

**Commissioned by
Ministry of Foreign Affairs of Japan**

Okinawa Infectious Disease Initiative (IDI)

Summary of Mid-term Evaluation Report

March 2004

Japan Anti-Tuberculosis Association

CONTENTS

Preface

Part 1. Background of the Okinawa Infectious Diseases Initiative (IDI): current situation of infectious diseases in the world.....	1
Part 2. Mid-term Evaluation Study of the IDI.....	3
Part 3. Future Cooperation of Japan in the Area of Infectious Diseases Control.....	10

PREFACE

At the Kyusyu-Okinawa Summit in July 2000, the Government of Japan announced “Okinawa Infectious Diseases Initiative (IDI)”, which showed the financial commitment of three billion dollars in the next five years for the control of infectious diseases. In 2003, an evaluation was commissioned by the Ministry of Foreign Affairs of Japan and carried out by the Japan Anti-Tuberculosis Association. This is the English summary of the Mid-term Evaluation Report. The full report is available in Japanese language.

While the efforts to tackle infectious diseases are being made globally, this year marks the third year since the IDI was announced. The mid-term evaluation of the IDI aims to assess the purpose of the initiative, its process of planning and implementation, and to make recommendations for effective and efficient assistance by the Government of Japan in the future. By publicizing the assessment results, it also aims to explain the progress of the initiative to Japanese nationals and international community.

In the evaluation, the current situation of the infectious disease control assistance in the world and in the case study countries (Thailand, the Philippines, Kenya and Ethiopia) was assessed through collection of relevant information and the field visits. The evaluation team consisted of the following members:

Katsumi ISHII, <i>MPH</i>	Project Manager, International Programs Japan Anti-Tuberculosis Association
Katsunori OSUGA, <i>MD, MSc, DTM&H</i>	Deputy Director, International Programs Japan Anti-Tuberculosis Association
Takashi YOSHIYAMA, <i>MD, DTM&H</i>	Head, Research Department Research Institute of Tuberculosis Japan Anti-Tuberculosis Association
Syuichi SUZUKI	Foundation for Advanced Studies on International Development

The Research and Programming Division, Economic Cooperation Bureau of the Ministry of Foreign Affairs of Japan, other divisions of the Ministry, and the other organizations provided assistance for this evaluation. The assistance and cooperation were also provided by the embassies of Japan, the Japan International Cooperation Agency (JICA) overseas offices, the Japan Bank for International Cooperation (JBIC)

representative offices during the field visits. The field offices of the international organizations and other donor countries were also of great help. The evaluation team wishes to express their sincere gratitude to the assistance and cooperation extended for this evaluation.

This report consists of three parts:

Part 1. Background of the IDI Mid-term Evaluation: current global situation of infectious diseases, describes the current situation and issues of infectious diseases, and efforts to control them in the world.

Part 2. IDI Mid-term Evaluation, deals with the main focus of the evaluation result of the IDI.

Part 3. Future Cooperation of Japan in the Area of Infectious Disease Control, presents recommendations to the IDI and future assistance to the infectious diseases control.

This report was prepared by the Japan Anti-Tuberculosis Association, and does not reflect the official view of the Ministry of Foreign Affairs of Japan or the Government of Japan.

March 2004

Eiichi Nakamura, MD
Chairman, Board of Directors
Japan Anti-Tuberculosis Association

Okinawa Infectious Disease Initiative (IDI) Summary of Mid-term Evaluation Report

Part 1. Background of the IDI Mid-term Evaluation: current global situation of infectious diseases

As is expressed in “the basic idea of IDI,” infectious diseases continue to be not only health problems posing threats to the lives of people in developing countries, but are also one of the factors that inhibit economic and social development in those countries. Notably, the poor are the most seriously affected. Infectious diseases remain an uncontrollable task at the global level. There are many useful preventive measures in place against infectious diseases: promotion of the use of condoms, health education for HIV infection, DOTS (Directly Observed Treatment, Short course: the diagnostic and treatment policy package for TB control) for tuberculosis, distribution of insecticide-treated mosquito nets combined with promotion of diagnostic and therapeutic services for malaria, as well as vaccination against and surveillance for poliomyelitis and measles. These measures are cost-effective, and the investment in them is gaining satisfactory results. New measures are currently under consideration, including administration of antiviral agents to patients with AIDS, and diagnostic and therapeutic packages for multi-drug resistant tuberculosis. However, due to lack of funds, infrastructure, and human resources, these specific measures are not operating as expected. Infections are a source of serious global threat crossing national boundaries, so immediate and concerted efforts by the international community should take priority. Renewed measures for developing countries to counter infectious diseases, combined with assistance from the international community, are also effective for attaining economic development in such countries.

Efforts against infectious diseases are primary tasks at the global level, and a great number of international organizations are involved in the fight. The World Health Organization (WHO), the United Nations Children’s Fund (UNICEF), the United States Agency for International Development (USAID), the Department for International Development (DFID) of the UK, and other supporting organizations from advanced countries are among them. Many NGOs working at the international level also give priority to infectious disease control. Half of the total sum of 3.4 billion dollars of the 2002 annual national budget of the USAID was spent in the health area. Of these 1.7 billion dollars, 510 million dollars were spent on HIV/AIDS, and 180 million

dollars on other infectious diseases, which reflects the strong commitment of the U.S. in the area of infectious diseases. Furthermore, the U.S. announced that it was planning an additional five-year spending of 15 billion dollars, which is expected to start in 2003, to support the fight against AIDS.

Japan, for its part, in the 1994 Global Issue Initiative on Population and AIDS (GII) took up action against AIDS as a top priority task for international cooperation, and the Hashimoto Initiative of 1997 announced a further commitment to combating parasitic diseases. A commitment to the fight against individual infectious diseases was also expressed. Furthermore, in the Millennium Declaration made in the 2000 UN General Assembly, Japan announced its backing for the effort to prevent the increase of occurrence of AIDS, malaria, and tuberculosis, in addition to development planning in various fields. These are Japan's priority targets to be tackled in accordance with the seriousness of the diseases.

The IDI was announced in July 2000, as an expression of Japan's commitment to global interests in taking measures against infectious diseases. It also stressed the need for countermeasures, by demonstrating the grave implications of infectious diseases and the possibility of carrying out control activities. Concerted international activities taken part in by Japan include bilateral aid and grants to international organizations and funds, as well as the seconding of personnel to international organizations. In directly addressing various infectious diseases, Japan has been actively involved in improving laboratory testing facilities for HIV/AIDS, strengthening regional response to it, and constructing facilities for diagnosis. Concerning tuberculosis, cooperative activities such as the promotion and expansion of DOTS have been undertaken. Other activities have included: for malaria, distribution of insecticide-treated mosquito nets; for parasitic diseases, human resource development at three locations (Thailand, Kenya, and Ghana): for polio, provision of vaccine and improvement of laboratories; for measles, provision of vaccine. Measures against such infectious diseases as Hansen's disease have also been undertaken. Improvement of diagnosis and treatment, combined with improved regional health services, are contributing factors in the fight against infectious diseases. Improvement of water and sewage systems is as effective as preventive measures against diseases associated with diarrhea. Although not directly associated with the fight against infectious diseases, better access to various services due to improved infrastructure such as roads also contributes to the improvement of community health.

Part 2. IDI Mid-term Evaluation

The objective of this paper is to report the mid-term evaluation of the IDI, made public on the occasion of the Kyushu-Okinawa G8 Summit Meeting held in July 2000. The paper assesses the objectives of the IDI, the process by which its policies are developed, and the achievements and constraints observed so far in the course of the IDI implementation. Through this evaluation, it is hoped that the recommendations made in this paper will contribute to the more effective and efficient implementation of the IDI and that the accountability to the people and to the international community will be fulfilled by publicizing the results of the evaluation.

The evaluation covers the overall aspects of the IDI activities to control infectious diseases, with support from the ODA. The scope of this evaluation includes activities carried out under the Hashimoto Initiative: an international parasitic disease control initiative proposed at the 1998 Birmingham G8 Summit Meeting. The evaluation had its main focus on the activities carried out from April 2000 to March 2002 and, to the extent possible, subsequent to the 2002 fiscal year.

The evaluation was conducted by gathering information through literature review, field visits, and questionnaires to those involved in the IDI, in respect of its purpose (relevance), process (adequacy, efficiency), and result (effectiveness, impact). The conclusion was obtained after comparison with the planning of IDI and its degree of performance. Based on the conclusion, series of recommendations were made to contribute to the improved implementation of the IDI in the remaining period, and to the future assistance in the area of infectious disease control.

The evaluation was carried out in accordance with the “ODA Evaluation Guidelines” developed by the Economic Cooperation Department of the Ministry of Foreign Affairs (MOFA). The process was as follows:

- (1) Define the scope of the evaluation;
- (2) Determine the evaluation framework;
- (3) Carry out surveys by interviewing involved parties at home and abroad, in addition to literature reviews;
- (4) Analyze, draw conclusions, and make recommendations based on the findings;
- (5) Write up an evaluation report.

The framework of evaluation was established in consideration of: the focus of the

items for evaluation, evaluation criteria, and indicators for evaluation. The evaluation process was set up by focusing on the types of information and their sources, needed for making evaluation.

The following surveys were performed in Japan: reviews of documentary materials (references concerning the IDI, infectious diseases, international conferences, and activities of other donor organizations); and interviews of those involved in formulation and implementation of the IDI. Comprehensive reviews of the IDI were carried out in the selected case study countries (Thailand, the Philippines, Kenya, and Ethiopia) through field visits (collection of reference materials, interviews of the ministries and departments in charge of infectious disease control, governmental establishments abroad, and local offices of aid organizations).

Relevance: Whether or not, and to what extent, did the IDI at the time of its establishment meet the needs of developing countries, global priorities, and worldwide assistance policies? Where does the IDI currently stand in respect of these?

When it was announced, the IDI was intended for providing economic assistance for infectious disease control within the framework of the ODA policies. At the international level, the IDI showed Japan's commitment in dealing with the global issue of infectious diseases, following the head-of-state level discussion at the G8 summit meetings in the late 1990s. It can be concluded that the IDI was relevant enough at the time of its announcement.

The current status of the IDI is consistent both with Japan's top-level policies and with the needs of countries receiving support. However, concerning its consistency with the current international policies and actions against infectious diseases, some differences were observed between international attitudes and those of Japan toward achieving their goals. In view of the new trends in dealing with infectious diseases (such as common baskets of funds, and the priority shift to the treatment and care for HIV/AIDS), Japan should clearly show the direction and priority in fighting infectious diseases, in consideration of the needs of the recipient countries. Faced with the current situation in Sub-Saharan Africa, HIV/AIDS control is currently focused on treatment rather than prevention. Japan is also expected to provide medical supplies and equipment such as medicines for the anti-retroviral treatment (ART). Assistance through donations to international organizations, and the Global Funds to Fight AIDS, Tuberculosis, and Malaria (GFATM) has been provided so far. However, in view of the

global trends, Japan needs to consider direct consumable supplies, such as provision of the anti-retroviral drugs (ARV) through bilateral cooperation. In the past, vaccines were supplied through bilateral scheme of the ODA to support the Expanded Programme on Immunization (EPI).

It is also important to show possible diverse approaches to control infectious diseases. Based on the history of the fight against infectious diseases in Japan, approaches that include indirect aid, such as basic education, safe water supplies, and community health promotion, could be of great value in infectious disease control.

Adequacy: Was the process of establishing the IDI adequate? Is the IDI taken into consideration in operational processes?

In establishing the IDI, the expert opinions of related organizations and specialists in infectious disease control were taken into consideration. However, through the interviews of this assessment, comments concerning the abstract nature of the IDI policies and principles, and insufficient reflection of the specialist views were noted. After its announcement at the G8 Summit Meeting in July 2000, the IDI was further discussed at the Okinawa International Conference on Infectious Diseases held in December 2000 to give due consideration to the specialist opinions. Therefore, it is concluded that the IDI was adequately established, during the first year after its announcement.

Reviews were undertaken as to whether the IDI functioned satisfactorily as a Japanese aid policy concerning infectious disease control. Evaluation consisted of whether Japanese various aid schemes, donations to international organizations, country-specific aid policies and plans of the MOFA, Japan International Cooperation Agency (JICA), and Japan Bank for International Cooperation (JBIC), and each project cycle (planning→implementation→monitoring→evaluation), adequately reflect the IDI. After the formulation of the initiative, the Grant Aid for Infectious Disease Prevention and Treatment (10 billion yen for fiscal 2001), and the Japan Trust Fund for HIV/AIDS in International Planned Parenthood Federation (10 billion dollars donations for fiscal 2000), were newly established. These were the direct results of the IDI. Concerning project cycles, few projects were planned, and implemented specifically under the IDI, with the only exception of the Grant Assistance for Grass Roots Human Security Projects having an administrative system to identify the IDI component. In conclusion, although appropriate management is observed in some parts, overall operational process of the IDI needs to be further improved.

Efficiency: Whether approaches, considered efficient in general aid schemes, have also been observed efficient with the IDI?

Concerning the relationship between the direct assistance for individual infectious disease control (e.g. vaccines, drugs, specific disease control projects), and the indirect assistance (e.g. basic education, safe water supply, community health promotion), there are many areas both approaches complement each other. For instance, improvement of community health services through primary health care (PHC) in general is essential for early detection and treatment of malaria. As far as the coordination between the aid schemes are concerned, infectious disease control projects can be efficiently implemented after a facility is constructed through the Grant Aid, and health workers are trained through training courses (e.g. Polio and TB). In partnership with other international donor organizations, multilateral/bilateral technical cooperation has been carried out. In respect of partnership with NGOs, information has been exchanged through the NGO-MOFA regular meetings concerning GII/IDI. For the purpose of interregional collaboration, South-South cooperation and provision of consultants for the regional cooperation have been promoted.

These mechanisms and systems are essential to the IDI, since they contribute to greater efficiency in achieving the goals. However, cases were sometimes observed of inefficient operation, such as delay in local procurement. In reality, rather than being a highly effective operation, and achieving synergic effects by avoiding duplication and pursuing cost-efficient methods simultaneously, the mechanisms and system are being used for increasing the effectiveness by improving basic requirement for public health (indirect assistance), and for reducing risks by making single step progress. Efficiency has been gradually improved as a result of reduction of duplication by sharing information with other donor organizations and assistance providers, by immediate action through the use of NGOs, and by the cost reduction through using specialists from third countries.

Effectiveness: Were effective results achieved in infectious disease control with Japan's assistance?

Sensitive and reliable indicators and the data obtained through those indicators are crucial to assess effectiveness of the IDI. Influences by the assistance provided before and outside the IDI, and the time gap between the onset of the intervention and the outcome, also need to be evaluated in order to assess the real impact of the IDI.

Strict assessment for the effectiveness of the IDI was, therefore, difficult to carry out with various limitations during this mid-term evaluation. Although this was meant to be an evaluation at the policy-level, infectious disease intervention projects as a whole, with particular focus on those in the four case-study countries, were examined for the effectiveness assessment. The IDI policies and international strategies and trends in each disease control were also taken into consideration.

Among the case-study countries, TB control in the Philippines has made a great achievement in improvement of facilities, development of manpower, and transfer of the technologies. Not only the country itself, but also other aid agencies and international organizations give priority to TB control for the Philippines. In Thailand, on the other hand, international agencies give their highest priority to HIV/AIDS control in the region beyond Thai border. The HIV care project carried out in northern Thailand, the laboratory research project in Bangkok, and the regional approach focusing on HIV/AIDS manpower development, all appear to be effective. Both in Thailand and Kenya, international parasitic disease control projects, under Hashimoto Initiative, have contributed to human resource development in the region. In Ethiopia, however, shortage of manpower has hindered producing effective results so far, although HIV/AIDS and malaria are considered priority issues.

As far as the IDI principles are concerned, the following were noted. 1)“Strengthening institution of health sector in developing countries”: While infectious disease control programs with internationally-approved strategies (e.g. TB, polio) have well achieved this principle, those without established or cost-effective strategies, (e.g. HIV/AIDS) are yet to achieve it. Lack of ownership has been observed in some countries. 2) “Human resource development” has been given the highest priority, resulting in effective manpower development. In TB control, many resource persons in the world have attended the training courses in Japan over the past 40 years. 3)“Partnership with civil society, donor countries and international organizations”: TB control has been coordinating with the WHO, while polio control has collaborated with the WHO and UNICEF. International coordination has been rather limited in HIV/AIDS. From now on, active involvement in the GFATM at each country-level (Country Coordinating Mechanisms: CCM) will become important in international coordination. To improve global partnership, organizational involvement is crucial. Strengthening of domestic institutions specialized in each infectious disease is urgently needed for this purpose. 4)“South-South cooperation”: Following the capacity-building, and human resource development through technical collaboration in the recipient country, regional training courses have been conducted for the neighbor countries. Also there are some cases

where developed human resources have been effectively utilized as technical advisors for the other countries. 5)“Promotion of research activities”: Research activities to develop a simple test kit for HIV diagnosis, basic researches for HIV vaccine development, and operational researches in TB control have been carried out. Through technical cooperation, practical knowledge and skills have been obtained. 6)“Promotion of public health at community level”: Assistance for TB control through the DOTS strategy, promotion of the Voluntary Counseling and Testing (VCT) and HIV care in communities are all based on the PHC concept. Parasitic disease control is also carried out through community education and school health programs. These interventions have made significant contribution to the promotion of public health at community level.

The disease-wise impact by the IDI assistance can be summarized as follows. For polio control, through close collaboration with international organizations, vaccines were provided, surveillance was strengthened, and human resources were developed, which all made great contribution to the global strategy to eradicate poliomyelitis. In terms of TB control, support for manpower development, provision of anti-TB drugs and equipment, technical cooperation focusing on the expansion of the DOTS strategy appear to be one of the most cost-effective collaboration. Other areas of assistance include: strengthening of the HIV surveillance system, development of the HIV care model at community level, improvement of HIV diagnosis, development of parasitic disease control model through school health, and support for research activities. While support is being provided for the specific component of each infectious disease control program, these approaches appear to have limited impact. Both at the country and the international levels, obvious positive impact on the control of each infectious disease could not be seen through these approaches.

On the other hand, two examples of the positive ripple effects of the IDI announcement are the global trends of control activities against infectious diseases, and the establishment of the GFATM. Another positive effect includes the attention being paid to the field of social development.

Conclusion: What is the IDI?

The announcement of the IDI, with the financial commitment by the Japanese Government, triggered global political commitment for the fight against infectious diseases. In this sense, the historical implication of the IDI is significant. Under the IDI, the government has made contributions, totaling over 2.4 billion dollars, over the past

two and half years. Japan's support for the fight against infectious diseases, made through the IDI, is gaining greater recognition.

Although the total amount of financial contribution, and the basic policies and principles of the IDI are made clear, its six principles are not specific to the IDI, but are often included as essential components of public health interventions. In other words, the IDI is an initiative for assisting the fight against infectious diseases by providing support required for general public health. Since support for infectious disease control is usually regarded worldwide as direct support for direct action against specific infectious diseases (including the disease control programs of the countries concerned), this makes Japan's strategy in fighting infectious diseases look unclear and nonspecific. It should be emphasized that the IDI is an initiative with an approach different from the GFATM, which targets three major infectious diseases, and the initiatives of other countries with disease-specific and selective approaches.

So far the public-relations activities of the IDI have been insufficient in this respect. Shortage of Japanese human resources experienced in global infectious disease control is one of the major reasons why the percentage of direct support for AIDS, tuberculosis and malaria/parasite control in the total expenditure is substantially low.

Part 3. Future Cooperation of Japan in the Area of Infectious Diseases Control

Chapter 1. Short-term recommendations for the rest of the IDI

1. Strengthen the public-relations activities of the IDI:

The IDI has gained due recognition neither at home nor abroad. In addition to close partnership at each stage with the organizations concerned, more positive public-relations activities abroad are required. In addition to direct support for the fight against infectious diseases, it is necessary to emphasize the importance of the comprehensive approaches, including indirect support such as the supply of safe water, the strengthening of health education through improvement of the basic education environment, and improvement of the public health infrastructure.

2. Consider the needs of the countries involved and select target countries/regions:

Considering the burden of infectious diseases, priority countries/regions for the IDI should be selected for the effective support for the infectious disease control. More targeted approaches need to be taken since the human resources for infectious disease control are rather limited in Japan. Effective support for a target country will result in diplomatic benefits for Japan, and the support should be expanded, through South-South cooperation, to the regions around the target country.

3. Promote regional approaches to action against infectious diseases:

Many infectious diseases are transmitted across boundaries, so action limited to one country has limitations. Target country-centered, regional approaches should be promoted in order to control infectious diseases across the borders. Provision of JICA consultants for this regional approaches, for instance in Thailand, may not achieve the expected outcome due to lack of support from the field offices at the moment. Concerted effort should be made at the field level for the effective implementation of the regional approaches in controlling infectious diseases.

4. Give priority to and actively promote support for NGOs, and enhance partnership with NGOs in Japan:

Support should be actively given to the NGOs, which are involved in effective control actions against infectious diseases. NGOs come and go frequently, but efforts should be made to find out adequate local NGOs. The areas for support include: funding for the local activities; opportunities for personnel training; and the supply of instruments, equipment, and means of transport (vehicles). Flexibility is

required according to their needs, such as support for software. Many NGOs in Japan are in close partnership with other NGOs abroad, so partnership building with these NGOs should be explored.

5. Establish a suitable mechanism to cope with infectious diseases of unknown origin:

As observed in Severe Acute Respiratory Syndrome (SARS), infectious diseases of unknown origin have the potential to make a serious impact worldwide by crossing boundaries between countries and health care systems. Japan is increasingly expected to respond promptly, when an outbreak of a new disease occurs. To tackle such situations, it is necessary to establish a suitable mechanism within Japan, which enables timely action. Close collaboration and partnership with relevant organizations at home and abroad is essential in order for Japan to take a prompt action in accordance with international strategies and policies for infectious disease control.

6. Strengthen human resource development programs for combating infectious diseases

Training programs for infectious disease control in developing countries, which have been carried out for a long time in Japan (e.g. Training courses in TB control at Research Institute of Tuberculosis, Tokyo), have made a great contribution to building up a human network between Japan and the developing countries. This network often facilitates planning and implementation of infectious disease control activities, and has become an asset of Japan in designing assistance for the fight against infectious diseases. Carrying out internationally recognized training of high quality in collaboration with international experts has significant implications. In addition to the currently on-going training programs, new training programs should be planned and carried out under the IDI.

7. Conduct an objective evaluation of the IDI with the participation of third persons:

To enhance objectivity, an evaluation of the IDI should be conducted with the participation of people other than Japanese. The final evaluation should be carried out in the form of a joint evaluation with participants from the WHO.

Chapter 2. Long-term recommendations for the future cooperation in the fight against infectious diseases

Rearrangement of domestic structures:

1. Establish undivided support systems at the Government level for the control of infectious diseases

Japan's support for the global fight against infectious diseases commenced even before the announcement of the IDI. The MOFA, the Ministry of Health, Labor and Welfare, the Ministry of Education, Culture, Sports, Science and Technology, and other ministries and organizations, have conducted various activities. It is the overall achievement in infectious disease control through these partners, which has gained recognition from abroad. In order to make effective use of limited resources of the ODA, and to enhance global public relations, an all-Japan support system for infectious disease control should be established by removing boundaries between the ministries concerned.

2. Enhance ODA support for domestic organizations committed to fighting infectious diseases

With the emergence and re-emergence of infectious diseases in recent years, many developed countries have reinforced control measures against infectious diseases. Recognizing infectious diseases, closely associated with poverty, as serious security issues in the world, some countries have strengthened domestic disease control organizations to tackle global infectious disease problems. In order to provide high-quality support in infectious disease control through the ODA, Japan also needs a political commitment to create and strengthen centers for infectious disease control. These centers and the mechanism to effectively utilize them should enable development of global infectious disease strategies and provision of necessary technical assistance for the control of infectious diseases in the world.

3. Develop Japanese human resources specialized in infectious disease control

Human resources at the global level are the key to carrying out effective infectious disease control in developing countries. In Japan, attention to infectious diseases is not so low at present, but the systems for training of personnel in this field is weak. In the near future, shortage of human resources in infectious disease control is likely to occur. Without any effort to develop human resources in this field, it will not be possible for Japan to improve the quality of contribution and

meet the ever-increasing need for the infectious disease control in the world. To improve both the quality and quantity of Japanese assistance, an efficient system to develop expertise in infectious disease control needs to be established. Furthermore, the manpower required in the future will be those who are capable of providing advices in infectious disease control at policy level, and are familiar with the ODA schemes. Adequate budgetary allocation is required to develop such manpower, and to utilize their expertise at suitable posts. It is crucial for Japan to develop adequate human resources in order to provide support for the effective infectious disease control, as the mainstay of the ODA. And such support should be based on the poverty-alleviation and human security viewpoints.

Strategic approaches

4. Develop a strategic plan for each infectious disease control assistance

To provide effective support for the infectious disease control, it is essential to develop an evidence-based control strategy, considering the geographical differences in frequency of diseases, and the socio-cultural differences in the local community. For AIDS, tuberculosis, malaria, and parasitic diseases in particular, a strategic plan for each disease control should be established at the national level. A structure (e.g. committee, or working group) to facilitate strategic planning for these three major infectious diseases will be required. With this structure, partnership should be developed with relevant organizations, UN agencies such as the WHO, universities overseas that are involved in international health and infectious diseases, in order to effectively coordinate country-specific approaches and priority-based approaches in assistance policies.

5. Provide direct support to the national programs for infectious disease control

In recent years, effective measures against each infectious disease have often been standardized, and national infectious disease control programs have been established in many developing countries (tuberculosis and polio control programs). In the past, donor countries sometimes created disease control models without sufficient coordination and partnership. Many donor countries, however, have shifted their priority to the national program support against infectious diseases. Providing assistance to some components of the national disease control program, which is based on the scientifically sound strategies and methods, they aim to achieve the goal of the national program. Japanese assistance often has its focus on technology transfer through developing its own model. It is also important for Japan's ODA to partially support the national

programs of infectious disease control, depending on the status of the programs. To provide assistance in infectious disease control more effectively, partnership with other international organizations in coordination with the Millennium Development Goals (MDGs) will be crucial. Assistance for infectious disease control programs should be placed in a comprehensive regional development program support, as part of the poverty alleviation.

6. Recruit specialists not only from Japan but also from abroad, who have sufficient knowledge and experiences in infectious disease control

While available human resources with sufficient experiences in infectious disease control in developing countries are limited in Japan, capable personnel well-experienced in infectious disease control exist in these developing countries. Having advantages in the familiarity with local languages, culture and customs, they can effectively carry out appropriate activities. Providing the ODA in infectious disease control in a developing country by utilizing such human resources from other developing countries could result in the improvement of the international outlook of Japanese assistance. The South-South cooperation should be promoted by simplifying the operational procedures, which are sometimes restricting the effective cooperation at present. Suitable human resources from the third countries should be utilized in an active and a timely manner for this purpose.

7. Specify the goal of initiatives and the methods of monitoring

To provide effective assistance in infectious disease control, epidemiologically sound, evidence-based practical goals, expected outcomes, and their monitoring methods with appropriate indicators, need to be clarified. Ideally, they should be developed in coordination with the international goals, monitoring and evaluation methods, such as those of the MDGs. For the future initiative in infectious disease control, in addition to the total budgetary commitment, the goal of the initiative should be clearly spelled out (i.e., which indicators of infectious diseases should be improved, and by when and how much they should be improved), and the practically measurable indicators for monitoring need to be clearly set up from the start. In other words, strategies and methods for achieving the goals of initiatives must be clearly shown. Development and utilization of suitable human resources in infectious disease control is, therefore, crucial for this.