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The Ministry of Foreign Affairs of Japan

Mid-term Evaluation on Japan's Contribution to the Achievement of the MDGs in the Area of Health

Summary

March 2005

Preface

This report is a summary of the Mid-term Evaluation on Japan's Contribution to the Achievement of the Millennium Development Goals (MDGs) in the Area of Health undertaken by the External Advisory Meeting on ODA Evaluation, which is an informal advisory body of the Director-General of the Economic Cooperation Bureau of the Ministry of Foreign Affairs of Japan.

Japan has been one of the top donor countries of ODA (Official Development Assistance) and there have been domestic and international calls for more effective and efficient implementation of assistance. The Ministry of Foreign Affairs, as the ministry responsible for ODA, has been conducting ODA evaluation mainly at the policy level with two main objectives: to support the implementation and management of ODA and to ensure its accountability. This evaluation aims to clarify the results and challenges of Japan's contribution to the achievement of the MDGs in the area of health. In addition, it aims to ensure accountability through the publication of this review.

The External Advisory Meeting on ODA Evaluation was formed to improve the objectivity in evaluation. The Meeting is commissioned to conduct an evaluation of ODA and to report results and recommendations to the Economic Cooperation Bureau of Ministry of Foreign Affairs. Ms. Kiyoko Ikegami, a member of the Meeting and Director of the UNFPA Tokyo Office, was in charge of this evaluation.

Dr. Naruo Uehara, Professor, Tohoku University and Ms. Tomoko Sakota, Senior Program Director, Japan Broadcasting Corporation, have made enormous contributions to this report. Likewise, the Ministry of Foreign Affairs, the Japan International Cooperation Agency and the Japan Bank for International Cooperation have also given their cooperation. Therefore, we would like to take this opportunity to express our sincere gratitude to all those who were involved in this review. The Aid Planning Division of the Economic Cooperation Bureau of the Ministry of Foreign Affairs was in charge of coordination. All other supportive work was provided by the Mitsubishi Research Institute, Inc. under commission of the Ministry of Foreign Affairs.

Finally, we wish to add that the opinions expressed in this report do not reflect the view or position of the Government of Japan or any other institution.

March 2005

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1. Evaluation Approach

1.1. Objective of the evaluation

Millennium Development Goals (hereafter referred to as “the MDGs”) are common development objectives of international society aimed at paving the way for the prosperity of humanity. As priority is set on bringing about concrete developmental results, specific quantitative goals as well as a time limit for their achievement are defined in issues such as poverty reduction, basic education, health, gender, children, and the environment. An interim review on the achievement of the MDGs is scheduled for September 2005.

As a policy level evaluation, the aim of this report is to assess how implementation of Japan’s assistance has contributed to international society’s efforts to attain the MDGs in the area of health to be reached by 2015. The report also makes recommendations based on findings that may be useful for Japan to enhance its contribution in the future. In addition, the report, which will be made available to the public, will play a role in promoting the accountability of the Japanese government.

1.2. Subject of evaluation

Goals 4, 5, 6, consisting of Targets 5, 6, 7 and 8 of the MDGs are defined as the “MDGs in the area of health” (or health MDGs). The subject of evaluation is Japan’s achievements in contributing to the attaining of these health MDGs (cf. Section 2.1.). Japan’s contribution subsequent to the introduction of the MDGs (FY 2001 - 2003) was analyzed qualitatively and quantitatively by region and by types of assistance. Further, for this evaluation assistance that may contribute to the attainment of Goal 7, Target 10, to “reduce by half the proportion of people without access to safe drinking water”, which may contribute indirectly to the attainment of health MDGs, is not included in the evaluation.

1.3. Evaluation criteria

The following four indices were applied in this evaluation:

1- Contribution: how Japan’s assistance in the area of health is contributing to

the achievement of the MDGs;

2- Policy commitment: whether Japan's policies and strategies toward attaining the MDGs are clear and made known;
3- Strategy: whether a strategic approach is being taken to attain the MDGs;
4- Quality assurance: whether high quality and its improvement are being pursued in assistance implementation in order to ascertain results and improve efficiency.

This evaluation was undertaken during the period from August 2004 through to March 2005.

2. Outline of the MDGs in the Area of Health

2.1. The Millennium Declaration and Millennium Development Goals

Adopted in New York in September of 2000, the Millennium Declaration addresses such issues as peace and security, development and poverty, the environment, human rights and good governance, and meeting the special needs of Africa. In doing so, it presents a clear direction for the role of the United Nations in the 21st Century. The Millennium Development Goals (MDGs) were created as a common framework for international development, by integrating the Millennium Declaration with the development goals adopted at major international conferences and summits held in the 1990s. Of the MDGs, Goals 4 through 6 and Targets 5, 6, 7 and 8, are defined as the MDGs in the area of health (or health MDGs). This evaluation focuses on Japan's contribution toward achieving these health MDGs.

2.2. The MDGs and Japan's assistance in the area of health

The principles of the basic policies in Japan's new ODA charter (revised in September 2003) are: 1) supporting self-help efforts of developing countries, 2) perspective of "Human Security", 3) assurance of fairness, 4) utilization of Japan's experience and expertise, and 5) partnership and collaboration with the international community. Moreover, the charter sets as priority issues: 1) poverty reduction, 2) sustainable growth, 3) addressing global issues and 4) peace -building. Japan's commitment to assistance based on these principles was

evident in the leading role of the Japanese government played in ensuring the emphasis on ownership and partnerships, institutional and capacity building, and comprehensive approach in the course of establishing the “Shaping the 21st Century: The Contribution of Development Co-operation (OECD-DAC 1996)”.

In the area of health, Japan has undertaken such efforts as “Global Issues Initiative on Population and AIDS (GII)” in 1994, “Hashimoto Initiative on International Parasitic Countermeasures” in 1998 and “Okinawa Infectious Diseases Initiative (IDI)” in 2000 among others.

3. Evaluation of Japan’s Contribution

3.1. Japan’s assistance in the area of health and its contribution to the achievement of the MDGs (contribution level)

At the end of the 1990’s, overall Japanese Official Development Assistance (ODA) showed a decreasing trend, and in 2003 (calendar year), the amount stood at US $8.9 billion. Of this total, input on health accounted for 3.4%, or US $0.3 billion. ODA input in the area of health, as a percentage of overall ODA, has risen slightly in recent years.

Table 1: Trends in Japan’s ODA Input into Health and its Ratio to Overall ODA

Year	Health-related ODA	Overall ODA	Percentage of Overall ODA
2000	308	13,508	2.3%
2001	296	9,847	3.0%
2002	313	9,283	3.4%
2003	298	8,880	3.4%

Note: values are in millions of U.S. dollars
Sources: ODA White Paper (for ODA in the area of health), OECD Development Assistance Committee (Overall ODA)

3.1.1. Bilateral assistance in the area of health

In order to evaluate how Japan has been contributing through bilateral assistance, bilateral ODA projects in the area of health are classified in accordance with each MDGs targets. The classification codes employed in this procedure are as in Table 2.

Table 2: Classification Codes

		Classification Codes		Remarks
(i)	A	Infant health (Goal 4)	Diarrhea	
	B		ARI (acute respiratory infections)	
	C		Perinatal abnormality (illness, disorder, etc.)	
			(Malaria and HIV/AIDS are classified as “O” and “M”)	
	D		Vaccine-preventable diseases EPI（expanded program on immunization）diseases	- Especially tetanus, measles
	E		Malnutrition	- Growth monitoring, nutrition support, etc.
	F		Other infant healthcare	- Maternal and child health handbook, etc.
(ii)	G	Reproductive health (Goal 5)	Family planning	
	H		Maternity health check	- Including enlightment and education (maternal education).
	I		TBA training, Training of midwives	
	J		Emergency obstetric care (EOC)	
	K		Obstetric medical care	- Clinical care except those noted above
(iii)	L	Disease control (Goal 6)	Condoms	
	M		HIV/AIDS	
			M-1 laboratory, surveillance	
			M-2 counseling, community care	
			M-3 enlightment, education	
			M-4 cure, mother to child infection prevention	- Including measures against STD (sexually transmitted diseases)
			M-5 others	
	N		Tuberculosis	
	O		Malaria	
	P		Others: polio	
	Q		Others: chagas disease	
	R		Others: other parasite	
	S		Other diseases	
(iv)	T	PHC (primary health care)		
	U	Community healthcare system (community level); healthcare center, etc.		
	V	Community healthcare system (referral); referral medical care, regional core hospital, emergency medical care, facilities and equipment in laboratory, information system.		
	W	Human resource development in community healthcare		
	X	Other human resource development		
	Y	Research		
	Z	Others		

Source: The codes are created introduced by the evaluation team members.

The above codes are referred to as criteria for classification of bilateral projects into four targets (targets 5 through 8). As to ensure the accuracy of classification projects which do not correspond specifically into the four targets are classified as “others” (codes T to Z).

Projects directly relating to the attainment of health MDGs were categorized as

"health MDGs related projects", and those health MDGs related projects in major types of assistance were classified. The types of assistance considered are: General Project Grant Aid, Grass-Roots & Human Security Grant Aid, Technical Cooperation Project, Acceptance of Technical Training Participants (country-specific and group trainings), JOCV (Japan Overseas Cooperation Volunteers) and Other Volunteers, and Loan Assistance. Input to health MDGs related projects by major types of assistance is shown in Table 3.

Table 3: Input amount to health MDGs related projects by types of assistance

Unit: 100 million yen

Types of Assistance	FY 2001	FY 2002	FY 2003
General Project Grant Aid	218.43	195.46	214.06
Grass-Roots & Human Security Grant Aid	6.37	4.58	3.20
Technical Cooperation Project	67.14	57.60	53.09
Acceptance of Technical Training Participants (country-specific training)	0.64	1.53	1.53
Acceptance of Technical Training Participants (Group training)	1.09	1.65	2.10
Acceptance of Technical Training Participants (others)[1]	28.37	27.77	27.32
Individual Expert Assignment	5.99	11.14	10.18
Special Provision of Equipments	23.22	13.24	9.10
Follow-up Equipments Provision	0.75	2.12	0.97
JOCV and other Volunteers[1]	28.82	24.32	22.75
Development Studies	8.41	6.33	3.33
Grass-Roots Technical Cooperation	0.00	0.33	0.83
Loan Assistance[2]	1.13	0.00	255.8
Total	390.36	346.07	604.26

Sources: Compiled from Ministry of Foreign Affairs, JICA and JBIC data

1) Referred to the JICA Annual Report as health-sector inputs and therefore includes those projects other than health MDGs projects.
2) Loan assistance includes health-related components, as well as health sector projects. Only health-related components of non-health projects were used in the calculation of funds. Furthermore, these figures were calculated at the conclusion of each loan agreement fiscal year.

(1) General Project Grant Aid

General Project Grant Aid is a type of assistance that focuses on projects designated to improve the quality of life (as basic human needs), and contribute to the development of human resources. Developing countries with low economic incomes, which may have difficulty in self-funding or borrowing for such projects, are eligible for this type of assistance.

General project grant aid implemented as health MDGs projects accounted for

21.8 billion yen for 43 projects in FY 2001, 19.5 billion yen for 40 projects in FY 2002, and 21.4 billion yen for 47 projects in FY 2003. (Values are in maximum allowable budget, i.e. Exchange of Note amount.) Aid to least developed countries (LDCs) throughout the three fiscal years amounted to 19.5 billion yen for 47 projects, or roughly one third of all general project grant aid related to health MDGs.

The following points can be given as characteristics of Japan's contribution to achieve health MDGs through its general project grant aid:

- Assistance toward Target 5 (reduce mortality rate among children under five) and Target 8 (halt & begin to reverse the incidence of malaria and other major diseases) is relatively well-funded and stable.
- Efforts focusing on Target 6 (reduce maternal mortality ratio) tapered off in FY 2001 and 2002, but increased in 2003.
- Work on Target 7 (halt & begin to reverse the spread of HIV/AIDS), as well as on Target 8 saw a steady increase over the three-year period.
- In many cases, efforts focusing on Target 5 are also relevant to other targets, thus overlapping in more than one target.

Table 4: General Project Grant Aid:
(health MDGs projects FY 2001-2003) Target Classification

Unit: 100 million yen

	2001	2002	2003	Total
Target 5	78.67	54.96	94.39	228.02
Target 6	24.08	21.33	35.04	80.45
Target 7	0.00	9.23	11.51	20.74
Target 8	50.71	63.08	71.27	185.06
"others"	89.25	93.97	107.54	290.76
Target 5 & 6	14.56	4.3	1.57	20.43
Target 5 & 7	0	3.14	4.89	8.03
Target 5 & 8	7.18	22.87	27.67	57.72
Target 5 & 7 & 8	0	6.09	6.62	12.71
Target 5 & "others"	0	0	3.14	3.14
Target 5 & 6 & "others"	1.27	2.31	18.52	22.1
Target 5 & 8 & "others"	0	0	3.95	3.95
Target 6 & "others"	0	0	10.24	10.24
Total (excludes overlap)	218.43	195.46	214.06	627.95

Source: Compiled from Ministry of Foreign Affairs Economic Cooperation Bureau data

(2) Grass Roots and Human Security Grant Aid

Grass Roots and Human Security Grant Aid provides assistance to relatively small projects in developing countries implemented by local governments, institutions, and non-governmental organizations. Although small in scale,

project under 10 million yen can be funded as flexible aid packages.

Between FY 2001 and 2003, nearly 1.4 billion yen in Grass Roots and Human Security Grant Aid projects directly related to health MDGs were implemented. The breakdown by year was 640 million yen for 106 projects in FY 2001, 460 million yen for 76 projects in FY 2002, and 320 million yen for 39 projects in FY 2003. Within these inputs 420 million yen was spent on 66 projects in aid to least developed countries (LDCs) throughout the three fiscal years. This was roughly one third of all Grass Roots and Human Security Grant Aid related to health MDGs.

The following points can be noted as characteristics of Japan's contribution to achieve health MDGs through its Grass Roots and Human Security Grant Aid:

- Health related activities of Grass Roots and Human Security Grant Aid has decreased since FY 2001.
- Efforts focusing on Target 8 (halt & begin to reverse the incidence of malaria and other major diseases) increased in FY 2003.

Additionally, other projects, including facility improvement etc., accounted for 1.3 billion yen for 220 projects in FY 2001, 1.1 billion yen through 166 projects in FY 2002 and 860 million yen through 113 projects in FY 2003.

(3) Technical Cooperation Project

Technical Cooperation Projects commonly consist of three elements: dispatch of experts; acceptance of trainees; and provision of equipment. The input amount and project time frame can be flexibly adjusted according to goals or outcomes.

Roughly 17.8 billion yen was spent on technical cooperation projects implemented as health-MDG projects between FY 2001 and 2003. This accounted for 6.7 billion yen for 137 projects in FY 2001, 5.8 billion yen for 90 projects in FY 2002 and 5.3 billion yen for 76 projects in FY 2003. Assistance to least developed countries (LDCs) over the three-year period accounted for 4.8 billion yen for 83 projects, or nearly one third of the total amount for Technical Cooperation Projects related to health MDGs.

The following points can be noted as characteristics of Japan's initiatives to achieve health MDGs through its Technical Cooperation Project:

- Activities related to Target 5 and Target 6 decreased sequentially from FY 2001.
- On the other hand, assistance related to Target 8 increased sequentially from FY 2001.
- Many instances of overlapping could be seen between efforts geared toward Target 5 and Target 8 (mainly polio and tuberculosis), as well as between Target 7 and Target 8 (mainly tuberculosis). These were often examples of activities where multiple targets could be covered under the same project.

Table 5: Technical Cooperation Project:
(health MDGs projects FY 2001-2003) Target Classification

Unit: 100 million yen

	2001	2002	2003	Total
Target 5	1,219,449	1,197,549	977,833	3,394,831
Target 6	1,376,835	919,415	690,452	2,986,702
Target 7	472,643	720,850	457,026	1,650,519
Target 8	1,089,484	1,329,557	1,504,785	3,923,826
“others”	4,450,652	3,178,226	3,052,038	10,680,916
Target 5 & 6	0	195,468	69,673	265,141
Target 5 & 8	284,259	164,607	257,026	705,892
Target 5 & ”others”	192,601	57,740	108,501	358,842
Target 5 & 6 & ”others”	335,345	146,298	150,321	631,964
Target 6 & 7	200,637	157,702	125,424	483,763
Target 6 & ”others”	307,330	131,616	101,916	540,862
Target 7 & 8	120,142	463,615	291,533	875,290
Target 8 & ”others”	119,428	122,570	118,730	360,728
Total (excludes overlap)	6,713,976	5,759,683	5,308,689	17,782,348

Source: Compiled from Ministry of Foreign Affairs Economic Cooperation Bureau data

(4) Acceptance of Technical Training Participants

Trainee acceptance program is one of the most basic forms of technical cooperation that Japan conducts for developing countries, focusing on capacity building. Between FY 2001 and 2003, these operations on health MDGs resulted in providing training for 3,276 people in Japan and 4,466 people overseas. Among these, the form of “country-specific trainings” and “group trainings” are important courses:

1) Country-specific training

Between FY 2001 and 2003, country-specific training courses related to health MDGs were implemented for 269 individuals. This accounted for 47 people in five projects in FY 2001, 114 people in 13 projects in FY 2002 and 108 people in 14 projects in FY 2003. Number of trainees more than doubled from FY 2001 to 2002.

The following points can be noted as characteristics of Japan's contribution to achieve health MDG through its training programs by specific target country:

- From FY 2001 to 2002, trainees related to Target 5 and Target 6 more than tripled.
- From FY 2001 to 2002, trainees related to Target 7 almost doubled.

Table 6: Acceptance of Technical Training Participants (Country-specific training: health MDGs projects FY 2001 to 2003) Target classification

Unit: number of trainees

	2001	2002	2003	Total
Targets 5,6	18	70	67	155
Target 7	12	26	26	64
Target 8	17	18	15	50
Total	47	114	108	269

Source: Compiled from Ministry of Foreign Affairs Economic Cooperation Bureau data

2) Group Training

Between FY 2001 and 2003, group trainings related to health MDGs were implemented for 351 individuals. The breakdown by year was 80 people in nine projects in FY 2001, 123 people in 16 projects in FY 2002, and 148 people in 17 projects in FY 2003. From FY 2001 through 2002, the number of trainees increased by about 1.5 times the number of the previous year.

As characteristics of Japan's contribution to achieve health MDGs through its group training programs, the following points could be noted:

- Compared with other targets, training related to Target 7 is rather weak.
- Training projects relevant but not directly related to health MDGs (e.g. regional healthcare systems etc.) are actively carried out.
- Fair numbers of training for advanced medical treatment are carried out under this type of training.

Table 7: Acceptance of Technical Training Participants (Group Training: health MDGs projects FY 2001 – 2003) Target classification

Unit: number of trainees

	2001	2002	2003	Total
Targets 5,6	49	59	76	184
Target 7	0	18	19	37
Target 8	31	46	53	130
Total	80	123	148	351

Source: Compiled from Ministry of Foreign Affairs Economic Cooperation Bureau data

(5) JOCV and Other Volunteers

The number of volunteers in health-related professions dispatched to various countries totaled 536 in FY 2001, 512 in FY 2002, and 453 in FY 2003.

Furthermore, in the senior volunteer segment, the numbers greatly increased from 467 in FY 2001 through to 1,022 in FY 2003. An increasing trend can be seen in senior volunteers in the area of health as well, from 25 individuals in FY 2001 to 55 in FY 2003. Reflecting the progressive ageing of Japanese society, this trend is expected to continue for the foreseeable future, with more contributions from people with extensive experience and expertise.

(6) Loan Assistance

The aim of Loan Assistance is to respond to the need for funds to secure necessary capital to enable the implementation of development projects and achieve plans related to economic stability. Moreover, Loan Assistance aims at improving ownership in the recipient country by providing assistance in the form of loans under favorable conditions with repayment obligations and supporting self-sufficiency for developing countries to become independent.

Ten separate projects related to health were implemented between FY 2001 and 2003, totaling 25.5 billion yen, with an additional six projects comprising components related to regional health and infectious disease totaling 180 million yen.

In addition to these projects, a variety of projects contribute indirectly to the achievement of health MDGs through water supply, sewage, hygienic improvement, and road infrastructure development; however, these projects lie outside the scope of this evaluation.

3.1.2. Multilateral assistance in the area of health

Japan’s assistance in the area of health through multilateral assistance scheme can be broadly categorized into the following three groups:

(1) Group I: Voluntary Contributions through international organizations and funds whose activities are considered to directly contribute to achieving health MDGs (UNICEF, UNFPA, IPPF, UNAIDS, WHO, the Global Fund to Fight AIDS, Tuberculosis and Malaria).
During FY 2001 and 2002, a total of more than 14 billion yen was provided to Group I organizations and fund each year. Contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria increased markedly during this period, resulting in more than twice the contribution in FY 2003. (Contribution listed here does not include share of expenses to the WHO, which is mandatory for the member countries).

(2) Group II: Contributions through international organizations and funds whose activities are considered to partially contribute to the achievement of health MDGs (the Trust Fund for Human Security and UNESCO).
Japan's contributions to this organization and fund have steadily declined over the years.

(3) Group III: Contribution to health-related projects through voluntary contributions and trust funds located in regional development banks.
Voluntary contributions and trust funds to the World Bank, Inter-American Development Bank, and Asian Development Bank for health-related projects came to roughly 35 million USD in FY 2001, 13 million USD in FY 2002, and 23 million USD in FY 2003. At the gross base, FY 2001 to 2002 saw a large decrease in contributions, followed by an increase once again in FY 2003.

In addition to the above, there is the multilateral/bilateral technical cooperation from the Japanese government through UNICEF and UNFPA. In accordance and cooperation with UN organizations, the multilateral/bilateral technical cooperation is used efficiently and effectively in the countries concerned to tackle pressing issues in international society. By cooperating with international organizations to provide equipment and commodities, it allows for the granting of certain consumable items that was difficult to provide for under Japanese ODA equipment provision regulation.

3.1.3. International conferences initiatives

In undertaking efforts to achieve health MDGs, the Japanese government also played a leading role in hosting or sponsoring international conferences. For instance, there were the Okinawa Infectious Diseases Initiative (IDI), presented at the Kyushu-Okinawa Summit in July 2000, and the Hashimoto Initiative that proposed the establishment of an International Parasite Center based in Thailand, Kenya and Ghana. In addition to these, with the holding of the 10th Annual International AIDS Conference in Yokohama in 1994, Japan can claim the distinction of being the first country outside of Europe and North America to hold an international AIDS conference. Furthermore, ICAAP, International Congress on AIDS in Asia and the Pacific, is scheduled to be held in Kobe in July 2005.

At the Japan-ASEAN Summit (November 2001), Prime Minister Junichiro Koizumi proposed “Japan-ASEAN Infectious Disease Information and Human Resource Network” in order to contribute to fight AIDS, tuberculosis, malaria and parasitic infections in ASEAN countries. Moreover, the Ministerial Forum on Health MDGs for the Asia-Oceania region is scheduled to take place in Tokyo in June 2005.

3.2. Policies and strategies defined and communicated to achieve the MDGs in the area of health (policy commitment)

3.2.1. Existence of a clear commitment on the part of the Japanese government to achieve the MDGs in the area of health

Although Japan’s new ODA charter (revised September 2003) did not contain specific outlines concerning the MDGs, the new medium-term policy on ODA (revised February 2005), takes into consideration the MDGs as the trends in international society. The new medium-term policy on ODA further focuses on the perspective of human security, and in that context, four issues are emphasized: 1) poverty reduction, 2) sustainable growth, 3) addressing global issues and 4) peace-building.

The Japanese government is clarifying its commitment, through its executive members, to the achievement of the MDGs at a number of conferences as

evidenced in statements by Mr. Kenzo Oshima, Permanent Representative of Japan to the United Nations at the meeting on the United Nations Millennium Project 2005 report in 2005, Mr. Koichi Haraguchi, Permanent Representative of Japan to the United Nations at the Plenary Meeting of the 58th General Assembly on the Follow-up to the Outcome of the Millennium Summit in 2002, and Mr. Hajime Furuta, Director-General of Economic Cooperation Bureau, Ministry of Foreign Affairs at a UNDP sponsored symposium (the titles are as of when the statements were made).

3.2.2. Consistency in policy and implementation

To improve the strategic characteristics, transparency, and efficiency of ODA, and to ensure accountability, it is necessary to strengthen local roles in the establishment of country assistance strategies. This policy of strengthening local functions has been set out in the new ODA Charter. In response to this policy, Local ODA Task Forces have been established with participation of members from a wide range of economic cooperation organizations in overseas diplomatic missions. Policy consultation, formulation of assistance plans, and engagement in review processes are undertaken by these Local ODA Task Forces as well as cooperation and information sharing with local aid communities and recipient countries.

3.3. Strategic approaches taken to achieve the MDGs in the area of health (strategies)

3.3.1. A system to enable strategic assistance for the achievement and support of the MDGs

Japan is promoting organizational development. For example a "Global Issues Strategy Task Force" composed of Foreign Ministry executive officials has been established. To further strengthen Japanese government’s assistance capacity in the area of health, a development expert in the field of medicine is appointed and posted within the Foreign Ministry, and a new initiative succeeding the IDI for contribution to the health MDGs is now being established.

Also, within aid implementing agencies, systems for achievement of the MDGs are being put in place. Japan International Cooperation Agency (JICA)

established a Human Development Department to enhance ability to correspond to priority issues, and Japan Bank for International Cooperation (JBIC)'s Development Assistance Strategy Department handles cross-sectoral issues in international society, such as the MDGs.

3.3.2. Support for the recipient countries' strategies to attain the MDGs

At the policy level, when assistance policies such as country assistance programs are formulated, recipient countries' strategies to attain health MDGs referred in the Poverty Reduction Strategy Paper (PRSP), the Common Country Assessment (CCA) and the UN Development Assistance Framework (UNDAF) are taken into account.

In the Philippines, which was the subject of a case study, the government highly appreciated Japan's role in fighting tuberculosis. This is stated in the foreword of the Manual of Procedures for the National Tuberculosis Control Program (Dept. of Health, 2001) as follows: "piloting of these guidelines started during the Department of Health (DOH) project assisted by JICA in Cebu in 1994 and expanded to other areas adopting the Directly Observed Treatment, Short-course (DOTS) strategy."

3.3.3. Strategic action for project formulation

Grant aid and technical cooperation personnel in the Ministry of Foreign Affairs and JICA believe that the most important step for realizing strategic assistance is the project formulation process. To carry out the project formulation activities more efficiently, JICA has established a mechanism to fund such operational expenses from exclusively reserved resources.

Japan, as a principle, has been implementing international cooperation on a request basis. However, Japan is keen to provide advice and guidance to recipient countries from project formulation stage through policy consultations, dispatch of policy advisors, project formulation studies and dispatch of project formulation advisors and overseas survey specialists under JICA program formulation operation. There are also cases, depending on the target country, in

which experts on experience and good knowledge on health assistance become essential.

3.4. Ensuring and improving project quality for more effective assistance (quality assurance)

3.4.1. Development of quality management systems for assistance projects

Specific sections are in charge of the ex-post project evaluation to maintain the quality of the projects. On the other hand, in creating objective-oriented projects, utilization of Project Design Matrix (PDM), a tool that can be used for assessing the level of attainment of the objectives of a project, is effective. Currently the common approach to formulating projects is resource-oriented rather than objective-oriented. Consequently, PDM is not being fully utilized in the manner it should be.

Further, at sites where projects are being implemented, there are cases where assistance policy archives, project documents and related reports were not easily accessible. Limited access to required archives may even impede the strategic and effective implementation of assistance projects. Desirable environment is the state in which experience accumulated by past assistance can readily be obtained. Therefore, in some of the cases, an information management system needs to be improved so as to ensure the systematic accumulation and utilization of institutional memory.

3.4.2. Efforts to establish goals and ensure the feasibility and effectiveness of strategies (at project formulation and implementation stages)

The Japanese government, in selecting a project to be implemented, refers to the recipient countries' situation, the requirements for basic human needs, and the appropriateness of the project. However, high relevance to the MDGs is not necessarily considered as a higher priority criteria in selecting projects for Japan's assistance. This selection process, which is undertaken with comprehensive consideration, requires clear criteria so that projects can be formulated in a more strategic manner.

In the process of formulating, selecting, and implementing assistance projects, coordination with the other donors is of vital importance. Since the coordination is essential to ensure more strategic effectiveness and practicality of assistance, donor meetings should be attended at all times, with the aim of looking at more possibilities for coordination and avoiding duplication of input.

3.4.3. Ensuring Japan's ability (in both human and technical resources) to promote effective assistance relevant to the MDGs in the are of health

Appropriate outsourcing of operations is being encouraged and this requirement is stipulated in Japan's new medium-term policy for ODA.

JICA dispatches overseas survey specialists who give advice on individual technical cooperation projects to the recipient government's aid liaison agencies, and policy advisors also assigned to recipient countries' operational offices to give advice for the relevant sector. Specialists from outside the organization are assigned to these positions. Expertise in heath assistance in developing countries is essential for such a coordination role.

JICA strives to ensure its expertise in the health sector by outsourcing its activities to other specialized organizations. This trend in which not only the individual experts but the whole management of the project implementation is outsourced, responds to the requirement to assure quality and efficiency, against the background to place more emphasis on results than ever before.

Furthermore, there are cases where characteristics of Japan's assistance, such as capacity building and technology, have been reflected in its contributions. For example, bed mosquito nets coated with insecticide developed by a Japanese chemical manufacturer are effectively utilized by WHO and UNICEF for the prevention of malaria. Further examples include Japan's contribution to AIDS prevention through capacity development for the dissemination of voluntary HIV counseling and testing, and to combat against tuberculosis through establishing a mainstream trend with the DOTS treatment program, in which Japan made the most of its own past experience.

3.4.4. Project evaluations focusing on efficiency

While evaluations are carried out in conformity with the projects' characteristics, training activities, regarded as one of Japan's flagship assistance, should be evaluated in terms of outcomes as well as outputs. Data from follow-up study of trainees should be analyzed by evaluation methods created to better present the characteristics of Japan's aid contributions.

Further, a system is required which enables evaluation of the outcomes and its effectiveness against the goals and objectives. The system should also allow evaluation result to be utilized for improving future project planning and management, by enabling relevance of objectives, appropriateness of strategies, and lessons learned from the implementation and management to be evaluated.

4. Recommendations

From the findings of this evaluation, the following recommendations are proposed:

4.1. Policy commitment to the MDGs and clarification of their significance

Recommendation 1:

Integrated with IDI and other initiatives, Japan's MDGs strategy should be declared immediately as a policy.

The purpose, fundamental principles, and strategic goals of assistance for developing countries should be clarified. By doing so the significance of the UN Millennium Declaration and the MDGs would be positioned as the core of Japan's international cooperation strategy, and would clarify and enlighten the benefits for Japan, nurturing a common understanding among the public and those involved in Japan's ODA.

4.2. Promotion of strategic assistance; specify strategic issues related to the MDGs to design the assistance projects

Recommendation 2-1:

Input data (number of projects and amount spent) of ODA projects contributing to

the attainment of the MDGs should be classified by MDGs targets, so that the input can be better monitored. Furthermore, project classification codes by all health sector objectives should be defined and utilized as proposed in this report, which can be further defined to cover the whole sector. Project database to register necessary information should be introduced.

Recommendation 2-2:
Establish strategic issues, and assign experts to create and design projects in line with such issues.

4.3. Introduction of a quality management system to enable the effective contribution to the MDGs; promote multilateral collaboration among specialized organizations including NGOs

Recommendation 3-1:
Improve documentation management methods, establishing project database, and share the knowledge and experience.

Recommendation 3-2:
Effective utilization of the Project Design Matrix (PDM) as a tool to assist the formation of objective-oriented projects.

Recommendation 3-3:
Enhance domestic capacity building and the utilization of expert organizations.

Recommendation 3-4:
Further promote the cooperation with UN and other organizations.