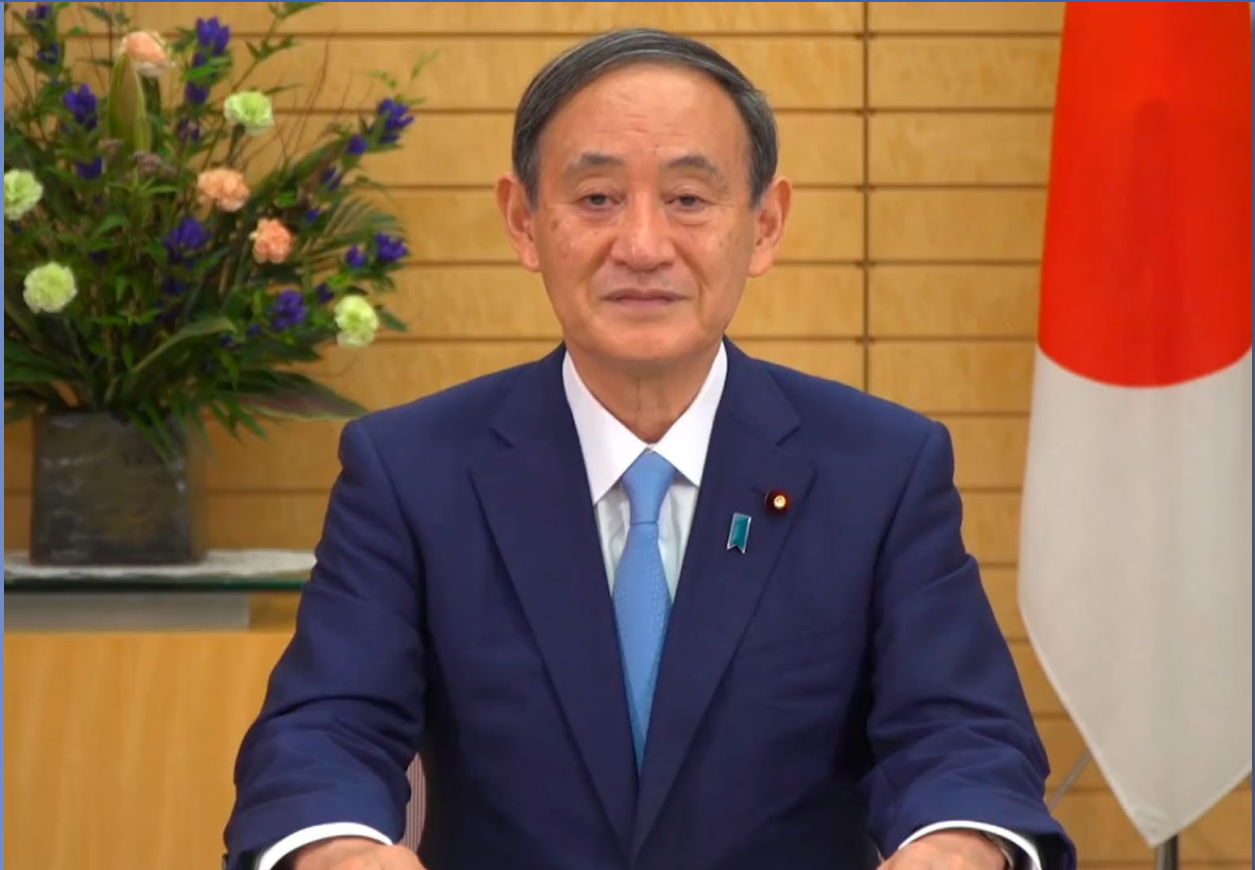


Part I

COVID-19 Pandemic and Japan's Efforts

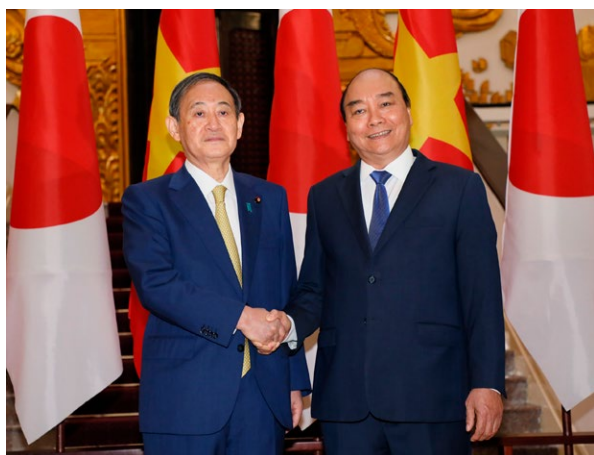


Prime Minister SUGA Yoshihide delivering a statement at the General Debate of the 75th session of the United Nations General Assembly (September 26, 2020) (Photo: Cabinet Public Affairs Office of the Government of Japan)

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1. Human Security Crisis and Japan's Response

The year of 2020 was a year that the Novel Coronavirus (COVID-19) pandemic significantly affected the entire world. The spread of COVID-19 had a serious impact on the lives and livelihoods of all people on earth, regardless of race, ethnicity, religion, culture, and whether they are from developed or developing countries. It is a human security crisis that threatens people's survival, livelihood, and dignity. The pandemic demands an ever more coordinated response by the international community to ensure that no one is left behind, based on the concept of human security, which Japan has long promoted. Under this concept, Japan promotes the following comprehensive efforts to achieve Universal Health Coverage (UHC): (i) overcoming the current COVID-19 crisis; (ii) strengthening health and medical systems against future health crises; and (iii) generating an enabling environment for health security across broader sectors. To this end, Japan extended assistance at an unprecedented speed, providing over ¥170 billion in assistance to health and medical sectors of countries with fragile health and medical systems and establishing the COVID-19 Crisis Response Emergency Support Loan, which provides up to ¥500 billion over two years to bolster economic activities in developing countries mainly in the Asia-Pacific region.



Prime Minister Suga visiting Viet Nam on his first overseas trip since taking office (October 2020) (Photo: Cabinet Public Affairs Office of the Government of Japan)

(1) Japan's Efforts

A. Bilateral Assistance

Firstly, as bilateral assistance in response to COVID-19, Japan decided to provide health and medical equipment through grant aid amounting to ¥48 billion to developing countries for the purpose of supporting their health and medical systems. Upon consulting with each

government about needs for equipment to strengthen their health and medical systems for the medium to long-term, equipment such as X-ray imaging equipment, thermography cameras, and ambulances have arrived and are being utilized in recipient countries since the end of July 2020. In addition, Japan provided a total of ¥1.5 billion in new technical cooperation for capacity building assistance, including human resources development, to strengthen health and medical systems for the medium to long-term. Some of the technical cooperation projects which were already under way, in collaboration with local counterpart organizations, provided assistance for system improvement including trainings on protection against infection among healthcare workers and on prevention of in-facility infection, as well as provision of medical supplies and equipment (see pages 10 and 11 for specific cases of grant aid, etc. implemented in 2020 and see page 14, "ODA Topics," regarding the ASEAN Centre for Public Health Emergencies and Emerging Diseases).

In April 2020, Japan decided to extend Emergency Grant Aid for supplying Avigan tablets to countries experiencing COVID-19 outbreaks and provided the tablets to 45 countries by December 31, 2020.

As the pandemic has dealt a catastrophic economic blow to many countries, the Government of Japan established the COVID-19 Crisis Response Emergency Support Loan to provide up to ¥500 billion over the course of two years to support the maintenance and revitalization of economic activities in developing countries. As of December 1, 2020, Japan expeditiously provided funds for implementing necessary economic measures mainly to developing countries in the Asia-Pacific, such as the Philippines, Indonesia, Bangladesh, India, and the Maldives. Japan will continue to provide not only short-term assistance but also medium and long-term support to help developing countries build resilient health and medical systems and maintain and revitalize their economic activities.

B. Assistance through International Organizations

Secondly, Japan has provided COVID-19 related assistance through international organizations. By the end of March 2020, Japan contributed \$140 million and implemented emergency assistance through five United Nations (UN) agencies, including the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), and the International Federation of Red Cross and Red Crescent Societies (IFRC). In addition, Japan provided assistance through international organizations, including UN agencies and multilateral development



Foreign Minister Motegi and Foreign Minister Saleumxay at the handover ceremony for health and medical equipment provided to Laos under the Economic and Social Development Programme, a grant aid program on which notes were exchanged in June 2020 (August 2020)



Medical equipment handover ceremony in Myanmar (August 2020)

banks (MDBs) ¹ that provide emergency assistance in developing countries, and through multilateral funds, such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund); Gavi, the Vaccine Alliance; and Unitaids, to prevent the spread of infection, improve healthcare delivery systems, and ensure equitable access to vaccines, therapeutics, and diagnostics (see E. on page 6 regarding global efforts for vaccine development and distribution, the glossary on page 67 regarding the Global Fund and Gavi, and page 12 regarding the activities of Japanese staff at Gavi).

In assistance through international organizations, it is possible to provide the necessary assistance quickly, including to countries and regions where bilateral assistance is difficult to reach, by collaborating with those organizations that have expertise and achievements in their respective fields. For example, the social and economic impacts of the COVID-19 pandemic have led to a significant increase in the starving population in the world. Therefore, Japan provided food assistance in Africa, the Middle East, and Asia through contributing funds to the United Nations World Food Programme (WFP), which espouses the slogan, “Until the day we have a medical vaccine, food is the best vaccine against chaos” (see page 12 regarding the activities of Japanese staff at WFP and page 89 regarding Japanese assistance through WFP).

Through UNICEF, Japan provided technical assistance on infection prevention to health workers and local government officials mainly in Asia and Oceania, Africa, and the Middle East, along with distribution of disinfectants, soaps, and others. In Kenya and Tanzania, collaborating with Japanese companies, it helped to install easy-to-build toilets and provide hygiene guidance. Through the United Nations High Commissioner for Refugees (UNHCR), Japan supported refugees, displaced persons, and other people in 17 countries in Asia and

the Middle East, including the camps of Cox's Bazar in Bangladesh. Through the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), Japan provided support to clinics for Palestinian refugees for the prevention of infectious diseases (see the column on page 50 regarding Japan's assistance through UNHCR).

Furthermore, the International Finance Corporation (IFC), a member of the World Bank Group, launched the Global Health Platform to stimulate private-sector investment in the production and supply of health and medical goods, including COVID-19 vaccines and therapeutics. Japan announced it will support the establishment of Platform projects and technical assistance for the private sector in developing countries through contributing funds to the IFC.



In June 2020, relief supplies (e.g., pasta and flour) marked with the Japanese flag arrived at the port of Tripoli in Libya. The WFP Libya office circulated a Twitter video ² showing WFP staff distributing food throughout Libya, along with a message of gratitude to Japan.

¹ See the glossary on page 33.

² https://twitter.com/WFP_JP/status/1293392588385349632

C. Assistance by NGOs

Japanese NGOs also have provided a variety of assistance to help combat infectious diseases funded by ODA. In the Grant Assistance for Japanese NGO Projects, Japanese NGOs provided hygiene products, such as masks and disinfectants, to people involved in the projects, and supported various training and awareness raising programs for COVID-19 prevention. The Japan Platform (JPF) launched the COVID-19 Emergency Response program and provided assistance for surveillance, prevention, and treatment in affected countries, including those struck by natural disasters during the COVID-19 pandemic. For example, in southern Bangladesh battling COVID-19 and the aftermath of Cyclone Amphan that struck in late May 2020, JPF provided emergency humanitarian assistance to help prevent COVID-19 to affected people, including through COVID-19 awareness raising and distribution of soaps and masks in affected communities (see also pages 47 and 145 regarding JPF).

D. Response of International Community and Other Countries' Efforts

In response to the spread of COVID-19, the UN announced the Global Humanitarian Response Plan (GHRP) for COVID-19 in March for developing countries with fragile medical systems. The GHRP appealed for \$2 billion (revised to \$10.3 billion in July) for vulnerable countries and regions from April to December 2020.

In May, the European Union (EU) hosted the Coronavirus Global Response event, a summit meeting to raise funding for developing vaccines, therapeutics, and diagnostics and for ensuring equitable access to them. In addition to the host EU, the heads of State and Government of approximately 30 countries, including Japan, Canada, France, Germany, Italy, Norway, Saudi Arabia, Spain, and the United Kingdom, as well as approximately ten ministers, the UN Secretary-General, heads of other international organizations such as WHO, and representatives of civil society and companies such as the World Economic Forum and the Bill &

Melinda Gates Foundation attended or delivered video messages. From Japan, then Prime Minister ABE Shinzo participated via video message. He underscored that Japan was promoting the development of therapeutics and vaccines both domestically and internationally, that equitable access to such therapeutics and vaccines was important, and that Japan was expanding its support to developing countries with fragile medical infrastructure for strengthening their health systems, and pledged that Japan would make a reasonable contribution in these areas.

At the G20, the first G20 Summit Video Teleconference, which was called for and hosted by the Saudi Arabia Presidency, was held in March, and leaders discussed the economic situation of their countries and measures to prevent the spread of infection. In addition, G20 Finance Ministers and Central Bank Governors held video conferences in March, April, July, October, and November, and a G20 Joint Finance and Health Ministers Virtual Meeting was held in September. These meetings discussed international measures to support the global economic recovery and infection prevention and compiled the G20 Action Plan and its updated version. Japan pointed out that overcoming COVID-19 requires not only developing vaccines and therapeutics but also mass-producing and distributing them worldwide, including developing countries. As part of this effort, Japan proposed creating a patent pool as a mechanism to expedite the licensing of therapeutic patents. In response to Japan's proposal, the updated version of the G20 Action Plan endorsed comprehensive efforts to develop, manufacture, and distribute vaccines and therapeutics and the creation of a patent pool (voluntary licensing of intellectual property) and confirmed the importance of UHC financing. Furthermore, COVID-19 response and recovery were discussed at ministerial meetings of trade and investment, energy, and agriculture and at various working groups.

At the G20 Riyadh Summit in November, Prime Minister Suga stated that in the COVID-19 response, it was important to have a multilateral cooperation framework for securing equitable access to therapeutics, vaccines, and diagnostics and to reach a G20 agreement on endorsing patent pooling. He also described Japan's



Awareness raising on handwashing to prevent infectious diseases in Bagerhat District, Bangladesh (Photo: Peace Winds Japan)



UNICEF's handwashing support in Myanmar

active role in promoting multilateral cooperation through becoming an original member to launch the ACT Accelerator and supporting the COVID-19 Vaccine Global Access Facility (COVAX Facility) (see also the glossary on page 67 regarding the COVAX Facility and E. below regarding global efforts for the development and distribution of vaccines).

The G7 held an extraordinary leaders' video conference twice, in March and April, to exchange views on the economic situation in the member countries and measures to delay the spread of COVID-19. The leaders confirmed that the international community must work together to respond to COVID-19, and shared the view to promote coordination toward the development of vaccines and treatments and use all policy tools to safeguard against downside risks to the economy. Based on the discussions at the leaders' meeting in March, the G7 Foreign Ministers also confirmed their collaboration at their meeting in the same month. In May, the United States hosted a video conference on COVID-19 among the Foreign Ministers of interested countries. At the meeting, Foreign Minister Motegi pointed out the importance of coordination among the countries concerned. He emphasized the need for conducting a review of the international community's response, for sharing information and insights among countries in a free, transparent, and timely manner, and for providing assistance from a medium to long-term perspective to developing countries with vulnerable healthcare systems, and he received the support of the participating countries.

At the end of October, the OECD Ministerial Council Meeting was held via video conference, where Prime Minister Suga delivered a video message in the opening session. Minister of State for Economic and Fiscal Policy Nishimura, State Minister for Foreign Affairs Washio, and Parliamentary Vice-Minister of Economy, Trade and Industry Muneakiyo attended. At the meeting, many countries reiterated that international cooperation and coordination were essential for recovery from the COVID-19 crisis, including support for developing

countries, and noted that the recovery must be designed to "build back better." Prime Minister Suga: (i) emphasized the importance of international collaboration and cooperation amid the COVID-19 pandemic; (ii) expressed his hope for the OECD to play its role as a vital forum for international policy coordination toward preventing the spread of infection while revitalizing socioeconomic activities; and (iii) explained Japan's efforts concerning digitalization and resuming cross-border travel.

Major donors launched a variety of emergency response packages, including health, medical, humanitarian, and socioeconomic assistance. The United States announced emergency response assistance for more than 120 developing countries. The EU held the Coronavirus Global Response event in May. It also announced that "Team Europe" would combine funds from the EU, its member states, and others to provide emergency response support, focusing on the neighboring regions of the Western Balkans, the Middle East, and Africa. France, a member of Team Europe, announced emergency response support for its priority aid areas in Africa, the oceanic basins, and the Middle and Near East. Germany launched measures for health and medical care, food security, assistance for displaced persons, and humanitarian assistance by allocating its 2020 development aid budget to COVID-19 assistance and other means. The United Kingdom hosted the Global Vaccine Summit 2020 (Gavi's third donor pledging conference) in June, which established the COVAX Facility, an international framework to ensure equitable access to vaccines for countries worldwide, including developing countries. Australia launched an emergency response package that focuses on the neighboring Pacific region.

China stepped up its assistance from March 2020, when the spread of COVID-19 began to slow down in the country, including provision of medical supplies to countries where the virus was spreading. For example, "China's International Development Cooperation in the New Era," a white paper released by China's State Council in January 2021, states that China provided emergency



UNHCR Representative to Syria Ito (center) distributing hygiene products to residents



Foreign Minister Motegi visiting Mongolia and holding a meeting with his counterpart, Foreign Minister Enkhitaivan (October 2020)

assistance to 150 countries and ten international organizations.

To combat infectious diseases that have a catastrophic impact worldwide, it is essential that countries cooperate under the leadership of international organizations with expertise such as WHO. Japan supports the study by the Independent Panel for Pandemic Preparedness and Response (IPPPR), which is under way based on a resolution adopted at the World Health Assembly in May, and will continue to make contributions in cooperation with other WHO member countries.

E. Global Efforts for Vaccine Development and Distribution

With regard to vaccines that are critical for controlling the spread of infection and ending the pandemic, it is important to ensure equitable access for every country, especially developing countries. Gavi, the Coalition for Epidemic Preparedness Innovations (CEPI), and WHO have proceeded efforts together, and Japan is actively participating in these discussions.

In June 2020, the Global Vaccine Summit 2020 (Gavi's third donor pledging conference) was hosted by the United Kingdom. Heads of State and Government of 42 countries, including Japan, the United States, France, Germany, Italy, and China, 23 ministers, heads of international organizations such as WHO and UNICEF, and representatives of civil society and companies such as the Bill & Melinda Gates Foundation attended or delivered video messages. From Japan, then Prime Minister Abe participated via video message. At the conference, a call was made for financial contributions necessary for Gavi's activities from 2021 to 2025, and Japan pledged to contribute \$300 million over the coming years, including for responding to COVID-19. The Summit raised a total of approximately \$8.8 billion, exceeding the target of \$7.4 billion.

In addition, in response to the pandemic and for the purpose of global development, manufacture, and distribution of vaccines, Gavi, CEPI, WHO, and other partners have been working on initiatives such as the COVAX Facility, an international framework to ensure equitable access to vaccines regardless of a country's economic strength. At the Ministerial Meeting of the Group of Friends of UHC in October, Japan announced that it would contribute more than \$130 million to the COVAX Advance Market Commitment (AMC). This contribution is a part of Japan's pledge of \$300 million, which was announced at the above Gavi conference.

MDBs, such as the World Bank and the Asian Development Bank, to which Japan contributes funding, have also announced assistance to support their recipient countries in purchasing COVID-19 vaccines. As a donor, Japan has actively participated in the discussions in the establishment phase of these programs.

F. Response to Debt Issues of Developing Countries

The spread of COVID-19 has caused a deterioration of the macroeconomic environment, especially in developing countries with the most vulnerable financial conditions, where foreign direct investment is expected to decline by up to 45%, and many countries are facing increased repayment burdens.

In light of this situation, in April 2020, the Paris Club, which consists of 22 major creditor countries including Japan, and the G20, which includes non-Paris Club countries such as China and Saudi Arabia, agreed on the Debt Service Suspension Initiative (DSSI). This will allow the most vulnerable and poorest countries to temporarily postpone payment of their official debt through the end of 2020 (see also page 36 regarding initiatives for debt issues). In October 2020, the Paris Club and the G20 agreed on a six-month extension of the DSSI through the end of June 2021. As of December 1, 2020, 36 developing countries have signed a memorandum of understanding with the Paris Club (a group of creditor countries) on the DSSI. Furthermore, in November 2020, the Paris Club and the G20 agreed on the "Common Framework for Debt Treatments beyond the DSSI" ("Common Framework") to provide debt relief to DSSI-eligible countries on a case-by-case basis. As a member of the Paris Club and the G20, Japan will steadily implement suspension of debt-service payments for developing countries based on the DSSI, and as necessary, provide debt relief on a country-by-country basis based on requests from DSSI-eligible countries under the Common Framework.

In May, at the initiative of UN Secretary-General Guterres, the UN held the High-level Event on Financing for Development in the Era of COVID-19 and Beyond in an online format. Heads of State and Government of approximately 50 countries, heads of international organizations, and others attended or delivered video messages. From Japan, then Prime Minister Abe attended via video message. At the meeting, participants shared the view that it was important for the international community to work together to ensure stable financing and address issues such as debt vulnerabilities for developing countries. Japan expressed that it was essential to promote impact investment by private resources for the achievement of the SDGs.

During the UN General Assembly in September, the High-level Meeting on Financing the 2030 Agenda for Sustainable Development in the Era of COVID-19 and Beyond was held online. Heads of State and Government of more than 40 countries, approximately ten ministers, heads of international organizations, and others attended and expressed their views on economic recovery policies for developing countries affected by COVID-19. From Japan, Foreign Minister Motegi attended and explained the supports Japan had

provided. He also emphasized the importance of further mobilizing private resources through ESG investment ³ and impact investment and stated that Japan would accelerate its efforts.

(2) Japan's Assistance Utilized in the COVID-19 Crisis (See pages 10 and 11 for details)

Based on the concept of human security, Japan has traditionally provided assistance in various sectors, including health, water and sanitation, education, and gender, to achieve the SDGs. Such Japanese assistance has made a significant contribution to the people of developing countries during the pandemic.

In particular, in the health and medical care sector, Japan has experience in eradicating malaria and other infectious diseases in the post-World War II era, which led to Japan's highest level of life expectancy in the world. Japan has shared such experience and knowledge with countries around the world. For more than 65 years since it began providing ODA, Japan has implemented wide-ranging assistance in the health and medical care sector and fulfilled a leading role in the international health field, and its efforts have been highly appreciated by many countries. Some examples include the promotion of UHC based on Japan's own experience, the use of mosquito nets to prevent malaria, the encouragement of handwashing, the distribution of Maternal and Child Health Handbooks, and the improvement of water supply and sewerage systems.

For responding to COVID-19, developing countries are using medical and water supply facilities and medical equipment constructed and provided, respectively, with Japanese assistance. Furthermore, healthcare workers and public health experts who have received training through Japan's steady technical and capacity-building supports are playing an active role on the front lines in their respective home countries (see "Stories from the

Field" on page 15 regarding the Noguchi Memorial Institute for Medical Research in Ghana).

In addition to assistance in the areas of health and medical care and water sanitation, Japan has helped introduce distance learning by providing information and communication technology (ICT) supports for children who are unable to attend school due to a lockdown (see also "Master Techniques from Japan to the World" on page 73). Japan has also been providing assistance for the production of personal protective equipment (PPE), such as medical masks, gowns, and goggles, in developing countries through industrial human resources development support. In such ways, Japan's assistance to date has been useful in containing the pandemic.



A Japan Overseas Cooperation Volunteer who was dispatched to Madagascar in 2010 made and released a handwashing song to communicate the importance of handwashing to children. The song has been sung by all age groups from adults to children in Madagascar and is still being sung today ⁴. (YouTube: <https://www.youtube.com/watch?v=xRzjhj7LWoc>) (Photo: JICA)



Malaysia-Japan International Institute of Technology staff delivering face shields made with 3D printers (left) to a hospital (Photo: JICA)



³ Investment that also considers Environment, Social, and Governance factors.

⁴ More information is available on JICA's COVID-19 website (<https://www.jica.go.jp/COVID-19/en/index.html>).

(3) Japan's Development Cooperation in the COVID-19 Era

Japan's Official Development Assistance (ODA) projects across the world have been affected in no small way by the COVID-19 pandemic.

Since March 2020, due to the spread of COVID-19, Japan Overseas Cooperation Volunteers (JOCVs), JICA experts, development consultants, companies engaged in development cooperation, some NGO personnel, and others had returned temporarily to Japan from developing countries.

When travel from Japan to overseas was restricted and visits to project sites in developing countries were becoming increasingly difficult, they explored creative ways to continue to support projects while being in Japan (see also Project Introduction Column on page 57 regarding specific initiatives).

The JOCVs (JICA Volunteer) program, a public participatory program that was founded in 1965 and has been delivering results for more than half a century, was also affected by the pandemic. As mentioned above, all dispatched JOCVs had returned to Japan sequentially since mid-March. The dispatch of the third group of FY2019 JOCVs, which was going to be done after April, was suspended. JOCVs have been dispatched to Viet Nam and other countries ready to receive them since the

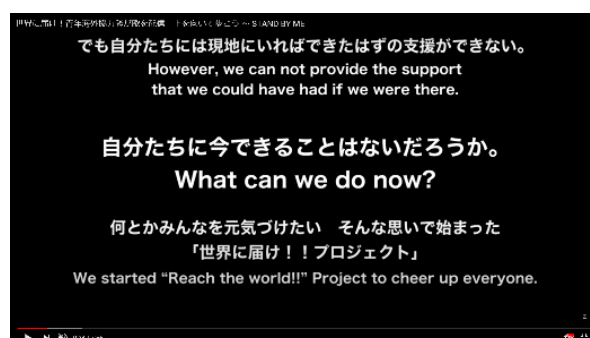
end of November. JOCVs, 577 of them, are waiting in Japan to be dispatched or re-dispatched as of December 1, 2020.

JOCVs waiting in Japan are conducting some activities such as utilizing their skills and experiences to tackle challenges in Japan, continuing JOCV activities remotely, and improving themselves for reassignment. Support for farmers, foreign language support and other responses by JOCVs with medical qualifications such as midwives, nurses, and public health nurses, and support for the education of children with foreign roots are some examples of JOCVs' contributions to domestic challenges. "Japan Overseas Cooperation Volunteers for Tsumagoi Cabbage" is among the support for farmers. Tsumagoi Village in Gunma Prefecture was facing a serious labor shortage due to the halt of the visit of foreign technical interns. JOCVs who had temporarily returned to Japan supported the Village through collaboration between JICA and a non-profit organization "Shizenjuku Terakoya" from May to November 2020. The participating JOCVs made proposals on improving communication between foreign technical interns and farmers and mitigating various challenges arising from differences in cultural practices.

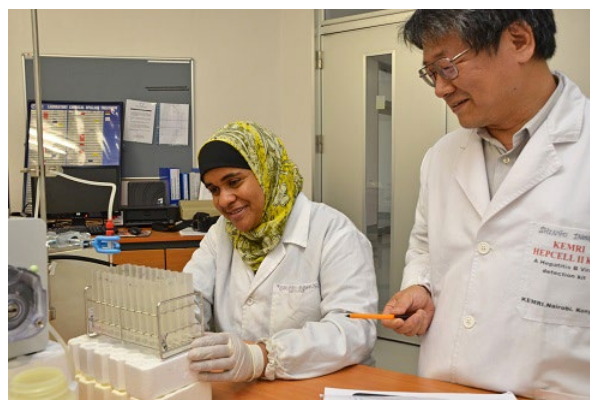
Most of the JICA experts also had to come back temporarily to Japan. They continued their work through



Released a video in which JOCVs who evacuated from their posts amid the spread of COVID-19 are singing "Sukiyaki" in the language of their assigned countries (Photo: OKAMOTO Ryuta, WATATU Inc.)



JOCVs working as "Japan Overseas Cooperation Volunteers for Tsumagoi Cabbage" while on standby in Japan (Photo: Shizenjuku Terakoya)



Kenya Medical Research Institute staff member working at a laboratory improved with Japanese grant aid. Japan has been supporting the development of facilities and human resources of infectious diseases control centers in Africa, together with domestic research institutes. (See "Stories from the Field" on page 15 regarding assistance for the Noguchi Memorial Institute for Medical Research in Ghana, and "Master Techniques from Japan to the World" on page 149 regarding research on zoonotic virus infections in Zambia.)

communicating remotely with their counterparts in the field while on standby in Japan. JICA staff members, experts, and others have returned to their assigned countries since June 2020, according to the local circumstances.

Furthermore, JICA trainees who had come to Japan from developing countries were unable to return to their countries due to flight cancellations and other difficulties caused by the pandemic. JICA supports these trainees until their return. As for short-term trainees who were going to come to Japan, JICA has made efforts to conduct their training even during the COVID-19

pandemic through online training and other ways. JICA has sequentially accepted long-term trainees and others since October.

In addition, in order for Japanese NGOs engaged in international cooperation to gather information to strengthen their foundation and capabilities and review their management strategies in response to the COVID-19 pandemic, MOFA convened a FY2020 NGO study group on the theme of "Towards a Resilient Society: Redesigning Japanese NGOs under the Impact of COVID-19 Pandemic."

Assistance from Japan Utilized in the COVID-19 Crisis

Turkey

Health and Medical Care in Remote Areas

Grant Assistance for Grass-Roots Human Security Projects
Project for Provision of Mobile Health Center in Altinordu (2018)

In Turkey, a mobile health screening vehicle equipped with health screening equipment was donated by Japan to carry out periodic health checks of residents living in mountainous areas, Syrian refugees, and others. Medical services using the vehicle and equipment began in March 2020, and they are contributing to not only regular mobile health screenings but also those related to COVID-19.



Myanmar

Healthcare and Medical Equipment

Supplementary Budget (2020)

Grant Aid (Economic and Social Development Programme)

The first batch of medical equipment donated as part of the program (ten sets each of an ICU bed, syringe pump, and suction pump) arrived at Yangon International Airport in mid-August. This was handed over to Professor Zaw Than Htun, Director General of the Department of Medical Research, Ministry of Health and Sports, by Mr. MARUYAMA Ichiro, Ambassador Extraordinary and Plenipotentiary of Japan to the Republic of the Union of Myanmar. Since then, the equipment is being used in medical facilities across the country.

Bangladesh

Local Production of Medical PPE*

Technical Cooperation: Project for Capacity Building of Nursing Services (2016–2021)

In Bangladesh, personal protective equipment (PPE) including medical masks, gowns, and goggles, was in short supply. To protect frontline health care workers, the JICA Bangladesh office called for the cooperation of the country's Ministry of Health and Family Welfare, and as a result, Snowtex Group, a Bangladeshi company, produced and supplied PPE conforming to WHO standards domestically, thanks to guidance from the Japanese goods inspection company K2. This is expected to contribute to securing jobs at local garment factories for workers who have faced difficulties due to the global economic downturn, while also helping to strengthen Bangladesh's export industry.*



(Photo: JICA)

Rwanda

Local Production of Medical Face Shields

Technical Cooperation: ICT Innovation Ecosystem Strengthening Project (2017–2021)

Fablab is a creative space established by JICA in 2016 to assist ICT entrepreneurs in Rwanda. The space is fully equipped with 3D printers, computer numerical control machine tools, and laser cutters, among others. Following the spread of COVID-19, Fablab was certified as the country's only production base for medical face shields by the Rwandan government in 2020, and it has been distributing these to medical facilities across the country.



(Photo: JICA)

Ethiopia

Supplying Safe Water

Grant Assistance for Japanese NGO Projects (2017–2020)

HOPE International Development Agency Japan, a Japanese NGO that carries out international cooperation, has been working to improve water supply systems and provide hygiene education in Ethiopia since 2017. In the wake of the COVID-19 pandemic, HOPE provided instructions on handwashing while also distributing items such as masks, sanitizers, and soap. As part of this project, community residents have been participating in constructing simple water supply systems, which has enabled them to manage and repair the facilities by themselves after installation has been completed. Moreover, communities are encouraged to invite women onto their water committees after the facilities are put in place, which helps to empower women and increase their social engagement.



(Photo: KONDO Simon, HOPE International Development Agency Japan)

Cambodia

Healthcare and Medical Equipment

Supplementary Budget (2020) Grant Aid (Economic and Social Development Programme)

In Cambodia, where healthcare and medical systems are fragile, COVID-19 is expected to cause a huge number of human casualties once it spreads across the country. Therefore, Japan has been implementing procedures at an unprecedented speed to support the country, providing high purity oxygen generators—essential for medical facilities—in August. This equipment is being utilized effectively in hospitals and other facilities across Cambodia. Japan will continue to work closely with the Cambodian government to deliver life-saving equipment, including ambulances and ultrasound imaging devices.

Bhutan

BCP for Telecommunication Based on Lessons Learned from the 2011 Great East Japan Earthquake —A Mission to Ensure Communications to Save Lives

Technical Cooperation: Project for Development of Business Continuity Plan (BCP) for Disaster Control in the Kingdom of Bhutan (2018–2021)

This project was started in order to formulate a business continuity plan (BCP) for disasters in Bhutan, an earthquake-prone country. The first positive case of COVID-19 in Bhutan was confirmed in March 2020, approximately three months after the BCP began operation in December 2019. Consequently, BCP staff at Bhutan Telecom, who had learned the importance of BCPs and ensuring the safety of employees during disasters through staff training in Japan, developed a BCP that was applicable to the COVID-19 pandemic, based on the one initially formulated during the project for large-scale disasters. The new plan is still being deployed as a measure against COVID-19 to this day.



Urgent Measures with Consideration for Women and Children*

Technical Cooperation (Country-Focused Training): Gender Mainstreaming, Women's Empowerment, and Child Well-Being and Child Rights (2019–2021)

Bhutan commenced its response against COVID-19, which took gender and children into consideration, only two weeks after the first positive case of COVID-19 in the country was confirmed in March 2020. The National Commission for Women and Children (NCWC), with Gender Focal Persons who received training in Japan at the forefront, has been raising awareness of the increased risk of domestic violence during the COVID-19 crisis and providing items to children's daycare centers. A documentary about domestic violence was produced as part of the project with the support of Japan, and it was broadcast more than ten times over a five-day period on the state-run channel. In addition, educational posters and pamphlets on proper handwashing techniques, methods of preventing infection, basic knowledge of COVID-19, and similar topics were distributed at children's daycare facilities run by NCWC to ensure that appropriate guidance on hygiene could be given to children and their parents.



(Photo: JICA)

Laos

Healthcare and Medical Equipment

Supplementary Budget (2020) Grant Aid (Economic and Social Development Programme)

The medical system in Laos is extremely fragile, so if the infection spreads, there is a risk that it will spread rapidly not only within Laos, but also across the Mekong region. This programme therefore provided the country with healthcare and medical equipment, such as compact ambulances and hospital beds, to help prevent the spread of COVID-19 in the country and the international community through the strengthening of Laos's healthcare and medical systems. At a handover ceremony held on August 23 during the visit to Laos, Foreign Minister MOTEGI himself handed over syringe pumps and defibrillators that arrived in the first batch of equipment to Foreign Minister Saleumxay of Laos. Foreign Minister Saleumxay then expressed his deep gratitude for Japan's assistance. This equipment is being used effectively in hospitals and other medical facilities across Laos.

Marshall

Healthcare and Medical Equipment

Supplementary Budget (2020) Grant Aid (Economic and Social Development Programme)

Marshall is an island country comprising 29 atolls and numerous islands. While measures such as suspending entry into the country have been successful in containing the spread of COVID-19 within the country, Japan has decided to offer assistance in preparation for the future, aiming to provide facilities and medical equipment for quarantine, diagnoses, and isolation, as well as improve the overall level of medical care over the medium to long-term. Thanks to assistance from Japan, the main hospitals in the country are scheduled to be equipped with radiography systems, CT scanners, bedside monitors, and other equipment. Among these, stethoscopes and blood pressure manometers have already reached Marshall, and these have been distributed to 52 clinics on remote islands to help improve basic medical care.

Brazil

5S as a Measure Against COVID-19, Implementation of KAIZEN*

Training Program for Nikkei Communities (2016)

In Brazil, where infection is widespread, former JICA trainees of the Training Program for Japanese Descendants are playing an active part in responding to the COVID-19 pandemic. Santa Cruz Hospital was a Japanese hospital built in São Paulo in 1939, and has long been well-regarded as a medical facility for Japanese immigrants and local residents. In 2016, nurses working at the hospital participated in the Training Program for Japanese Descendants courses "Improvement of Nurses' Management Skills by 5S-Kaizen" and "Kaizen and 5S," acquiring knowledge of 5S from the perspective of preventing infection and 5S-Kaizen (improvement) for medical equipment (5S: five Ss comprising *seiri* (sort), *seiton* (set), *seiso* (shine), *seiketsu* (standardize), and *shitsuke* (sustain)). With the former JICA training participants at the forefront, the hospital is currently employing the knowledge of 5S and Kaizen in developing guidelines for internal and external related parties, drawing up a zoning plan to separate ICU nurses and those in charge of general wards, and implementing initiatives to separate the lines of movement of patients suspected of having COVID-19 and other patients to prevent contact between them.



* Details on episodes are also available on JICA's special website regarding COVID-19 (<https://www.jica.go.jp/COVID-19/en/index.html#TeamJICAinaction>).

Japanese Personnel Playing Active Roles in International Organizations across the World

—Voices from Japanese staff members working on vaccine roll-outs, food assistance, health and medical care services, and protection of children and vulnerable people around the world—



Ms. KITAJIMA Chika

Senior Manager of Resource Mobilization, Gavi, the Vaccine Alliance

Vaccines are the most promising way to overcome the COVID-19 pandemic. Gavi, the Vaccine Alliance is a public-private partnership leading the COVAX Facility, a mechanism designed to rapidly develop safe and effective COVID-19 vaccines and deliver them to people across the world. As the senior manager of resource mobilization, I am in charge of fundraising for Gavi's activities. These activities previously focused on vaccinations for children in the world's poorest countries. However, we have expanded the scope of our activities and support due to COVID-19. The COVAX Facility is the only mechanism in the world that delivers vaccines in a fair and equitable manner to people who need them the most, regardless of whether

they are from developing or developed countries, and over 180 countries and regions have participated with the objective of procuring and supplying two billion vaccine shots by the end of 2021. Since the probability of success in developing new vaccines is not necessarily high, the Facility also serves as an "insurance" for securing vaccines by supporting the development and manufacture of a variety of vaccines. The Japanese government has been a major donor country of Gavi since 2011, and is helping to encourage other countries to participate in supporting the COVAX Facility by being the first to announce its participation.

See the Glossary on page 67 regarding Gavi, the Vaccine Alliance and the COVAX Facility.

Ms. FUJII Akiko

Resident Representative in the Maldives, United Nations Development Programme (UNDP)

The Maldives—a land of everlasting summer. It never ceases to attract tourists from all over the world. However, far away from the luxury resorts, ordinary people's lives on the local islands have been badly affected by the COVID-19 pandemic as the country's economy mostly depends on tourism. Many people lost their jobs or experienced a reduction in income when the border was closed between March 27 and July 15, 2020, and tourism revenue fell to virtually zero. According to a study carried out by the UNDP and the Ministry of Economic Development, the COVID-19 pandemic hit the younger generation the hardest, a group whose unemployment rate was already high. In the capital city of Malé, where 150,000 people are packed onto two square kilometers of land, the infection spread quickly, and some food imports were disrupted. The COVID-19 crisis revealed the vulnerability of the small island nation.

Through the support of the Japanese government, UNDP swiftly initiated a project to assist the recovery of smallholder farmers and micro enterprises, targeting young people and women who had lost their jobs due to the COVID-19 pandemic. We assisted in the development of urban vegetable gardens as part of Hulhumalé city's smart city initiatives, while in Laamu Atoll, where there is a relatively large amount of farming land available, the project promoted agri-business. The Maldives' first co-shared kitchen has also been developed to support women who lack the initial funding to start a business. 'Build Forward Better'—the concept of making the living environment better than it was before the COVID-19 pandemic—is the key to recovery. On your next vacation to the Maldives, why don't you visit the local islands and try some homemade dishes that make use of local vegetables?



Mr. HIBI Yukinori

Head of Programme, United Nations World Food Programme (WFP) Libya Office in Tripoli

Since September 2018, I have been responsible for programs in Libya as the Head of Programme in WFP Libya. Due to the worsening security situation in the country, I spent the first three months of this assignment working remotely in the neighboring country of Tunisia. Then, from April to November 2020, I went back to Japan temporarily because of COVID-19 and continued to work remotely from my home there, adjusting to local working hours in Libya, which are seven hours behind Japan. As of December 2020, I am back working at the Libya Office.

In this country of almost seven million people, there are still about 900,000 people who require humanitarian assistance. The impact of COVID-19 has made it difficult to run operations, while at the same time almost doubling the number of people requiring food assistance. WFP Libya is currently facing these difficulties head on to provide support to over 200,000 people. We are ensuring that stringent measures against infection are being implemented at every worksite. As an example, since schools are closed due to COVID-19, we changed on-site school feeding for approximately 20,000 children to take-home ration distributions, and continue to provide nutritionally balanced meals to students. By leveraging my experience in running projects remotely, the use of technology, and the expertise of my colleagues, I am forging ahead with these new initiatives.



Ms. SAWAYA Natsuko

Public Health Officer, International Organization for Migration (IOM) Niger

Niger's borders were closed in the middle of March 2020 to limit the spread of infection of COVID-19. This meant that we had to help people from West African countries stranded at our transit centers in Niamey, the capital, and the Agadez Region return home to their native countries, as well as support the lives of migrants during quarantine, including Nigeriens repatriated from Algeria. I am participating in the national monitoring committee for COVID-19 in Niger as a member of IOM, and I work hard day after day to support those people, together with the government and other partners, including international organizations such as WHO.

Meanwhile, a state of emergency has been declared in regions including Tillabéri due to flooding and terrorism, which has displaced a large number of people both inside and outside the country. We have therefore been helping to provide shelters and health and medical services with assistance received from Japan, while taking into consideration the situation of each affected person, such as pregnant women and children, who are among the most vulnerable. I am working hard with the sincere hope that our support will have positive outcomes, and that each person will one day be able to deal with these difficulties by themselves.

Dr. KITAMURA Tomomi

Doctor, United Nations Children's Fund (UNICEF)
Middle East and North Africa Regional Office in Jordan

The UNICEF Middle East and North Africa Regional Office is based in Amman, the capital of Jordan, and undertakes the management and evaluation, technical support, and information sharing of 16 Country Offices and their regional activities. As for support related to COVID-19, the Health and Nutrition section where I belong works with the Country Offices on infection prevention and control, procurement of medicine and medical equipment, strengthening communication, and the continual provision of health and nutrition services to women and children.

As measures against COVID-19, our office is working together with five organizations, including the World Health Organization (WHO), to create an online training program for primary health care workers. We also hold online meetings in cooperation with WHO and the United Nations Population Fund (UNFPA) to discuss, together with health ministers of nine countries with high child and maternal mortality rates, how to maintain the provision of health and nutrition services to women and children during the COVID-19 crisis. We regularly hold discussions with health ministries and other international organizations on promoting this kind of collaboration within the region. The Regional Office may not carry out a large number of field activities. However, I hope that we can engage in activities that take advantage of our strength of being involved in the entire region.



Ms. YOSHIKAWA Miho

Child Protection Specialist, United Nations Children's Fund (UNICEF)
Cambodia

Since May 2016, I have been working for UNICEF as a Child Protection Specialist in Cambodia, Southeast Asia. My role mainly involves the development, implementation, monitoring, and reporting of various programs/projects to protect children from violence, abuse, and exploitation. In 2020, UNICEF Cambodia focused its work on protecting children affected by COVID-19.

With support from Japan, UNICEF Cambodia has implemented a wide range of initiatives in the areas of health, water, hygiene and sanitation, child protection, education, and communications to prevent the spread of COVID-19 and address its socioeconomic impacts. In the child protection sector in particular, UNICEF Cambodia has been proactively working to create an environment in which every child can continue to access social welfare and child protection services, including mental health and psychosocial support, in close partnership with the Cambodian Ministry of Social Affairs, Veterans and Youth Rehabilitation, as well as NGOs. As a staff member at UNICEF, I would like to further contribute to ensuring that as many children across the world as possible can live their lives safely and fully enjoy their childhood.



Titles of individuals and article contents are all correct as of the time of interview.

ASEAN Centre for Public Health Emergencies and Emerging Diseases

—Driving Japan-ASEAN cooperation toward the realization of a “Free and Open Indo-Pacific (FOIP)” by strengthening capabilities to respond to infectious diseases—

The coronavirus disease (COVID-19) has been raging across the world, and it has greatly impacted societies and economies in the Indo-Pacific region. The numbers of infections and deaths are still increasing around the world as of the end of December 2020, and large-scale lockdowns and other restrictions are having severe impacts on citizens' lives.

ASEAN*¹, which has been a long-term partner of Japan, is no exception. Even in the ASEAN region, which had recorded a low number of infections at the start of the year, the number of infections increased rapidly in a number of countries around April, highlighting the importance of establishing countermeasures against infectious diseases. This region has close geographical, social, and economic ties with Japan, and many Japanese companies have expanded their businesses in the region. Strengthening ASEAN's regional capabilities to cope with infectious diseases not only contributes to the region as a whole, but is also extremely important from the perspective of ensuring the safety of Japanese people living in the region, as well as preventing the spread of infectious diseases in Japan. Furthermore, for Japan, which has set forth the promotion of a “Free and Open Indo-Pacific” as a pillar of its diplomacy, supporting efforts to strengthen the infectious diseases response system in ASEAN countries, which is key to achieving this goal, is a top priority.

Under these circumstances, in response to a request from the ASEAN Secretariat, then Prime Minister Abe announced at the Special ASEAN Plus Three (Japan-China-Republic of Korea) Summit on COVID-19 held on April 14, 2020 that Japan would strongly support ASEAN on three pillars; namely, strengthening of ASEAN's infectious disease response capability, the ASEAN Centre for Public Health Emergencies and Emerging Diseases, and support for strengthening the resilience of the economy.

The ASEAN Centre for Public Health Emergencies and Emerging Diseases, positioned as a regional resource hub, aims to strengthen ASEAN's capabilities in preparing for, detecting, and responding to public health emergencies and emerging diseases. Specifically, plans for the Centre include enhancing surveillance and field epidemiology, creating regional reference laboratory networks*², and conducting training for personnel responsible for public health emergencies and emerging diseases, among other activities. Japan has contributed approximately ¥5.5 billion (\$50 million) to the Japan-ASEAN Integration Fund (JAIF*³) toward the establishment of this Centre.

With a view to establishing the Centre as soon as possible without losing momentum, Japan has been conducting a feasibility study (FS*⁴) since June 2020 in cooperation with experts from ASEAN countries, as well as various regions and organizations including the United States, Australia, and the



Prime Minister Suga attending the 23rd Japan-ASEAN Summit Meeting (Photo: Cabinet Public Affairs Office of the Government of Japan)

World Health Organization (WHO).

Preparations for the establishment of this Centre have been moving forward together with ASEAN, while also fully respecting ASEAN's needs and intentions, and the ASEAN member states have shown great interest in the initiative. The Mekong countries welcomed Japan's cooperation at the Mekong-Japan Foreign Ministers' Meeting held in September, while ASEAN member states commended Japan's cooperation at the Japan-ASEAN Foreign Ministers' Meeting and expressed that they were looking forward to the official announcement of the establishment of this Centre at the upcoming Japan-ASEAN Summit Meeting. The establishment was officially announced by Prime Minister Suga together with the leaders of ASEAN countries at the 23rd Japan-ASEAN Summit Meeting in November. On this occasion, the leaders of the ASEAN side expressed their appreciation for Japan's support.

To develop the ASEAN Centre for Public Health Emergencies and Emerging Diseases into an organization that protects the people of ASEAN from the threat of infectious diseases as a regional hub for public health emergencies and emerging diseases, Japan will spare no effort in providing continuous support to further accelerate the initiative, while also providing as much knowledge as possible. Going forward, Japan, as a true friend of ASEAN, will continue to work together with the region to overcome this difficult period and advance firmly toward realizing greater prosperity for a “Free and Open Indo-Pacific.”

*1 ASEAN comprises the following 10 member states: Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, the Philippines, Singapore, Thailand, and Viet Nam. (Singapore and Brunei are not eligible to receive official development assistance (ODA).)

*2 A network of reference laboratories for realizing early-stage testing of pathogens, among other activities.

*3 See the glossary on page 40.

*4 See the glossary on page 141.

Stories from the Field



Using Experience Gained in Japan for Measures against Infectious Diseases in the Future

—An ex-JICA training participant fighting against COVID-19 at the Noguchi Memorial Institute for Medical Research in Ghana—

Noguchi Memorial Institute for Medical Research (NMIMR) was established in 1979 with support from Japan to commemorate the achievements of Dr. NOGUCHI Hideyo, a bacteriologist who devoted his life to tirelessly researching yellow fever. The Institute is now greatly contributing to preventing the spread of COVID-19 in Ghana. NMIMR had carried out over 350,000 COVID-19 PCR tests as of the end of December 2020, and it was responsible for approximately 80% of all tests undertaken in Ghana at the peak of the pandemic. For approximately 40 years since NMIMR's establishment, Japan has not only contributed to improving research equipment at the Institute, but also to developing its human resources through numerous targeted research activities and projects as countermeasures against infections and epidemics.

Dr. Mildred Adusei-Poku is one of the Ghanaian researchers working on the frontline at NMIMR right now. A virologist, Dr. Adusei-Poku started working at NMIMR in 2009, participating in the Science and Technology Research Partnership for Sustainable Development (SATREPS) program* under the "Studies of Anti-viral and Anti-parasitic Compounds from Selected Ghanaian Medicinal Plants" project conducted from 2010 to 2015. She talked about joining NMIMR, as well as her experience during her visit to Japan under the above-mentioned project, as follows.

"In Ghana, people are required to complete a mandatory one year of National Service after their undergraduate studies. I was assigned to the Virology Department at NMIMR as I had studied Biological Sciences. It was a great honor for me since, even at that time, NMIMR was one of the largest research institutes in Africa conducting advanced research in the areas of infectious diseases and nutrition. Later, I was part of a team that undertook research exploring medicinal plants in Ghana that could be effective in the treatment of HIV/



Dr. Adusei-Poku preparing a PCR test (Photo: JICA)

AIDS. During that period, I attended a three-week training program at the Tokyo Medical and Dental University in Japan as part of the SATREPS project. I learned research and problem-solving methods that were new to me, and it was a privilege for me to share this knowledge with my colleagues at NMIMR on my return."

Dr. Adusei-Poku then began studying at Kumamoto University in Japan on a Japanese Government Scholarship (Monbukagakusho: MEXT) in 2015, earning a doctorate degree for her research on HIV/AIDS. She stated that her senior colleagues at NMIMR who had experience in Japan encouraged her to pursue a doctorate degree in Japan. Following her seniors' footsteps, she is now supervising activities related to COVID-19 at NMIMR while also lecturing at the Department of Medical Microbiology, the University of Ghana Medical School.

Dr. Adusei-Poku talked about the role of NMIMR in Ghana. "NMIMR was one of only two institutes testing for COVID-19 in Ghana when the country confirmed its first cases in March 2020. Therefore, NMIMR worked to enhance the testing capacity of other medical institutions to increase the number of testing facilities in the country. I was one of the people who had the privilege to instruct professionals at these other institutes on how to effectively test for the disease and handle the test results."

Dr. Adusei-Poku talked about her own future. "I will seek to enhance my knowledge and experience, as well as explore collaborative working relationships that will improve our collective understanding of infectious diseases." It is hoped that NMIMR will continue to cultivate more people like Dr. Adusei-Poku who can lead the fight against infectious diseases in Africa.



NMIMR's Advanced Research Center for Infectious Diseases. Construction was carried out with Japan's support and completed in March 2019. (Photo: JICA)

*See the Glossary on page 40.

2. Japan's Official Development Assistance and Trends in Aid of Major Donors in Terms of Disbursement

(1) Japan's Official Development Assistance in Terms of Disbursement

Japan's total ODA in 2019 ⁵ was approximately \$15,587.66 million (approximately ¥1,699.8 billion) according to the Grant Equivalent System (GE system) ⁶ introduced from 2018. Gross ODA disbursements amounted to approximately \$18,919.77 million (approximately ¥2,063.1 billion), which was an approximate 9.7% increase on a dollar basis compared to the previous year (2018) (an approximate 8.3% increase on a yen basis). As a result, among the members of the Development Assistance Committee (DAC) of the Organisation for Economic Co-operation and Development (OECD), Japan ranked fourth ⁷ following the United States, Germany, and the United Kingdom in terms of both the GE system and gross disbursements.

The breakdown is as follows. Under the GE system, bilateral ODA accounted for approximately 75.7% of overall disbursements, while ODA to international organizations accounted for approximately 24.3%. In terms of gross disbursements, bilateral ODA accounted for approximately 77.6% of overall disbursements, while ODA to international organizations accounted for approximately 22.4%. Bilateral ODA is expected to contribute to the strengthening of Japan's relations with recipient countries. Meanwhile, ODA to international organizations that have expertise and political neutrality enables Japan to support countries and regions where its direct bilateral assistance is difficult to reach. Japan will actively provide aid that ensures the "visibility of

Japan," while making flexible use of the above types of assistance and coordinating between them.

As regards gross disbursements of bilateral ODA by aid scheme, the disbursements for bilateral ODA calculated as grant aid totaled approximately \$2,555.99 million (¥278.7 billion), or approximately 13.5% of the total ODA gross disbursements. Among these grants, grant aid through international organizations accounted for approximately \$1,160.34 million (¥126.5 billion), or approximately 6.1% of total ODA. Technical cooperation accounted for approximately \$2,722.11 million (¥296.8 billion), or approximately 14.4% of total ODA. With regard to government loans, loan disbursements accounted for approximately \$9,398.92 million (¥1,024.9 billion), or approximately 49.7% of total ODA. As for the grant equivalent of government loans, the total was approximately \$6,515.53 million (¥710.5 billion).

Japan's bilateral ODA disbursements (including support for graduated countries) by region are as follows. They are in the order of gross disbursements (percentage out of the total disbursements). (See Chart I-2 on page 18 and Chart III-1 on page 98 for details.)

- ◆Asia: \$8,972.14 million (61.1%)
- ◆Middle East and North Africa: \$1,511.28 million (10.3%)
- ◆Sub-Saharan Africa: \$1,553.46 million (10.6%)
- ◆Latin America and the Caribbean: \$412.83 million (2.8%)
- ◆Oceania: \$221.04 million (1.5%)
- ◆Europe: \$77.02 million (0.5%)
- ◆Assistance covering multiple regions: \$1,934.83 million (13.2%)

⁵ DAC Statistics final figures for disbursements in 2020 are to be published at the end of 2021.

⁶ The GE system records the amount of a loan aid equivalent to a grant as an actual ODA disbursement. The grant equivalent is calculated by applying the terms of the loan, such as the amount of loan provided, interest rate, and repayment period, to a formula. The more concessional the terms of the loan are, the larger the grant equivalent is. This system measures Japan's actual loan aid more accurately compared to the net flow system, which was the standard previously used by the DAC (the full amount of the loan is recorded; on the other hand, repaid amounts are counted as negative).

⁷ Excluding assistance for graduated countries. See page 166, "Reference Statistics 2(1): Official Development Assistance by Type of Assistance and Currency (2019)," for details regarding disbursement amounts including graduated countries.

Chart I-1

Japan's ODA by Type (2019)

2019 (Calendar year)		Dollar basis (US\$ million)			Yen basis (¥100 million)		
Type		Current year	Previous year	Rate of increase/decrease (%)	Current year	Previous year	Rate of increase/decrease (%)
Grant aid		2,555.99	2,630.91	-2.8	2,787.20	2,905.52	-4.1
(Debt relief)		—	(23.72)	(-100.0)	—	(26.19)	(-100.0)
(Grants through multilateral institutions)		(1,160.34)	(1,314.79)	(-11.7)	(1,265.30)	(1,452.02)	(-12.9)
Technical cooperation		2,722.11	2,647.54	2.8	2,968.35	2,923.89	1.5
Total grants (A)		5,278.10	5,278.45	0.0	5,755.55	5,829.40	-1.3
Loan aid (Amount disbursed: Gross disbursement) (B)		9,398.92	8,006.18	17.4	10,249.14	8,841.85	15.9
(Amount recovered) (C)		7,199.60	7,185.74	0.2	7,850.87	7,935.78	-1.1
(Net disbursement) (D)=(B)-(C)		2,199.32	820.44	168.1	2,398.27	906.07	164.7
(Grant equivalent) (E)		6,515.53	5,477.69	18.9	7,104.92	6,049.44	17.4
Total bilateral ODA (Gross disbursement basis) (A)+(B)		14,677.02	13,284.63	10.5	16,004.69	14,671.26	9.1
Total bilateral ODA (Net disbursement basis) (A)+(D)		7,477.42	6,098.89	22.6	8,153.82	6,735.48	21.1
Total bilateral ODA (Grant equivalent basis) (A)+(E)		11,793.63	10,756.13	9.6	12,860.47	11,878.84	8.3
Grants (F)		3,123.03	2,639.86	18.3	3,405.54	2,915.40	16.8
Loan aid (Amount disbursed) (G)		1,119.72	1,325.52	-15.5	1,221.01	1,463.88	-16.6
Loan aid (Grant equivalent) (H)		671.00	767.53	-12.6	731.70	847.64	-13.7
Total of contributions and subscriptions to multilateral institutions (Gross and net disbursement basis) (I)=(F)+(G)		4,242.75	3,965.38	7.0	4,626.55	4,379.28	5.6
Total of contributions and subscriptions to multilateral institutions (Grant equivalent basis) (J)=(F)+(H)		3,794.03	3,407.38	11.3	4,137.24	3,763.04	9.9
Total ODA (Gross disbursement) (A)+(B)+(I)		18,919.77	17,250.01	9.7	20,631.23	19,050.53	8.3
Total ODA (Net disbursement) (A)+(D)+(I)		11,720.17	10,064.27	16.5	12,780.37	11,114.75	15.0
Total ODA (Grant equivalent) (A)+(E)+(H)		15,587.66	14,163.52	10.1	16,997.71	15,641.88	8.7
Preliminary estimate of nominal Gross National Income (GNI) (US\$ billion, ¥ billion)		5,346.04	5,135.33	4.1	582,963.20	567,134.50	2.8
% of GNI (Net disbursement basis)		0.22	0.20		0.22	0.20	
% of GNI (Grant equivalent basis)		0.29	0.28		0.29	0.28	

Notes:

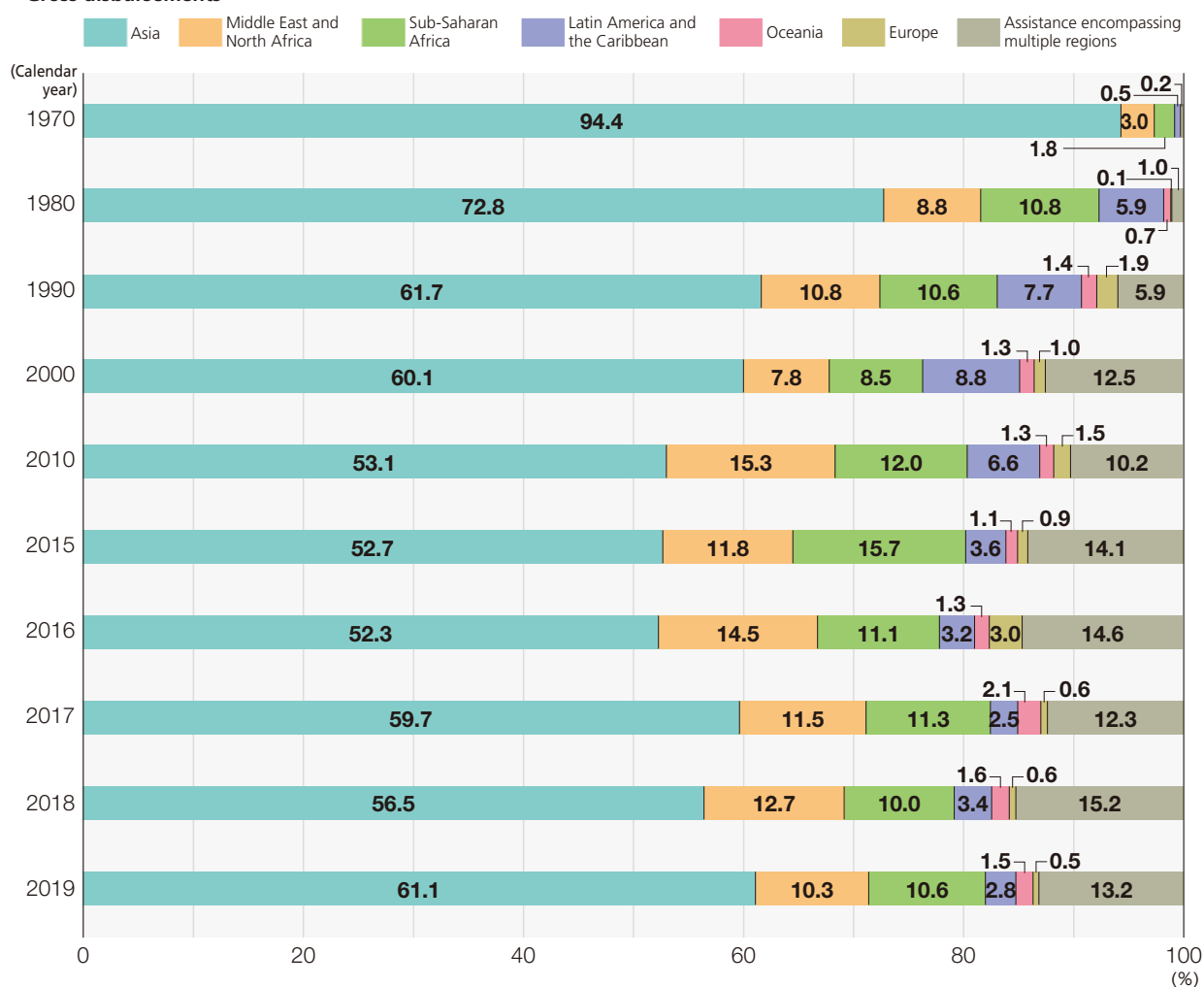
- The sum of adding up each figure may not be exactly the same as the total figure due to rounding.
- [-] indicates that no assistance was provided.
- Excluding assistance to graduated countries. For more information regarding disbursements that include assistance to graduated countries, see Reference Statistics: 2(1) Official Development Assistance by Type of Assistance and Currency (2019) (page 166).
- The grant equivalent are calculated starting from 2018.
- "Grant aid" here includes debt relief and grants provided through international organizations (those that can be classified by country).
- Debt relief refers to exemption from commercial debts, and does not include debt deferral.

- Conversion rate: 2018 US\$1=¥110.4378, 2019 US\$1=¥109.0459 (exchange rates are specified by the OECD-DAC)
- Graduated countries are countries that have been removed from the DAC List of ODA Recipients, see Chart I-10: DAC List of ODA Recipients (Countries and Regions) (page 25).
- Japan has a record of disbursements to the following 16 graduated countries and regions that are not DAC members: Bahrain, Barbados, Brunei, Chile, [French Polynesia], Kuwait, [New Caledonia], Oman, Romania, Saint Christopher and Nevis, Saudi Arabia, Seychelles, Singapore, Trinidad and Tobago, United Arab Emirates and Uruguay (square brackets [] denote region names).

Chart I-2

Trends in Japan's Bilateral ODA by Region

Gross disbursements



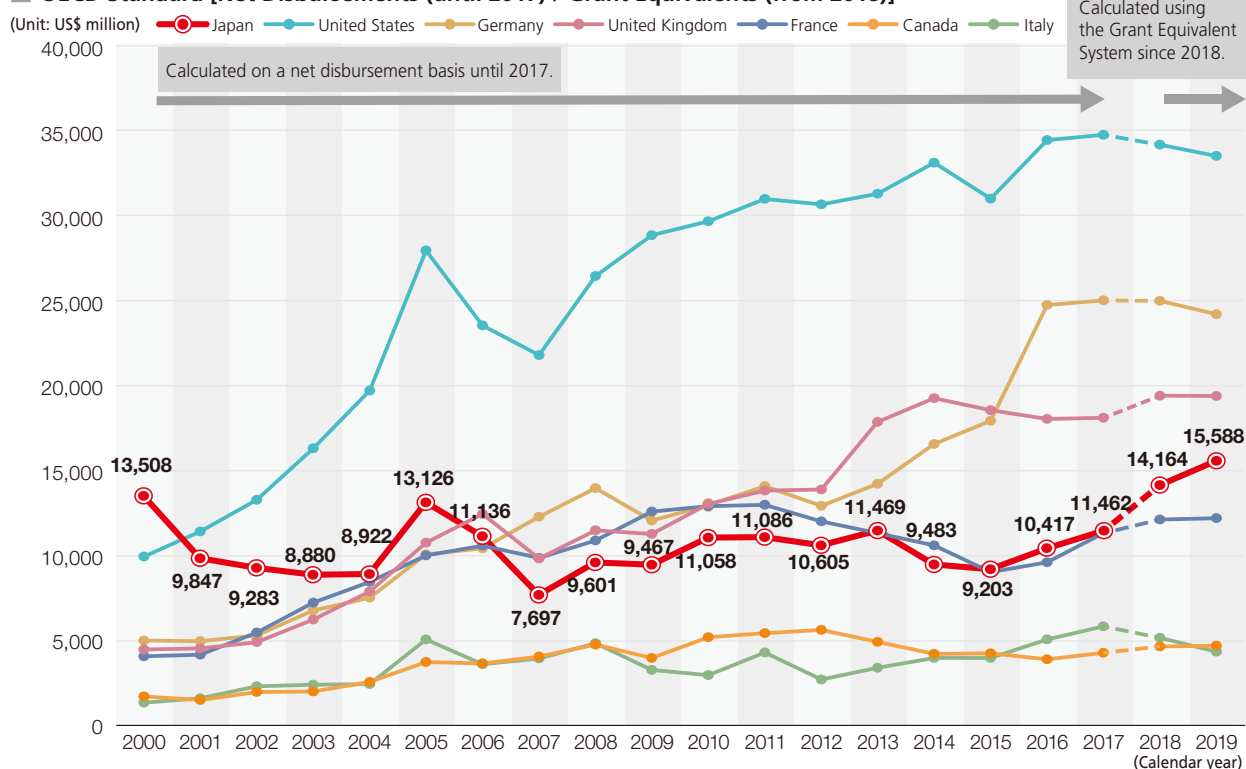
Notes:

- ODA since 1990 includes aid to graduated countries.
- Assistance encompassing multiple regions includes assistance that cannot be classified by region, such as dispatchment of the survey teams in multiple regions.

Chart I-3

Trends in the ODA of Major DAC Countries

■ OECD Standard [Net Disbursements (until 2017) / Grant Equivalents (from 2018)]



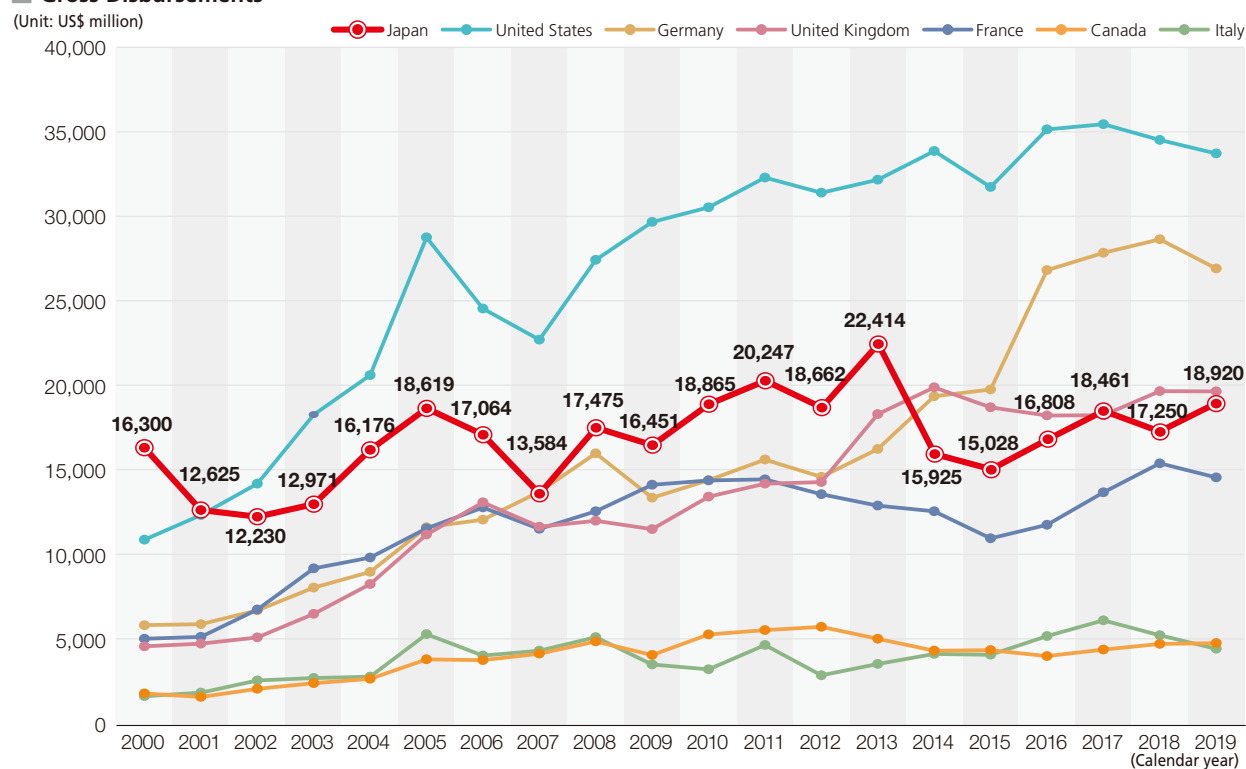
Source: DAC statistics on OECD.STAT

Notes:

- Excluding assistance to graduated countries.

- OECD estimates used for Italy for 2019.

■ Gross Disbursements



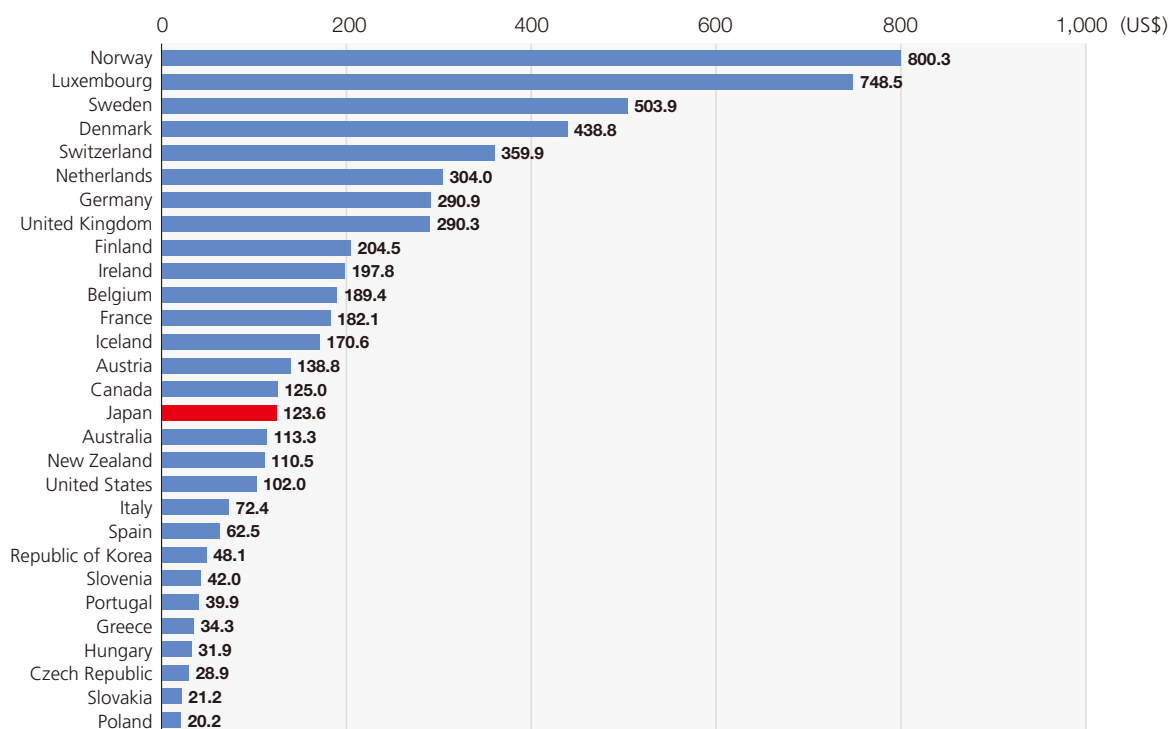
Source: DAC statistics on OECD.STAT

Notes:

- Excluding assistance to graduated countries.

Chart I-4

Per Capita ODA in DAC Countries (2019)



Source: DAC statistics on OECD.STAT

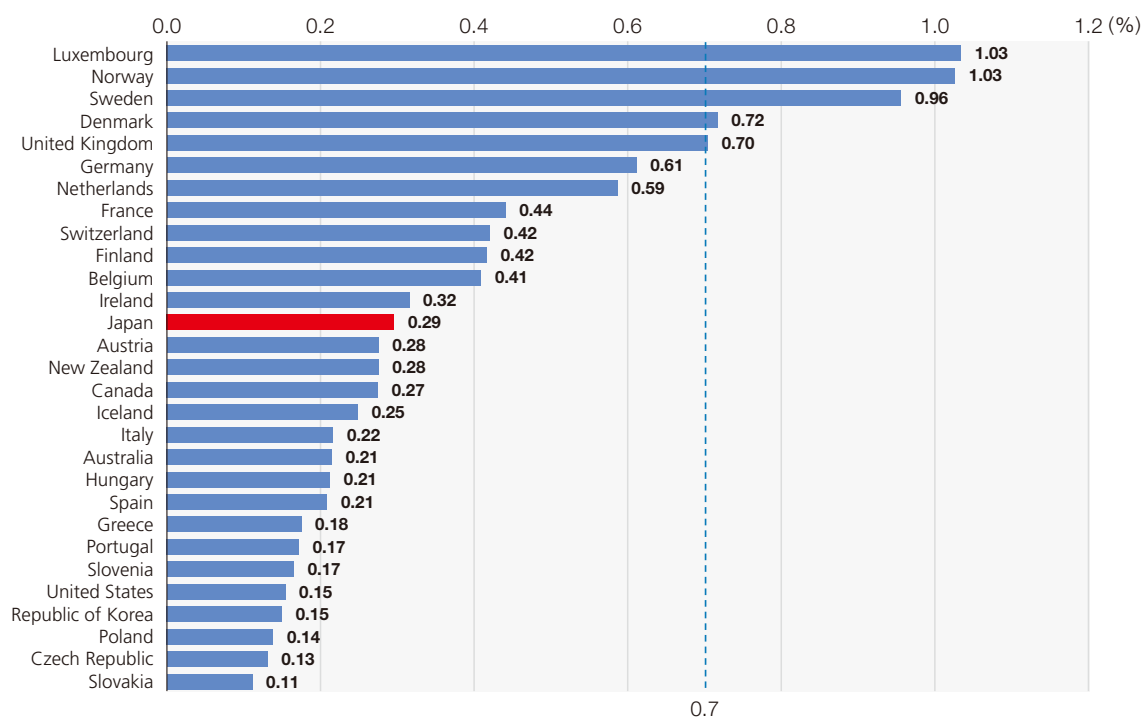
Notes:

- Grant equivalent basis.

- Excluding assistance to graduated countries.

Chart I-5

Ratio of ODA to GNI in DAC Countries (2019)



Source: DAC statistics on OECD.STAT

Notes:

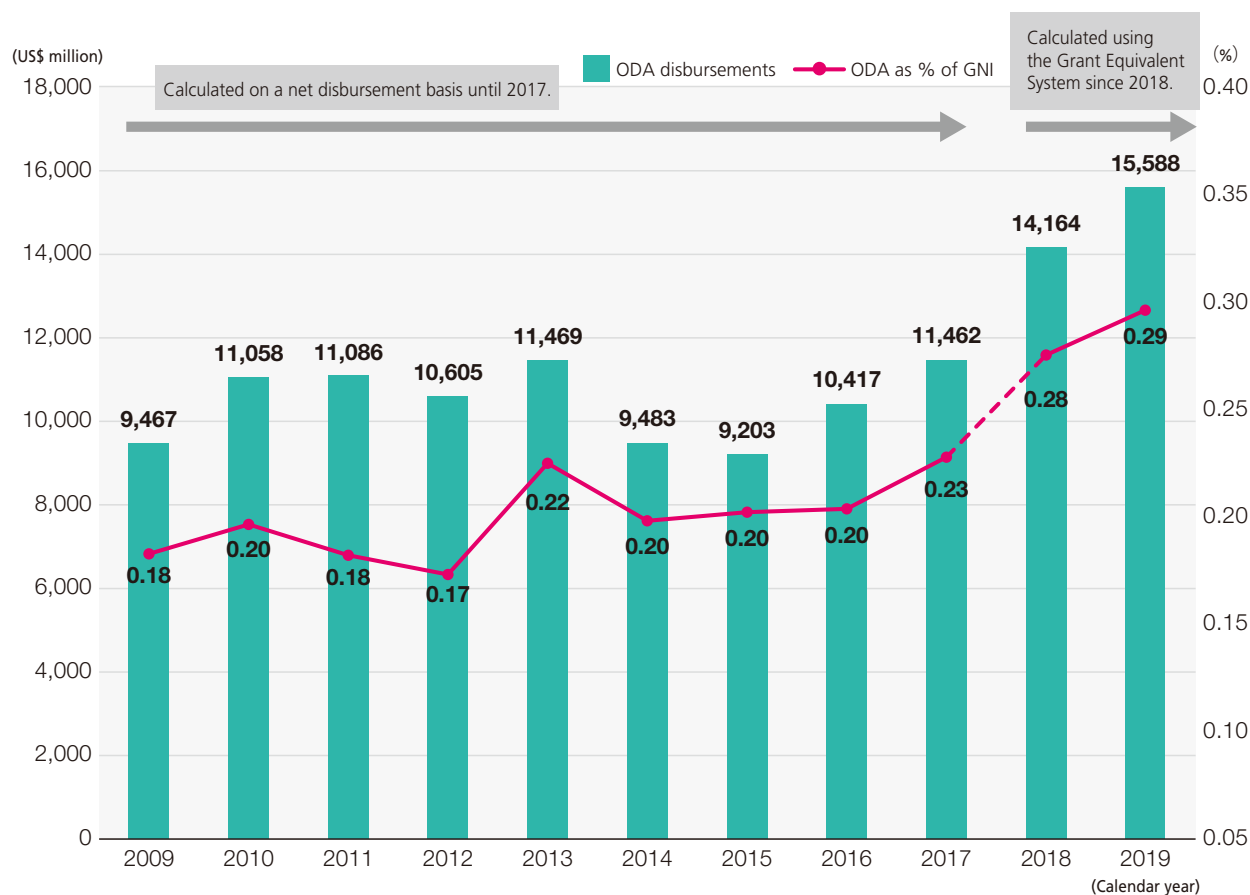
- Grant equivalent basis.

- Excluding assistance to graduated countries.

- In 1970, the UN General Assembly set a target of 0.7% of GNP (currently of GNI) for ODA.

Chart I-6

Trends in Japan's ODA and as Percentage of GNI



Notes:

- Disbursements were calculated on a net disbursement basis until 2017, and on a grant equivalent basis since 2018.
- Excluding assistance to graduated countries.

(2) Overview of Development Cooperation from Major Donors in Terms of Disbursement

The OECD-DAC has established international rules on what cooperation constitutes ODA and how it should be reported. Under the rules set by the DAC, ODA must meet the following three requirements: (i) it is provided by official agencies or their executive agencies; (ii) its main objective is to promote the economic development and welfare of developing countries; and (iii) it is concessional in character (in the case of loan aid, the terms of the loan [e.g., interest rate and repayment period] are set in favor of the recipient country).

DAC countries provide development cooperation under the rules set by the DAC. However, the content of ODA implemented by major donors varies by country. This section outlines the aid provided by DAC donors, focusing on the G7 countries, based on their disbursements in 2019.

*** Aid Disbursements by Major Donors

ODA provided by DAC countries in 2019 (calculated by GE system) amounted to approximately \$151,722 million. By country (GE system, percentage out of total ODA of DAC countries), the United States ranked first (approximately \$33,492 million, 22.1%), Germany second (approximately \$24,198 million, 15.9%), the United Kingdom third (approximately \$19,393 million, 12.8%), Japan fourth (approximately \$15,588 million, 10.3%), France fifth (approximately \$12,211 million, 8.0%), the Netherlands sixth (approximately \$5,292 million, 3.5%), Sweden seventh (approximately \$5,205 million, 3.4%), Canada eighth (approximately \$4,725 million, 3.1%), and Italy ninth (approximately \$4,373 million, 2.9%), with the G7 countries occupying the top spots ⁸.

⁸ Details are available in Development Cooperation Reference Materials 2020, Chart "ODA by DAC Countries (2019)" (in Japanese only).

Chart I-7

Bilateral ODA Distribution of Major DAC Countries by Sector (2019)

(Commitments basis, Unit: %)

Sector \ Country	Japan	United States	United Kingdom	France	Germany	Italy	Canada	DAC Average
Social infrastructure (education, health, water and sewerage, etc.)	13.7	41.5	39.7	38.2	35.8	33.0	45.7	36.5
Economic infrastructure (transport, communications, electric power, etc.)	52.1	4.9	5.2	22.8	18.8	9.1	3.1	16.9
Agriculture, forestry, and fisheries	4.4	3.1	4.0	3.9	5.8	4.2	6.1	4.5
Manufacturing and other production sectors (mining, environmental protection, etc.)	19.2	3.4	14.8	15.6	12.4	12.1	10.0	11.6
Emergency response (humanitarian aid, etc.) and food aid	3.6	31.3	24.7	1.6	9.1	7.3	17.3	14.9
Program and other assistance (debt relief, administrative costs, etc.)	6.9	15.8	11.6	17.8	18.1	34.4	17.8	15.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: DAC statistics on OECD.STAT

Notes:

- Due to rounding, the totals for each sector may not add up to 100%.

- Excluding assistance to graduated countries.

*** Sectors Aided by Major Donors

Disbursements in 2019 from the United States, United Kingdom, Canada, France, and Germany were concentrated in the social infrastructure sectors, including education, health, and water supply and sewerage. The United States allocated more than 30% of its total ODA to emergency relief such as humanitarian assistance and food aid. On the other hand, in the economic infrastructure sectors, such as roads, bridges, railroads, communications, and electricity, Japan ranked first with 52.1% of its total ODA, followed by France with 22.8%. Economic infrastructure assistance makes up a large share of Japan's cooperation because Japan, with its postwar recovery experience, considers that, in order to achieve poverty reduction and other goals through sustainable economic growth in developing countries, it is essential first and foremost to establish economic infrastructure and support the self-help efforts of developing countries (Chart I-7).

*** Regions Aided by Major Donors

Whereas Japan's ODA is primarily directed at the Asian region (approximately 61.1% of gross disbursements in 2019 [hereinafter the same]), Sub-Saharan Africa was the top recipient of aid from the United States, France, the United Kingdom, and Italy (32.1%, 30.8%, 28.1%, and 22.8%, respectively). The Middle East and North Africa was the top recipient of aid from Germany (22.2%)⁹. In terms of percentage out of total aid disbursements from major DAC countries by region, the United States was the largest donor to Sub-Saharan Africa (32.7%), the Middle East and North Africa (28.6%), and Latin America

and the Caribbean (29.0%). Australia provided 48.2% of total ODA to Oceania, while Germany accounted for 27.7% of total ODA to Europe, including the former Yugoslavia and Ukraine. As these figures indicate, the regional priority of each donor is also influenced by factors such as geographic proximity and historical background (Chart I-8).

*** Disbursements by Type of Assistance (2019)

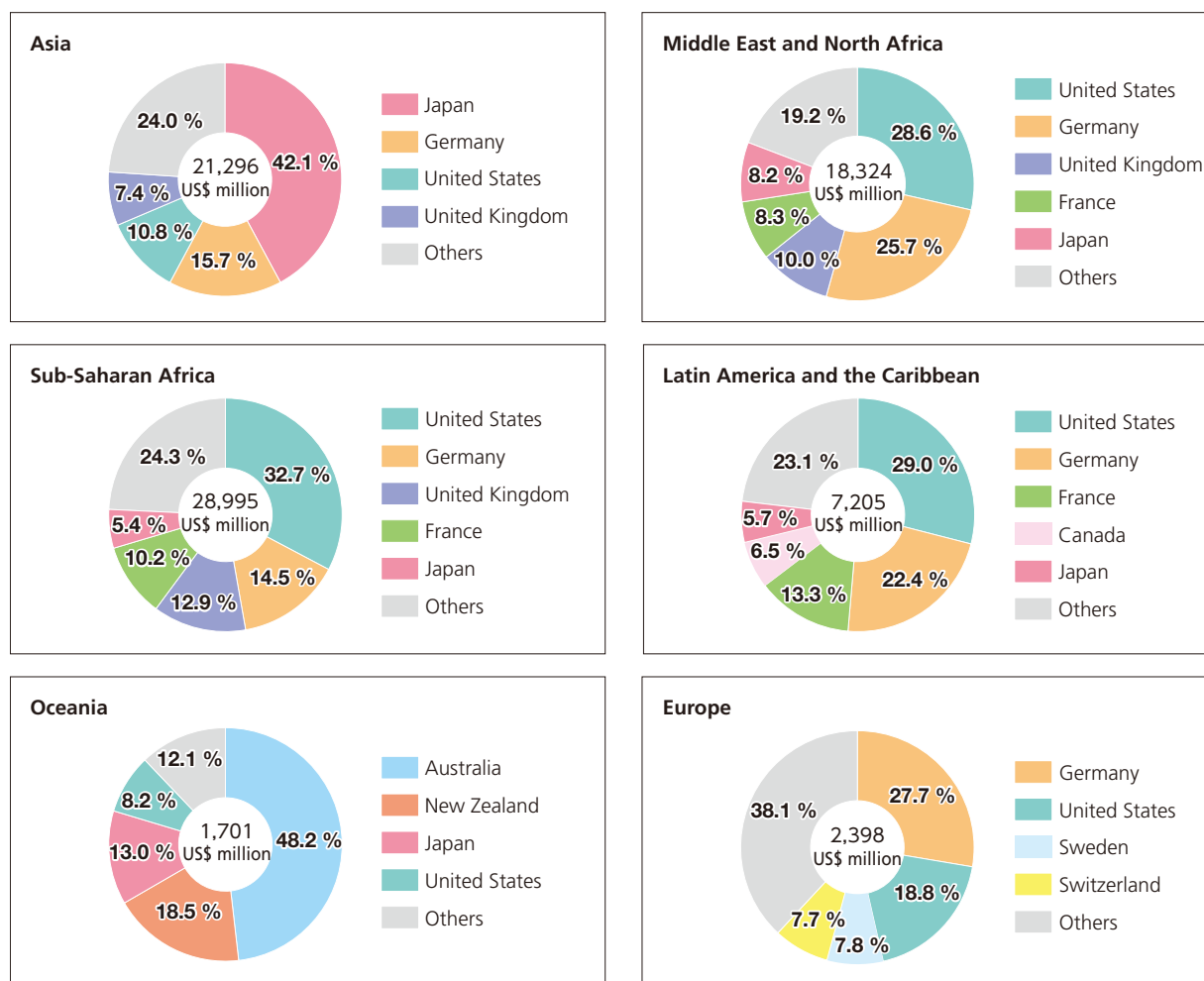
By type of assistance, approximately 87% of ODA provided by all DAC countries in 2019 were grants (bilateral grant aid: approximately 50%; bilateral technical cooperation: approximately 10%; grants to international organizations: approximately 26%), and 13% were loan aid (bilateral: approximately 12%; loans to international organizations: approximately 1%). With the exception of Japan and France, major DAC countries implemented most of their ODA as grants (grant aid and technical cooperation) (Chart I-9).

Loan aid (e.g., ODA loan) accounts for a large share of Japan's ODA because Japanese assistance aims to support developing countries' self-reliant efforts to achieve economic growth. This is based on the idea that effective development cooperation requires awareness raising that development is not granted; rather, it is something developing countries take ownership of. From the viewpoint of developing countries, they carry out projects aimed at their social and economic development with the funds they have borrowed. This in turn encourages the countries to work hard on their projects. Japan's cooperation strives to enable the people of developing countries to sustain and evolve the projects on their own

⁹ Details are available in Development Cooperation Reference Materials 2020, Chapter 3 Economic Cooperation of Other Countries, Section 3 "Overview of Economic Cooperation of Major Donors and Regional Organizations" (in Japanese only).

Chart I-8

Major DAC Donor Countries in ODA by Region (2019)



Source: DAC statistics on OECD.STAT

Notes:

- Gross disbursements basis.
- Regional classifications are the same as Reference Statistics 2(2): Breakdown of Bilateral ODA by Country and Type (2019) (page 168).
- Excluding assistance to graduated countries.
- The figures in the graphs are the total ODA of DAC countries.

even after Japan's ODA loan projects are completed. This approach is unique to Japan, which places importance on self-help efforts, and its effectiveness was acknowledged in the DAC development cooperation peer review (see page 151 regarding the DAC peer review of Japan's development cooperation).

*** Development Cooperation from Emerging Donors

In addition to the DAC countries that have traditionally provided development cooperation, recent years have seen an increase in aid provided by non-OECD or non-DAC new donors and private foundations. Those new donors consist of developing countries that have achieved economic development, such as China, India, Indonesia, Saudi Arabia, Brazil, Argentina, Mexico, Turkey, and South Africa. The total amount of aid provided by these new actors in development cooperation, according to DAC Statistics alone, is more than \$16 billion by non-

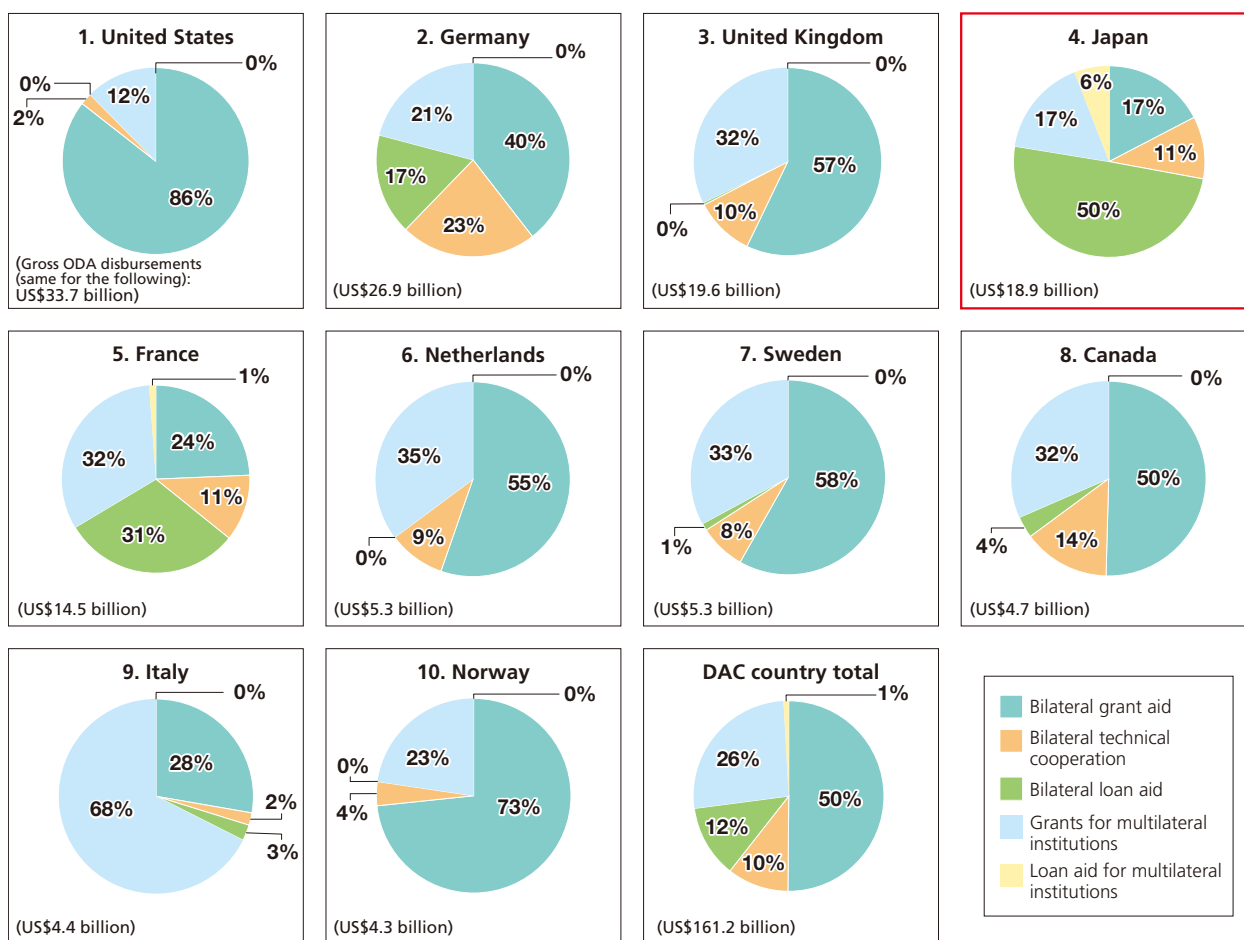
DAC countries (only those countries that have reported to the DAC) and more than \$45 billion by NGOs.

It is essential to accurately grasp the flow of funds to developing countries and to effectively utilize limited development financing in order for the international community to promote development cooperation in a coordinated manner. However, the statistics prepared and published by the DAC do not reveal the full details of aid provided by non-DAC countries and other donors. It has also been pointed out that some donors are providing development cooperation that does not necessarily conform to the three requirements of ODA, as stipulated by the DAC, and that loans to developing countries in particular are being provided in a non-traditional and non-concessional manner, such as collateralized loans.

Discussions are under way at the OECD and various other international fora to create rules and frameworks for international aid, including aid from these emerging donors and use of private financing. The Communiqué

Chart I-9

ODA of DAC Countries by Aid Scheme (2019)



Source: DAC statistics on OECD.STAT

Notes:

- Top 10 DAC countries by ODA for 2019 based on gross disbursements.

- Due to rounding, the total may not add up to 100%.

adopted at the OECD-DAC High Level Meeting held in November 2020, through efforts of Japan, included a call for non-DAC providers of development cooperation to adhere more closely to international standards and practices to improve transparency and accountability in development cooperation. Japan will continue to work with the international community to ensure that the development cooperation of emerging donors including China is transparent and consistent with international standards and initiatives (see page 142, “ODA Topics,” regarding the new international statistical system, page 36 regarding efforts to address debt issues, and page 150 regarding cooperation with other countries and international organizations).

Chart I-10

DAC List of ODA Recipients (Countries and Regions)

(Applied to 2018-2019 disbursements)

Official Development Assistance (ODA) Recipient Countries				
Least Developed Countries (LDCs) (47 countries)	Other Low Income Countries (LICs) (per capita GNI ≤ US\$1,005)	Lower Middle Income Countries and Territories (LMICs) (per capita GNI US\$1,006 - 3,955)	Upper Middle Income Countries and Territories (UMICs) (per capita GNI US\$3,956-12,235)	
Afghanistan Angola Bangladesh Benin Bhutan Burkina Faso Burundi Cambodia Central Africa Chad Comoros Democratic Republic of the Congo Djibouti Eritrea Ethiopia Gambia Guinea Guinea-Bissau Haiti Kiribati Laos Lesotho Liberia Madagascar Malawi Mali Mauritania Mozambique Myanmar Nepal Niger	Rwanda Sao Tome and Principe Senegal Sierra Leone Solomon Somalia South Sudan Sudan Tanzania Timor-Leste Togo Tuvalu Uganda Vanuatu Yemen Zambia	Armenia Bolivia Cabo Verde Cameroon Côte d'Ivoire Egypt El Salvador Eswatini Federated States of Micronesia Georgia Ghana Guatemala Honduras India Indonesia Jordan Kenya Kosovo Kyrgyz Republic Moldova Mongolia Morocco Nicaragua Nigeria Pakistan [Palestine] Papua New Guinea Philippines Republic of the Congo Sri Lanka Syria	Albania Algeria Antigua and Barbuda Argentina Azerbaijan Belarus Belize Bosnia and Herzegovina Botswana Brazil China Colombia Cook Costa Rica Cuba Dominica Dominican Republic Ecuador Equatorial Guinea Fiji North Macedonia Gabon Grenada Guyana Iran Iraq Jamaica Kazakhstan Lebanon Libya Malaysia Maldives	Marshall Mauritius Mexico Montenegro [Montserrat] Namibia Nauru Niue Palau Panama Paraguay Peru [Saint Helena] Saint Lucia Saint Vincent Samoa Serbia South Africa Suriname Thailand Tonga Turkey Turkmenistan Venezuela [Wallis and Futuna]

Source: DAC documents

Notes:

- GNI values are from 2016.

- Chile, Seychelles, and Uruguay graduated in 2018.

- Square brackets [] denote region names.