

NGO-MOFA joint evaluation in FY 2006

**Evaluation Study on
Japan's ODA to the Health Sector in Thailand**

- Summary -

March 2007

Preface

This report is a summary of the “Evaluation Study on Japan’s ODA to the Health Sector in Thailand”, jointly conducted by NGOs (Non-Government Organizations) and the Ministry of Foreign Affairs of Japan (MOFA).

Japan has been one of the top donor countries of ODA (Official Development Assistance), and there have been domestic and international calls for higher-quality and more effective and efficient implementation of development assistance. The Ministry of Foreign Affairs, as the coordinating ministry of ODA, has been conducting ODA evaluation primarily at the policy and program levels, with two main objectives: to support the implementation and management of ODA; and to ensure its accountability.

The purpose of this joint evaluation by NGOs and MOFA is to ensure future cooperation between both sides, and to ensure a fair and objective evaluation.

The evaluation aims to verify the purpose, implementation process and results of aid provided to the Thai health sector. At the same time, valuable lessons and recommendations are extracted and reflected in future aid policies that will provide more effective and efficient assistance to other countries. In addition, the publication of this evaluation also ensures accountability.

For this evaluation, enormous contribution was made by the Thai government, those involved in Japanese aid implementation, international donors, and NGOs in Thailand. Likewise, many valuable comments were offered by MOFA, Japan International Cooperation Agency (JICA), Japan Bank for International Cooperation (JBIC), and ODA taskforce. We would like to take this opportunity to express our sincere gratitude to all who were involved in this study.

The ODA Evaluation Division of International Cooperation Bureau of MOFA was in charge of coordination. All other supportive works including information collection and analysis were provided by Mitsubishi UFJ Research and Consulting Co., Ltd. under the commission of MOFA.

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Summary

1. Evaluation Approach

A. Evaluation background

- “Japan’s Country Assistance Program for Thailand” drawn up in 2000 placed assistance for health and sanitary care as one of its priority areas. Based on that, Japan has provided funds to expand and improve hospitals and to acquire medical instruments, so that health and sanitary services are improved. At the same time, Japan has provided technical assistance for human resource development and the prevention of AIDS, and is ranked the top donor to the health sector in Thailand.
- “Japan’s Economic Cooperation Program for Thailand” has been updated in 2006. In this update, it recognizes Thailand as an upper-middle-income country and an advanced country within the Mekong region. With this taken into account, it has outlined the future direction of its cooperation with Thailand – which advocates greater involvement in human security issues, such as counter-measures for infectious diseases, and joint assistance to other countries for problems such as HIV/AIDS, based on experiences nurtured through a long-term cooperation with Thailand.
- In Thailand, a number of NGOs have been active from earlier years, predominantly in the social sector. Both domestic and international NGOs have supported Thailand’s health sector through grant assistance for grassroots human security projects. In the Economic Cooperation Program mentioned above, “the collaboration with various organizations” is highlighted as one of its basic cooperation strategies. Therefore it is important to pursue close cooperation with NGOs.
- After the grant assistance program was over in the early 1990s, however, the scale of Japan’s ODA to Thailand, in the form of Yen loan and technical assistance, has been reduced. At the same time, more NGO’s activities have shifted to the surrounding region “CMLV” (Cambodia, Laos, Myanmar, Vietnam) who have greater need for aid, while localization of international NGOs are pursued. With limited amount of assistance, providing effective and efficient aid becomes a pressing issue, not only for MOFA and ODA implementing organizations, but also for NGOs.

B. Evaluation purpose

- Considering the above, this evaluation is conducted with the purpose of improving Japan's ODA management in the Thai health sector and to fulfill its accountability. While this is the sector evaluation conducted jointly with NGOs, there are three purposes. First of all, it aims to acquire lessons and extract suggestions for implementing more effective and efficient assistance. Secondly, it aims to acquire lessons and suggestions for better cooperation and collaboration with NGOs. Thirdly, through the display of findings, it aims to fulfill the accountability to Japanese citizens and promote their understanding for Japan's ODA.

C. Evaluation target

- The evaluation focused on the series of aid provided to Thailand's health sector after the introduction of "Japan's Country Assistance Program for Thailand" (2000). Analyses were performed in considering the "relevance of purpose", "effectiveness and impact of results", and "appropriateness of the process".

2. Situation of Health Sector in Thailand

A. Economic situation in Thailand

- From the late 1980s, Thailand had experienced rapid economic development. As a result, Thailand became one of the countries with greatest economic power in the Indochina Peninsula area and its political and economic presence became more significant.
- After the Asian financial crisis in 1997, King Bhumibol advocated the "Por piang economy" (Sufficiency Economy) and indicated the direction to pursue stable and prudent economic development through respect for traditional Thai values.
- Following the Asian financial crisis, the Thai economy has achieved steady recovery and nominal GDP per capita in 2007 is expected to reach its highest record.

B. Trends in general health sector

a) Infrastructure in health care and medicine

- The minimum levels of basic health care services and medical needs are available nationwide. Comparing with neighboring countries, Thailand maintains a higher level of services (in counter-measures for infectious diseases, offering medical services, quality of medical treatment).

- Whilst health centers are available to provide primary care, the PCU (Primary Care Unit) system that groups community hospitals and health centers at the district level is active throughout the nation. With the exception of a few mountain regions, primary health services are readily available nationwide.
 - Although the gap in medical resources between local areas and Bangkok metropolis region is gradually diminishing, the discrepancy still remains as an issue for Thailand health care. As a comparison, the level of medical infrastructure in Bangkok is equivalent to most developed countries, while the rest of the country still hovers at levels of upper-middle-income countries. Consequently, the regional gap remains considerably wide.
- b) Changes of health issues in health sector
- Applying the concept of “health transition” which shows the transitional situation of core issues in the health sector, Thailand has shifted from “the first stage” (infectious disease) since the 1990s to “the second stage” (chronic disease) and is now required to prepare herself for “the third stage” (degenerative disease in the elderly).
 - Morbidity and mortality rates from infectious diseases have declined due to the diffusion of primary care, preventive care and the alert system of infectious diseases. On the other hand, the mortality rate from lifestyle related diseases and malignant neoplasm, such as cancer are now ranked higher as the cause of death. At the same time, due to advanced urbanization and motorization, accidental death (including non-traffic accidental death) is ranked number one.
 - Adjusting to such changes in health issues, the disease prevention approach has shifted from the population approach, such as improving sanitary environment, to the individual approach, such as improving individual or family lifestyle.
 - At the same time, the onset of an aging society is being recognized as a policy issue. Of main concern is how to deal with the expected expansion of medical expenses in the near future.
- c) Universal coverage of health security and decentralization
- In 2002, the 30-baht Health-Care Scheme was introduced. As of 2006, about 97% of the population is provided with some form of health care coverage, constituting a significant achievement in universal coverage.
 - In pursuing this universal coverage, managing “health finance” became the main focus of the Ministry of Public Health and the National Health Security Office. To achieve sound health

finance, new measures and technical processes have been developed, involving information technology. These include the development of effective payment systems for health expenses, the integration of hospital management and unification of administrative work across all health care systems.

- Decentralization is also underway in the health sector, and many businesses under the Ministry of Public Health are targeted to be decentralized. Based on budgets, 80% of businesses will be decentralized; based on number of employees, 90% of businesses could be affected. As a direct result, the central government budget will be limited, which will hinder research on policy related issues.

C. HIV/AIDS sector

- Due to the intense counter-measures implemented in the 1990s, the number of newly infected has been declining. The targets of providing counter-measures, however, have diversified, as mobility of population and social activities have diversified.
- At the same time, not only the prevention to HIV infection but also the overall care of HIV infected and AIDS patients are receiving more attention.

D. Transition from recipient to donor country

- The Thai government has demonstrated its intentions to pursue its transition from recipient country to donor country, by establishing NEDA (Neighboring Countries Economic Development Cooperation Agency) and merging DTEC (Department of Technical and Economic Cooperation) to TICA (Thailand International Development Cooperation), in addition to its intention to provide more assistance in the form of technical cooperation, loan and grant cooperation. The budget for the project, however, remains small.
- As Thailand makes the transition to donor country, the regional cooperation projects and training programs in Thailand are growing compared to the past.

E. Japan's ODA for Thailand

- In terms of overall aid size, Japan is the largest donor to Thailand, as well as within the health sector. The amount of Japanese contribution far exceeds all other donor countries; in fact, 89.4% of Thailand's entire aid received from 2000 to 2005 comes from Japan. In the midst of Thailand's self reliant economic development and achieving middle-income-country status, aid from Japan, however, has been on an overall decline. In this connection, "grant assistance for grassroots human

security projects” which is aimed at assisting NGOs and smaller scale organizations active at regional levels, has been offered at a rate of approximately 20 projects per year over the last 10 years.

3. Summary of Evaluation Results

A. Relevance of Purpose

- Overall, Japan’s ODA to the Thai health sector is consistent with the National Health Development Plan under the 9th National Economic and Social Development Plan of the Thai government. At the same time, it is consistent with Thailand’s intention to become involved with international cooperation with neighboring countries as an emerging donor (core areas being agriculture, health care, and education). Also, it has responded with flexibility towards the changes in Thailand’s needs.
- Japan’s aid plan for Thailand’s health sector has been drawn up in consideration of the ODA Charter, Mid-Term Policy on ODA and “Health and Development” Initiative. The plan is intended to be consistent with each of them.
- Basically, the aid projects conducted during this evaluation period are consistent with the priority issues stated in the “Japan’s Country Assistance Program for Thailand” (2000). At the same time, aid projects implemented during this period are consistent with the requirements stated in “Japan’s Economic Cooperation Program for Thailand” (2006). Projects designed for regional cooperation have also been consistent with the Program. Through “Grant assistance for grassroots human security projects”, substantial amounts of support have also been provided to the Thai government sector; which is still in line with the Program as aid to the government sector was considered necessary for the situation at that time.
- The overall directions of the small number of other donors who continue to support Thailand’s health sector are consistent with the direction of Japan’s aid programs.
- From now on, there is a need to examine how to respond to the changes in Thailand’s needs (with a focus on both central and local areas after decentralization).

B. Effectiveness and impact of the results

- It was found that; most of the current projects are the continuous efforts of the projects which have been implemented prior to the period covered by this evaluation; that capacity

development which has been highly commended by Thailand has become the main area of focus; and that the goal of aid focused on human resource development has also expanded to neighboring regions including CLMV, which is highly appreciated by the participants from neighboring countries. At the same time, each modality of aid has provided highly effective support in the issues of prevention and cure of HIV/AIDS and the overall social care for the infected.

- Quantitatively, in the Thai health sector, Japan provides top level assistance. As Thailand becomes more self sustained, however, Japan has encountered difficulties in ensuring program-style aid within the health sector, except for new areas such as declining birthrate and the aging society. In fact, more aid is being provided in “pin-point” style.

a) Technical cooperation : bilateral and regional cooperation

- Overall, Thailand has highly commended Japan on its “technical assistance” projects implemented in the health sector.
- On the other hand, there are challenges in increasing project effectiveness and efficiency in regional cooperation projects, which mainly focus on human resource development. Examples of those challenges are the lack of opportunities for trainees to utilize their experiences in their homelands, difficulty in evaluating projects, and the necessity of cooperation and collaboration between JICA offices.
- Thailand offered positive reviews on Japanese assistance in regards to “long-term continuous assistance” and “capacity development mainly on human resource development”. It recognizes that Japanese aid has been offered continuously over a long period of time, and participants in training and human resource development programs are highly satisfied.
- On the other hand, as Thailand is on the transition path to a donor country, “regional cooperation” becomes more important. Between Thailand and CLMV countries, there are occasional emotional conflicts; therefore Japanese presence has an important role in the regional cooperation.
- As Thailand becomes an upper-middle-income country and regional cooperation increases, there have been more cases where human resources from Thailand are in charge of the project. As a result, the role of a Japanese expert on the field has shifted from technical to management one in nature.
- At the same time, there is expectation from Thailand for a supportive framework to provide information access and enable collaboration with other sources of aid, in order to assist senior volunteers from Japan.

- b) Grant assistance
 - “Grant assistance for grassroots human security projects” has many achievements in the Thai health sector, and the pin-point style of achievements are seen in all three activity forms; “supplementing efforts of the government”, “unique activities of NGOs” and “supporting regional offices of the central government”. As a result, it has contributed to the field activities by NGOs and other organizations and it has also functioned as an antenna to send and receive field information.
- c) Overall trend of ODA in Thailand health sector
 - One of the trends is continuity. With a decreasing number of ODA projects, it becomes difficult to provide program-style assistance. However, all the projects conducted during the period covered by this evaluation had continuity from previous projects, based on outcomes from previous ones. As such, none of them were developed independently.
 - Another trend is that the majority of ODA is focused on capacity development. Over time, this trend has become more obvious and widespread across a broad range of projects. Looking at ODA in Thailand from the point of “capacity development based on regional cooperation”, similarities are found in various aid projects that seem to integrate in one direction.
 - Long term continuous support from Japan on capacity development has been well-received in Thailand. This trend also suits the situation in which Thailand is transitioning to an emerging donor.

C. Appropriateness of the process

- Overall, the process of Japan’s ODA to Thai health sector has been appropriate, and particularly so at each project level. This has resulted in boosting Thailand’s capacity development. On the other hand, the quality and quantity of communication between various bodies needs some improvement.
- a) Communication at project formation and implementation
 - 1) Communication at each project
 - Basically, good relationships have been established between the Thai taskforce and Japanese experts. The communication between the two has contributed to capacity development of Thailand.
 - 2) Communication with Thai government

- It has been pointed out from the perspective of Thailand that Japanese communication with Thai government at the central level is weak. At the same time, it should be noted that Japan's ODA policy and project achievements have not been well recognized by Thai central government officials. This problem is due in part to inability of the Thai central government to comprehend Japan's ODA on its health sector offered in response to its own requests, and in part due to its inability to establish close relations with donors at the central level. At the same time, however, there is room for Japan to improve this situation.
- 3) Communication with other donors and NGOs
- It is often the case that the activity, policy and detail of Japan's ODA are not well recognized or understood by other donors or NGOs. Therefore, the communication accessibility still remains an issue.
- b) Japanese inter-organizational cooperation
- A lack of communication between the Japanese Embassy and ODA implementing organizations in launching new projects has been pointed out. Further, in regional cooperation, communication between JICA offices and Japanese Embassies in respective countries should be improved. It has also been indicated that cooperation be reinforced among MOFA, Ministry of Health, Labor and Welfare, and other ODA implementing organizations involved in supporting health sector of Thailand.
- c) Careful planning and implementation of the projects
- In Thailand, the Japanese style of rigid planning and implementation is received in two ways. On the one hand, some feel that it is an effective style that serves to ensure a smooth execution of the project, which leads to the capacity development of local government officials. On the other hand, some indicate that it is an area of improvement because the rigidness reflects inflexibility in its failure to apply practical changes to local needs when required.
- d) Role of ODA taskforce
- "Japan's Economic Cooperation Program for Thailand" has set out the importance of enhancing the role of ODA taskforce. However, it appears that ODA taskforce is not very involved in planning future projects in the health sector. Two reasons cited are as follows: firstly, aid in health sector is not regarded as a priority area in "Japan's Economic Cooperation Program for Thailand". Secondly, the decline in the number of projects

regardless of aid modality and increased number of individualized projects makes program-style project planning more difficult, with the exception of certain areas.

4. Recommendations for Future Cooperation in Thai Health Sector

A. Define priority issues appropriate for the upper-middle-income country

- In the event of withdrawals by other donors and a reduction in assistance for the health sector from Japan, it is necessary to build a cooperation model for Thailand, referred to as a model for an upper-middle-income country. Such a model would be designed to ensure that effective aid is provided for issues addressed based on “selection and concentration.”
 - The idea of a model for an upper-middle-income country is an issue commonly observed in NGO activities, including restriction of absolute aid amounts or withdrawals of aid from Thailand.
- a) Strategic measures for capacity development
- In recent years, much of the aid to Thailand from Japan has converged on capacity development such as human resource development, enhancing organization management abilities, and institution building in Thailand. Japanese capacity development projects and their continuity have been highly regarded by Thailand. The decision to implement projects should be made on the basis of “selection and concentration” given limited financial support; the program should take full advantage of capacity development to which Japan can contribute most.
- b) Focus on regional cooperation for human resource development
- 1) Continuous reinforcement of human resource development
- It is very likely that Thailand becomes the focal point of the health care industry in the Mekong region. Since Japan is deemed reliable in the Mekong region, it would be effective to enhance the program relying on Japan’s expertise throughout the region based in Thailand.
 - An emphasis on human resource development is considered to continue to be the dominant direction for the future regional cooperation, as most of the ongoing third-country training and regional cooperation focus on human resource development and

Thailand recognizes the effectiveness of “TOT” (“Training of trainers”) in regional cooperation.

- Japan has provided several continuous human resource development programs, which have been examined more than once during the implementation. It is necessary to maintain flexibility in the area of human resource development cooperation, keeping an eye with development stages of Thailand.

2) Examine bilateral aid in participating countries

- It is important to assist trainees from neighboring countries to find opportunities to apply the training in their home countries. Therefore, it is hoped that the Japanese Embassies and JICA offices in the participating countries will follow the regional cooperation projects more closely, and the Japanese Embassy and JICA office in Thailand will work more closely with their respective officials in neighboring countries. By doing this, bilateral cooperation with neighboring countries to assist activities of the participants in their own countries can also be examined more easily. On the other hand, options should be explored to plan training sessions to develop into a possible bilateral cooperation in future.
- Meanwhile, as regional cooperation progresses in earnest, implementation issues including budgets, relating to readjustment of schemes in bilateral and regional aid, should be reexamined.

c) Approach for mutual development

- A mutual approach to building an “upper-middle-income country model” should be developed while the relationship between Japan and Thailand as partners is carefully considered.
- In Thailand, there has been expertise in aid for health sector accumulated through Japan’s long-term cooperation. At the same time, abundant know-how and experience relating to counter-measures for HIV/AIDS in Thailand can be shared to foster young Japanese who may engage in international cooperation in developing countries. The onset of aging population associated with the maturing society will be a common issue between Japan and Thailand. As the basis of cooperation, “mutual interests” and “think together, work together” are outlined in “Japan’s Economic Cooperation Program for Thailand”; it is hoped that cooperation with Thailand can inspire Japan to find new approaches, as well.

d) Realization of an upper-middle-income country model

- Considering “Japan’s Economic Cooperation Program for Thailand” updated in 2006, one suggestion arises: (a) developing sector-specific strategies, and (b) using these strategies as the “implementation guides” for “Japan’s Economic Cooperation Program for Thailand”, in order to realize the upper-middle-income country model. Here, it is important for MOFA, ODA implementing organizations, and Ministry of Health, Labor and Welfare to liaise and cooperate each other closely in order for Japan’s ODA to establish unified and consistent strategies.

B. Response to decentralization

- a) Cooperation with central and local governments
 - On a central level, the central government of Thailand is required to develop its instruction capacity in order to fully implement universal measures throughout the country. It is important to develop capability of the central government by providing information and human resource development through enhanced contact between Japan and the Thai central government.
 - At a local level, it is important to directly develop capability of local government officials working in health sector. Efforts at various levels and approaches can be planned, ranging from those targeting at specific local regions, several local autonomies to local autonomies nationwide.
- b) Reinforce cooperation and collaboration with NGOs through grant assistance for grassroots human security projects
 - Given the declining number of projects in health sector in Thailand, and grant assistance for grassroots projects becoming the major form of Japan’s ODA, it is important for Japan that its adoption process also serves as an antenna to grasp conditions and needs at the local level in Thailand.
 - Since grant assistance for grassroots human security projects is intended to provide benefits directly the grassroots people and also be flexible in its ability to promptly respond to sporadic needs, it is important to leverage this benefit by sharing any information obtained through this form of assistance with the JICA office and the Thai Ministry of Public Health.
 - At the same time, proper support for the respective activities under the three types of grassroots-activities in Thailand should be developed. In light of the advancement of decentralization, grant assistance for grassroots human security projects should be provided to actively support medical organizations such as local health care centers on a continuous basis.

C. Implementation structure and procedures

- a) Reinforce Japan's inter-organizational cooperation
 - In order to enhance the effectiveness of aid to the Thai health sector and realize the goal of "Japan's Economic Cooperation Program for Thailand", a strengthened inter-organizational cooperation and on-site communication structure is desirable. This would involve increased levels of cooperation among MOFA, Ministry of Health, Labor and Welfare, and **ODA implementing organizations**, as well as the development of stronger communication channels involving ODA taskforce.
- b) Reinforce cooperation with Thai central government
 - In order to provide aid that fully considers the situation and needs of the recipient country, it is important to reinforce both quality and quantity of communication at the central government level. This would require ability to conduct routine, multi-tiered dialogues that involve ODA taskforce. In addition, opportunities for information exchange should be provided constantly.
- c) Reinforce cooperation with other donors and Thailand-based NGOs
 - In spite of Japan's contributions to health sector in Thailand, other donors and NGOs generally undervalue Japan's performance and maintain the impression that Japan's activity is "faceless". To address this issue, public relations activities may be necessary to raise awareness and share information more actively.
 - In light of the importance of activities at the grassroots level in the Thai health sector, it is preferable to share information with **Thailand**-based NGOs and local organs on a continuous basis, not just at the forming and implementation stages of specific projects. This would not only increase the opportunity to deliver the concepts and contributions of Japanese government aid from a top-down approach, but also receive on-site information about situation and ideas from a bottom-up approach.

D. Advancement of evaluation and management

- a) Share objectives of the implementation project
 - It is important for Japan and Thailand to share objectives and indicators for the evaluation of a project, as well as to take into consideration the needs of Thailand whenever a plan is updated during its implementation.
- b) Proper evaluation of human resource development
 - In regional cooperation projects and third-country training programs, human resource development has been recognized as

Japan's greatest contribution to the health sector of Thailand. It is necessary to continuously develop the means to properly track and evaluate capacity development (especially in regional cooperation), beyond the health sector, in order to reinforce this advantage of Japanese ODA.

E. Advancement of experts (effect and process)

- As Thailand becomes more self-sustained in the health sector, experts are required to adjust and tailor their Japanese experiences to the local condition, to meet the needs based on the information gathered. In order to do so, Japan needs to increasingly develop information-gathering skills, build stronger networks and train more highly skilled experts.