact. Because Canada has given a central place to its Children and Youth Strategy, it therefore considers both "water and sanitation" and "nutrition"—both of which greatly affect children's health—within that policy framework. This also holds true for UNICEF, an agency in which intersectoral cooperation is working successfully. For example, campaigns to prevent polio are organized and conducted in cooperation with programs on water/sanitation and on school education (health education). Water/sanitation and nutrition are also addressed in the same framework within the World Bank's health strategy.

For those such as the Netherlands and the UNFPA that consider SRHR to be their priority issue, gender is considered to be an important field. When an aid policy refers to development assistance as a

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[34] See footnote 7 for the definition of "initiative."
[35] WHO Maximizing Positive Synergies Collaborative Group (2009).
[36] Kates (2009). In the 2010 budget request, PEPFAR accounts for 77 percent of funding.
[37] DFID (2008).
[38] USAID (2010).

whole, gender is often left out as a sector to be linked with health, but that is probably because the gender issue is seen to be an important cross-cutting issue in development assistance as a whole.

2-3-3 Methods of Communicating at the National and International Level

Looking at communication strategies, both the UK and the United States have successfully communicated their global health aid policies and initiatives to the public at the national and international levels. The common feature for both countries in communicating their policies is the existence of a key figure, a "face," who can convey the country's political leadership and commitment. In promoting the importance of global health, messages are often effectively communicated on the occasion of an important international event or conference, as top government leaders (prime ministers, secretaries, etc.) or opinion leaders make use of various media channels, including IT. In many countries, the foreign ministers and ministers of international development agencies issue statements on World AIDS Day (December 1st) and other commemorative dates as one way of appealing to the international community.

Various global health initiatives also function as a channel for communicating with the public. The PEPFAR program has a large budget and plays a major role in demonstrating the US commitment to fighting HIV/AIDS. Further, it appears that the new GHI should expand those efforts and secure investment in the global health sector beyond infectious disease. The UK has created new frameworks such as the IHP and the International Finance Facility for Immunisation (IFFIm), an innovative financing mechanism, and is thus becoming an increasingly strong presence in the global health sector. Canada and Norway have announced narrowly focused initiatives within the IHP framework and, although the budgets may not be that large, they are making their presence felt as well.

In terms of communicating to its own citizens, the US government prepares two reports on the results of its ODA policy, one detailed report for experts and another for the general population that features simplified summaries.[39] The UK government emphasizes communication with its citizens as being critical to obtaining their support, and there is a powerful communication group within DFID that makes use of new media such as Twitter and YouTube.

2-3-4 Civil Society, NGOs and Private Corporations

NGOs and civil society
When implementing aid projects in developing countries, it has become common practice for governments to work together with NGOs, making full use of their strengths, which include their work at the grassroots level. As shown in table 2-2, with the exception of Japan and the EU, other governments provide 10–30 percent of their ODA in the fields of health and population through NGOs and civil society organizations. In the UK, the government is hesitant to be directly engaged in sensitive issues such as adolescent health and safe abortion, and since these are areas in which there

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[39] USAID (2009*).*

are many experienced NGOs, the government therefore provides support indirectly through collaboration with NGOs.

Table 2-2 Portion of ODA in the health and population field allocated to NGOs and civil society organizations (2008)

(Unit: percent)

Donor	DAC members	Japan	USA	UK	Canada	Norway	Nether-lands	Australia	EU
Portion going to NGOs/ CSOs	17.86	0.86	16.95	16.34	12.47	27.84	29.89	11.83	8.68

Source: OECD/DAC statistics.

In addition, the policies of some countries clearly mention the role of NGOs as advocates (Norway) or as contributors to policymaking (UK). Moreover, some create opportunities for consultation as part of the policymaking process, inviting representatives from NGOs, as well as from citizens' groups, universities, research institutes, and elsewhere (UK). In Europe and America, there are network organizations and NGOs that conduct advocacy and offer policy recommendations domestically (in the United States, for example, there is the Global Health Council, InterAction, etc.), and these organizations have international networks that allow them not only to offer policy advice and participate in the policymaking process for their own country's global health aid, but also to play a role in promoting a global health agenda at international conferences.

NGOs and other civil society organizations (CSOs) are participating in the global health arena. For example, NGOs hold three seats on the board of the Global Fund (one NGO representative from a developed country, one from a developing country, and one from the affected communities), while at the country level the fund's Country Coordinating Mechanisms are encouraged to include the participation of recipient country NGOs/CSOs and organizations representing people living with the diseases. Similarly, UNAIDS and the GAVI Alliance make it a rule to include NGO members not only on their boards and other decision-making organs, but also in the local committees in each recipient country. However, it is also said that NGOs in developing countries are not fully playing a role (i.e., the opinions of NGOs are not yet sufficiently reflected).[40]

In major donor countries, the presence of a "second track" that is promoting advocacy for global health is significant. The second track consists of multiple stakeholders such as aid practitioners, researchers, NGOs, and the private sector. Also important is the existence of independent think tanks such as universities, and research institutes that are involved in policy advocacy through their studies on global health. Private, independent think tanks such as the Council on Foreign Relations and the Center for Strategic and International Studies (which established the Global Health Center) in the United States, and Chatham House (which established the Global Health and Foreign Policy Center) in

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[40] UNAIDS (2009); GAVI (2007).

Britain have a long history and experience and play a substantial role in policy advocacy in the field of global health.[41]

Private corporations

The role of the private sector in development assistance has expanded[42] and there are growing expectations for private corporations to play a role in helping to achieve the MDGs.[43] In the field of health aid as well, medical companies are not only involved in terms of their usual business of manufacturing vaccines and other items, but are also conducting corporate social responsibility (CSR) activities— particularly those companies that have operations in developing countries.[44]

In the case of the Global Fund and GAVI, representatives from private corporations that had seldom been involved in the decision-making process for aid in the health sector in the past now serve on the boards. Private corporations are also playing a major role in GAVI's advance market commitments (AMC). And we can also point to examples such as Sumitomo Chemical's project to develop mosquito-repellant netting, which came about as a part of its regular business activities.[45]

Examples of CSR activities include "corporate donation programs" such as Product RED[46], through which global corporations join together to produce and sell their products under the Product RED branding and contribute a part of their profits to the Global Fund. Others include the provision of health services and health education to local employees and their communities ("improvement of the working and employment environment," "extended assistance to local communities and suppliers") and programs conducted by banks to provide infectious disease programs with their personnel who can offer management skills ("application of other management resources").[47] There are also some cases in which bilateral aid organizations are involved, such as a USAID project that supports efforts by a sugar company in the Philippines to fight tuberculosis.[48]

Many corporations are becoming interested in global health. Up until recently, many of them have been pharmaceutical companies. But many other kinds of corporations have now become involved in global health as well (going beyond the more typical CSR activities that tend to serve their own interests), and public-private partnerships are progressing. The Global Development Alliance Database, a database of public-private partnerships that USAID began to operate in 2001, currently has 215 cases of global health partnerships registered across the world (health in general, 143; HIV/AIDS, 56; and

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[41] Yokoe (2004). It is pointed out that think tanks in the United States and Europe are different from those in Japan, which is related to mechanisms in society to allow career mobility among professionals in government, academic institutions, and the private sector.
[42] JICA (2005); Nomura Research Institute (2009).
[43] Business Call to Action website, http://bcta-initiative.org.
[44] Japan Center for International Exchange, Friends of the Global Fund, Japan (JCIE/FGFJ) (2009).
[45] JCIE/FGFJ (2009).
[46] Ibid. See http://www.jcie.or.jp/fgfj/top.html (accessed on March 5, 2010).
[47] Ibid. This report classifies efforts by business corporations for infectious diseases into five:(1) "improvement of working and employment environments," (2) "extended assistance to local communities and suppliers," (3) "contribution utilizing core competence," (4) "Application of other management resources," and (5) "donation program from companies." In this report, the "application of proper business activities" which is included in (3) is separated from the rest, which are grouped as "others."
[48] Ibid. (2009).

family planning, 15).[49]

2-4 Aid Coordination and Partnership

2-4-1 *Global Health Partnerships and Initiatives*

In recent years, a variety of global health partnerships (GHPs) and initiatives have been established, and are playing a particularly important role in the arena of aid coordination.[50] Both the GHPs and these various initiatives are aimed at strengthening measures and interventions on specific global health issues and they tend to be interrelated and difficult to distinguish from each other. GHPs refer to "alliances among public and private entities" to address a specific disease or health issue, and there are currently an estimated 80–100 partnerships, of which 60 percent are focusing on the three major infectious diseases of HIV/AIDS, tuberculosis, and malaria. GHPs aiming at health systems strengthening are few in number.[51] On the other hand, such initiatives as PEPFAR or the World Bank's Multi-country HIV/AIDS Program (MAP), created by an organization or a country, are also regarded as GHPs in that they serve as an international coordination mechanism.[52]

Major initiatives that also facilitate international partnership include the International Health Partnership (IHP+), which is a partnership for strengthening health systems, PEPFAR, MAP, Stop TB Partnership, Roll Back Malaria Partnership, Global Alliance to Eliminate Lymphatic Filariasis, and the Global Polio Eradication Initiative.

International agencies are important members of the GHPs, and in particular, the WHO is playing a large role by serving as the secretariat for a number of partnerships. Aid coordination between international agencies has also become active recently. As part of the "One UN" concept, the United Nations developed the "Delivering as One" initiative, which aims to provide more effective development assistance by bringing together all of the UN agencies operating at the country level—including in the health field—to conduct one program under one leader and one team, with one budgetary framework and one office.[53] In the area of health, UNICEF, WHO, UNFPA, and the World Bank are collaborating through the H4 (Health 4), a coordinating mechanism that seeks to improve maternal and newborn health.[54]

2-4-2 *Health Initiatives and Health Systems Strengthening*

As mentioned above, a majority of the initiatives in the area of global health are aimed at addressing infectious disease, and therefore focus on disease-specific programs. The relationship between such initiatives and health systems has not been discussed much. According to a report by the WHO in 2009,

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[49] USAID Global Development Alliance Database (accessed in February, 2010).
[50] See footnote 7.
[51] UN Committee for Development Policy (2009).
[52] WHO Maximizing Positive Synergies Collaborative Group (2009).
[53] UN Development Group (2009).
[54] WHO/UNFPA/UNICEF/World Bank (2009).

global health initiatives and health systems exert both positive and negative influences on each other.[55] For example, surveys have found that health service provision for infectious diseases targeted by the initiatives has of course improved, and that has in turn also improved other services. On the other hand, as health personnel are focusing on the infectious disease programs, other services have been negatively affected. The relationship is therefore complicated and changing, and while the examples given in the WHO report do not pertain to all initiatives or health systems, there is clearly a close connection between these initiatives and health systems.

The International Health Partnership (IHP) was established in 2007, just as the issue of health systems was gaining in importance. In 2008, in order to give greater emphasis to coordination, IHP combined with other relevant initiatives under the name of IHP+. The emphasis of IHP+ is on supporting the formulation of health plans in recipient countries, promoting coordination among donors through the country "compact," and applying a unified monitoring framework. Some NGOs have expressed their concern, however, as to whether or not effective aid coordination can be achieved among the many initiatives under the IHP+ framework.[56]

The Taskforce for Innovative International Financing for Health Systems is included in the IHP+ framework, and it has proposed a number of innovative financing mechanisms. One proposal is to establish a "Joint Platform for Health Systems Strengthening" among the Global Fund, GAVI, the World Bank, and others for the purpose of coordinating, streamlining, and effectively applying the current and future aid funding for the health sector.[57] The goal of this platform is to create one fund, one application, one funding timeframe, and one monitoring system. However, this raises many difficult issues given the differences in the missions and aid methods of these organizations, and the difficulty of measuring the achievements of health systems.

Along with such international trends, recipient countries are formulating their national health plans with the participation of development partners. Based on this, there is a move to promote coordination among donors. For example, in its new GHI, the United States advocated greater coordination with international organizations and other donors. It is therefore becoming indispensable for Japan to promote strategic partnerships with other donors.

2-5 Funding

2-5-1 Track Record

According to a survey of the funding provided by the Gates Foundation and other US foundations and NGOs in the health sector over a nearly 20-year period, the amount of funding provided in 1990 was US$5.6 billion. That figure steadily increased, nearly doubling over 11 years to US$10.9 billion by

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[55] WHO Maximizing Positive Synergies Collaborative Group (2009).
[56] Action for Global Health (2009).
[57] TIIFHS (2009a).

2001, and then doubled again in six years, growing to US$21.8 billion by 2007.[58] Assistance from UN agencies has decreased from 32.3 percent (1990) to 14 percent (2007) of total health aid, while the proportion provided by global health initiatives/partnerships has increased. The Global Fund and GAVI accounted for less than 1 percent of funding in 2002, but increased to 8.3 percent and 4.2 percent respectively in 2007. Assistance from American NGOs has also expanded greatly, rising from 13.1 percent in 1990 to 24.9 percent in 2006. The ratio of bilateral aid during this period dropped from 46.8 percent in 1990 to 27.1 percent in 2001, but then took an upward turn again, rising to 34 percent in 2007.

Figure 2-2 ODA in the health and population/RH sectors, by amount and percentage of total ODA (2008)
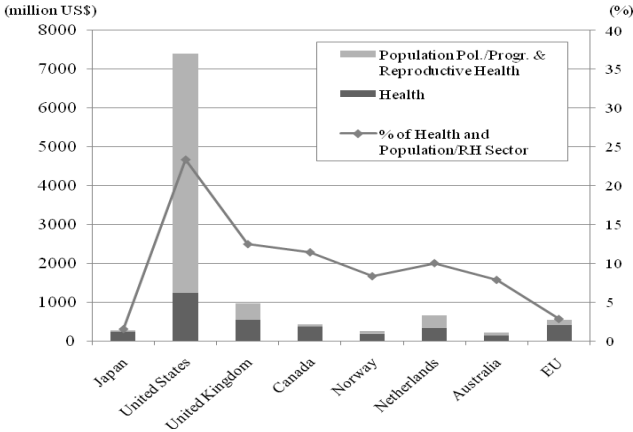
Source: OECD/DAD statistics.

Note: HIV/AIDS is included in the population/RH sector.

Figure 2-2 shows the amounts of ODA funding spent on the health and population/RH sectors by the target countries of this survey and the ratio of that funding to the country's total ODA. It clearly shows that the United States stands out both in amount and ratio. It also shows that, other than the EU (2.8 percent) and Japan (1.5 percent) on the low end and the United States at the other extreme, most countries allocated around 10 percent of their ODA to the health and population/RH sectors.

If all commitments by major donors for achieving the MDGs were to be fully implemented,[59] the funds required to succeed in meeting the targets in all countries other than in sub-Saharan African would be secured.[60] However, the amounts actually being spent on health by these governments are in fact well below the target amounts. Also, in the case of sub-Saharan countries, even if their

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[58] Institute for Health Metrics and Evaluation (2009).

[59] TIIFHS (2009a). For required funds, the group compared an analysis by the WHO and others with one done by the World Bank, UNICEF, and others. The former report says that the funding, even if all commitments were realized, would still be insufficient to achieve the MDGs. As of yet, governments and other donors have not made their promised contributions, and it will be even more difficult for them to do so given the current economic crisis.

[60] The UK, the US (until 2014), and other governments have announced target amounts to contribute by 2015, a date that appears to be have been selected in consideration of the target date for the MDGs. Norway has announced its intention to continue making its planned annual contribution even after the MDG target year, up until 2020. Sub-Saharan African countries are aiming to allocate 15 percent of their government expenditures to the health sector.

governments were able to fulfill their commitments for health funding, there would still be a shortage of US$3–5 billion. An analysis conducted by the World Bank, the WHO, and the UN in the early 2000s indicated that the funding for meeting the MDGs by 2015 would fall short by US$20–70 billion annually.[61] Another analysis by the Taskforce for Innovative International Financing for Health Systems Working Group reported that US$36–45 billion (US$24–29 per person) would be needed by 2015 on top of the US$31 billion (US$25 per person) currently being spent in low-income nations (among the 49 poorest countries).[62] Without additional financing, it warns that 4 million children's lives will be lost every year that could otherwise be saved, and 780,000 adult lives that could be saved will be lost every year as well, including 322,000 women who die following childbirth.[63]

2-5-2 Aid by Program Areas

Looking at the ratios and amounts of funding in four specific fields within the health and population/RH sector—HIV/AIDS, infectious disease control, health sector development, and population—assistance for HIV/AIDS was found to have greatly increased from 7.7 percent (US$213 million) in 1992 to 35.1 percent (US$3.1 billion) in 2003, a more than fourfold increase in terms of the ratio and a fourteenfold growth in terms of the amount.[64] In contrast, aid for population dropped both in terms of ratio and amount, declining from 32.1 percent (US$89 million) in 1992 to 8.0 percent (US$88.7 million) in 2005. For health sector development, the ratio was 55.2 percent (US$1.5 billion) in 1992, but fell to 42.9 percent (US$4.8 billion) in 2005—a drop in terms of the ratio but a more than threefold increase in the amount.

Some have criticized the fact that funding is overly concentrated on HIV/AIDS. According to an analysis of the funding record of four donors—the World Bank, US bilateral assistance, the Gates Foundation, and the Global Fund—based on the number of deaths and the disability adjusted life years (DALYs), a greater amount of funding has been devoted to HIV/AIDS and only small amounts of funding are allocated to child health and noncommunicable disease (with the exception of vaccines).[65] A contrasting opinion, however, is that the concentrated funding for HIV/AIDS was not done at the expense of funding for other diseases (or fields); it has contributed to health systems strengthening[66] and has increased total funding for the health field.[67] However, it is impossible to conclude at this stage whether the funding has had a positive indirect impact or not.

Among health-related MDGs, the area of maternal and child health has been lagging behind and it has been noted that the commitment and funding in this area have not been sufficient. The WHO has

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[61] De Ferranti et al. (2008).
[62] TIIFHS (2009a).
[63] Ibid.
[64] Shiffman (2007).
[65] Sridhar and Batniji (2008). This report says that there are three problems related to the disease burden and the aid provided: 1) statistics on the global burden of diseases are incomplete and insufficient, 2) no statistics are available on causes of death other than deaths from specific diseases, and 3) published data on aid performance varies in quality.
[66] Yu et al. (2008).
[67] Shiffman (2007).

estimated that US$6.1 billion will be required by 2015 in this field,[68] while the Guttmacher Institute and UNFPA estimate that US$24.6 billion is required for comprehensive family planning and maternal and child health services, which is US$12.8 billion higher than the current funding level.[69]

2-5-3 Recent Developments in Financing

As shown by the International Roundtable on China-Africa Health Collaboration that was held in December 2009, countries such as China and India, which are non-OECD countries and which have not been donors in the past, have begun to assume a larger role in development assistance.

The World Bank and GAVI have seen increases both in contributions and commitments up until 2010. However, given the probable impact of the economic crisis, they foresee a shortage of funds for responding to the increased demand to achieve the MDGs and are therefore seeking new financial sources, broadening their focus to the G20 member states.

Furthermore, the existing donors are looking for financial sources other than ODA. One example may be the recent discussion of the Global Fund, GAVI, and the World Bank to establish the Joint Platform for Health Systems Strengthening. The Taskforce on Innovative International Financing for Health Systems has proposed more than 10 innovative financing mechanisms with the target amount of US$10 billion a year.[70] Among the major financial mechanisms currently being used are an international solidarity levy, the International Finance Facility for Immunisation (IFFIm), advance market commitments (AMC), and the Debt2Health Initiative. In addition, the Taskforce has proposed other mechanisms as well, such as an Italian proposal for a De-Tax (which would use a part of the value-added tax from the government and donations from some companies).

2-6 Issues Related to Formulating the New Health Aid Policy

Based on the discussions above, the following issues should be noted in formulating and implementing Japan's ODA policy in the health sector.

1) Position global health as a pillar of Japan's foreign policy

The G8 countries and other donor countries place importance on global health as a part of their foreign policies. They position it as a pillar of their foreign policies as it serves both their international and national interests. Japan has been playing a role in the international community in bringing global health into the development mainstream. Expectations are high for Japan's continued leadership role in global health. At the coming G8 Summit in Canada in 2010, it has already been announced that the focus will be on maternal and child health. This is a prime opportunity for Japan to maintain the momentum and position global health as a pillar of Japan's foreign policy.

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[68] WHO (2005).
[69] Guttmacher Institute and UNFPA (2009).
[70] TIIFHS (2009a).

The MDGs have exerted a great influence on the formulation of health aid policies, both in terms of setting a timeframe (i.e., the 2015 deadline) and setting priority issues. In formulating Japan's next five-year policy framework, two perspectives are required. First, the achievement of the MDGs by 2015 must be recognized as a common priority for the international community. The greatest obstacle for its achievement is, as mentioned before, the overwhelming lack of funding to help poor countries. It is important for Japan to drive and maintain the momentum, working together with the international community to achieve the health-related MDGs. Second, from a mid- to long-term perspective, Japan needs to consider policies and approaches more broadly in terms of development issues that can have an impact on global health in the future, for example through changes in the burden of diseases.

2) Strengthen Japan's system for promoting global health and set the trends for international efforts in the field

Looking at other major donor countries, it was noted that they communicate their policies by putting forward their initiatives effectively both domestically and to the international community. At the same time, other countries make use of key individuals who are able to serve as the "face" of the country in presenting its political leadership and commitment. Furthermore, the existence of Track II dialogues with broad, multisectoral participation—aid practitioners, researchers, NGO representatives, private sector representatives, etc.—is also tremendously important for developing, advocating, and communicating policies in the global health field. For the future formulation of policies, and for stronger overseas communication, it is essential to establish a system that engages multiple stakeholders across the public and private sectors.

3) Reexamine and strengthen the aid methods and modalities for global health in order to improve aid effectiveness

Most major donors are using a "priority country" approach that designates aid recipients based on the current status of development aid in that country and the country's needs in terms of achieving the MDGs. Various forms of aid are being strategically utilized, such as linking bilateral and multilateral aid, general budget support, sectoral budget support, and so on. To enhance aid effectiveness and promote efficient and high quality development assistance, the government's strategy should be clearly stated, and a "select and focus" approach to priority programs and countries needs to be applied. For this purpose, aid methods and modalities should be revisited and reviewed. As other donors have also emphasized, a cross-sectoral approach involving other sectors that influence health—e.g., water and sanitation, education, and nutrition—should also be considered important.

At the recipient-country level, based on the Paris Declaration and the Accra Agenda, the major donor countries have begun to emphasize aid coordination. In the newly announced GHI, the US government has also emphasized partnership and cooperation with other international agencies and donors. Among international agencies, the WHO, UNFPA, UNICEF, and the World Bank are attempting to work

together strategically for maternal and newborn care under the name of the H4. There is also a move to establish a joint platform for health systems strengthening. Under these circumstances, Japan should consider the following three challenges.

- The priority countries of IHP+ and other donor countries often overlap with those that Japan has been assisting. In order to avoid duplication, aid coordination is unavoidable. The development of one plan, one coordinating mechanism, one monitoring tool (indicators), and one funding source will be an important as well as challenging task.

- Major donors (Europe, North America, and international agencies) apply the principle of decentralized decision making. They make decisions on the contents of their aid at the project site based on the national plan of the recipient country. Japan's implementation system at the project site should be strengthened from the perspective of aid coordination and linkages.

- As Japan places importance on health systems strengthening, it will be imperative to have strategic partnerships with other donors. In view of the six elements that the WHO defines for health systems strengthening (e.g., health personnel, health information, and health financing), this is clearly an issue that is too large and comprehensive in scale for one donor country to address on its own. In order to produce an impact and create synergistic effects for health systems strengthening, the development of partnerships with other donors will be increasingly important for Japan.

4) Strengthen evidence-based policy and practice for global health

In Britain and the United States, universities, research institutes, and independent private sector think tanks have been engaged in policy-oriented research and their results are reflected in policy formation and implementation in the field of global health. Emphasis is placed on research and on monitoring and evaluation, and the necessary budgetary allocations are made.

5) Forge solid partnerships with civil society for promoting global health

Major donor countries have increasingly been partnering with civil society (NGOs and the private sector). In comparison with other major donor countries, the portion of Japan's aid provided through NGOs still remains small. Moreover, in other countries, communication with the public is considered to be important as a means to obtain support for policies, so publicity activities are emphasized and new media are utilized for public relations. It is increasingly important that Japan make greater efforts to disseminate easy-to-understand information and to create partnerships with civil society.

Chapter 3: Japan's Health-Related ODA Policy and the Challenges It Faces

3-1 Japan's Health-Related ODA Policy and the Characteristics of Japanese Aid

3-1-1 Japan's ODA Policy on Health and Population and the International Trends

The government of Japan defines the objectives of its ODA as being "to contribute to the peace and development of the international community, and thereby to help ensure Japan's own security and prosperity." The current ODA Charter (passed by the Cabinet in 2003) sets forth five basic policies: 1) supporting self-help efforts of developing countries, 2) perspective of "human security," 3) assurance of fairness, 4) utilization of Japan's experience and expertise and 5) collaboration and partnership with the international community. The Medium-Term Policy on ODA (2005) suggested a more strategic implementation of ODA and listed the following priority issues: 1) poverty reduction, 2) sustainable growth, 3) addressing global issues, (4) peace-building, and (5) measures to ensure the efficient and effective implementation of aid.[71]

In the health sector, the government of Japan announced the Global Issues Initiative on Population and AIDS (GII) in 1994, the Global Parasite Control Initiative (Hashimoto Initiative) in 1998, the Okinawa Infectious Diseases Initiative (IDI) in 2000, and the HDI in 2005. At the Kyushu-Okinawa Summit in 2000, Japan made an appeal to the international community regarding the importance of addressing infectious diseases, which led to the establishment of the Global Fund. Furthermore, in 2008, when Japan hosted the TICAD IV and the G8 Hokkaido-Toyako Summit, Japan contributed greatly to the formulation of the Yokohama Action Plan and the Toyako Framework for Action on Global Health.

Table 3-1 Japan's initiatives and international action plans and frameworks in the health field

Period	Initiative or action plan
1994–2000	Global Issues Initiative on Population and AIDS (GII)
1998–	Global Parasite Control Initiative (Hashimoto Initiative)
2000–2004	Okinawa Infectious Diseases Initiative (IDI)
2005–2009	Health and Development Initiative (HDI) (2005: Infectious Disease Action Plan for Africa)
May 2008	TICAD IV Yokohama Action Plan
July 2008	Toyako Framework for Action on Global Health

In the Ministry of Health, Labor and Welfare (hereafter, Ministry of Health), interest in global health is rising. As a result of its experience in November 2006, when Japan was unsuccessful in gaining the necessary support from the international community for its candidate for the director-general of the WHO, the ministry became keenly aware of the importance of ongoing and effective international cooperation and coordination, and of securing one's national interests by firmly establishing the

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[71] Japan's assistance policies include the ODA Charter, the Medium-Term Policy on ODA, country assistance programs, and "rolling plans" formulated for each ODA recipient by the Ministry of Foreign Affairs (see http://www.mofa.go.jp/policy/oda/policy.html).

country's international status through such efforts. As a result, the ministry established a Project Team to Study International Cooperation and Coordination, which examined international relations within those fields that are under the purview of the ministry.[72]

Prior to the convening of TICAD IV and the G8 Hokkaido-Toyako Summit, then Foreign Minister Masahiko Koumura spoke at an international symposium, stressing that, as we look to the future, global health is an issue that the Japanese government cannot avoid. In his policy speech titled, "Global Health and Japan's Foreign Policy: From Okinawa to Toyako," Koumura emphasized the importance of a comprehensive approach to health systems strengthening, covering infectious diseases, maternal and child health, and human resource development.[73] Based on this speech, G8 Health Experts' Meetings were held three times, inviting health experts from both the government and nongovernmental sectors of Japan and other countries to discuss health challenges among G8 countries in preparation for the Hokkaido-Toyako Summit.[74] In the end, the G8 leaders approved the Toyako Framework for Action on Global Health. In November 2008, the International Conference on Global Action for Health System Strengthening was organized as part of the G8 Summit follow-up activities.[75]

As part of the process leading up to the TICAD IV and the G8 Hokkaido-Toyako Summit in 2008, stakeholders representing different perspectives and coming not just from the relevant government ministries but also from the private sector, NGOs, and academia, came together to prepare proposals to be submitted to these conferences in order to help Japan call the attention of the world to the importance of global health. In the process of preparing the proposals to the G8 Summit, the Japan Center for International Exchange (JCIE), a nongovernmental organization, played a notable role. JCIE initiated the Working Group on Challenges in Global Health and Japan's Contributions, which held a series of study meetings from September 2007 to July 2009. From 2009, this initiative was reorganized as an ongoing Global Health and Human Security Program within JCIE.[76] The working group was headed by Prof. Keizo Takemi, former vice-minister of health, labor and welfare, and was comprised of various experts from relevant government agencies, the private sector, universities, and so on. They created a structure in which all members could actively participate, and carried out policy advocacy through discussions with experts and practitioners from Japan and abroad with the objective of strengthening efforts in the field of global health.[77] Based on interviews with people who were involved in the process, the major role that the JCIE working group played is described in table 3-2.

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[72] With the approval of Minister of Health Yanagisawa, Vice Minister Keizo Takemi became the leader of the Project Team to Study International Cooperation and Collaboration. From December 14, 2006, a total of 11 meetings were held and the final report was submitted to the minister.

[73] Speech given at the international symposium, "People at the Centre– Health and Health System in the 21st Century," November 25, 2007.

[74] The meetings were held in February, April, and June 2008. The fourth G8 Health Experts meeting was held in November 2008.

[75] The conference was co-organized by the Global Health Working Group, JCIE, the World Bank, the WHO, and the Bill & Melinda Gates Foundation.

[76] The program invites the participation of members from various sectors and aims to make policy recommendations on global health issues from the human security perspective.

[77] Reich et al. (2008).

Table 3-2 Achievements of the Working Group on Challenges in Global Health and Japan's Contributions

Interministerial coordination	Promoted coordination among relevant ministries, while at the same time bringing in specialists, people in the private sector, and other stakeholders to interact with the ministerial personnel, thereby creating a structure that involved "all Japan."
International network	Built an international network among foundations, research institutes, businesses, and civil society groups, and made use of their expertise, which was based on a global perspective.
Ability to disseminate information internationally	Published an article in a highly reputed medical magazine, *Lancet*, and spoke at international meetings to disseminate information.

Source: Prepared by the study team based upon the study findings.

Since the G8 Summit, the working group (now in the form of the JCIE research program) has continued its efforts to sustain the international community's interest in and work on global health. Among the issues specified in the Toyako Framework—infectious diseases, maternal and child health, and health systems strengthening—it has focused particularly on the last issue (in particular, health personnel, health finance, and health information), conducting a series of discussions that led to the submission of a final proposal to the Japanese government.[78] The proposal was then handed to the government of Italy by the Japanese government, and a series of follow-up seminars were held in Asia, Africa, Europe, and the United States to continue discussions on the issue.[79]

3-1-2 Features of Japanese Aid

According to an "Evaluation of Japan's ODA in the Health Sector" conducted in 2009, in comparison to other donor countries, Japan's aid process received high marks from the recipient governments in the health and medical field in the areas of "elaborateness in follow-up activities," "consistency," "elaborateness in planning," and "speed of planning." From the perspective of these four points, the evaluation noted that Japan's aid in this field excels in comparison to other donors because its planning and support takes a long-term perspective, and it concluded that this reflects a characteristic of Japanese health and medical aid, namely its respect for the sustainable development of recipient countries.[80]

However, "elaborateness in planning" also implies potential inflexibility in implementation. Because of the single-fiscal-year budgetary system of Japan (i.e., the government is technically unable to commit funds beyond the currently approved fiscal year's budget), and the difference in the fiscal year schedule between Japan and recipient countries, it suggests that recipient countries may find that

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[78] The Working Group's proposal to the G8, "Global Action for Health System Strengthening," was submitted to the Japanese government on January 16, 2009. It was published in Japanese, English, Italian, and French, and was handed to the Italian government, which was the host of the G8 Summit in 2009.
[79] Reich and Takemi (2009).
[80] External Advisory Meeting on ODA Evaluation (2009).

Japanese aid procedures take too much time. The evaluation recommends that improvements be made in the aid implementation process, such as allowing greater onsite discretion when implementing projects.[81]

While using these types of evaluation findings as reference, our study sought to identify in greater detail the characteristics of Japanese aid through interviews with experts and practitioners who are actually involved in Japan's health-sector aid policy and through a review of the relevant literature in the field.

Decision-Making Process for Policy Formulation

Compared to countries in the West, it is often said that Japan's policy-formation process takes a considerably longer amount of time, which is related to the personnel management system within the Japanese government. In the bureaucratic agencies responsible for setting policies, including the MOFA, the Ministry of Health, and others, personnel are rotated frequently as staff are assigned to new posts about every three years. To put it another way, a bureaucracy that functions on the assumption that the staff in charge will change in a few years is structured in such a way that a project can to some extent continue on even when the person in charge changes. One mechanism to facilitate that is to involve relevant people in the decision-making process and forge a consensus among them. Once a consensus is reached, the decision can continue to be implemented even if the official in charge is transferred and a new official is assigned.[82] However, as shown in Table 3-3, this decision-making process through consensus building can be both a strength and a weakness as it takes longer time.

Table 3-3 Japanese characteristics as they relate to the decision-making process

Strength	Decision-making process through consensus building among relevant people. Once a decision is made by consensus, it is implemented efficiently.
Weakness	Consensus building among relevant parties means that it takes a long time to reach a decision.

Source: Prepared by the study team based upon the study findings.

In addition, the frequent changes in personnel do raise the risk of some discontinuities and makes it extremely difficult for staff to gain expertise in the field. In the case of other donor countries, in key aid-related agencies, policy advisors or experts in specific fields are often appointed to take a key role in policymaking processes. In order for Japan to maintain a strong and consistent presence in the international community, a system is needed whereby expert personnel can respond to international trends and be engaged in health aid policy on a long-term basis.

The Substance of Aid

The HDI seeks to address several needs: assistance for strengthening health systems; assistance in

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[81] External Advisory Meeting on ODA Evaluation (2009).
[82] Hyodo and Katsuma (2009).

areas that reinforce the health sector and crosscutting actions; and assistance in achieving the health-related MDGs. The Japan International Cooperation Agency (JICA) serves as the implementing agency for Japanese ODA and, in accordance with Japan's foreign aid policy framework and based on the concept of "human security," it supports four health areas: infectious disease control, maternal and child health and reproductive health, the development and rehabilitation of health systems, and the training of health personnel.

Table 3-4 Relationship between JICA visions and health issues

JICA visions	Efforts on health issues
Responding to issues occurring due to globalization	Infectious disease control, etc.
Reducing poverty through equitable growth	Improving the health of mothers and children and of those who are impoverished
Improving governance	Strengthening health systems and administration
Achieving human security	Supporting communities and people, and applying multisectoral approaches to improve their health and living standards

Source: Adapted from JICA (2009b).

At this point, however, JICA has not established its health strategy. The reason for that is because its project planning system uses a request-based planning and management approach. JICA does not plan projects in accordance with its own health strategy, but rather in accordance with the needs of partner governments. This approach allows JICA to conduct dialogues with partner governments and respond flexibly rather than pushing a fixed strategy.

Another key feature of Japan's ODA is that it has traditionally emphasized receiving trainees in Japan from partner countries as part of its investment in human resource development. This has been seen as a kind of proactive investment to establish future cooperative relations with the partner countries, which in the long run has a major impact on the effective implementation of Japan's development assistance. However, while JICA is taking a needs-oriented and request-based approach to aid planning and is investing in human resource development, there is insufficient evidence to objectively verify how helpful its efforts have been. By objectively verifying what sort of effect past aid has had, JICA can take a more strategic and practical approach to future projects and ensure that they have the maximum possible impact.

Methods of Assistance

Japanese ODA is provided in four ways: technical cooperation, ODA loans, grant aid, and contributions to international organizations. Particularly since October 2008, when JICA merged with the overseas economic cooperation operations (i.e., ODA loan divisions) of the Japan Bank of International Cooperation (JBIC), JICA has become the central organization for implementing three of these—technical cooperation, ODA loans, and grant aid—and the importance of its role is therefore

increasing.[83]

One major feature of Japan's aid is that it provides project-type assistance, and this is particularly of JICA's technical cooperation, the objective of which is "to support the process of upgrading problem-solving capacity as a whole at multiple levels including individual, organizational and social levels." JICA's role is to act as a facilitator, offering ancillary assistance for the capacity development of developing countries.[84] Accordingly, JICA's technical cooperation projects emphasize the process of collaborative implementation. This entails working together with project staff from the recipient country to jointly formulate the project, reaching decisions through a process that stresses consensus building, and developing trust among project personnel and Japanese experts who usually remain in the recipient country for an extended period of time. As a result, this process can create a sense of ownership among those involved on the recipient side. Japanese experts are expected to apply their rich practical experience in the field and perform a catalytic role in encouraging people in recipient countries to build on their own knowledge and acquire the additional knowledge and skills they need to resolve problems on their own.[85]

Table 3-5 Characteristics of Japanese aid

Strength	Weakness
➢ Practical projects such as human resource development, education, etc., to meet the onsite needs ➢ Flexible response in terms of the direction of collaborative projects based on the situation of partners ➢ Methods directly affect capacity of partners ➢ Emphasis on sustainability	➢ Unable to respond to scaling up of projects ➢ Weak in terms of the dissemination and policy-formation skills needed to link information from the field with the formulation of national strategies and global policies ➢ Lacking in terms of capacity to objectively look at projects and disseminate information based on evidence

Source: Prepared by the study team based on the study findings.

However, as discussed in chapter 2, the field of global health is no longer the exclusive realm of the traditional players such as health-focused organizations, bilateral cooperation agencies, and international agencies. They have been joined by various stakeholders from the private sector, NGOs, foundations, and think tanks. In light of that shift, Japan is now at a point where it must reflect on the characteristics described in table 3-5 and consider how, moving forward, it can adapt its policies and practices to ensure Japan's presence in the global health field. This includes reviewing its current methods and modalities and inventing new ones, including possible strategic partnerships with other donors and creating greater synergy between its bilateral and multilateral assistance. Moreover, the government needs to create a more comprehensive, strategic, and integrated approach to global health

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[83] MOFA will continue to manage grant aid, which is provided in response to the needs of foreign policy.
[84] JICA Research Institute (2006).
[85] International Development Center of Japan and IC Net (2003).

among its own agencies, creating coherence and synergy among the strategies of JICA, MOFA, the Ministry of Health, the Ministry of Education, Culture, Sports and Technology (MEXT), and the Ministry of Finance.

Regional Strategy and Priority Countries

The ODA Charter states that Asia, as a region that maintains close relations with Japan and can influence Japan's security and prosperity, is a priority region for this country. However, while Japan's aid may be centered on Asia, assistance has been given worldwide—to South Asia, Central Asia, Africa, the Middle East, Central and South America, and Oceania. Since 1993, the Japanese government has taken the lead on TICAD, working together with the UN, the UN Development Programme (UNDP), and the World Bank, and has increased its assistance to Africa. The nature of the challenges for promoting health and development differ greatly between Africa, where many of the least developed countries are found, and Asia, which is undergoing rapid economic development. This should be noted in planning aid projects in order to help them meet the needs of each recipient country.

Budgetary Allocation

As mentioned in chapter 2, a significant amount of funding is being provided globally for the field of global health. In that context, the government of Japan committed US$5 billion for five years starting in 2005 through the HDI. However, according to the figures on health aid given from 2003 to 2007 (see table 3-6), the portion of ODA spent on health has actually fallen.[86] Technical cooperation projects related to health (both new and continuous projects) as of 2008 represented 16 percent of JICA's total project expenditures.[87] A great majority of JICA's budget is allocated for grant aid and technical cooperation (including training in Japan). In comparison to other donors, only a small amount of money is allocated to international conferences and research, and it is difficult to find details on the funding for these activities.

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[86] The total ODA budget is declining. For information, see http://www.mofa.go.jp/mofaj/gaiko/oda/shryo/yosan.html (accessed on Jan. 15, 2010).
[87] JICA (2009a).

Table 3-6 Allocation of funds in health by aid methods (in billion yen)

Fiscal year	Grant aid (as % of health sector ODA)	Loan in yen (as % of health sector ODA)	Technical cooperation (as % of health sector ODA)	Health Aid Total (as % of Japan's total ODA)
2003	21.406 (25.94)	26.218 (4.7)	11.167 (7.9)	58.791 (7.5)
2004	24.334 (30.21)	9.209 (1.4)	10.568 (7.0)	44.111 (5.0)
2005	21.303 (25.5)	1.805 (0.3)	9.247 (6.0)	32.355 (4.0)
2006	18.083 (22.4)	– (–)	7.691 (5.1)	25.774 (2.2)
2007	13.331 (15.3)	– (–)	6.319 (4.3)	19.650 (1.4)

Source: MOFA (2009a).

Notes: Amounts of grant aid and loans in yen are based on the amounts in the official Exchange of Notes. Those for technical cooperation include receiving trainees in Japan, dispatching experts, and providing equipment. They are based on JICA calculations of the actual payments.

MOFA is providing Japanese NGOs with ¥1.95 billion (FY2009) in total for 77 projects in 34 countries through the Grant Assistance for Japanese NGO Projects scheme.[88] These projects vary from the construction of schoolhouses and support for education to rural village development, peace-building, and health improvement. Similarly, the JICA Partnership Program (JPP) was introduced in 2002 to cooperate with and support the implementation of projects formulated by Japanese NGOs, Japanese local governments, and Japanese universities. The program seeks to utilize the knowledge and experience of these organizations in providing aid for developing countries. JICA support for NGOs in the past fiscal year included: Technical Cooperation for Grassroots Projects (¥10 million in total for three years; 4 projects approved in 2009), the JICA Partnership Program (¥50 million in total for three years; 7 projects approved in 2009), and local proposal type projects (¥4.5 million in total for 3 years; 18 projects approved for 2009–2011).[89]

As the ODA budget is currently declining, it is all the more important to set out a clear strategy to make effective use of limited resources. Selection and focus will be required in planning projects. As the roles to be played by NGOs as development partners are becoming more important, a mechanism should be created to allow NGOs to more actively participate in global health.

3-1-3 Status of Health Aid Policy Formulation and Practice

At a time when more efficient aid is being called for, it is essential that Japan conduct its aid program in an integrated manner. There are several areas that need to be considered. First, efforts at the country level need to be strengthened. This requires not only that the government consider the bilateral relationship between Japan and the recipient country, but also that it have a firm grasp of the development needs and existing foreign aid status of the recipient country, as well as of the political,

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[88] See http://www.mofa.go.jp/mofaj/gaiko/shimin/oda_ngo/shien/j_ngo_musho.html (accessed on January 15, 2010).
[89] See http://www.jica.go/jp/partner/kusanone/index.html (accessed on January 15, 2010).

economic, and social conditions in the country.[90] To that end, efforts are being made to increase aid efficiency and effectiveness, including the strengthening of the functions of the ODA taskforces in recipient countries.

Second, close collaboration with NGOs is needed in the health sector from the policy formulation stage through the implementation of ODA. In this regard, both MOFA and JICA provide funds for collaboration with NGOs, as was noted above. In addition, the MOFA-NGO Dialogue (now called the MOFA-NGO Open Regular Dialogue on GII/IDI) was initiated in 1994 as an opportunity for NGOs to participate in policy formation. This has become a regular meeting of the health-related NGO network and the ministry and it has had a number of notable outcomes. To date, proposals from the NGO alliance have been submitted to UN conferences, NGO representatives have been included in official Japanese delegations to UN conferences, and multisectoral health working groups were organized in the lead-up to both the Kyushu-Okinawa and Hokkaido-Toyako G8 Summits.[91] A subcommittee was set up for formulating a new health policy, in which NGOs and the ministry exchange views on measures to combat HIV/AIDS, tuberculosis, and other infectious diseases; maternal and child health; health systems; accountability; and aid efficiency and coordination. It should also be noted that policy research and advocacy conducted by NGOs independently of the government is also critically important in terms of providing information, advice, and objective analysis and feedback on governmental policies and programs, and can also be an effective means of communicating Japan's health policies and initiatives to the international community. JCIE's Global Health and Human Security Program (formerly the Working Group on Challenges in Global Health and Japan's Contributions) is a good example of such new developments.[92]

Public-private partnerships between the government and businesses are another key area, but are still in the experimental stage. An office has been set up within JICA to encourage such partnerships, and a system is now being developed to strengthen these initiatives. These partnerships have the potential to bring new resources—both human and financial—as well as new perspectives to the field of global health.

3-2 Policy Issues in Achieving the MDGs by 2015 and Issues to Be Addressed beyond the MDG Framework

3-2-1 Status of Efforts to Achieve the Health-Related MDGs and Issues to Be Addressed

As noted above, among the MDGs to be achieved by 2015, three are directly related to health: MDG4

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[90] ODA taskforces have been set up in countries overseas since March 2003 (79 taskforces were in operation as of November 2009). An ODA taskforce in a recipient country conducts policy consultations with the partner government, involves itself in the formulation and review of country projects, and interacts and exchanges information with the donor community and other stakeholders in the country. See http://www.mofa.go.jp/mofaj/gaiko/oda/seisaku/taskforce/genchi_ta.html (accessed on January 15, 2010).
[91] Hyodo and Katsuma (2009).
[92] See http://www.jcie.or.jp/japan/csc/ghhs/ (accessed on January 15, 2010).

(reduction of infant mortality), MDG5 (improvement of maternal health), and MDG6 (prevention of HIV/AIDS, malaria, and other infectious diseases). Among these goals, the areas of maternal and child health have seen the least progress. Therefore, the G8 Hokkaido-Toyako Summit agreed on the need to strengthen actions for maternal health, newborns, and infants under the Toyako Framework for Action on Global Health. Efforts to tackle infectious diseases should also be strengthened as there are still a tremendous number of deaths from these diseases despite a certain degree of success in expanding access to AIDS medicines and in reducing the incidences of tuberculosis. The scale of funding allocated for combating HIV/AIDS is increasing rapidly, reflecting the strengthening of AIDS measures by diverse organizations including the Global Fund, PEPFAR, and the Gates Foundation. In contrast, the international funds allocated to maternal and child health are not sufficient, even though the importance of the issue is recognized in the international community. As a result, there has been little progress on practical measures.

3-2-2 The Contribution of Japan's Health Aid Policy to the Achievement of the Health MDGs and the Steps to Be Taken in the Future

As noted above, the government of Japan is providing assistance for the achievement of the health MDGs. Accordingly, JICA's implementation of ODA includes efforts to improve health and medical services in developing countries with a focus on health systems strengthening, improving maternal and child health, and controlling infectious disease. JICA's emphasis on capacity building, and particularly on improving the problem-solving capacity of recipient countries, creates a system that allows these countries to address health challenges long-term, even after 2015.

It was significant that the Toyako Framework for Action on Global Health laid out specific actions to be taken by the G8 nations with regard to both the MDGs and health systems strengthening. The reason for the delay in achieving the health-related MDGs lies in the fragility of the health systems. To put it another way, health systems strengthening is essential for achieving the MDGs.[93] The G8 L'Aguila Summit in 2009 continued to emphasize health systems strengthening, and the G8 Canada Summit in 2010 will include this item on its agenda as well. For Japan, which has been advocating an increased focus on health systems strengthening within the international community, this issue will be a major pillar of its support for global health policy.

Aid for countries in Asia, which have been enjoying marked economic growth, differ in terms of the types of aid they require compared to the least developed countries. Assistance in achieving the MDGs should be continued in the least developed countries in Africa, South Asia, and Central and South America. However, in Asia, where health transition is progressing, assistance for controlling chronic and noncommunicable diseases (lifestyle-related diseases) and for developing and improving social security systems is becoming of greater need. Japan should play up its comparative advantages by utilizing the knowledge it has gained through its own experience, notably in such fields as the

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[93] Takemi and Reich (2008).

universal health insurance system, measures to address chronic disease, measures to address population aging, the maternal and child health system, and the management of health and medical institutions.[94]

3-3 Linkages with Other Sectors Closely Related to Health

In order to enhance people's health standards, efforts by the health sector alone are not enough; the importance of comprehensive efforts have been advocated by experts around the world. As seen in the MDGs, the goals are not independent but are mutually related. Similarly, in the final report of the Commission on Human Security, being healthy is considered an indispensable element of, as well as a means to realize, "human security," and the report states that being healthy "enables people to exercise choice, pursue social opportunities, and plan for their future."[95] In other words, health is not merely a matter of medical care, but is also related to other factors involved in human security. Therefore, health issues should be considered in a broader context together with other related issues, and this requires a comprehensive approach.[96]

However, while the need for cross-sectoral approaches has been recognized since the 1990s, few projects have in fact taken that approach.[97] Unfortunately, the elements needed for a cross-sectoral approach—the coordination capability needed to bring together diverse sectors, the tools needed for coordination, and the strong leadership needed to manage a group of stakeholders—are currently lacking.

JICA itself is structured in such a way as to allow cross-sectoral approaches, but the formulation of cross-sectoral projects is not easy since it entails working with the various relevant government ministries and agencies in the recipient country as well. As a result, it does not always come together as one well-packaged project. Furthermore, because the mechanism for implementing cross-sectoral approaches is not well established, it is largely dependant on the disposition of the individuals involved in both the recipient country and Japan.

3-4 Issues Related to Formulating the New Health Policy

Based on the discussion above, the following issues should be noted as Japan examines its future policy and practices for global health.

1) Position global health as a pillar of Japan's foreign policy

In 2000, Japan announced the Okinawa IDI, which called on the international community to address the critical issue of infectious diseases, thus laying the groundwork for the establishment of the Global Fund. In

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[94] JICA Research Institute (2004).
[95] Human Security Committee (2003).
[96] Takemi et al. (2008).
[97] One of the best examples is the project to strengthen the health system in Tambacounda, Senegal. In this project, grant aid, a technical cooperation project, and JOCVs are combined, and water supply and infrastructure development projects are linked as well.

2008, Japan played host to both the TICAD IV and the G8 Summit, and through the Yokohama Action Plan and the Toyako Framework on Global Health that were drawn up for those meetings, it was able to play a leadership role in the field of global health. This momentum should be maintained.

When dealing with global health issues, it is necessary to have a different approach for development assistance many of the countries in Africa, South Asia, and Latin America where the priority issues continue to be achieving the MDG targets, and to certain countries in Asia that have seen rapid economic development and are experiencing changes in the burden of diseases. The knowledge Japan has gained through its own experiences to date (e.g., universal health insurance system, maternal and child health systems, management of health and medical organizations, measures to cope with aging, promotion of health over the lifespan, etc.) can be applied, thereby demonstrating Japan's comparative advantages.

2) Strengthen Japan's system for promoting global health and set the trends for international efforts in the field

As explained in section 3-1, in the Toyako G8 Summit process, JCIE's Working Group on Challenges in Global Health and Japan's Contributions took advantage of its nongovernmental status to involve stakeholders from all walks of life for policy advocacy for global health. This should not be a fleeting trend. We need to maintain this "All-Japan" system of participatory dialogue in the field of global health, a system in which people representing different points of view can participate, regardless of whether they are from the public or private sector. And this multisectoral approach should also be integrated into Japan's system for developing and implementing policy in the global health field.

Furthermore, Japan is not adequately communicating its health aid policies to the international community. In order to have a strong impact abroad, it is necessary to disseminate information through leading international media outlets and to disseminate content that draws on Japan's comparative advantages. A successful example was the publishing of the Japanese viewpoint on global health in a leading medical journal, *Lancet*, prior to the G8 Hokkaido-Toyako Summit.[98] It had a great impact and helped Japan take a leading role in discussions at the summit meeting. Information dissemination through the international media not only has an impact overseas, but also offers an opportunity to raise public interest in Japan with regard to Japan's contribution to global health.

Given the array of information media and networking tools now available, the government should also work to develop easily accessible means of information dissemination both in Japan and overseas.

3) Reexamine and strengthen the aid methods and modalities for global health in order to improve aid effectiveness

As the G8's sole representative from Asia, it is important that Japan continue to play a leadership role to solve global problems facing the Asian region and strengthen linkages with other countries in the

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[98] Koumura (2007).

region. However, as the conditions vary from one country to another, a uniform approach is no longer feasible. Countries in East Asia are undergoing rapid economic growth; China and India are enjoying a greater presence in the international community; Korea has an international cooperation agency that is similar to that of Japan. As such, different approaches must be taken to relate with each country.

Japan's aid philosophy and approach, as well as its budget system, do not correspond precisely with the general budget support approach used by countries in the West. While it is not necessary for Japan to follow their systems completely, if Japan continues to isolate itself from the donor community, it will be difficult to establish systems for coordination with other funding agencies. Now is the time to deepen the debate and reconsider the possibilities and ways of using aid coordination more strategically as a means to enhance the effectiveness of Japanese aid, depending on the issues and contexts.

Today, both MOFA and JICA are promoting the "selection and focus" approach to obtain greater impact using limited resources, and are encouraging a programmatic approach by combining closely related projects that share a common objective and focus into one program.[99] The idea that synergistic combinations of different assistance methods can produce a greater outcome is an efficient way of thinking, but when considering Japan's approaches to global health as a whole, the framework provided by the MOFA and JICA schemes alone does not suffice. The expertise and schemes of other ministries, the private sector, NGOs, universities, and other research institutes should be mobilized using an "All-Japan" framework to discuss and implement cooperation that makes full use of the Japanese experience.

The key ODA implementing agencies, including JICA and most Japanese NGOs, fall into the category of project-oriented organizations. Those involved in running these projects tend to focus on the day-to-day process of delivering aid and the immediate needs of aid recipients. They therefore tend to think about their work from a micro perspective. There is an absolute shortage of competent personnel who can think about policies from the broader macro viewpoint, making the connection between the issues they face onsite with broader national and international strategies and policies. Within the government as well, there are not enough policy staff at the Ministry of Health or at the International Medical Center of Japan. Reflecting on this problem, the ministry conducted a study of its international cooperation and coordination in 2006, which suggested that a mechanism was needed whereby talented individuals could pursue their career path by moving back and forth between NGOs, government agencies, and international agencies in order to enrich their experience and expertise and become capable of formulating policy.[100]

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[99] JICA's pattern of shifting projects to programs includes the shifting of schemes, cross-sectoral projects with similar objectives, and broader areas into programs.
[100] Five skills are needed for carrying out international work: 1) the ability to respond to concerns in an international context based upon an understanding of the domestic context, 2) the ability to understand and participate in a decision-making process in an international setting, 3) the ability to develop trust with counterparts, 4) foreign language proficiency, and 5) negotiating skills.

4) Strengthen evidence-based policy and practice for global health

As the whole scale of global health has dramatically expanded in scope to encompass interdisciplinary approaches, research institutes on international relations and other topics have begun to deal with global health as a foreign policy issue. Under such circumstances, the government needs to more actively collaborate not only with research institutes on health, but also with research institutes that specialize in international relations and other issues. It is no longer possible for Japan to play a leading role and ensure its presence in the global health field if it only collaborates with health and medical institutes.

JICA has been assisting health and medical research institutes in Thailand, Kenya, and Ghana for many years. However, JICA's aid in the health field is still limited to medical and health issues and health management systems, while the world trend is a shift toward viewing global health more dynamically as a diplomatic, political, and social issue. In October 2008, the JICA Research Institute was established to strengthen JICA's research functions, but the institute has not been living up to its full potential; it has shown little in the way of international dissemination, such as the submission of articles to international academic journals. Research requires different talents than project implementation, and so it is not easy for JICA to conduct research that would be of international interest and would integrate scientific and policy perspectives while also running projects. Research should be independent and be given the necessary infrastructure (expertise, staff, and budget). To succeed, however, it is absolutely crucial that the JICA Research Institute be strengthened so that it can produce concrete, quality outputs on ODA.

5) Forge solid partnerships with civil society for promoting global health

A majority of NGOs in Japan are focused on implementing projects, and only a few are capable of advocacy. Because of financial, organizational, and human resource vulnerabilities, it is difficult for Japanese NGOs to devote their limited funds or expert personnel to policy advocacy. In contrast, NGOs in Europe and America that are actively involved in advocacy maintain global networks, have firmly established fund-raising and management systems, and have clear organizational strategies. They also are skilled at information dissemination and have a rich pool of professionals who are ready to take part in policy-formation processes.[101]

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[101] Hyodo and Katsuma (2009),

Table 3-7 Comparison of NGOs in Japan and the West

	NGOs in Japan	NGOs in the West
Financial base	Weak	Stable
Policy personnel	Few staff with professional expertise	Many staff with a high level of expertise
Main activities	Field activities Project implementation	Global network formation Policy recommendations Strong in information disseminations and communication

Source: Prepared by the study team based upon the study findings.

Note: In the United States and Europe, many NGOs undertake both policy advocacy and program implementation at the field level.

For that reason, it is urgent that Japan facilitate the development of Japanese NGOs that can produce policy recommendations and carry out policy advocacy. Since the establishment of the MOFA-NGO Dialogue in 1994, a system does exist in Japan that enables NGOs to take part in producing policy recommendations in the global health field. Since the G8 Hokkaido-Toyako Summit, however, when Japan emphasized the importance of the global health, diverse players have become involved in the field, making it increasingly important that Japan actively work to develop linkages with private companies, research institutes, think tanks, and NGOs.

Chapter 4: Issues in Health Sector Monitoring and Evaluation

4-1 Trends in Monitoring and Evaluating Japan's ODA

4-1-1 Monitoring and Evaluation Systems

Background

The history of the monitoring and evaluation of Japan's ODA dates back to 1975, when JBIC began conducting ex-post evaluation. MOFA followed suit in 1981, and JICA in 1982. Since that time, a system for implementing evaluations has gradually evolved. At the beginning, evaluations were mainly conducted upon the completion of a project, but in 1994 JICA began to use the project cycle management (PCM) method to evaluate projects from the planning stage through to the implementation and evaluation stages. Monitoring was then incorporated as part of the plan-do-check-act (PDCA) cycle, which meant that ex-ante evaluations, mid-term evaluations, and ex-post evaluations were all to be carried out.

In 2001, at the start of the new century, the Government Policy Evaluations Act (hereafter, the Policy Evaluations Act) was passed, requiring all government agencies to conduct ex-post evaluations. Reflecting the tide of administrative reform and the worsening economic situation at the time, this act increased the priority on monitoring and evaluation. In the ODA Charter of 2003, the first item listed under the heading of "Matters Essential to Effective Implementation" was "Enhancement of Evaluation," which clearly stated the importance of an integrated system for conducting evaluations before, during, and after project implementation.

In addition, trends in the international development community—e.g., the MDGs, and the poverty reduction strategy papers (PSRPs) that are prepared under the World Bank's Comprehensive Development Framework—have given rise to an increasingly comprehensive approach to aid, requiring that the focus of monitoring and evaluation expand to include the program and policy levels.

Methods of Implementing and Applying Evaluations

ODA evaluation in Japan is carried out mainly by the two primary agencies involved, MOFA and JICA—the former on the policy and program levels, and the latter on the project and program levels.

Figure 4-1 System and scope of evaluations of Japanese ODA
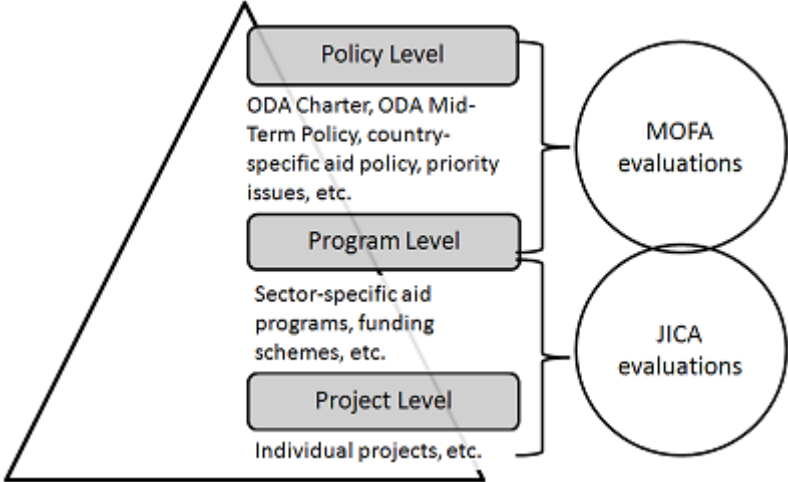
Both MOFA and JICA have undertaken organizational shifts in recent years that reflect the heightened attention to evaluation. In 2006, MOFA's Evaluation Committee within the Economic Cooperation Bureau was restructured as an independent division and was renamed the ODA Evaluation Division of the International Cooperation Bureau. It now conducts comprehensive ODA evaluations. Similarly, following JICA's merger with the overseas economic cooperation operations of JBIC in 2008, "New JICA" upgraded its former Evaluation Management Office, which had been part of the Planning and Evaluation Department, and created a separate Evaluation Department.

While the approach an evaluation takes will vary according to the level (i.e., project, program, or policy), method, and form of ODA, and to the implementation period of the evaluation, basically MOFA and JICA follow the five evaluation criteria proposed by the Organisation for Economic Cooperation and Development, Development Assistance Committee (OECD-DAC) in 1991.[102] For JICA's technical cooperation projects, evaluations use a project design matrix and apply the five evaluation criteria to determine whether a project has produced results and the progress made to date. JICA also regularly monitors individual projects. For its standard evaluations, MOFA uses a slightly different set of criteria: the relevance of policies, the effectiveness of results, and the appropriateness of processes.[103]

The intended objectives of both the MOFA and JICA evaluations are the same: to ensure accountability to taxpayers, provide feedback on lessons learned, and offer recommendations to improve the quality of future ODA.

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[102] The criteria are: relevance, effectiveness, efficiency, impact, and sustainability.
[103] In accordance with the Policy Evaluations Act, evaluations use criteria that include necessity, effectiveness, and efficiency.

The system for carrying out monitoring and evaluation has improved in recent years, as have the methods for utilizing the findings. However, there is still a shortage of strategic thinking about monitoring and evaluation itself, and there has been little effort to utilize the results domestically or internationally, particularly to assist Japan in responding to the rapid ODA-related changes occurring at home and abroad. On the international scene, as aid coordination has expanded, so too has the scope of monitoring and evaluation, and greater emphasis is being put on assessing outcomes and impact rather than processes and outputs. Japan's monitoring and evaluation system needs to respond to these trends. Changes are occurring on the domestic front as well, including the advent of a new government in 2009 under the Democratic Party of Japan. In this environment, and in light of the ongoing sluggish economy in Japan, one can easily see that the accessibility and usefulness of evaluation results will be viewed with a more critical eye in the coming years, and that monitoring and evaluation will be expected to contribute to the improvement of ODA.

Table 4-1 Issues in Japan's ODA monitoring and evaluation

Area	Issues
1: Setting goals and indicators	• Goals and indicators of impact level are ambiguous. • Clear goals and indicators are not set at the time of policy and program formulation.
2: Publication of the results	• The results are released but not sufficiently publicized. • The results are difficult to understand.
3: Utilizing the results	• There is inadequate interaction between evaluation departments and project departments. • The impact of feedback is limited due to the request-based ODA system.
4: Personnel and budget	• There is no systematic training of highly specialized personnel. • Budget allocation for monitoring and evaluation is insufficient.

Source: Prepared by the study team based on the study findings.

Table 4-1 presents some of the key issues related to Japan's ODA monitoring and evaluation. First, for effective monitoring and evaluation, a project's goals and evaluation indicators must be clearly specified at the planning stage. However, even among projects where a unified management system has been established using PDM, there is still the occasional project that does not have clearly stated goals and indicators. In particular, there are quite a few cases in which the higher-level objectives are vague and the appropriateness of the indicators has not been sufficiently examined. In addition, there are many cases where the indicators are too fragmented or difficult to obtain and, as a result, there is little possibility of verifying whether the project has achieved its higher-level objectives.[104]

Problems at the policy and program levels are even more serious. Here again, the objectives and evaluation indicators are often not specified in advance, and indicators are frequently determined only

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[104] JICA (2007).

once an evaluation begins. As a result, there is no baseline data for comparison or data from regular monitoring, and thus it is not possible to present objective evidence on the outcomes. There is no internationally agreed upon standard method for policy- and program-level evaluations, but one effective tool is the "objective tree," in which the goals and indicators are organized into layers in the shape of a tree. The need for this type of tool to organize and diagram objectives was also noted in a report titled, "Improving the ODA Evaluation System in Japan," published in 2001 by the ODA Evaluation Study Group. Despite repeated calls for the use of such methods, however, to date there are still few cases where objective trees or other types of diagrams have been used to show specific goals and indicators.[105]

The second issue involves the dissemination of findings. Currently, evaluation reports are made available to the public through the JICA Library and other public facilities and through the Internet. Efforts are also made to ensure accountability to the public by organizing seminars and meetings to report on the results. However, these efforts are not widely publicized and there is still a great deal of room for improvement in terms of accessibility. Many also complain that the reports are simply too difficult to understand. With this in mind, it was decided at the time of JICA's restructuring that New JICA would adopt the four-tier rating system for ex-post evaluation that was introduced by JBIC in 2004. New JICA is using this system in ex-post evaluations for all three of its aid categories—technical cooperation, grand aid, and ODA yen loans—and this effort to improve the visibility of evaluation results bears watching in the future.

The third issue is related to the utilization of monitoring and evaluation results. These results are supposed to be used to improve the project in question and to improve planning for subsequent projects. If the results of monitoring and evaluation are not used to improve the quality of ODA, then the effort is meaningless. At present, however, reports are written up and in many cases only those who are connected with the project in Japan and the partner country are notified of the findings. The extension of the project period or the formulation of a new project is decided largely based upon requests from the recipient country rather than the evaluation results, and there are few cases in which lessons learned and recommendations made in the evaluations have been fully reflected. Currently, MOFA and JICA are working to strengthen the feedback system by creating a database of lessons learned and recommendations by sector, instituting an ex-post monitoring system, and implementing joint evaluations with partner countries. Nevertheless, there is still not enough interaction between the various sectors, departments, and agencies. There needs to be greater collaboration between the evaluation departments and the project implementation departments, more unified policymaking based on efforts to extract common recommendations from past evaluations, clearer positioning of sector-specific initiatives within broader national policies, guidelines for creating more useful reports, a reconfirmation of the division of labor between MOFA and JICA, and greater mutual use of evaluation results.

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[105] There were only two cases among the country assistance programs and sectoral development policies from 2000 to 2007 in which an objective tree had been utilized at the time the policy was formulated.

The more fundamental problem, however, is not that the evaluation results are underutilized, but that there is a lack of expert personnel and budget to conduct monitoring and evaluation in the first place. Consequently, the quality and quantity of results have not been strong enough to be of real use. A secondary evaluation conducted by JICA's Advisory Committee on Evaluation also identified a number of problems, such as bias in information collection and analyses, and problems with the way in which some reports have been written.[106] The onsite monitoring system is also lacking, making it difficult to gather sufficiently reliable data. There is a pressing need for increased training of professional staff who can be engaged in monitoring and evaluation, and this must be accompanied by the necessary budgetary provisions as well.

4-1-2 Trends in the Health Sector

The issues described above with reference to ODA in general apply equally to the monitoring and evaluation system in the health sector, but there are some elements that apply to the health sector in particular.

Table 4-2 Major policy and program-level evaluations in the health sector conducted by MOFA and JICA (2000–)

Agency	FY	Evaluation
MOFA ODA evaluation	2001	Evaluation of the Global Issues Initiative on Population and AIDS (GII)
	2003	Mid-term Evaluation of the Okinawa Infectious Diseases Initiative (IDI)
	2004	Mid-term Evaluation of Japan's Contribution to the Achievement of the MDGs in the Area of Health
	2006	Evaluation of Japan's ODA to the Health Sector in Thailand
	2007	USAID-Japan Joint Evaluation of the US-Japan Partnership for Global Health in Zambia
	2008	Evaluation of Japan's ODA in the Health Sector (3rd-party evaluation)
JICA Program evaluation	2000–2001	Thematic Evaluation on Population and Health Sector in the Philippines under JICA-USAID Collaboration
	2001	Synthesis Study of Evaluations: Population and Health
	2004	Thematic Evaluation on Communicable Disease Control in Africa
	2006–2007	Thematic Evaluation on Health Referral System
	2006	Evaluation of the Program for the Improvement of Health Status of People Living in the Upper West Region in Ghana
	2006	Evaluation on Health Sector Program in Afghanistan
	2007–2008	Evaluation on Programme for HIV Prevention in Kenya

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[106] JICA Project Evaluation Group of the Planning and Coordination Department (2007).

Among the evaluations shown in table 4-2, many were conducted according to the government's ODA Evaluation Guidelines and the JICA Project Evaluation Guidelines. On the other hand, three evaluations conducted by JICA, namely those on the Health Improvement Program for Residents of the Upper West Region in Ghana, the Health Sector Program in Afghanistan, and the Program for HIV Prevention in Kenya, used JICA's collaborative program evaluation method, which examines the program's "contribution" to the development policy and strategy of the partner governments, as well as the "positioning" and strategic importance of the programs. Meanwhile, MOFA's evaluation of Japan's contribution to the achievement of the health-related MDGs in 2004 was a comprehensive analysis based on four points: "contribution" (how the health sector in Japan is contributing to the achievement of the health-related MDGs), "policy commitment" (whether the policy and strategy for the achievement of the MDGs are clearly stated and publicized), "strategic importance" (whether strategic approaches are being taken for the achievement of the MDGs), and "quality assurance" (whether the quality of assistance programs is assured and whether proper improvements are being made).

Table 4-3 Characteristics of monitoring and evaluation in the health sector

Characteristic 1:
Emphasizes "human resource development." Focus is on analyzing improvements in individual health behavior and capacity-building for health personnel.
Characteristic 2:
It is often noted that the logical connection between the impact-level objectives, such as improving health conditions, and the output-level objectives is unclear.

Table 4-3 shows the two key characteristics of monitoring and evaluation of health-related ODA in Japan. The first characteristic is that, as "soft" aid projects in the health field have increased, monitoring and evaluation are increasingly focusing on "human resource development" at the grassroots level, emphasizing ways to improve individual health behavior or to improve the skills of health personnel. A good example of this is the "KAP" survey method used mainly in community health programs, which is a qualitative and quantitative survey of individuals' knowledge (K), attitudes (A), and practice (P) of health promotion and disease prevention.

At the same time, it is often noted that the logical connection between the project objective—for example, training health personnel—and the higher-level objective—for example, reducing maternal mortality—is ambiguous, making ex-post evaluation particularly difficult in this field. However, with the influence of results-based management (RBM) and the Cochrane Collaboration, as will be discussed below, attempts to more rigorously evaluate impact are entering the mainstream, drawing attention to the need to set appropriate higher-level goals.

These two characteristics need to be rethought in light of the changing trends in international development aid, which are resulting in a restructuring of the overall framework of the health sector.

4-2 Monitoring and Evaluation by Key Donor Countries and International Agencies

4-2-1 Impact of Trends in Development Aid

Thanks to the influence of RBM, it is quite natural today to find an emphasis on monitoring and evaluation in the international ODA sector. The concept of "new public management" was introduced in Britain and elsewhere in the 1980s. In the 1990s, this developed into RBM, which integrates the evaluation perspective into a project from the planning phase on and places greater importance on results rather than process. This approach was adopted by the ODA sector as it was beginning to emphasize investment efficiency at that time. As this trend progressed, greater attention began to be paid to the usefulness of monitoring and evaluation, and as a result, from around 2000, goals and indicators began to be established at the planning stage of development aid policies. In this way, a method was established for managing policies while measuring and evaluating their performance.

The trend toward increased aid coordination gave added impetus to the adoption of RBM. In 1999, the World Bank announced a Comprehensive Development Framework (CDF) that introduced the basic concept of encouraging developing countries to play a leading role in formulating a results-oriented, comprehensive development strategy to be implemented through partnerships with other governments, international agencies, civil society, and other actors. The PRSPs that are prepared in conjunction with the CDF represent a basic, participatory process that deepens people's understanding about poverty and its causes, selects effective public measures to reduce poverty, sets poverty reduction targets against which a project's effectiveness can be measured, and monitors the degree of success with which those targets are met. In this way, the PRSPs require that those involved consider monitoring and evaluation from the planning stage on.

Similarly, the MDGs reflect the trend toward RBM. They include indicators to assess the degree to which the 8 goals and 18 targets of the MDGs are being achieved, based on which the UN, the OECD, the International Monetary Fund (IMF), and the World Bank are conducting regular monitoring to assess the progress to date.[107] Governments and international agencies have formulated their aid policies based on the MDGs and have been monitoring their progress as well. In response to the universal and comprehensive goals of the MDGs, the scope of monitoring and evaluation has expanded from the project level to the program and policy levels. As a result, new methods of monitoring and evaluation are now needed that will be more appropriate to the program and policy levels.

The Paris Declaration on Aid Effectiveness adopted in 2005 also played a significant role in helping more firmly establish both the emphasis on results and the concept of aid coordination. The declaration contained 5 key principles for improving aid effectiveness (ownership, alignment, harmonization, managing for results, and mutual accountability), 56 commitments by both donor and

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[107] For details, see http://www/mofa.go.jp/Mofaj/gaiko/oda/doukou/mdgs.html (accessed on January 15).

partner countries regarding specific actions they would take to put the 5 principles into practice, and 12 indicators of progress to be used in monitoring.[108] This was reinforced in 2008 through the Accra Agenda for Action, which announced the acceleration of the implementation of the Paris Declaration.

Ongoing monitoring and evaluation are now underway to assess progress in the declaration's implementation. The DAC Working Party on Aid Effectiveness, for example, issued the reports on the findings of its monitoring in 2006 and 2008, and an evaluation is being conducted to look into problems with the implementation of the declaration that were identified through monitoring done by the DAC Network on Development Evaluation (EVALUNET). Efforts to encourage recipient-led evaluation as part of the Evaluation of the Implementation of the Paris Declaration, as well as efforts to develop evaluation capacity in recipient countries are steadily taking root in the evaluation field.

These two major trends—RBM and aid coordination—have thus had a concrete impact on monitoring and evaluation in the ODA field. They have encouraged the standardization of evaluation methods, the sharing of evaluation results, and the conducting of joint evaluations among recipient countries, donors, and international agencies. The move to standardize monitoring and evaluation will become stronger in the future. Already, EVALUNET has produced "evaluation quality standards" consisting of the 10 key pillars needed to maintain a certain level of quality in evaluations, to encourage collaboration among actors, and to facilitate the comparison of evaluations across countries (meta-evaluation).[109]

In the health sector, global partnerships such as the Global Fund and GAVI are gaining greater influence. In 2007, at the first meeting of the "Health Eight" (H8), comprising eight of the leading international organizations and partnerships in the health field, the importance of a strong, joint monitoring and evaluation system was cited as being critical to accelerating the achievement of the MDGs. Furthermore, the "G8 Accountability Report" also emphasized the need for a joint monitoring framework to enhance the efficiency and effectiveness of health-related aid in order to achieve the MDGs.

4-2-2 The Monitoring and Evaluation Systems and Methods Used by Key Countries and International Agencies

This section will introduce some of the methods of monitoring and evaluation commonly used by different countries and international agencies.

Results Framework (RF)

Monitoring and evaluation methods can be largely classified into two groups, one that uses the

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[108] Examples are percent of aid flows that are aligned on national priorities of the partner nation, percent of aid flows that use the partner country's public financial management systems, percent of bilateral aid that is untied, and percent of surveys and analyses jointly implemented by multiple donors.
[109] The pillars are: rationale, purpose and objectives of an evaluation; evaluation scope; context; evaluation methodology; information sources; independence; evaluation ethics; quality assurance; relevance of the evaluation results; and completeness. See DAC Evaluation Quality Standards, http://www.oecd.org/dataoecd/30/62/36596604/pdf (accessed on January 15, 2010).

"logical framework (logframe)" based on the five-criteria DAC evaluation method, and another that uses the RF based on RBM. In addition to these methods, some organizations also adopt methods that fall in between the two, or rely on their own independent methods. As mentioned in section 4-1, however, JICA and MOFA use the DAC five-criteria method.

Figure 4-2 Monitoring and evaluation by method
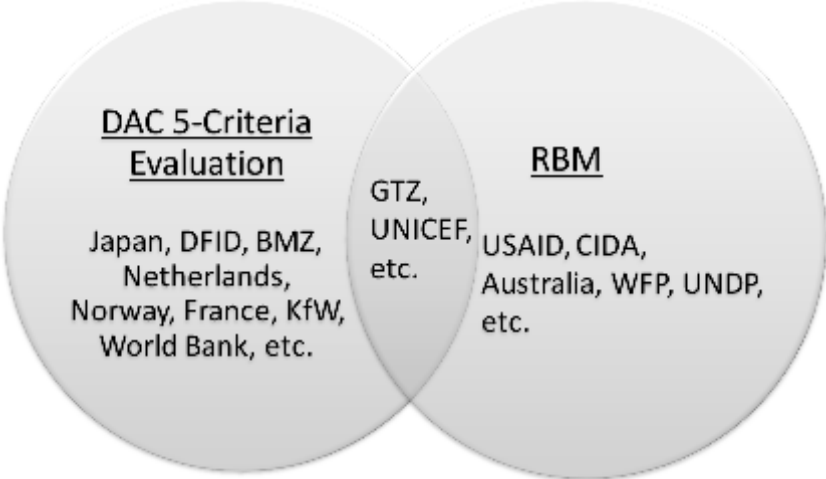
Source: Adapted from Sakaki (2006a).

Those using the RBM method include USAID, the Canadian International Development Agency (CIDA), Australian Agency for International Development (AusAID), UNDP, and others. USAID had initially developed the "logframe," which was the prototype for the project design matrix. In order to better respond to the increase in comprehensive aid, however, it developed and adopted the RF in the mid-1990s. The structure and logic of the RF are similar to those of the logframe, but the RF is designed for the policy and program levels, and resident offices in recipient countries have the central responsibility for selecting strategic objectives and formulating plans (with the exception of the higher-level strategic goals). For that reason, one notable feature of the RF is that it makes it easy to formulate policies and programs that have strategic goals, like the comprehensive targets of the MDGs. At the same time, the framework for lower-level objectives is flexible.

USAID evaluations at the policy, program, and project levels are carried out both internally and by third parties, using quantitative and qualitative indicators that fulfill seven criteria for performance indicators.[110] These indicators are determined during the planning stage on the basis of the Demographic and Health Survey (DHS) and other secondary data, are reviewed during the monitoring process, and are then used as evaluation indicators for the ex-post evaluation. USAID also emphasizes monitoring. It bases those efforts on a performance management plan prepared by a Strategic Objective Team that includes the implementing organization, the head office, and overseas missions. The Strategic Objective Team then monitors the activities based on regular progress reports from the implementing organization. The results are published in an annual performance report and are widely

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[110] The seven criteria are direct, objective, adequate, quantitative (where possible), disaggregated (where appropriate), practical, and reliable. USAID Center for Development Information and Evaluation (1996).

disseminated via the Internet and through seminars and workshops. Impact evaluations by research institutes are also promoted, and some evaluation results are published in academic journals.

CIDA and AusAID use frameworks similar to USAID's RF, emphasizing regular performance monitoring and evaluations that focus on before-and-after comparisons using baseline and endline data.

Overall Rating

As mentioned in the previous section, JICA assigns ratings in its ex-post evaluations, but in terms of applying those ratings, it lags behind organizations such as the World Bank's Independent Evaluation Group (IEG), Kreditanstalt für Wiederaufbau (KfW) of Germany, and the Asian Development Bank (ADB), which use ratings to produce an "overall rating."

The World Bank IEG conducts independent evaluations aimed at improving aid by conducting high-quality, independent evaluations. In 1995, Operations Evaluation Department, the predecessor of the IEG, initiated country assistance evaluations (CAEs) to assess country assistance strategies (CAS). At present, the IEG conducts around 10 CAEs a year, and so far, more than 70 evaluation reports have been published. CAEs use a six-category rating and try to evaluate the aid given within the context of the recipient country's overall development. In addition, the IEG conducts project reviews, sector and thematic reviews, and process reviews. The results are compiled in the Annual Review of Development Effectiveness (ARDE). It should be noted, incidentally, that the ARDE 2008 pointed out particularly weak performances in the African region and in the health sector, and therefore called for greater priority to be given to these areas.

KfW in Germany carries out ex-post evaluations of all projects, assigning one of six rating levels for each of its three key criteria: effectiveness, relevance/significance, and efficiency. These three ratings are then combined into an overall rating according to a "weighting" that is defined separately for each individual project. This differs from the ratings in JICA's ex-post evaluations, in which the results are not weighted.

Impact Evaluation

As noted above, the scope of monitoring and evaluation has expanded to the program and policy levels, and while the demand for outcome and impact evaluations is increasing, there is still no standard, commonly accepted method to measure such results. However, influenced by the work of the Cochrane Collaboration and others in the medical field, there have been some attempts to more rigorously measure impact using experimental and quasi-experimental methods. For example, under Britain's National Health Service, a project was launched in 1992 to conduct a systematic review of the effectiveness of disease interventions. The project centered on a randomized controlled trial (RCT), the results of which were compiled into a publicly accessible database in order to facilitate rational decision making.

An attempt to apply this experiment to the ODA sector was undertaken in 2003 with the establishment of the Abdul Latif Jameel Poverty Action Lab (J-PAL) in the Massachusetts Institute of Technology's Department of Economics. J-PAL receives funding from the World Bank and others and works to enhance the effectiveness of poverty reduction policies through the use of RCT-based evaluations. As of January 2010, it had completed 63 impact-evaluation projects, reports of which are available on its website.[111] In addition to the results of the evaluations, J-PAL also makes some of its data available for use by other researchers.[112]

Another example is UNICEF's Accelerated Child Survival and Development (ACSD) program, which it has been implementing in 11 countries in western Africa since 2002.[113] An evaluation was done to measure the impact of intervention on the mortality rates for children under five years of age. The evaluation estimated impact based on the marginal budgeting for bottlenecks (MBB) approach[114] and on evidence from the Lancet series regarding the survival rates of children and newborns. The report found that the impact of the ACSD program was greater than initially forecast.[115]

Impact evaluations attempt to determine the effect of a project by examining the post-project status of key indicators (e.g., income level) for an individual (or organization) that took part in the project and then comparing that to the counterfactual—in other words, it asks, "What would have happened if they had not participated?"[116] But it is impossible to really measure this in the social sector. Comparisons are frequently made using the identical group before and after a project, or using a site where a project intervened and one where it did not (a with/without comparison). However, the accuracy of such impact measurements is inevitably limited due to the inherent bias in the selection of target groups and the inability to exclude changes that would have occurred over time even without the project. A rigorous impact evaluation must compare indicators while excluding bias as much as possible.

The World Bank is working actively to improve the rigorousness of impact evaluation, and is involved in such efforts as the creation of databases and the establishment of a taskforce for the Network of Networks of Impact Evaluation (NONIE), which is a network comprised of EVALUNET, the UN Evaluation Group, and the Evaluation Cooperation Group. In addition, a number of research institutes and think tanks are contributing to the implementation of impact evaluations and the improvement of evaluation tools, such as the International Development Evaluation Association (IDEAS); the Center for Global Development; MEASURE Evaluation; the Center of Evaluation for Global Action (CEGA) at the University of California, Berkeley; and the Global Development Network (GDN). For example, with support from the Gates Foundation, GDN has conducted impact evaluations of 20 health and

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[111] Of those, 37 impact evaluations had been conducted in the health sector.

[112] See http://www.povertyactionlab.org/JPALdata/ (accessed on January 15, 2010).

[113] The ACSD is a comprehensive health service program providing vaccinations, distribution of micronutrients, antenatal checkups, promotion of breast-feeding, and supplies of oral re-hydration salt (ORS) and mosquito nets. It is considered effective with a small cost.

[114] The MBB is a tool developed jointly by UNICEF, WHO, and the World Bank. When bottlenecks in the health system are found, the expenses required to obtain the expected results are calculated. It is used to formulate a plan to predict the result by removing bottlenecks, and to prepare a budget plan. At present, UNICEF offices in all countries are using this tool. In the future, it will be used for monitoring and evaluation as well.

[115] UNICEF (2005).

[116] Aoyagi (2007).

sanitation programs in 19 countries in Africa and Asia since 2006 through its project on "Promoting Innovative Programs from the Developing World: Towards Realizing the Health MDGs in Africa and Asia." And the Evaluation Gap Working Group of the Center for Global Development published a report in 2006 containing recommendations for improving the quality of impact evaluations in the social sector in order to promote greater understanding of the effectiveness of social programs, particularly in low- and middle-income countries.[117]

Nonetheless, while rigorous impact evaluation may be feasible for health and educational projects in narrowly targeted project sites, budget and time constraints, coupled with technical and ethical concerns, make it extremely difficult to actually apply rigorous impact evaluations at all levels. This issue is of particular concern in light of the current paradigm shift from input-oriented to results-oriented evaluation. In response, GTZ (Gesellschaft für Technische Zusammenarbeit) is now studying impact evaluation methods. Reports by GTZ have noted that the causal relationship between the contributions of individual projects and higher-level strategic objectives such as poverty reduction is not clear, and that there exists an attribution gap beyond which the plausible impact of interventions cannot be judged. Although the real objective of aid projects is to bridge that attribution gap and contribute to the higher-level goal of bringing about progress in development,[118] GTZ found that an effective evaluation method to gauge that higher-level impact has not yet been established.

The British DFID evaluates input, output, outcome, and impact based on the DAC five-point evaluation criteria. Recognizing the difficulty in evaluating outcomes and impact, however, the department conducts different types of evaluations for different levels rather than trying to apply one standard method to everything from individual projects to broader policies. The demand for impact evaluation is great; as more rigorous evaluations are undertaken and as the debate on methodology progresses, undoubtedly it will become increasingly feasible to conduct rigorous impact evaluations in the ODA field as well. At this moment, however, many issues remain and the search for practical answers continues.

<u>Monitoring and Evaluation of Health Systems</u>

Monitoring and evaluation of health systems is a new trend in the health sector. It began with the WHO's *World Health Report 2000*, and has been conducted mainly by UN agencies since then.[119] The frameworks they are using, however, are often found to be confusing and redundant. As a result, the WHO, the World Bank, GAVI, and the Global Fund have been working together to develop a framework for the monitoring and evaluation of health systems strengthening as a part of their deliberation on the IHP+ Common Evaluation Framework.[120] Evaluation indicators are set for each level—"input/process" and "output" for measuring health system capacity, and "outcome" and "impact" for measuring health system performance—with examples provided of the preferred data

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[117] Evaluation Gap Working Group (2006).
[118] Reuber and Hass (2009).
[119] Murray and Evans (2003).
[120] IHP+ Working Group on Monitoring and Evaluation (2010). RF is also proposed for health systems strengthening monitoring and evaluation.

sources and alternative data sources for each. For health systems strengthening evaluation, a stepwise approach is also useful in that it considers changes occurring in the field, such as the scaling up of programs over time, the spread of infectious disease, economic changes, and political stability. In addition, evaluations for scaling up require a well-established monitoring system grounded in baseline data. Finally, it should be noted that while health systems strengthening monitoring and evaluation are basically done at the national level, it might be possible to expand the scope to include joint programs at the global level as well.

The Global Fund developed a toolkit for monitoring and evaluation in 2006, which offers monitoring and evaluation methods and indicators for use in four fields: HIV/AIDS, tuberculosis, malaria, and health systems strengthening. In the latter field, the toolkit provides specific indicators in the categories of service delivery; human resources for health; health information; medical products, vaccines, and technology; and impact. It also provides the appropriate data sources, measurement tools, and frequency of data collection.[121]

While these various developments represent positive steps, however, they are very much works in progress, and a great deal remains to be done in this field.

<u>Monitoring and Evaluation for Aid Coordination</u>

Along with the increased participation in partnerships such as the Global Fund and increased individual government contributions to basket funds, a question arises as to how to measure the relationship between the contributions of an individual government and the overall achievements of a project or program. There is no systematic method available for assessing such individual contributions, but there are generally two methods used: a two-step method, in which the overall results and individual country contributions are examined separately; and a method in which the individual country's contribution is calculated based on the proportion of funding it supplied and the total outcomes of the basket.[122] Some people consider it sufficient to evaluate the overall achievements as something that benefits all of mankind, but as governments are increasingly viewing global health as an issue that is in their national interest, the need for methods to evaluate the level of contribution of individual countries within collaborative contexts will continue to grow.

Monitoring and evaluation for partnership projects must reflect the diverse participating stakeholders. GAVI published its evaluation guidelines in 2008, in which it stresses the importance of regularly evaluating GAVI itself and of engaging stakeholders in the evaluation process.[123] In addition, IHP+ announced drafts of its "Joint Assessment Tool" and "Joint Assessment Guidelines" in September 2009, and is currently working with various stakeholders to devise tools to assess their national health strategies and plans. These tools will be tested in several countries and revised as necessary, but they are intended to measure strengths and weaknesses in terms of five sets of attributes that are considered

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[121] Global Fund (2009).
[122] For example, if a donor contributes 10 percent of the funding for a program that has achieved a 10 percent reduction in mortality, it is considered that the donor's impact was equivalent to a 1 percent reduction in mortality.
[123] GAVI (2008).

to be the foundation of a "good" national strategy.[124] Another example of aid coordination is UNAIDS, a program that receives funding from multiple UN agencies. Its evaluation criteria take into consideration cooperation and harmony among contributing agencies, as well as mutual accountability.[125]

4-3 Issues Related to Formulating the New Health Policy

Based on the discussion above, let us review the issues that lay ahead for the monitoring and evaluation of Japanese ODA in the health sector.

1) *Position global health as a pillar of Japan's foreign policy*

In order to clearly establish Japan's contributions to global health, measurable expected outcomes must be indicated at the time the policy is set. Japanese monitoring and evaluation in the development field—including health—is faced with the problem that higher-level objectives and indicators are often vague and are not set at the time the policies are decided. To clarify its objectives and show Japan's commitment to global health, Japan needs to use objective diagrams and other frameworks that can enhance monitoring and evaluation.

2) *Strengthen Japan's system for promoting global health and set the trends for international efforts in the field*

In order to strengthen Japan's ability to communicate information to the world and strengthen its presence in the international community, monitoring and evaluation results need to be more fully utilized. At USAID, the results of evaluations conducted by research institutes are often announced in authoritative academic journals, and as a result, that helps elevate external opinions of USAID. Japan does not currently utilize the results of its monitoring and evaluation in this way. In order to communicate effectively to the public and lead the international debate, Japan must consider how it can actively convey its monitoring and evaluation results to the international community through leading journals and in ways that acknowledge Japan's comparative advantages.

3) *Strengthen evidence-based policy and practice for global health*

In light of the two global trends toward the promotion of RBM and aid coordination, it is increasingly important to present evidence based on a common framework. As a result, there has been a growing emphasis in the international community on monitoring and evaluation in the field of development assistance as a whole (including health), and on the need for objectivity in that process. However, Japan's monitoring and evaluation in the global health field has not adequately responded to these shifts as of yet. There is an urgent need to establish a monitoring and evaluation system that conforms to the international trends while also taking advantage of Japan's strengths and experience.

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[124] The five criteria are: 1) the situation analysis, and coherence of strategies and plans with this analysis, 2) the process through which national plans and strategies have been developed, 3) financing and auditing arrangements, 4) implementation and management arrangements, and 5) results, monitoring, and review mechanisms (IHP+ 2009).
[125] UNAIDS (2009).

An RBM approach requires a monitoring system that enables both qualitative and quantitative data to be gathered and ensures the transparency and objectivity of evaluations. Also, in the context of aid coordination, it is critical that international indicators and national indicators set by the recipient country are relied upon for determining the higher-level objectives. In terms of specific methods, Japan should consider adopting the kind of rating-based comprehensive evaluation described in section 4-2-2 as well as impact evaluations. However, one point to keep in mind is that it takes a tremendous amount of effort at the site of aid projects to reach a consensus among donors and recipient countries in order to create a monitoring mechanism, establish indicators, and build a transparent system, and there are many cases that have not gone smoothly due to shortages of personnel and funding.

When it comes to the possibility of conducting rigorous impact evaluations beyond the project level, many uncertain elements remain. Given the trends in global health, it is difficult for Japan to do everything on its own, and the need for Japan to collaborate with international organizations and research institutes to mutually reinforce one another's efforts will only increase in the future. Japan, which is strong in the area of grassroots activities, should be able to contribute by utilizing qualitative analysis and process evaluation together with quantitative analysis in order to improve the effectiveness of monitoring and evaluation. Similarly, in the emerging area of health systems monitoring and evaluation, there is room for Japan to contribute, for example in helping to determine indicators that are appropriate for the conditions on the ground.

Furthermore, there are strong hopes among aid recipients that Japan will contribute to improving their countries' monitoring and evaluation capacities. MOFA has demonstrated its willingness to contribute in this area through its support since 2001 of the annual "ODA Evaluation Workshop," which focuses on the Asia-Pacific region and is intended to improve evaluation capacity and improve the effectiveness of development aid. In the health sector, there is ample opportunity for Japan to contribute by proactively engaging, for example, in the strengthening of recipient countries' systems of monitoring and evaluation, and providing technical assistance for jointly implemented evaluations. However, it should be pointed out that without measures to address the budget and personnel shortages, contributions in this area will be difficult.

4)   Forge solid partnerships with civil society for promoting global health

In order to encourage the collaboration and participation of civil society in the promotion of global health, it is helpful to present the results of monitoring and evaluation in a way that is easy to understand and convey that to the broader civil society. However, the average citizen currently has difficulty accessing and understanding evaluation reports. A policy is needed to not just present evidence, but to present it in a way that will be easy for the majority of Japan's citizens to understand.

The tasks outlined above cannot be addressed within the context of the health sector alone; they must be addressed through partnership with other sectors and relevant organizations. Questions should be raised as to whether past initiatives implemented in the health sector had been clearly positioned

within broader government policies, whether they were recognized beyond the sector, and whether they had been linked to evaluations. At this juncture, it is critical that Japan set strategic priorities, lay out effective frameworks for monitoring and evaluation, and formulate policies that will enhance Japan's presence both at home and abroad.

Chapter 5: Recommendations

The preceding chapters have presented the study team's analysis of global trends in the health sector and of the current framework and issues facing Japan's health-related ODA. Based on our findings with regard to the current situation in the field and lessons learned to date, this chapter will offer recommendations for the creation of a new health aid policy for Japan.

Circumstances both globally and domestically have aligned to make this a particularly opportune time for a review and a redoubling of Japan's efforts on global health. Only five years remain until the deadline for achieving the MDGs, and in September 2010 the UN will hold a high-level MDG+10 Summit to review the progress made to date. In addition, the G8/G20 Summit will be held in June of this year in Canada, and the Canadian government, as the chair of the meetings, has proposed that discussions concentrate on development issues. In particular, global health issues related to maternal and child health will feature prominently on the agenda. These events provide an excellent opportunity for Japan to share information about its efforts and its vision in the area of global health, to exert its leadership on an issue of critical concern to the international community, and to thus bolster its reputation as a country that contributes to global peace and development as stated in the ODA Charter.

On the domestic front, the HDI that was announced in 2005 will conclude at the end of March 2010, and thus the Japanese government is currently working to develop the next phase of its policy. Accordingly, this chapter will present five recommendations for that new policy based on a medium-to long-range perspective.

Recommendation 1:	Position global health as a pillar of Japan's foreign policy
Recommendation 2:	Strengthen Japan's system for promoting global health and set the trends for international efforts in the field
Recommendation 3:	Reexamine and strengthen the aid methods and modalities for global health in order to improve aid effectiveness
Recommendation 4:	Strengthen evidence-based policy and practice for global health
Recommendation 5:	Forge solid partnerships with civil society for promoting global health

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Recommendation 1: Position global health as a pillar of Japan's foreign policy

1-1Position global health as a key development issue and project an image of Japan as a "protector of lives worldwide"

Japan should consider global health to be a central issue within the development field and should declare it an important pillar of its foreign policy. In his first policy speech to the Diet in January 2010, Prime Minister Hatoyama conveyed a strong message: "I want to protect lives around the world." In the speech, he called for Japan to take the lead in creating a network to protect lives, starting in Asia and extending to the entire world. This forceful message from the new government accords well with the concept of human security, which is a central pillar of Japan's foreign policy.

In 2000, Japan announced the Okinawa Infectious Diseases Initiative, which formed the basis for the creation of what is today the Global Fund. In 2008, when Japan hosted the TICAD IV and the G8 Hokkaido-Toyako Summit, the government worked to form a consensus on global health issues, successfully creating a trend toward viewing global health as a critical development issue. This trend continued at the 2009 G8 Summit in L'Aquila, Italy, and it has been announced that maternal and child health will be a focus of the 2010 G8 Summit in Canada as well.

As was mentioned in chapter 2, the UK, the United States, and many other major donor nations have made global health a central element of their foreign policies. Given Japan's role in creating the momentum behind this trend, the government should more clearly position global health as a pillar of its own foreign policy and should continue to play a leading role within the international community in addressing global health issues.

1-2 Base Japan's global health aid over the next five years on two perspectives: 2015 and post-2015.

The first perspective implies that Japan should take a leadership role and work together with the international community in order to achieve the health MDGs. The MDGs must be met by the international community as a whole and, as such, they entail collaborative efforts on a global scale among governments, aid agencies, and civil society. However, according to a 2008 UN report on the MDGs, with the 2015 deadline looming, many countries are in danger of not reaching the MDG targets. The greatest obstacle to overcoming this challenge is the overwhelming shortage of resources to assist the impoverished countries where the needs are highest.[126] Over the next five years leading up to 2015, finding a way to sustain and further bolster the current momentum toward meeting the health-sector MDGs will continue to be a shared concern of Japan and other major donors and of the international community as a whole.

The second perspective centers on mid- to long-term policies and approaches that look beyond 2015.

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[126] See chapter 2, section 2-5.

The international community has reached the stage when it must think not only about the 2015 targets, but also about "post-2015." In other words, policies must be considered that will address future development issues that can have an impact on global health from the mid- to long-term perspective. For example, noncommunicable disease (e.g., lifestyle-related disease) has become a health issue even in developing countries, and many have pointed to the importance of policy issues that are arising due to changes in the burden of disease.[127] There has also been a growing discussion on the impact of climate change on health, and this needs to be considered as an issue for the future as well.

1-3 Present a clear policy framework for global health and increase Japan's funding commitment

Japan's new health policy should present a clear policy framework for contributing to global health. At the same time, Japan's total funding commitment should be greater than that under the HDI.

An outline of the proposed policy framework is offered in Figure 5-1 (page 70). Japan's new health policy should be centered on the concept of "protecting lives around the world." Based on a human security perspective, its ultimate goal should be to protect communities and individuals from health threats, enabling people worldwide to be equally healthy. Toward this end, Japan's approach should address health systems improvement and strengthening to ensure equal access to quality health services as its medium-term goal for the health sector. This should be based on two strategic objectives, as described below.

<Strategic Objectives>

> Objective 1: Address critical issues in cooperation with the international community—place priority on achieving the MDGs by 2015 (MDGs 4, 5, and 6)

Looking to the health-related MDGs, it should also aim to "reduce maternal and child mortality and improve maternal and child health" and "reduce mortality and illness due to infectious diseases."

> Objective 2: Promote policy dialogue on the future development issues that will impact global health beyond 2015

Based on a development perspective, Japan should carry out policy dialogues, human resource development, and network building that can contribute to policies and strategic decision making on such issues as noncommunicable/lifestyle-related disease, measures related to population aging, the health needs of youths, and health systems for promoting health across the lifespan.

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[127] WHO (2005).

Recommendation 2: Strengthen Japan's system for promoting global health and set the trends for international efforts in the field

2-1 Establish a system for the promotion of global health

In order to be a leader of international trends on global health—an area that involves diverse stakeholders and is considered an important facet of foreign policy for the major donor nations involved in the field—Japan should establish an independent, high-level "Global Health Policy Committee (tentative)" comprised of representatives from a wide range of stakeholders and create a system for public-private partnerships that can function and contribute substantively over a mid- to long-term timeframe (i.e., 5–10 years). The role of the proposed committee is outlined below.

Global Health Policy Committee (tentative)

1) Objective:
The committee will provide independent recommendations and advice to the government in order to strengthen policy dialogue, policymaking, and public communications in order to enhance Japan's ability to play a leading international role on global health.

2) Members:
The committee will consist of 20–30 members, including government agency representatives (MOFA; Ministry of Finance; Ministry of Health; MEXT; etc.), experts from universities and research institutions, ODA practitioners (including JICA personnel), NGO representatives, etc.

3) Roles:
➢ Consult on the health policymaking process and provide policy recommendations
➢ Participate in and advise domestic and international policy dialogues
➢ Exchange and disseminate information on global health
➢ Offer advice on global health strategy, program formation, and monitoring and evaluation
➢ Participate in international meetings and important events
   *Technical issues should be handled by working groups, which would hold smaller, substantive discussions.

4) Timeframe:
As the HDI is concluding at the end of March 2010, MOFA should take the lead in forming this committee so that deliberations can begin quickly on the next health policy, and it should create a system for recommending specific policy contents, strategies, and operational plans.

2-2 Appoint personnel who can serve as the "face" of Japan in promoting global health

In order to effectively communicate Japan's global health policy within the country and abroad, it is essential that there be individuals who can serve as the "face" of Japan and act as global health policy advocates. This entails identifying and utilizing personnel with the appropriate expertise who can represent Japan in the international community or at international conferences and who can make

Japan's presence felt. Personnel are also needed who can communicate the significance of Japan's global health policy in a way that is clear and easy for the people of Japan to understand. Japan should establish a flexible personnel system, for example by appointing people from outside of government agencies as "global health ambassadors," or by appointing and deploying outside health experts from NGOs or elsewhere to participate long-term as Japan's "face" in international organizations, at international conferences, and on relevant boards.

2-3 Disseminate evidence-based information through leading international media

In order to have an impact on the international community, the dissemination of information is most effective when done through internationally recognized media outlets. A successful example of this was the publication of an article in the medical journal, *Lancet*, which conveyed Japan's thinking on global health prior to the G8 Hokkaido-Toyako Summit and was well received by the international community. The article had a tremendous impact and opened the path for Japan to lead the discussions at the summit. Not only does this use of media have an impact internationally, but it also provides an opportunity to increase interest within Japan about the country's contribution to the global health field. When forming Japan's new health policy as well, the government should keep in mind the need to determine the appropriate time and place to announce this policy and think about how it can effectively utilize the media.

> The Japan Center for International Exchange's working group on "Challenges in Global Health and Japan's Contribution" (now the Global Health and Human Security Program) is undertaking a project to publish a "Lancet Japan Series" in order to disseminate the results of its research on the experience and lessons learned in the process of Japan's postwar recovery and growth. Through more efforts like this, Japan can increase its presence in the international community.

2-4 Ensure Japan's presence through stronger ties to international organizations

As Japan's overall ODA budget has been cut, its contributions to the major international health-related agencies have also been declining. It is, however, necessary for Japan to continue its linkages with such agencies in the implementation of a new health aid policy to ensure its presence. It is therefore recommended that Japan work to promote concrete ties and collaboration by holding regular consultations with related agencies and experts in order to promote greater coordination and synergy between its bilateral and multilateral assistance programs.

For example, the government should hold regular consultations with H4 in the field of maternal and child health and with the Global Fund and the GAVI in the field of infectious disease, bringing to the table not only government-related personnel but also experts, researchers, and NGO representatives. These meetings would offer an opportunity to exchange information and explore possibilities for collaboration, and would also provide an opportunity to disseminate information within Japan and abroad.

2-5 Lead the international debate on innovative financing mechanisms

As described in this report, discussions are underway on various innovative financing mechanisms that can provide additional frameworks for meeting the demand for funds to address development and environmental issues. By seizing on this global trend and playing a leading role in the global policymaking debate, Japan can help secure additional funding for the promotion of global health.

Recommendation 3: Reexamine and strengthen the aid methods and modalities for global health in order to improve aid effectiveness

3-1 Achieve impact by narrowing the focus of strategic objectives and geographical scope

The Japanese government has a prime opportunity at the moment to examine potential new methods to effectively strengthen Japan's presence, both by building upon its existing methods of assistance and by creating new, proactive approaches to promote collaboration and greater synergy between bilateral and multilateral assistance. In addition, in order to make the most effective use of limited resources and ensure that Japan's development assistance has the maximum impact, the government must clarify its strategies through the use of a "selection and focus" approach. In doing so, due consideration must be given to Japan's comparative advantages, experience to date, and capacity. Recommendations on how best to achieve this approach are outlined below.

<Toward Health Systems Strengthening>
Japan's health-related aid to date has been characterized by a human security approach, the strength of which is that its emphasis on community-based, multisectoral efforts integrates health issues and community development, tackles issues comprehensively, and aims to strengthen the capacity of communities.
Based on its results to date, Japan should make use of its unique characteristics and apply a strategy that concentrates on (1) selection and focus, (2) effective utilization of aid methods, and (3) aid coordination and the promotion of greater synergy between its multilateral and bilateral aid. Through these strategies, it should find ways to connect the community-level approach with national-level policies in each country, and should look for ways to promote scaling-up and ensure sustainability.

<Promoting Aid Effectiveness, Scaling-Up, and a Clearer Japanese Presence through the "Selection and Focus" Approach>

When setting the new health policy, priorities should be established based on the conditions and needs in each region or country in order to maximize aid effectiveness and promote efficient and high-quality aid. The selection and focus should be determined based on those priorities. This process, combined with the promotion of aid effectiveness and scaling-up, will allow Japan to clarify its presence in the field.

The following criteria should be considered for selection and focus when determining priority countries for receiving aid:

➢ Program Areas: Based on the strategic objectives of the policy framework, priority programs should be selected with consideration to an appropriate balance between two elements: the health needs of the country in question and Japan's capacity in terms of human resources and experience.

➢ Region/Country: Priority countries for receiving needs-based health-related aid should be selected based on health needs, the progress toward achieving the MDGs, and the UNDP Human Development Index. Deliberations should also address the balance with foreign policy strategies.

Strategically, Japan should select a smaller number of priority programs and countries and invest mainly in those. Consideration should also be given to linkages with other sectors, the status of other aid donors, and the feasibility of multilateral and bilateral collaboration.
The selection of priority countries should be done with the advice of a "Global Health Policy Committee" comprised of a broad range of public and private stakeholders (see section 2-1).

Sub-Saharan Africa, South Asia, and parts of Southeast Asia can be considered as priority *regions* in terms of efforts to achieve the MDGs. On the other hand, given Japan's overall on Asia and the Pacific within its foreign policy, it is important that it continue to exert leadership on global issues affecting the Asian region, and that it strengthen aid and cooperation within Asia. In addition, reflecting the results of Japan's international cooperation efforts to date in Asia, it is important that Japan support Asian countries' efforts at South-South cooperation with Africa.

When selecting priority regions and countries, multisectoral approaches should be encouraged to increase cooperation with other sectors that affect the health field. In particular, along with an emphasis on infrastructure development, Japanese ODA also emphasizes the fields of water/ sanitation, education, and nutrition—all of which are essential to health. In order to encourage intersectoral cooperation, Japan should consider how it might effectively utilize current methods and modalities of aid.

3-2 Reexamine methods and modalities of aid to create a more effective and flexible approach

The selection and focus approach, as mentioned above, would allow Japan to promote a more comprehensive approach in priority countries. For example, it should facilitate greater coordination between the health aid plan and the overall country-level aid program (country assistance program), for example through incorporating infrastructure-building and other fields that are closely tied to health. In this regard, Japan's various methods of aid can be effectively and flexibly combined and

applied, using its comparative advantages and experience in development assistance to produce more of an impact from Japan's ODA.

Recommendations for Creating an Effective Approach

➢ Encourage a program approach
The "request-based approach" used to date should be reconsidered, and priority fields and countries should be determined based on Japan's policy framework for health-related aid. Programs should be established for each country based on that country's needs and development plans, envisioning a five-year period within the overall policy implementation period. In conjunction with that, Japan should reconsider the process by which it drafts and allocates its ODA budget.

➢ Devise ways to effectively utilize Japan's aid schemes (e.g., technical cooperation, grants, loans; assistance schemes for NGOs, Japan Overseas Cooperation Volunteers [JOCV]).

➢ Promote synergy between bilateral and multilateral aid and encourage mutually reinforcing cooperation.
Greater linkages and collaboration with multilateral agencies should be pursued. This can be done by engaging in information sharing with multilateral institutions in their fields of expertise, scaling up the results of Japanese assistance for human-resource development and of model projects conducted through technical cooperation, and conducting joint evaluation and research.

➢ Strengthen the use of loan schemes for health projects.

➢ Develop aid methods such as budget support and sector support to facilitate national planning and ownership by the recipient nations. (e.g., grant aid for poverty reduction, debt relief assistance, etc.).

➢ Unify and simplify aid procedures.

Example of a Collaboration Model: Applying Effective Aid Methods and Working with Other Partners

Promote a unified collaboration model for health systems strengthening at the community and district/provincial level and for enhanced efforts on expanding the comprehensive continuum of care for mother and child and on preventing infectious diseases.

<Develop a district/provincial-level model>
⇒Link technical cooperation with other aid modalities

➢ Improvement of health centers/facilities, e.g. at primary and secondary medical levels (infrastructure building) ⇒Aid methods: loans and grants
➢ Human-resource development to improve the quality of service (training health and medical practitioners, such as midwives) ⇒ Aid methods: JICA's technical cooperation, joint efforts and synergy with multilateral aid
➢ Community organizing and interventions ⇒ Aid methods: collaboration/joint efforts with NGOs that work closely with the community
➢ Capacity development of local government organization ⇒ Aid methods: JICA technical cooperation
➢ Research and evaluation to elucidate experiences and evidence ⇒Aid methods: collaboration/joint efforts with international organizations and other donors, research institutes, NGOs, etc.
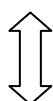
Coordination between policy and community-level practice

<National government level> Policy level, deployment of personnel involved in aid coordination at the recipient country level

➢ Link field-level implementation with the policy level when formulating government policies and programs, and ensure scaling-up and sustainability⇒ through aid coordination, joint planning/joint undertakings and synergies with multilateral aid

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<Effective Use of Loan Schemes>

One area that requires more proactive consideration in the future is ways in which to create linkages between soft component assistance, such as technical cooperation, and infrastructure-building plans (i.e., road and transportation systems, communications, electricity, water, solar batteries, etc.) that are part of the overall country assistance plan. The social sector elements (e.g., health and education) should be considered jointly in these loan-based infrastructure-building plans, and more importantly, a "soft aid" component needs to be built into this in terms of technical cooperation.

An investment in the health field is an investment in the public good, and improvements in public health are important for raising labor productivity as well. There are already examples of ODA being applied to AIDS prevention projects commissioned to local NGOs as part of large-scale infrastructure-development projects. This should be actively developed, as the approval of soft component grants for technical cooperation can be used to ensure that large-scale infrastructure projects include environmental and social considerations—including health—for overall synergistic effects through a combination of technical cooperation and loan schemes.

3-3 Play a Leadership Role among Donor Countries

As noted in chapter 2, in light of the current international trends, there is a growing need for Japan to strengthen strategic ties to other donors through participation in aid coordination among donors within recipient countries and through the process of establishing those countries' national plans. The following points should be considered in developing a specific approach in this area.

<**Play a Leadership Role in Setting International Trends at the Recipient-Country Level**>

➢ Japan should clarify the roles and responsibilities of the embassy and JICA at the country level, and it should strengthen the country-level ODA taskforces and establish a decentralized decision-making capacity. Also, an All-Japan mechanism with the participation of multiple stakeholders—including research institutes and NGOs—should be instituted to promote public-private partnerships at the local level. Depending on the conditions in each country, regular coordination meetings should be held among these groups. Japanese representatives (from both the public and private sectors) should also participate in national-level donor coordination meetings.

➢ In terms of the country-specific program approach, Japan should create five-year country assistance plans and annual program development plans for each priority country. This would enable Japan to coordinate with other donors, participate in creating national plans and strategies, and ensure that Japan's contribution is reflected.

➢ Personnel should be assigned at the country level who are able to coordinate within the local donor community. In priority countries, along with posting personnel to JICA offices who are equipped with coordination and leadership skills, development experts should also be assigned to the embassies' economic cooperation sections (a system should be established for this if necessary). Also, regional planning/program formulation advisors should be assigned to encourage regional- and subregional-level aid coordination. Information exchange and cooperation with personnel from international organizations should also be encouraged. Finally, steps should be taken such as rescinding the nationality requirements for JICA experts and JOCV volunteers in order to allow greater use of non-Japanese human resources.

3-4 Establish a career path for those trained in the global health field, and support the development of both human resources and NGOs

In Japan, there are a limited number of personnel that have substantial knowledge or experience related to policymaking in the global health field, and even fewer who are actually involved in the policymaking process. First, within relevant government agencies and within JICA, Japan needs to develop expert personnel in the global health field who can formulate policy, and at the same time, it needs to assign and deploy outside experts as well.

It is also critical that we strengthen the policy advocacy capacity of the private sector, including that of

Japanese NGOs. By providing greater job mobility among government agencies, NGOs, research institutes, and international institutions, as is done in the West, we can ensure that experts have a career path and can create a mechanism for human-resource development.

<Human Resource Development in the Global Health Field>

The following steps should be taken in order to further strengthen and develop existing programs and initiatives:

➢ Linkages between Japanese and foreign university institutes should be strengthened as a way to encourage the training of health experts, create a career path, and provide career options for alumni of health-related volunteer initiatives (e.g., volunteers involved in JICA's AIDS-related JOCV). Also, a personnel system should be created whereby these types of experts can become involved at the core of policymaking in JICA, MOFA, and other agencies in the future. Furthermore, the dispatch and exchange of personnel to and with international organizations and other aid agencies should be encouraged.

➢ Support should be given for strengthening organizations and groups that take an inclusive, All-Japan approach to human-resource development in the global health field.

Recommendation 4: Strengthen evidence-based policy and practice for global health

In the context of broader trends in the international community toward placing priority on results-based management and aid coordination, there is a need to formulate policies based on evidence and to show the results of past programs and policies.

4-1 Strengthen the monitoring and evaluation system

The following points should be considered in the drafting of a new health policy:
➢ A mechanism should be incorporated into the policy framework from the drafting stage that facilitates documentation and analysis of the implementation process, as well as evidence-based monitoring and evaluation of the policy.
➢ From the policy formation stage, a set percentage of the budget should be separately earmarked for monitoring and evaluation.
➢ A monitoring system must be created that enables the gathering of both quantitative and qualitative data, and the transparency and objectivity of the evaluation process should be ensured.
➢ The aid recipient nation's system for monitoring and evaluation should be strengthened, and technical support should be provided for conducting joint evaluations.
➢ The results of monitoring and evaluation should be fully utilized; the findings should be conveyed in ways that will have an impact overseas (e.g., through internationally recognized media outlets) and will be easy for the Japanese public to understand as well.

<**Points to Consider When Conducting Monitoring and Evaluation**>

➢ Monitoring and evaluation should be both evidence-based and outcome-based; setting targets and indicators is important, but in doing so, methods should be encouraged that will enable the gathering of both qualitative and quantitative data. In addition, when choosing indicators, it is important to include process indicators as well, which can show the degree of progress made toward larger "outcomes" (e.g., MDGs, health systems strengthening).

➢ It is recommended that Japan experiment with impact evaluations and make greater use of independent evaluations conducted by third-party institutions and experts. Accountability should be improved by creating easy-to-understand indications of the results, such as a ratings system.

➢ Japan should seek ways to strengthen its implementation of monitoring and evaluation through cooperation and collaboration with multilateral agencies and others (donors, research institutes, NGOs, etc.).

<**Evaluation of "Health Systems"**>

➢ While utilizing existing tools (e.g., UNICEF's MBB, or the assessment tools used by the WHO and others), frameworks, and indicators, Japan should work with other donors to develop a system for the monitoring and evaluation of health systems that effectively reflects the reality in each country and utilizes the recipient country's national indicators.

➢ Thought should be given to "core indicators" for common outcome targets, as well as "additional indicators" for each priority area and priority country.

4-2 Create a network with research institutes, universities, and others to strengthen research capacity

In order to carry out the kind of research and evaluation described above, it is essential that the government strengthen its evaluation and research capacity and strengthen its networking with research institutions, universities, and others in the field. There have been increasing calls within the global health field for evidence-based policy recommendations and for demonstrating the results of interventions on a scientific basis. To respond to this trend, Japan needs to strengthen its research capacity. It is therefore critical that linkages with universities and research institutes be strengthened over the medium to long term. In addition, the role of the JICA Research Institute should be reexamined and reinforced, and the global health field should be included as an important focus of its research.

> **<Strengthening Research>**
>
> ➢ Expand the budget for research on policy issues related to global health⇒invest a set percentage of the ODA budget.
> ➢ Encourage research on each specific field (e.g., maternal and child health, AIDS, malaria, etc.). In addition, apportion research-related budget from other sources (e.g., Ministry of Health, MEXT) for global health research (e.g., work with universities or research institutes to carry out operations research by creating links with development assistance projects).
> ➢ Promote a multisectoral perspective on global health by facilitating the participation of non-health experts in research projects (e.g., anthropologists, economists, political scientists, social scientists, etc.).
> ➢ Enable universities and research institutes to conduct research on development and global health not only in the form of studies commissioned by the government, but also as research conducted independently of government. Universities and research institutes should also be included in the planning of human resource development and development assistance.

Recommendation 5: Forge solid partnerships with civil society for promoting global health

5-1 Strengthen partnership with civil society (NGOs and the private sector)

NGOs and CSOs have a role to play in the drafting of ODA policy and in encouraging citizen participation in ODA work. They also contribute as ODA partners in terms of onsite project implementation. The government should make use of the comparative advantages of NGOs/CSOs and promote partnerships with them in "regions and fields that the government cannot cover" and in "areas that are 'weak points' for the government." It should give thought to how public and private groups can mutually complement each other in order to reach places and people that are in real need of assistance. To that end, the following points should be considered:

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\<Strengthening Partnership with Civil Society\>

➢ The current percentage of ODA that is implemented by NGOs is 0.86 percent, which is much lower than in other countries.[1] Support for NGOs and civil society organizations should be strengthened, a minimum level should be set for NGO implementation of ODA, and that ratio should be expanded. This should include not only Japanese NGOs, but also NGOs within recipient countries and international NGOs as well.

➢ Japan urgently needs NGOs and think tanks that can conduct policy advocacy. Because there is currently no incentive for investments or donations from the private sector, in the short run the development of such organizations must be done in cooperation with the government. The medium- to long-term objective, however, should be to create incentives for the private sector to support NGOs and think tanks working on policy advocacy. A system should be designed—such as the creation of a platform to support the development of public-private partnerships—that will have the potential to operate long-term and sustainably with the inclusion of private-sector funding.

➢ New initiatives and networks should be created to encourage linkages between JICA, businesses, and NGOs, with the goal of creating public-private partnerships. These connections should be utilized to show businesses that expanding their CSR to include active participation in global health is in their company's interest, as it is connected to the very basis of their corporate existence. Drawing on these initiatives, a database of specific case studies of public-private partnership should be created. Models for joint collaboration among ODA agencies, private businesses, and NGOs should be promoted. Examples could include the joint development of strategies for communicating to the public, collaboration on development assistance (e.g., technical cooperation, infrastructure building, etc.), and exchanges of personnel.

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5-2 Strengthen methods of communicating information to the public

It is important to raise awareness among the Japanese public that aid for health issues is not just something that benefits of the broader international community, but is an issue that hits closer to home as well. During the course of this study, it was pointed out by aid-related personnel and NGOs in Japan that Japan's ODA PR efforts to date have featured stories or images of "Japan's aid efforts" or on "Japanese people carrying out aid overseas." They have not adequately presented the background issues facing developing nations or conveyed the significance of ODA. Aid in the health sector is easy for the public to understand and easy for them to support. The content of PR in this field should therefore be reexamined, and in light of the changes in ICT and other technologies, new methods of communicating information should be found that are current and are easy to use.

Other issues that need to be considered include the posting of personnel in ODA agencies who have marketing skills or expertise in advocacy and PR, as well as the allocation of budget for external PR activities. As part of the government's responsibility to be accountable to the Japanese public, it needs to find better methods and means of conveying information so that more people will take an interest in the field of global health. For that purpose, the following steps are recommended:

\<Improving Communication Strategies\>

➢ Make use of NGOs' domestic and international networks, and work together with NGOs and the private sector to promote PR and advocacy activities.

➢ Make use of individuals who can become the "face" of global health as stated in recommendation 2-2, to communicate messages and information on global health in an easy-to-understand manner in Japan, making the optimal use of key international events and other opportunities.

➢ Through cooperation with MEXT, incorporate global health issues into a "development education curriculum" for schools to help communicate Japan's role in the field.

The five recommendations described in this chapter are to be applied in the formulation and implementation of Japan's new health policy, thus allowing Japan to continue to play a leading role in the field and to set the trends in international aid for global health.

Figure 5-1: Policy Framework—Goal Chart (tentative)

ODA Mission

To contribute to the peace and development of the international community, and thereby to help ensure Japan's own security and prosperity
(ODA Charter)

⇧

Health Aid Policy: Ultimate Goal

Protect lives around the world - protect communities and individuals from "health threats," enabling people worldwide to remain equally healthy
(Human Security)

⇧

*Performance Indicators and Target

Health Sector: Medium-Term Goal

To improve and strengthen health systems to ensure equal access to quality health services for everyone in the world

⇧ **Performance Indicators and Target* ⇧

Strategic Objective 1:

Place priority on achieving MDGs by 2015 (MDGs 4, 5 and 6) by addressing critical issues in cooperation with the international community
- **Reduce maternal and child mortality and improve maternal and child health**
- **Reduce mortality and illness due to infectious diseases**

*Performance Indicators and Target

Strategic Objective 2:

Promote policy dialogue on development issues influencing global health beyond 2015

*Performance Indicators and Target

Possible Areas for Japanese Assistance   **Areas in which Japan has a comparative advantage*
➤ Health systems strengthening
  - Infrastructure building (improvement of health facilities, especially at primary and secondary levels)
  - Strengthening management capacity of health administration and organizations
  - Human resource development (upgrading the quality of services among health workers)
  - Improving health information management, monitoring and evaluation
  - Improving technical and logistical management

➤ Reduce maternal and child mortality and improve maternal and child health ⟹
                          Bilateral & multilateral aid collaboration
  - Ensure comprehensive continuum of care for maternal and child health—i.e., care for mother and child from the pre-pregnancy stage through the prenatal, safe delivery, and postnatal stages; child care; immunization; nutrition; and family planning

➤ Reduce mortality and illness due to infectious diseases ⟹ Bilateral & multilateral aid collaboration
  - HIV/AIDS and TB prevention, treatment and care (drug-resistant HIV test, PMCT, AIDS/TB complex infection, etc.), malaria prevention (integrating the provision of bed-nets with other needs)
➤ Policy dialogue and research on development issues for global health beyond 2015
➤ South-South collaboration based on outcomes and experiences derived from Japan's collaboration in Asia

⇧ **Cross-sectoral collaboration**

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Basic approaches for the implementation of a new health aid policy

- Strengthen Japan's system for promoting global health—set up a high-level Global Health Committee with multiple stakeholders
- Reexamine and strengthen aid methods and modalities for global health to improve aid effectiveness
- Strengthen evidence-based policy and practice for global health
- Forge a solid partnership with civil society for promoting global health

*Prepared by the study team based upon the study findings.

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List of Concerned Websites

Name	URL
Donor countries and Regional Organizations	
United States Agency for International Development (USAID)	http://www.usaid.gov/
The United States President's Emergency Plan for AIDS Relief (PEPFAR)	http://www.pepfar.gov/
Department for International Development (DFID), UK	http://www.dfid.gov.uk/
Department of Health (DOH), UK	http://www.dh.gov.uk/en/index.htm
Canadian International Development Agency (CIDA)	http://www.acdi-cida.gc.ca/INDEX-E.HTM
Ministry of Foreign Affairs, Norway	http://www.regjeringen.no/en/dep/ud.html?id=833
Norwegian Agency for Development Cooperation (NORAD)	http://www.norad.no/en/
Ministry of Foreign Affairs, Netherlands	http://www.minbuza.nl/en/home
Australian Agency for International Development (AusAID)	http://www.ausaid.gov.au/
European Union (EU): DG Development	http://europa.eu/pol/dev/index_en.htm
African Union (AU)	http://www.africa-union.org/
International Organizations	
Joint United Nations Programme for HIV/AIDS (UNAIDS)	http://www.unaids.org/en/
UNICEF	http://www.unicef.org/
United Nations Population Fund (UNFPA)	http://www.unfpa.org/public/
World Bank	http://www.worldbank.org/
World Health Organization (WHO)	http://www.who.int/en/
Global Health Partnerships/Initiatives (cited in the report)	
Global Fund to Fight AIDS, Tuberculosis and Malaria	http://www.theglobalfund.org/en/
Global Alliance for Vaccines and Immunisation	http://www.gavialliance.org/
International Health Partnership and related initiatives (IHP+)	http://www.internationalhealthpartnership.net/en/home
Partnership for Maternal, Newborn and Child Health	http://www.who.int/pmnch/en/
Foundations and Research Institutions	
Bill & Melinda Gates Foundation	http://www.gatesfoundation.org/Pages/home.aspx
Center for Strategic and International Studies (CSIS)	http://csis.org/
Guttmacher Institute	http://www.guttmacher.org/index.html
Institute of Medicine (IOM)	http://www.iom.edu/
Kaiser Family Foundation	http://www.kff.org/
NGO	
Action for Global Health	http://www.actionforglobalhealth.eu/
Family Health International	http://www.fhi.org/en/index.htm
Global Health Council	http://www.globalhealth.org/
InterAction	http://www.interaction.org/
International Planned Parenthood Federation	http://www.ippf.org/en
International Women's Health Coalition	http://www.iwhc.org/
Oxfam International	http://www.oxfam.org/
Pathfinder International	http://www.pathfind.org/site/PageServer
Population Action International	http://www.populationaction.org/
Save the Children	http://www.savethechildren.org/
Women's Refugee Commission	http://www.womensrefugeecommission.org/
World Vision	http://www.wvi.org/wvi/wviweb.nsf
Others	
The Lancet	http://www.thelancet.com/journals/lancet/issue/current
Organisation for Economic Cooperation and Development Statistics	http://stats.oecd.org/index.aspx

Interview Guide: Study Conducted in Japan

Interviews were carried out selecting questions from among the following according to the organizational position of interviewees.

1.   Questions on the present status and challenges of Japanese aid policies in the health sector in the current trends of global health

    1-1   In comparison with aid policies in the health sector of other countries, what are the characteristics, comparative advantages and challenges of Japanese aid from the following perspectives?
        -    Aid tools/modalities, aid contents, budgetary allocation, etc.
        -    Current status and challenges of efforts to achieve health-related MDGs (4, 5 and 6)
        -    Cross-sectoral approaches (partnerships with other sectors)
        -    Development of infrastructure for the health and medical systems
        -    Coordination of the three aid schemes by JICA, i.e., Loan, Technical Cooperation and Grant Aid
        -    Partnerships with the private sector, NGOs and civil societies, and research institutes

    1-2   What are the current status and challenges of partnerships with other stakeholders in Japan?

    1-3   What are the current status and challenges of information communication on Japanese aid in the health sector to other countries?

    1-4   What are the current status and challenges of monitoring and evaluation of Japanese aid policies in the health sector?

2.   Questions on the future possibilities of Japanese aid policies for global health

    2-1   At what position should global health be placed in future Japanese foreign policies?

    2-2   What is the role that the "Research and Dialogue Project on 'Challenges in Global Health and Japan's Contributions'" has played in consolidating the position of global health as a part of Japanese foreign policy?

    2-3   What do you see Japan's roles and possibilities to be in the international community to reflect what was discussed in TICAD IV and the G8 Summit in 2008?

    2-4   Making the best use of Japan's experience, what are the possibilities for aid in the sectors of "maternal-and-child health," "infectious disease control," and "health systems"?

    2-5   What are the future roles and possibilities of Japan as a member of G8 from Asia?

    2-6   What are the future roles and possibilities of ministries such as the Ministry of Foreign Affairs, Ministry of Health, Labor and Welfare, Ministry of Education, Culture, Sports and Technology, the Ministry of Finance, and others?

    2-7   What are the roles and possibilities of the Civil Society including NGOs, research institutes and the private sector?

Interview Guide: Study Conducted Overseas

Interviews were carried out selecting questions from among the following according to the organizational position of interviewees.

1. Global health aid policy（by the government）
   1-1 How does the government prioritize global health in its development and foreign policy?
   - Visions and concrete steps taken, budget allocation in relation to its prioritization
   1-2 Regional and country level strategies in its global health policy?   Relations behind?
   1-3 Comparative advantages in your country in global health arena?
   1-4 How did the government develop the initiative (GHI, IHP+)?
   - Process, stakeholders, etc.; allocation of budget; expectations and challenges
   - Public relation strategy?

2. Achievement of health-related MDGs
   2.1 Key challenges and constraints facing global health, particularly in meeting the targets of health-related MDGs?
   2.2 What needs to be done the most to achieve these MDGs by 2015?   Strategies and roles of your organization to play towards this goal?

3. Health Systems Strengthening (HSS)
   3-1 Challenges and constraints to promote HSS and its relation to the health-related MDGs?
   3-2 What is your view on donors' fragmented aid policies on HSS?
   3-3 What is your view on challenges and expectations towards new innovative financing mechanism for promoting HSS?
   3-4 What kind of measures do you think should be used to evaluate HSS?

4. Global health aid governance, aid coordination
   4-1 Views on how your organization/agency is promoting aid coordination under the current global health aid structure with many stakeholders;
   - In relation to the Paris Declaration and Accra Agenda for Action reflected in the government health aid policy?
   - Who should take a leadership role under the current global health governance?
   - Collaboration with civil society and private sector?
   4-2 Roles of H4: i.e. how it was developed, challenges and expectations, regional/country strategies, relations with HSS

5. Monitoring and Evaluation: What procedure is taken in monitoring and evaluation to ensure accountability?   Resources allocated on monitoring and evaluation?   Metrics used?

6. Cross-sectoral collaboration: What are the cross-sectoral strategies on global health agenda? What kind of methods do you uses to evaluate them?

7. Role of NGOs/civil society/private sector/academic institutions
   1-1 Roles of the civil society (incl. NGOs, private sector, academic institutions
   - In the process of the global health aid policy development process,
   - In mainstreaming global health in foreign policy
   1-2 What are the challenges and expectations faced in this process?
   1-3 Strategies taken by NGOs in communicating and publicizing the global health agenda to the general public?

8. Non-MDGs and beyond MDGs: What are priority policy issues in global health to be addressed by the international community towards 2015 and beyond?

9. Expectations for Japan
   Japan's comparative advantages in the field of global health, the roles Japan should play.

List of Agencies/Organizations Interviewed

\<Japan\> (Alphabetical Order)

International Development Center of Japan

International Medical Center of Japan, Ministry of Health, Labor and Welfare

Japan International Cooperation Agency

JCIE Global Health and Human Security Program (formerly the Working Group on Challenges in Global Health and Japan' Contributions) members

Ministry of Health, Labor and Welfare

MOFA-NGO Open Regular Dialogues on GII/IDI member NGOs

\<Overseas\> (Alphabetical Order)

Bill and Melinda Gates Foundation

Council on Foreign Relations, U.S.A.

Department for International Development (DFID), UK

Global Alliance for Vaccines and Immunisation (GAVI)

Harvard School of Public Health, Boston, U.S.A.

Institute of Medicine, U.S.A.

International Planned Parenthood Federation (IPPF)

Joint United Nations Programme on HIV/AIDS (UNAIDS)

London School of Hygiene and Tropical Medicine, UK

Oxfam UK

Population Action International (PAI)

The Global Fund to Fight AIDS, Tuberculosis and Malaria

The World Bank

United Nations Children's Fund (UNICEF)

United Nations Population Fund (UNFPA)

United States Agency for International Development (USAID)

World Health Organization (WHO)

World Vision UK

\<Other NGOs Contacted\>

Abt Associates, Inc.

Guttmacher Institute

International Women's Health Coalition

Pathfinder International

Women's Refugee Commission