

Basic Policy and Strategy of Japan's ODA for Global Health

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Burden of Diseases

	<u>Mortality</u> <u>(/year)</u>	<u>Deaths/day</u>	<u>Morbidity</u>
• AIDS:	3 mil	8,500	5 mil
• TB:	1.7 mil	5,000	8 mil
• Malaria:	1 mil	3,000	300 mil
• Child Mortality:		28,000	
• No basic sanitation		2400 mil	
• No safe water		1000 mil	
• No health facility		900 mil	
• No basic education		100 mil	



Global Trend of Global Health

Jul 2000	G-8 Okinawa Summit (endorsed Int'l Development targets)
Sep 2000	EC (new policy framework for tackling ATM)
Apr 2001	OAU-Abuja(endorse) ; Kofi Annan's call to action for Fund
Jun 2001	UNGASS (New money: \$ 7-10 billion/year,)
Jul 2001	G-8 Genoa Summit (Announcement)
Dec 2001	WHO Commission on Macroeconomics and Health
Jan 2002	1 st Executive Board (Geneva) o GFATM



Plenty of Alliances

GFATM:	Global Fund to fight AIDS, TB and Malaria
GAVI:	Global Alliance for Vaccines and Immunizations
IAVI:	International AIDS Vaccine Initiative
GAIN:	Global Alliance for Improved Nutrition
GDF:	Global Drug Facility



Japan's ODA Policy and Goal

Japan's Policy and strategy:

- ODA Charter
- Medium-term ODA Policy
- Country-Assistance Strategies

International Goal and Strategy:

- International Development Goals → MDGs
- Poverty Reduction Strategy Paper (PRSP)



Health as Center of Development

ODA Policy & Medium-term ODA policy:

- Global issues
- Basic Human Needs
- Human capacity Building

Millennium Development Goals

- Child mortality
- Maternal mortality
- Infectious diseases morbidity



Japan's ODA Basic Approach

Ownership & Partnership

Partnership maximize effects

Poverty Reduction thru Econ. Growth

Infrastructure development drives economic growth.

Human-Centered Approach

Human resource development (HRD) is basis for nation building.

South-South Cooperation

Sharing successful experiences



Transition of ODA for GH

- Hardware/Infra → Software/Capacity
- Institution → Community
- Central/Capital → District/Periphery
- Treatment → Prevention ; Promotion
- Vertical → Horizontal/Integrated
- Bilateral/Independent → Partnerships



Priority in Health Sector Assistance

1. Issue

- Infectious diseases
- Child survival
- Maternal and reproductive health
- District/Community health

2. Geographical area

- Asia > Africa; Latin (100+ nations)

3. Approach

- PHC; Health system development
- Human resource development ; South-South cooperation
- Diverse modalities mix



Japan's Initiative for Global Health

1994 GII: Global Issues Initiative on Population & HIV/AIDS
(\$5B/5y)

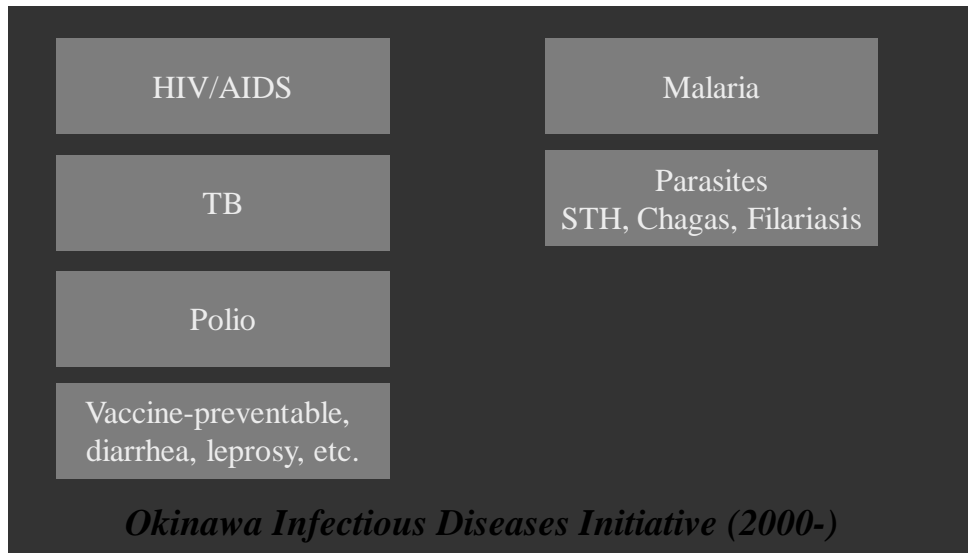
1998 HI: Hashimoto Initiative

2000 IDI: Okinawa Infectious Diseases Initiative (\$3B/5y)

2001 EFA: Education for All (\$2B/5y)



Japan's Infectious Diseases Initiative



Basic Philosophy of IDI

1. Infectious and Parasitic Diseases as a Central Issue in Development
2. Global partnership and community-based action
3. Japan's experiences in public health activities



Strategies of IDI

1. Strengthening institutions of health sector
2. Human resources development
3. Partnership with civil society, donor countries and international organizations
4. South-South cooperation
5. Promotion of research activities
6. Promotion of public health at the community level



Japan's Modalities for Global Health

Personnel	Infra/Supply	Capacity Building
Expert/Advisor (long/short) Volunteer, Consultant	Facility Equipment/Supply (medicine, vaccine, ITN, lab, cold chain)	In country In Japan Third country
Partnership with NGOs	Partnership with Multi/Bilateral	Multisectoral
Japanese NGOs International/ local NGOs/CBOs Joint project formulation/evaluation	WHO, UNAIDS, UNICEF, UNESCO, UNFPA, WB, ADB, ASEAN, APEC, SADC, USAID, CIDA, France, AusAID, GFATM, etc.	Water/Sanitation Nutrition Education WID/Gender

Outputs of IDI

- Total contribution by Dec 2002: US\$ 1.8 billion
- GFATM: US\$ 200 million
- Grant aid: US\$ 80 million to 42 countries (FY2000)
- Partnership with NGO: US\$ 10 million (FY2000)
- Technical cooperation : 765 experts (FY2000)
- Volunteers: 648 to 64 countries (FY2000)
- Joint project formulation missions:
 - with US (Nigeria, Nepal, etc); with Canada (Malawi)
- Human resources development : (FY2000)
 - training 2,437 health experts/officials from 84 countries; more than 20,000 persons in sites

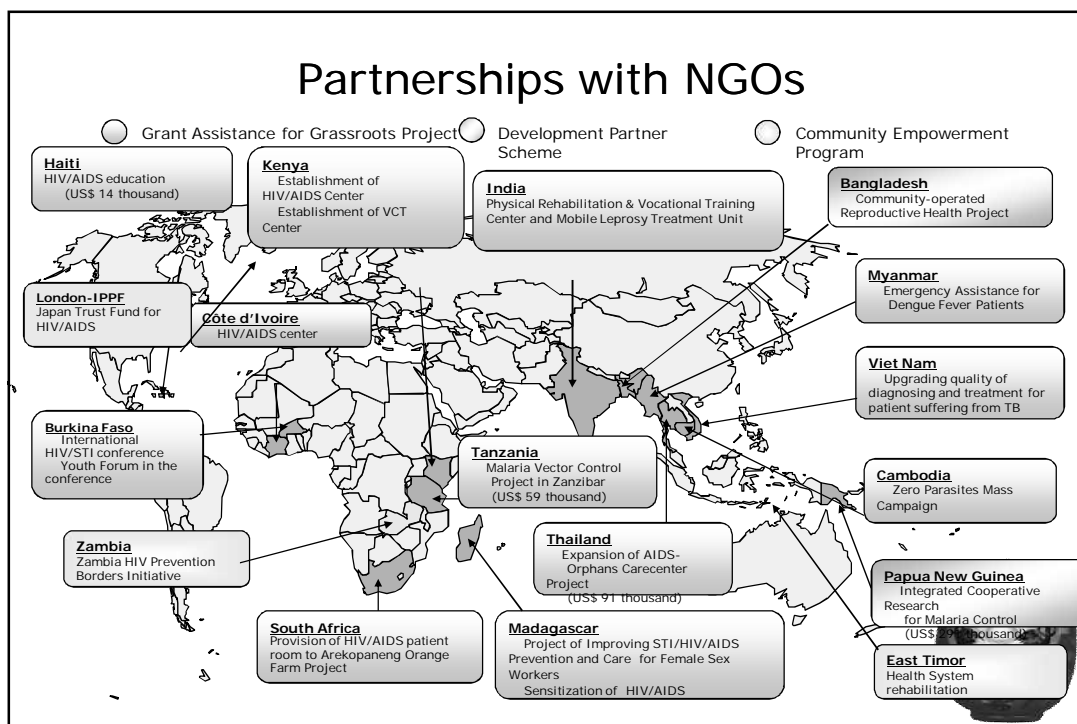
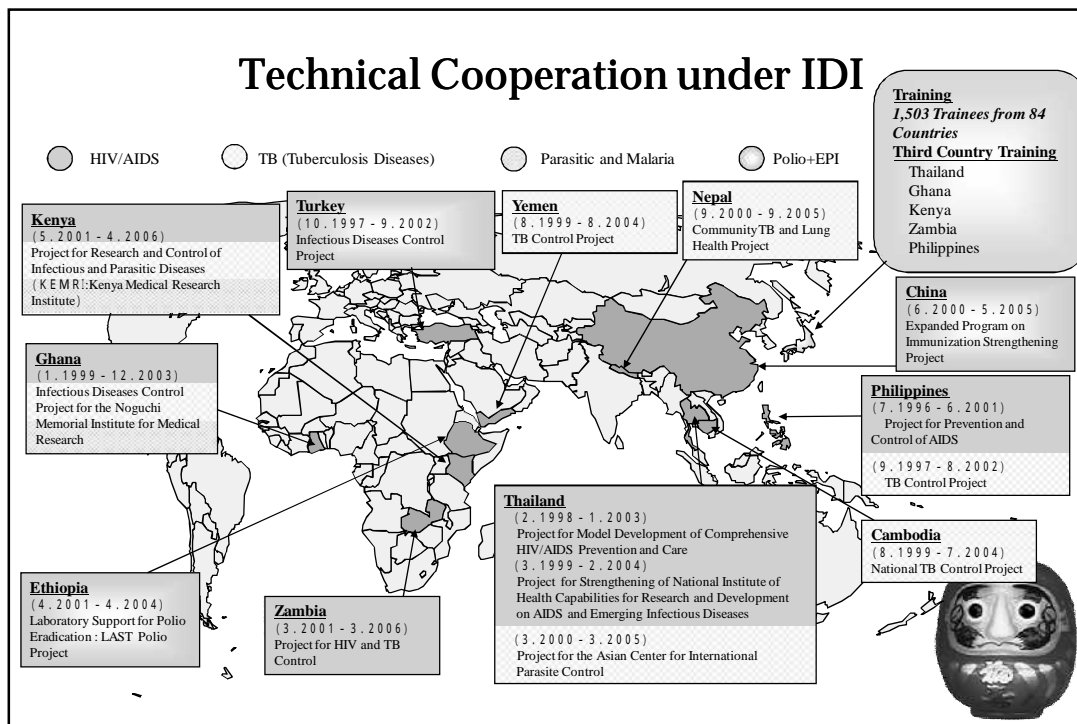


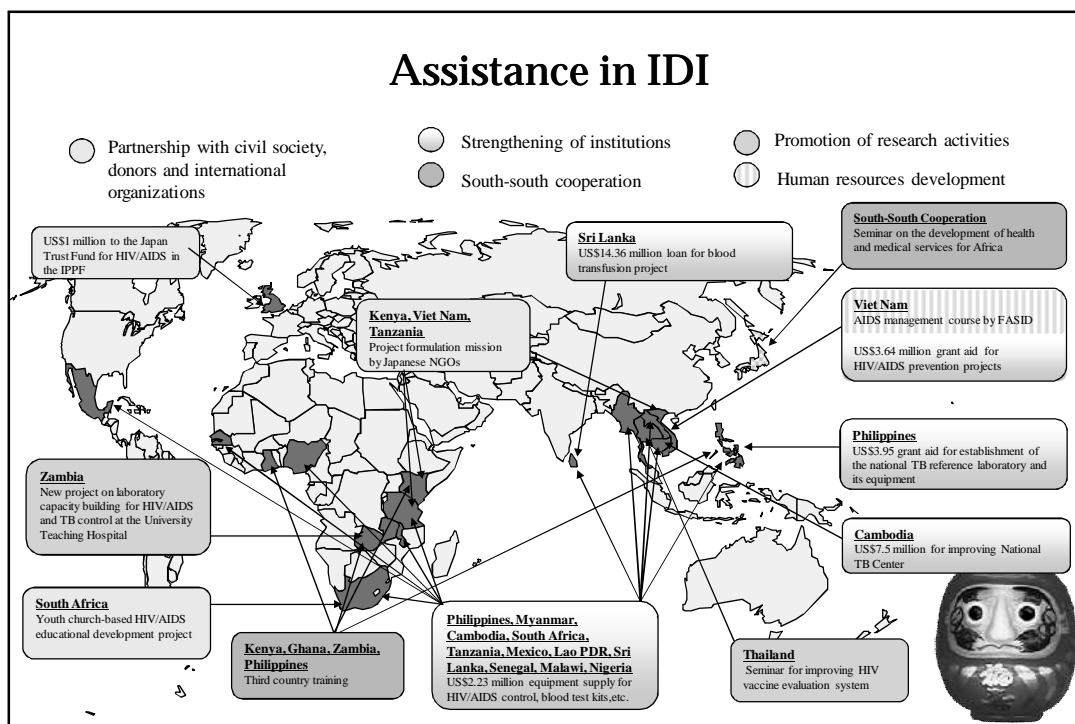
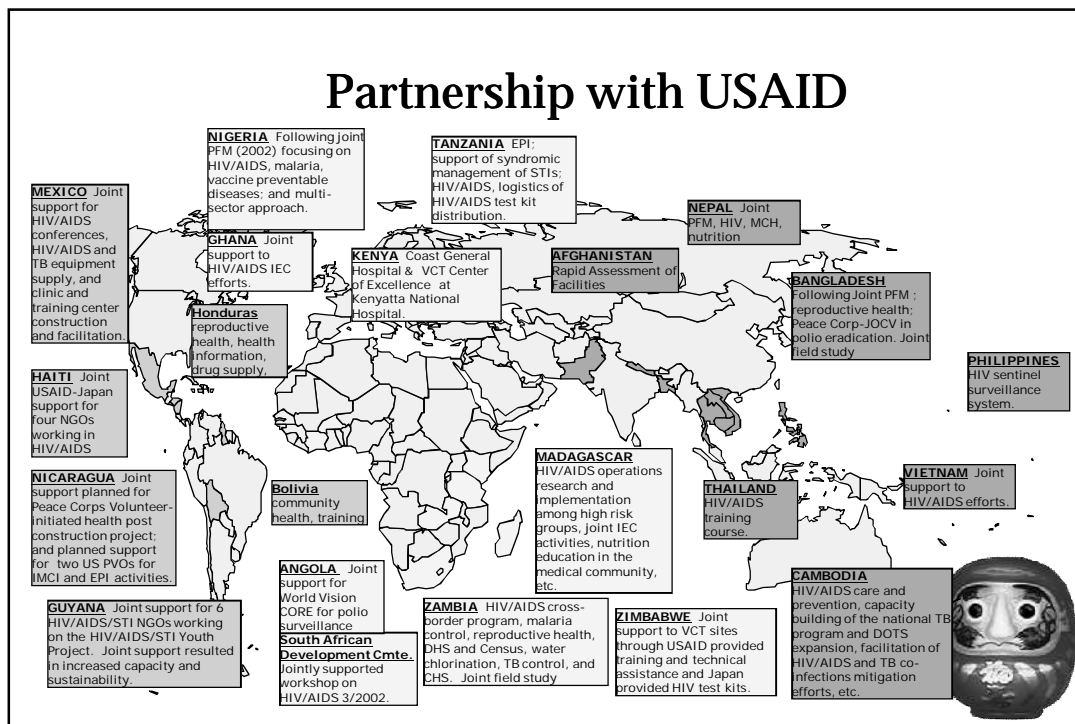
Partnerships

Multilateral:

- WB: **Japan Fund for Policy and Human Resources Development (PHRD)**
- ADB: **Japan Special Fund for Poverty Reduction (JSF/PR)**
- UNESCO: **Japanese Funds-in-Trust for Capacity-building of Human Resources (CBHR); Japan Trust Fund for HIV/AIDS Education**
(eg) Teachers training for HIV education; training center capacity building in Africa (\$200,000)
- UN Human Security Fund
(eg) **Greater involvement of PLWHA through sensitization, training and networking in Trinidad/Tobago(UNDP-\$303,000); Enhancing human security through gender equality in the context of HIV/AIDS in Cambodia, India and Thailand (UNIFEM-\$1,234,236)**
- UNICEF: **(under discussion) Prevention of Mother-to-Child Transmission, adolescent education**
- WHO (WPRO): **HIV/AIDS Care and Prevention network**







Challenges

- Coordination in modalities & organizations
 - Grant aid; Technical Coop; Grass root grant; JSF etc.
 - MOF; MOFA; MOHLW; MOE; JICA; JBIC; Academia; NGOs
- Capacity building of Japanese experts
- SWAPs/Common Basket vs Project

