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JICA's Assistance in Health



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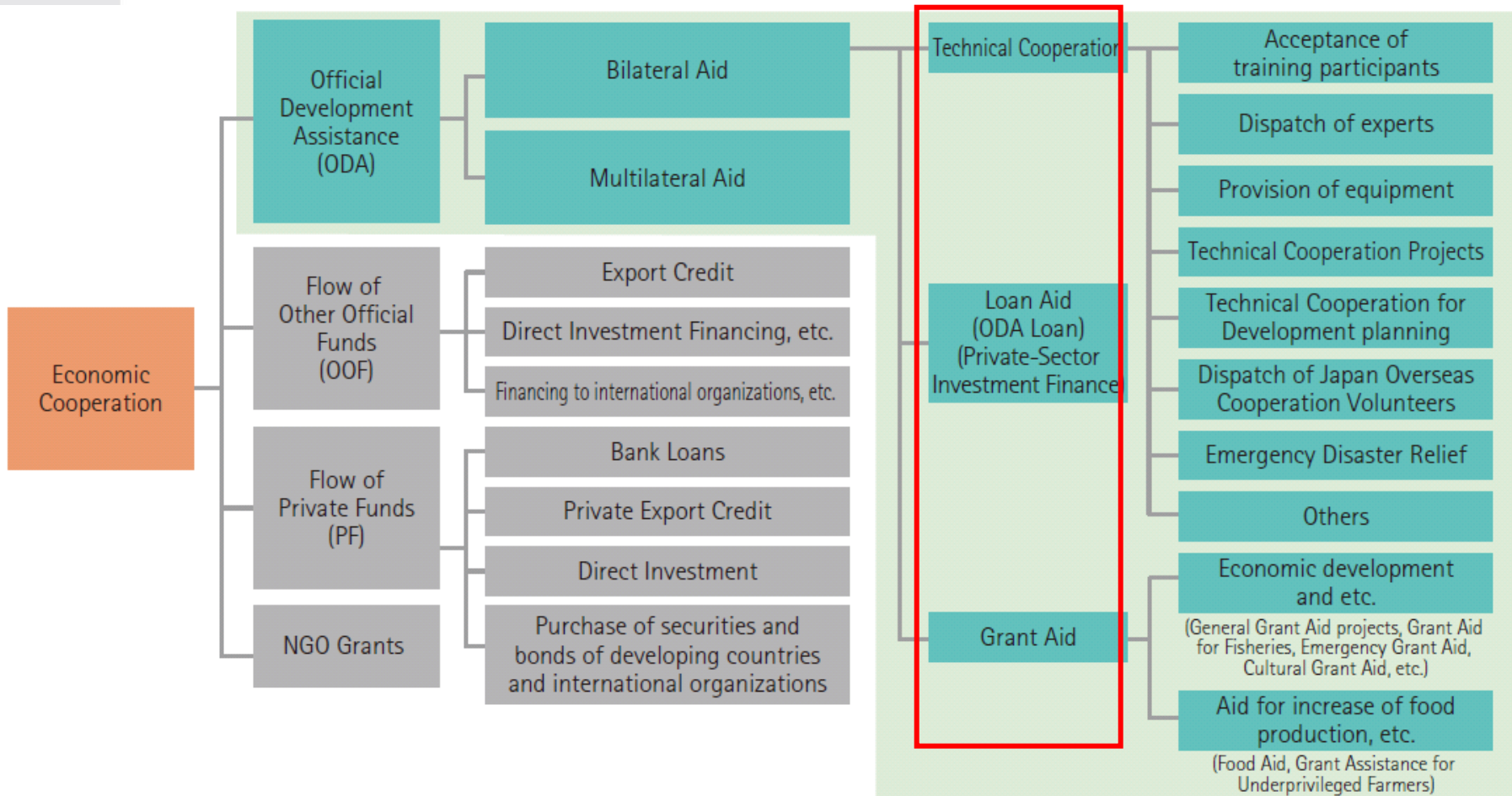
● *An Overview of Japan's ODA*

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● *Example of JICA Programme/Projects*

An Overview of Japan's ODA

Japan's ODA and JICA



- Japan International Cooperation Agency
 - Established in 1954
 - Responsible for implementing Japanese Official Development Assistance (ODA)

Shifting Focuses in the Global Health Responses

Global Trends

1990s

Emerging and reemerging infectious diseases control
Reproductive health

Early 2000s

MDGs: Maternal and child health

Infectious diseases control

Late 2000s

Horizontal health system strengthening vs. vertical health programs

2010

Back to MDGs: Improving maternal and child health

Japanese Responses

1994: US-Japan Global Issues Initiative (GII), addressing population and HIV/AIDS

2000: Okinawa Infectious Diseases Initiatives, Facilitating the establishment of the GFATM

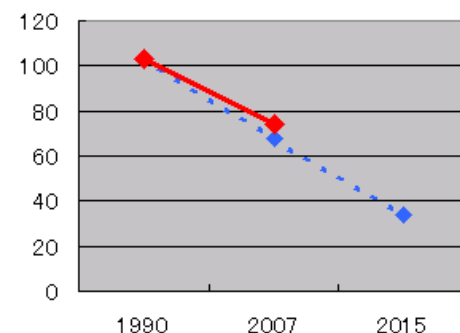
2004: Health and Development Initiatives (HDI), Human Security / MDGs / HSS

2008: TICAD IV: “Yokohama Action Plan” G8: “Toyako Framework for Action on Global Health”

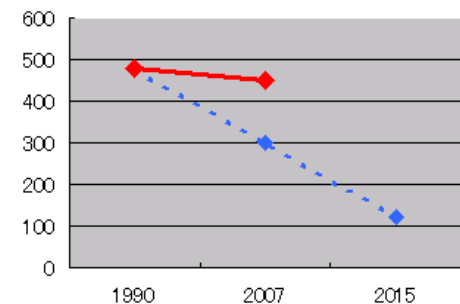
2010: Launch of the “Japan’s Global Health Policy, 2011-2015”

Progress of MDGs

MDG4: Reduce child mortality



MDG5: Reduce maternal mortality



Target ◆国際協力機構◆
Actual ◆————◆ 5

10. Millennium Development Goals

- Internationally agreed targets for the socio-economic development
- Agreed in 2000, goals to be achieved by 2015

8 MDGs

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. **Reduce child mortality**
5. **Improve maternal health**
6. **Combat HIV/AIDS, malaria and other diseases**
7. Ensure environmental sustainability
8. Global partnership for development



Japan's Global Health Policy 2011-2015

- **Vision:** To help achieve MDGs
 - Acceleration of progress towards MDG4,5 through effective package of proven interventions for MNCH
 - Further progress in MDG6 through support for GFATM

- **Approach:**
 - Building strategic partnerships
 - Encouraging country ownership
 - Fulfill accountability by relevant mechanism for M & E

Japan's Global Health Policy
2011-2015



Government of Japan

Japan's Global Health Policy 2011-2015

EMBRACE (Ensure Mothers and Babies Regular Access to Care)

Create linkages between communities and facilities

Support community-based preventive and clinical care,
including family planning

Mobilize resources and adopt innovative strategies in collaboration with other partners

Support facility-based preventive and clinical care eg, strengthen health systems including the development of human resources, facilities and equipment

Make effective use of Japan's expertise
- ie, "Quality Continuum of Care"

Support healthy childhood,
Including immunizations

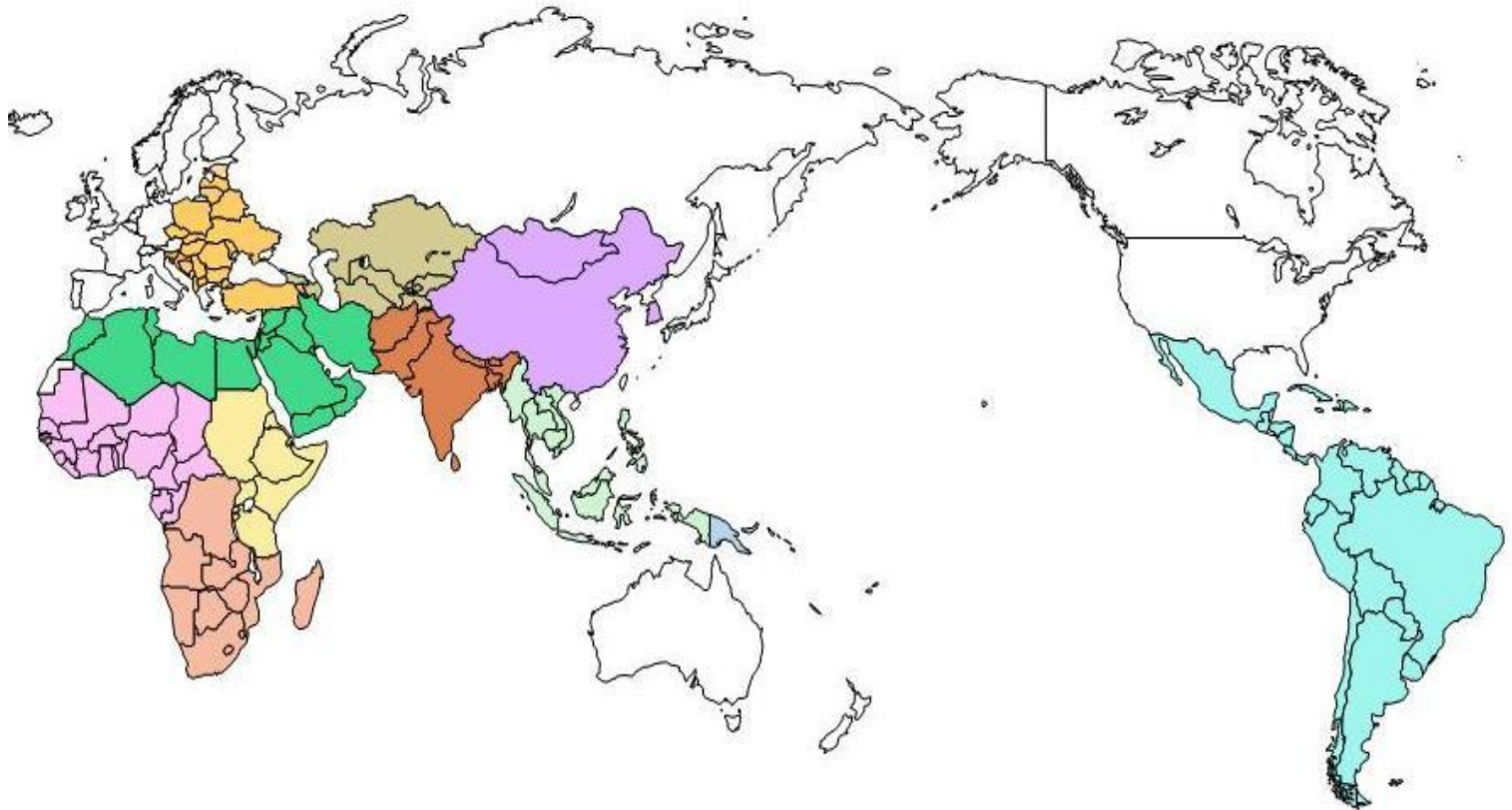
Create linkages between pre-pregnancy and childhood care

Box: Ensure Mothers and Babies Regular Access to Care (EMBRACE)

EMBRACE is a package of effective interventions to save lives of mothers and babies in partnership with all stakeholders, with broad approach, including better infrastructure, safe water and sanitation, and other social developments.

JICA's Assistance in Health

Countries/Regions Receiving JICA's Support



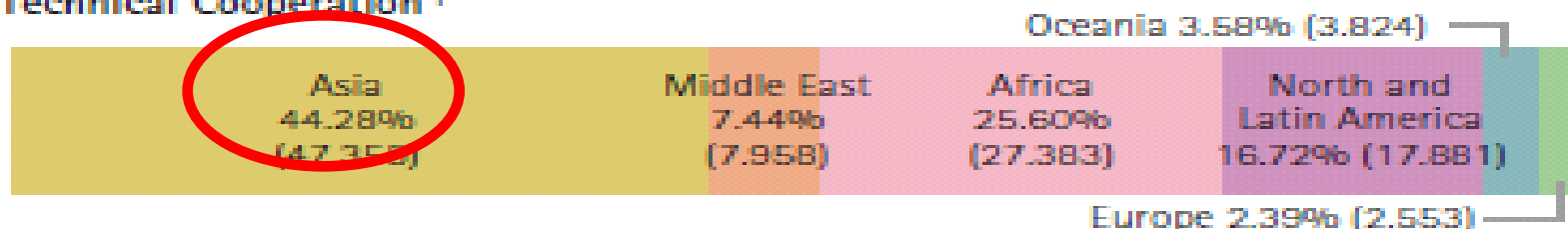
Supporting 151 countries with the operation
budget exceeding JPY 1 trillion (in FY2008)

Regional distribution of JICA activities: JFY 2008 (JICA Annual Report 2009)

Table 12 Expenditure by Region^{*1}

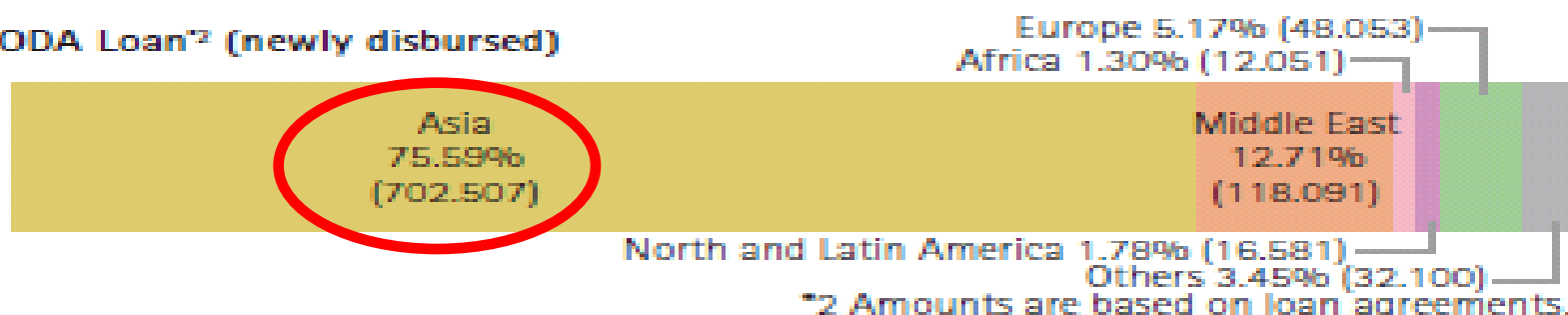
(%, ¥1 billion)

A Technical Cooperation^{*1}



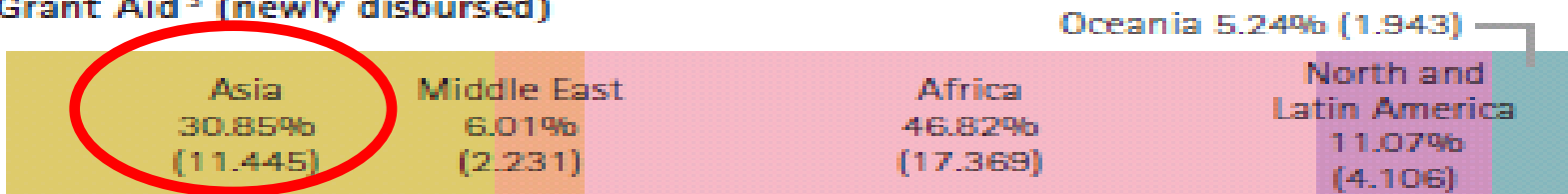
^{*1} Including expenses required for dispatching volunteers and emergency aid groups

B ODA Loan^{*2} (newly disbursed)



^{*2} Amounts are based on loan agreements.

C Grant Aid^{*3} (newly disbursed)



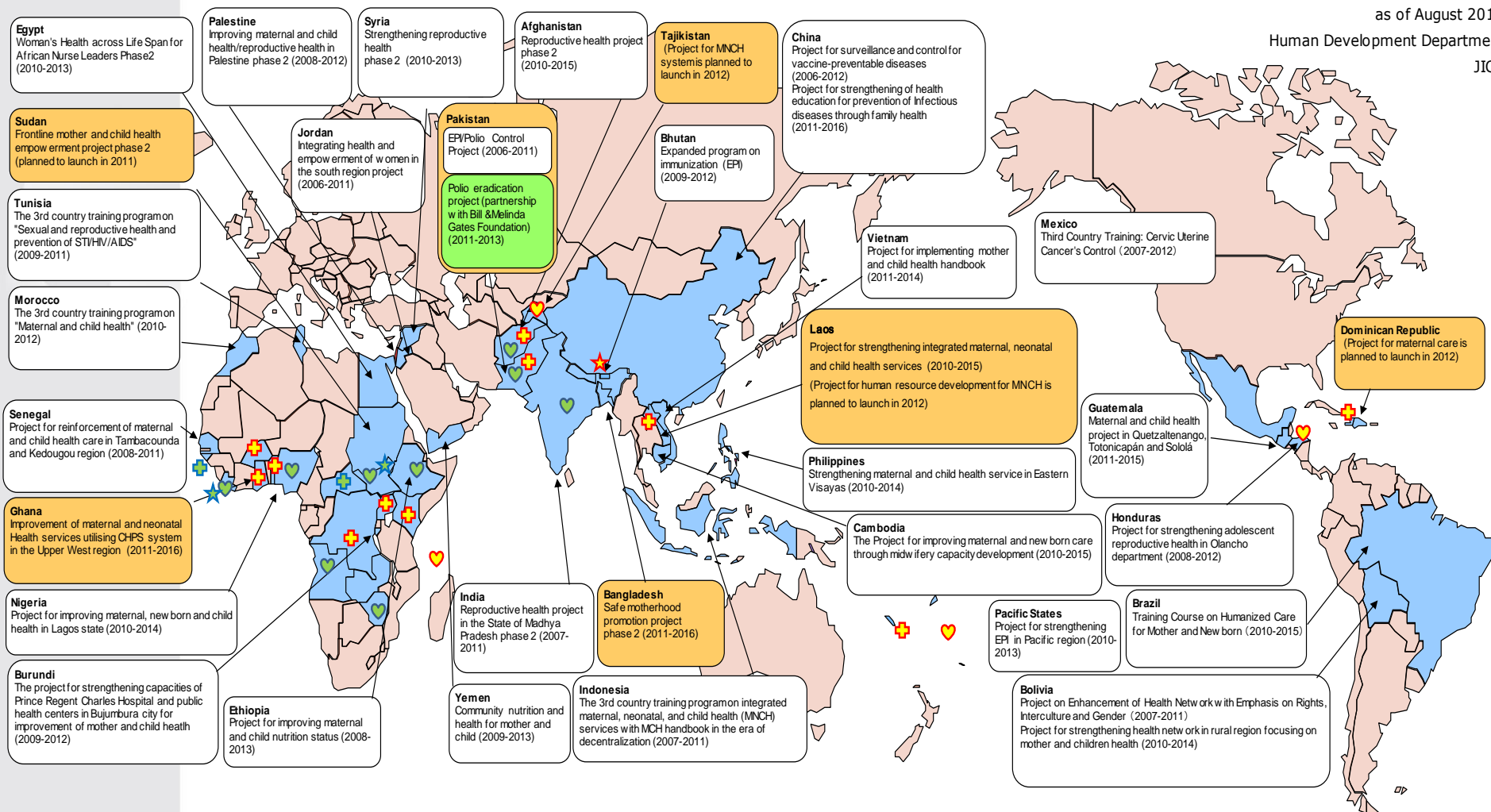
^{*3} Amounts are based on grant agreements.

Map of JICA projects for maternal, newborn and child health/reproductive health

as of August 2011

Human Development Department

JICA



- Technical Cooperation Project or 3rd Country Training (Ongoing)
- Technical Cooperation Project (New)
- Official Development Assistance (ODA) Loans

- ✚ Grant Aid (Hospital, Health Center etc.)
- ✚ Grant Aid in Collaboration with UNICEF (Hospital, Health Center etc.)
- ★ Grant Aid (Equipment etc.)
- ★ Grant Aid in Collaboration with UNICEF (Equipment etc.)
- ♥ Grant Aid (Medical Equipment incl. vaccine, commodities etc.)
- ♥ Grant Aid in Collaboration with UNICEF (Medical Equipment incl. vaccine, commodities etc.)

国際協力機構

JICA's Response to Infectious Diseases

Afghanistan



Tuberculosis Control Project, Phase II
2009 – October 2014



Indonesia



Nicaragua



Strengthening of Activities of Survey and Control for Chagas Disease
Sept. 2009 – August 2012

Project for Enhancing the Early Warning and Response System of Infectious Disease
August 2012 – August 2017

Ghana ●
Zambia ●
Botswana ●
Lesotho ●
Swaziland ●
South Africa ●

Afghanistan ●
Egypt ●
Tunisia ●
Ethiopia ●
Kenya ●
Tanzania ●
Mozambique ●
Madagascar ●

China ●
Myanmar ●

Cambodia ●
Viet Nam ●
Indonesia ●

Western Pacific ●
Solomon Islands ●

Honduras ●
Nicaragua ●

Brazil ●

Zambia



Solomon Islands



Project for Scaling up of Quality HIV and AIDS Care Service Management
November 2009 – November 2014

Malaria Control Project
February 2011 – January 2014

Various Infectious Diseases JICA is responding to:

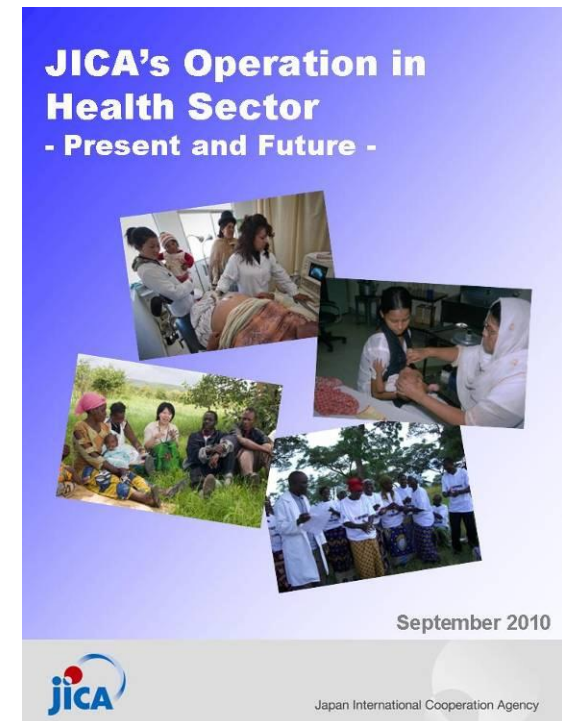
- **HIV/AIDS**
- **Tuberculosis**
- **Malaria control**
- **Neglected Tropical Diseases**
- **Emerging Infectious Diseases (i.e., Avian Flu)**

国際協力機構

Colored dots in the map indicate diseases JICA is addressing in countries around the world.

11. JICA's Support for Achieving MDGs: Health Sector Position Paper

- Launched in September 2010
Available online at:
http://www.jica.go.jp/english/operations/thematic_issues/health/pdf/position_paper.pdf
- Outlining JICA's health sector cooperation for 2011-2015, to assist countries to achieve health-related MDGs
 - Why [objectives]
 - What [priorities]
 - How [guiding principles]
- In line with JICA's four principles
 - Addressing the global agenda
 - Reducing poverty through equitable growth
 - Improving governance
 - Achieving human security



11-2. JICA's Health Sector Cooperation: Why, What, How?

- Why [objectives]: ***Saving lives, protecting health***
 - Building human resources for economic/social development
 - Responding to infectious diseases that have impacts beyond borders
- What [priorities]: ***Achieving MDGs 4, 5 and 6***



*Maternal
and Child
Health*



*Infectious
Diseases
Control*

→ To be achieved via health system strengthening:

- Strengthening capacity of public administration for health
- Improving health facilities, strengthening referral system and coordination to improve the quality of health care services
- Addressing the shortage of human resources for health

11-3. JICA's Health Sector Cooperation: Why, What, How? (Cont'd)

- How [guiding principles]
 - Focus on capacity development
 - Ensuring sustainability, informed by experiences from the field
 - Evidence-based operation for assuring quality of assistance
 - Coordination and alignment to national health plans
 - Partnering with key stakeholders, participating in harmonization mechanisms



NB: JICA's position paper is also in line with the Japan's Global Health Policy 2011-2015 (MoFA, September 2010), which aims to deliver results effectively and efficiently by addressing bottlenecks impeding progress on the health MDGs. 16

Strategic Priorities in Health

1. Maternal , Newborn and Child Health

- Comprehensive and continual maternal, newborn and child care and midwifery training
- Nutrition support and immunization for child health

2. Infectious Diseases Control

- Prevention of HIV new infections and quality of life of people infected and AIDS patients
- DOTS support and countermeasures against co-infection of tuberculosis and HIV

3. Health System Strengthening

- Capacity building of human resources for health (HRH)
- Improved quality of health services through quality management
- Participatory primary healthcare supported by the local health administration and local community by enhancing community-based activities

JICA's Operation in Health Sector

Why?

**Saving Lives,
Protecting Health**

**Building Human Resources
For Economic and
Social Development**

**Responding to Infectious
Diseases that Have
Impacts Beyond Borders**

What

Priorities in Health Cooperation: Two Sub-Sectors in Health

**Maternal and
Child Health**

**Infectious Diseases
Control**

Cross-cutting issues in health cooperation/ Challenges to the Strengthening of Health Systems

**Strengthening
Capacity of
Public
Administration
for Health**

**Strengthening the Capacity
of Referral Health Facilities
and Coordination to Improve
the Quality of Health Care
Services**

**Addressing the Shortage
of Human Resources
for Health**

How

**Focus on
Capacity Development**

**Evidence-based Operation
For Quality Assistance**

**Coordination and Alignment
To National Health Plan**

Example of JICA Programme/Projects



Meeting of local people
for health improvement



An activity of
a Community Health Officer



Polio Immunization
by a Community Health Officer

Goal **Multi-faceted approaches for the improvement of MCH in Ghana, focused in the Upper West Region (UWR) (Draft, June 2011)**

Reduce under five mortality rate/maternal mortality ratio from 76/1,000 (2008) and 560/100,000 live birth (2005) to 40/1,000, 185/100,000 live births (2015) respectively in Ghana and consequently achieve MDGs 4 and 5 (Source : Countdown to 2015 Decade Report)

Objectives of the Gov of Ghana (excerpt)

	2006	2011 (target)	2015(target)
Strategy 1. Improve coverage of focused antenatal care interventions			
(Indicator) % of pregnant women receiving at least 4 focused antenatal care visits	69%	85%	90%
Strategy 2 Improve coverage of skilled delivery interventions			
(Indicator) % of the deliveries undertaken by skilled birth attendants	50%	65%	(Not set)
Strategy 3: Improve coverage of neonatal interventions			
(Indicator) % of new-borns who had a care contact in the 1 st 48hrs of birth	54%	70%	75%

(Source : Under 5 Child Health Strategy 2007-2015, MOH, 2009)

Programme Objectives & Indicators

Improve MCH in Ghana, focused in the Upper West Region*1

Increase in % of Antenatal Care Coverage in the UWR *2: **from 88% (current) to 98% (target)**
Increase in % of deliveries undertaken by skilled birth attendants in the UWR : **from 46% (current) to 80% (target)**
Increase in % of mother & newborn who attended PNC in the UWR : **from 69% (current) to 80% (target)**

Outcome

1. Improvement of access to basic health services
 •increasing the No. of health posts
 •improving access road

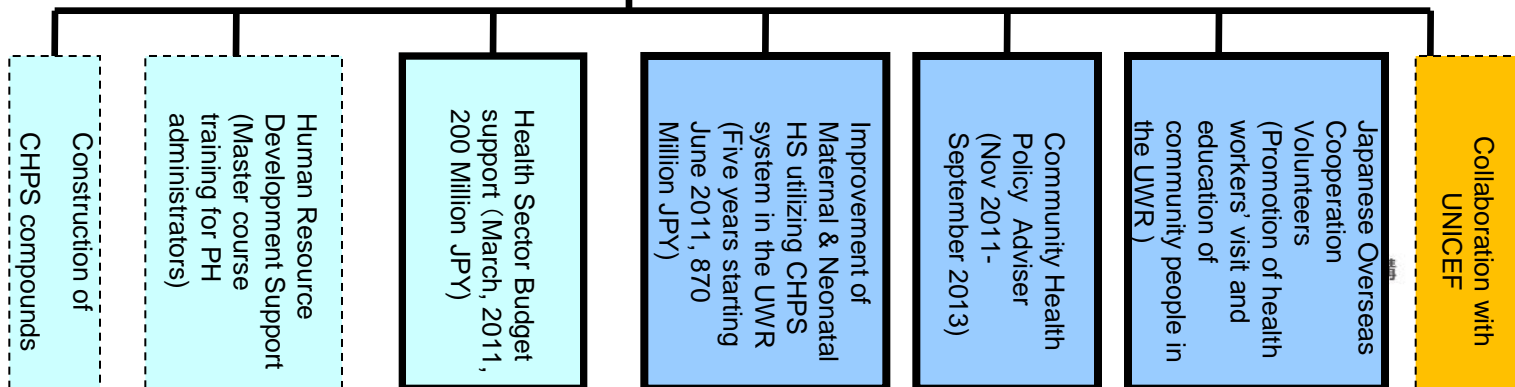
2. Capacity development of community health workers
 •enhancing quality/function of facility-based deliveries
 •improving quality/function of pre/postnatal care

3. Enhancement of health systems
 •strengthening referral systems
 •strengthening outreach services
 •coordination of organizations

Components (projects)

- Technical Cooperation
- Grant Aid
- Multi-sector approach

(Legends)
 ----- planning stage
 ————— work plan made
 ————— in practice



Construction of CHPS compounds





Maternal and Child Health(MCH) Programme in Bennin (2006-2011)

Programme Objective

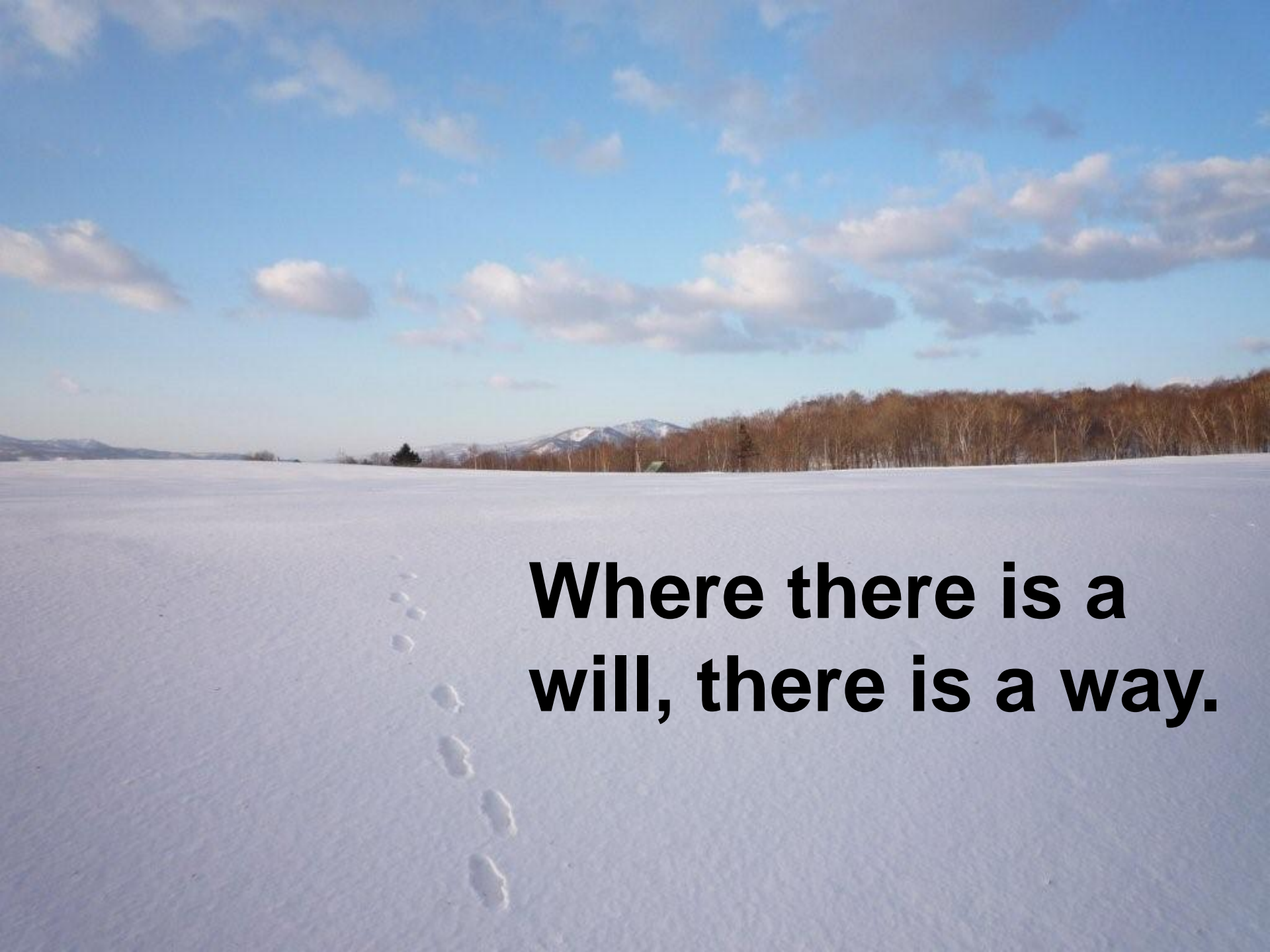
Reduce maternal mortality ratio/neonatal mortality rate in Atlantique-Littoral regions.

Outcome

- 1. MCH service in the HOMEL will be improved.**
- 2. Continuous Educational system for MCH staffs will be enhanced in the HOMEL.**
- 3. MCH services of 1st/2nd level health centers in Atlantique-Littoral regions will be improved.**







**Where there is a
will, there is a way.**

**Thank you
ありがとう！**

