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# ***JICA's Assistance in Health***



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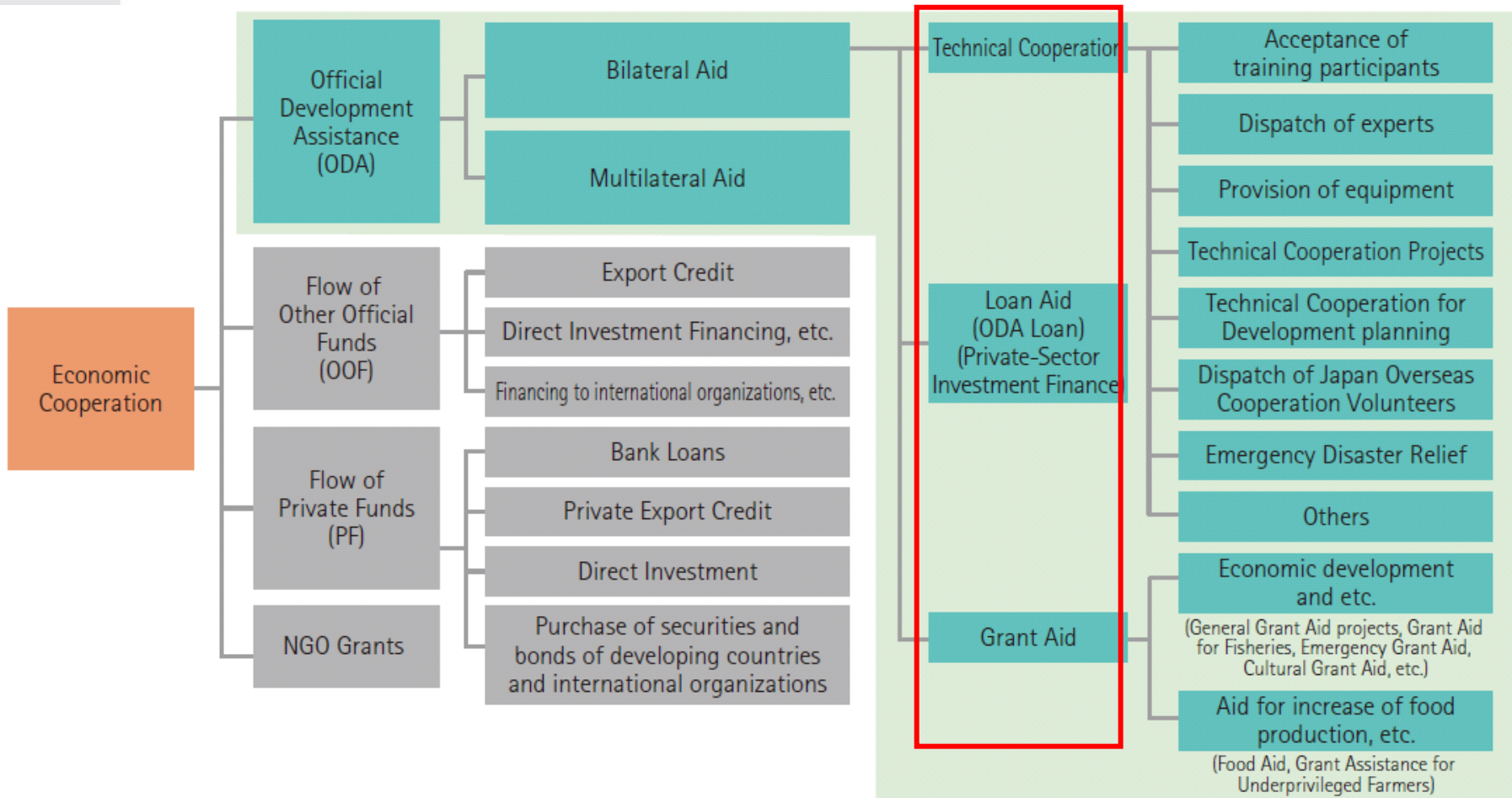
● *An Overview of Japan's ODA*

● *JICA's Assistance in Health*

● *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

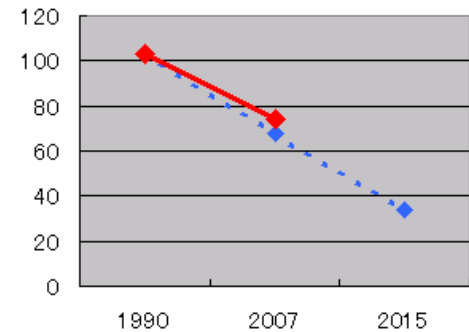
2004: Health and Development Initiatives (HDI), Human Security / MDGs / HSS

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

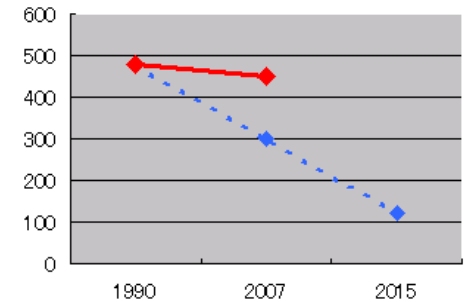
2010: Launch of the “Japan’s Global Health Policy, 2011-2015”

## 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





# 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

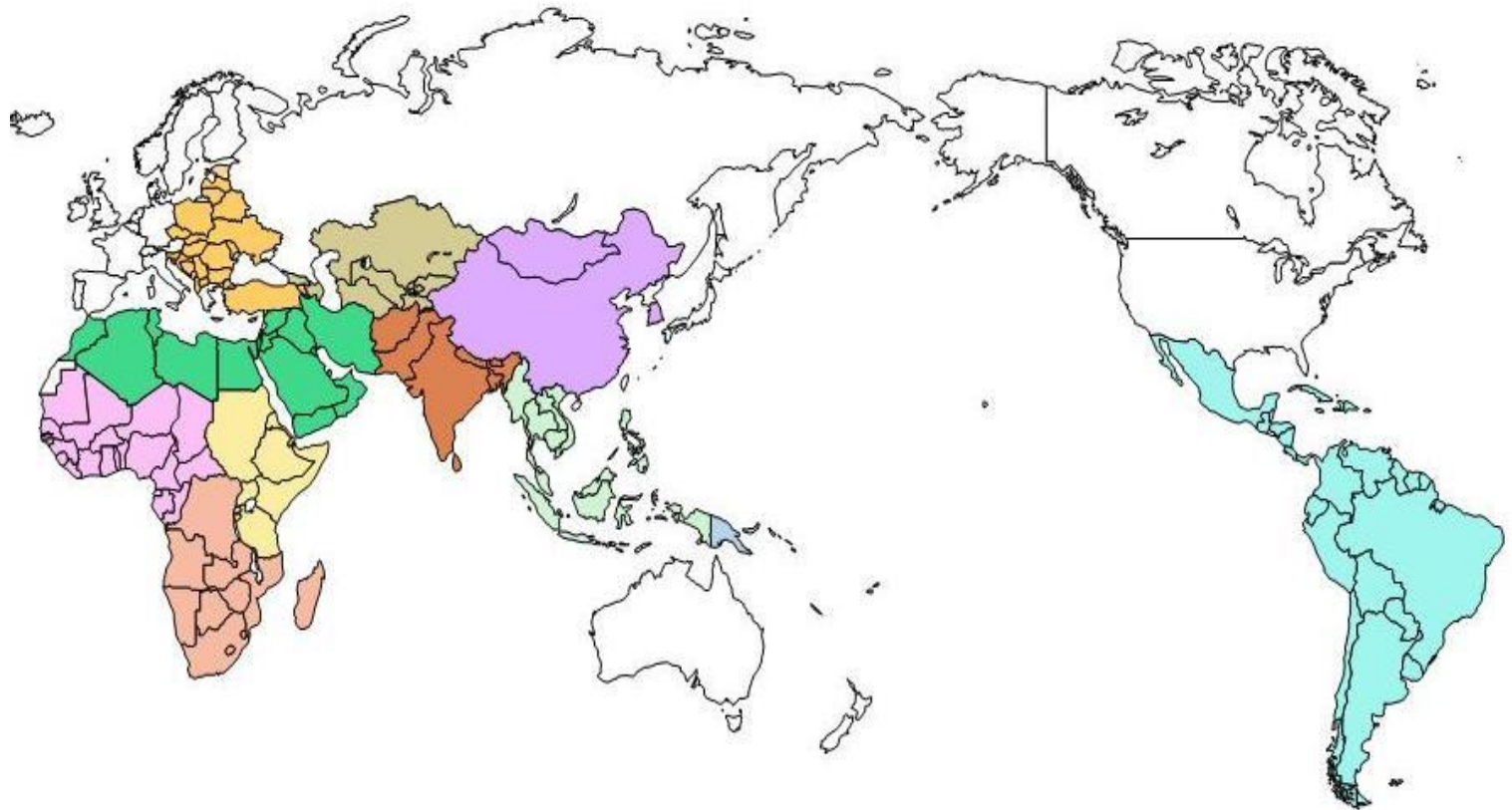
Create linkages between pre-pregnancy and childhood care

### **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



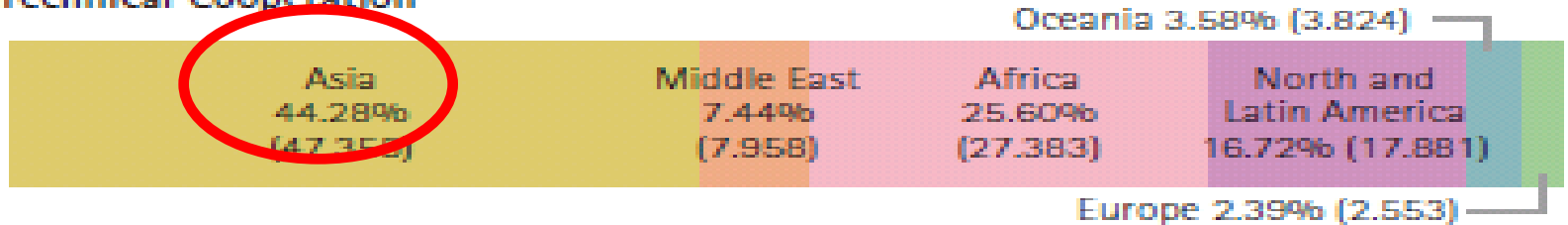
Supporting 151 countries with the operation budget exceeding JPY 1 trillion (in FY2008)

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

**Table 12 Expenditure by Region<sup>\*1</sup>**

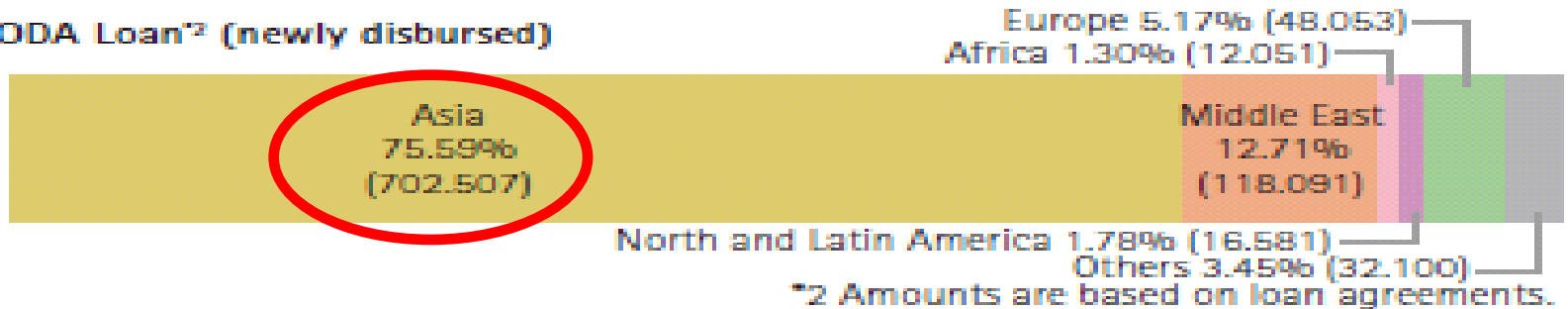
(%, ¥1 billion)

**A Technical Cooperation<sup>\*1</sup>**



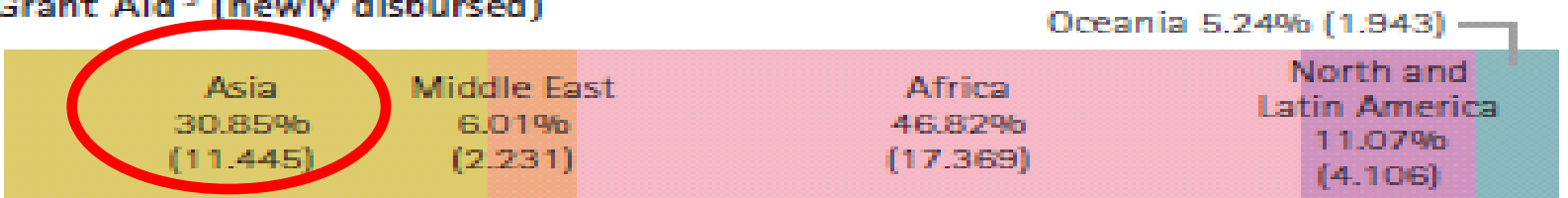
<sup>\*1</sup> Including expenses required for dispatching volunteers and emergency aid groups

**B ODA Loan<sup>\*2</sup> (newly disbursed)**



<sup>\*2</sup> Amounts are based on loan agreements.

**C Grant Aid<sup>\*3</sup> (newly disbursed)**



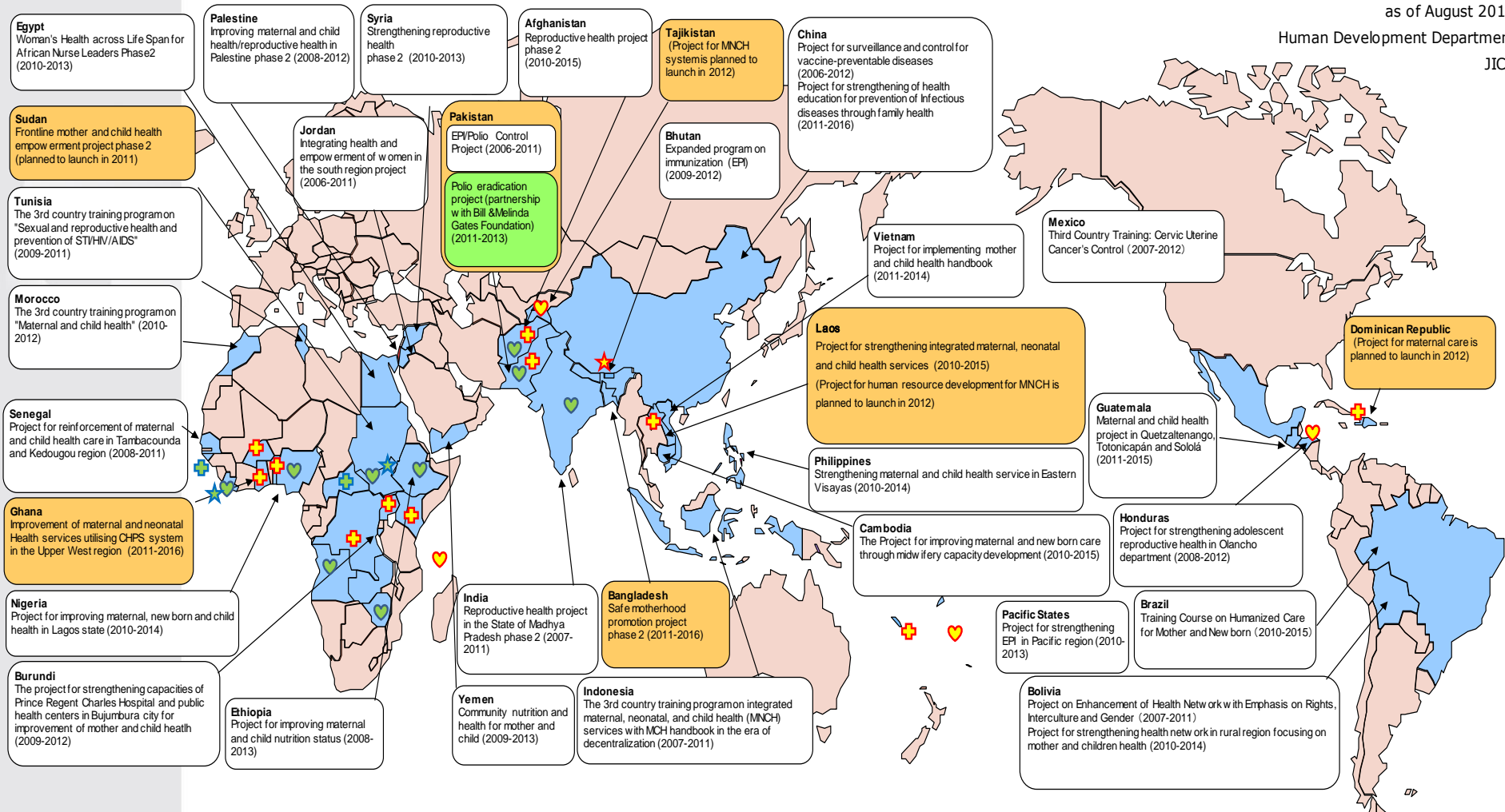
<sup>\*3</sup> Amounts are based on grant agreements.

# 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.)

# JICA's Response to Infectious Diseases

**Afghanistan**



**Tuberculosis Control Project, Phase II**  
2009 – October 2014



**Indonesia**



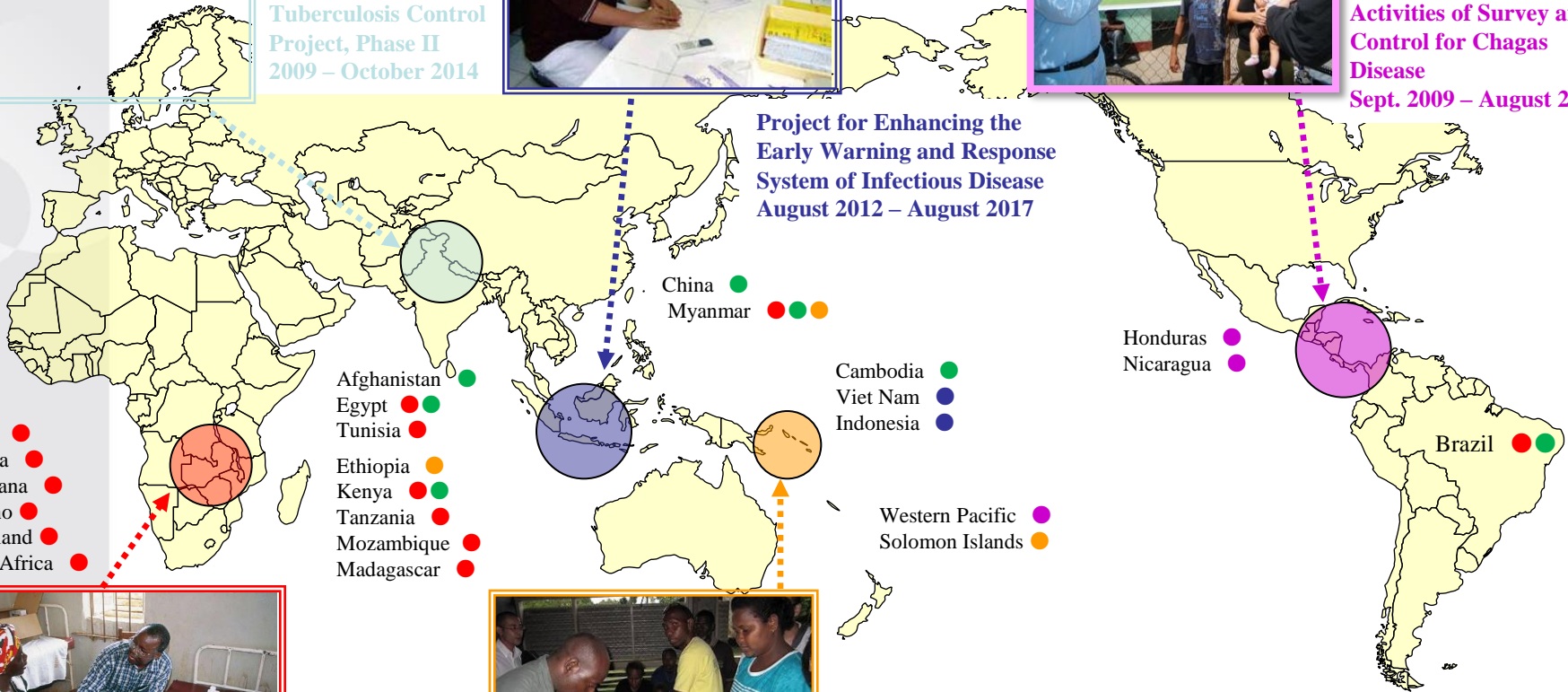
**Project for Enhancing the Early Warning and Response System of Infectious Disease**  
August 2012 – August 2017



**Nicaragua**



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



**Zambia**



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



**Solomon Islands**



**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](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)
<b>Strategy 1. Improve coverage of focused antenatal care interventions</b> (Indicator) % of pregnant women receiving at least 4 focused antenatal care visits	69%	85%	90%
<b>Strategy 2 Improve coverage of skilled delivery interventions</b> (Indicator) % of the deliveries undertaken by skilled birth attendants	50%	65%	(Not set)
<b>Strategy 3: Improve coverage of neonatal interventions</b> (Indicator) % of new-borns who had a care contact in the 1 <sup>st</sup> 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)

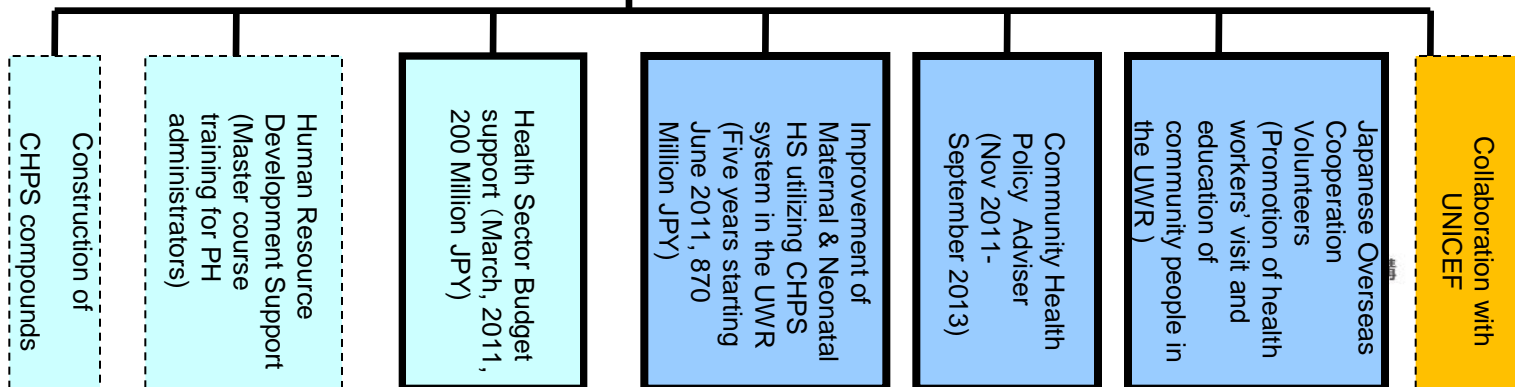
**Outcome**

**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)**



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

- Technical Cooperation
- Grant Aid
- Multi-sector approach

## Construction of CHPS compounds







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

## Programme Objective

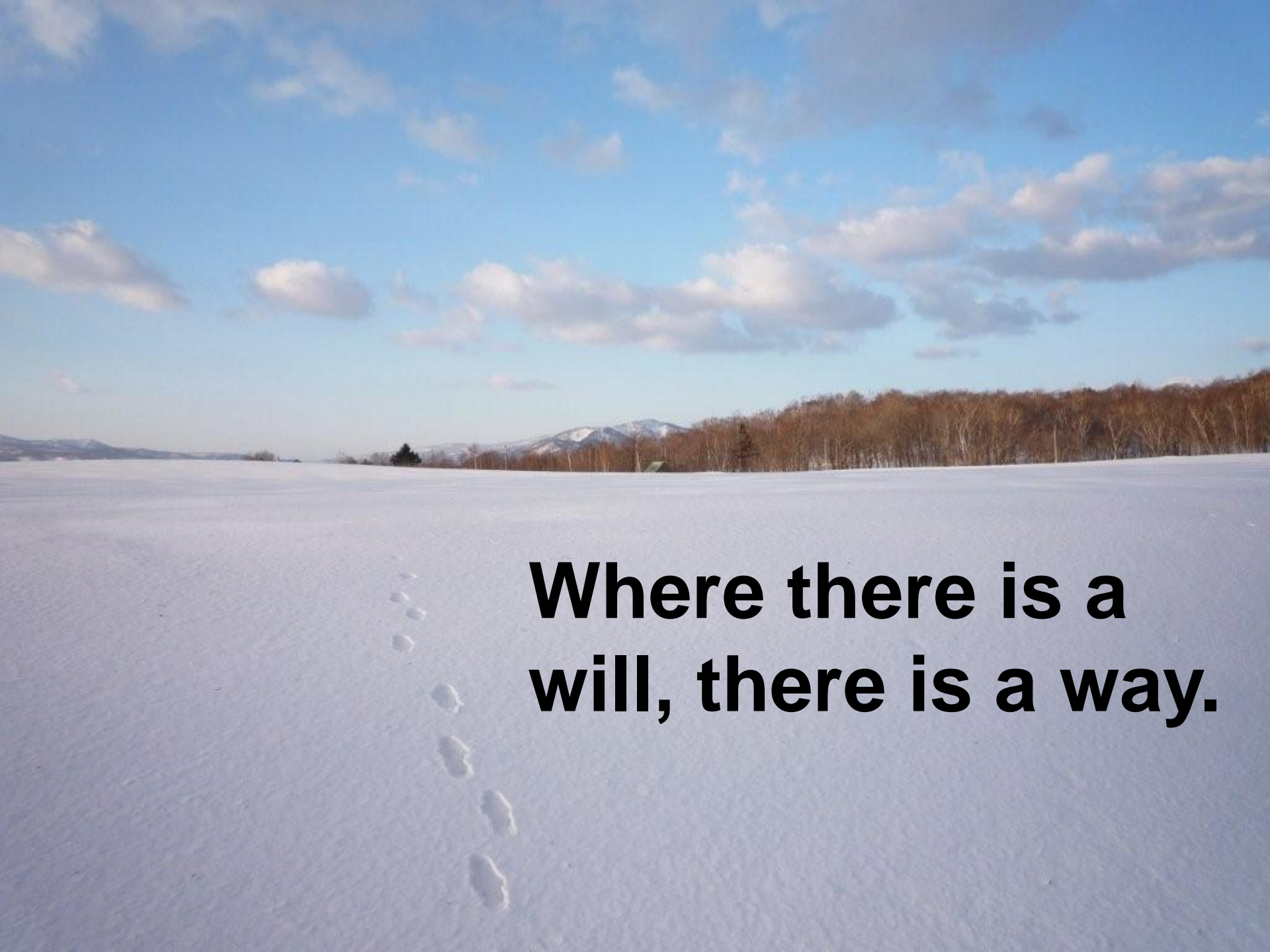
**Reduce maternal mortality ratio/neonatal mortality rate in Atlantique-Littoral regions.**

## 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 1<sup>st</sup>/2<sup>nd</sup> 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！**

