

菅コミットメントと日本の教育・保健分野に おける取組（現状と課題）

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JICAの教育/保健協力の最近のトピックス

① 教育/保健分野の協力政策/方針

- ODAのあり方検討（2010.06）
開かれた国益の増進
MDGs重視
- 日本政府の協力政策（2010.09 MDG10首脳会合）
菅コミットメント：2011～2015の5年間に次の支援を行う。
保健分野50億ドル（GFへの8億ドル拠出含）
教育分野35億ドル
教育協力政策2011-2015 ～School for All～
国際保健政策2011-2015 ～EMBRACE～
- JICAの協力量針（2010.09）
教育協力ポジションペーパー
保健協力ポジションペーパー

JICAの教育/保健協力の最近のトピックス

② 全般的な傾向

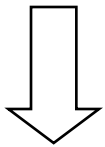
- ODAのあり方検討(2010.06)→国益、MDGs
- 新成長戦略(2010.06)→ex.パッケージ型インフラ海外展開
- ODA予算の漸減(2010年度△7.9%、2011年度△7.4%)

- アジア:有償資金、インフラ重視
 - 高等教育支援に追い風
- アフリカ:技協・無償資金、MDGs
 - 依然として、基礎教育/基礎保健重視

JICAの教育/保健協力の最近のトピックス

③ 教育/保健分野の円借款拡大を模索

- 2008年にJICAとJBIC円借款部門の統合
- 教育/保健分野の円借款実績はわずか
(累計実績におけるシェア2%&0.4%)



- 社会セクターで円借款の拡大を模索
- 財政支援と技術協力のシナジーを実現したい
- 世銀やADBとの協調融資も是非

教育協力ポジションペーパー なぜ教育協力を行うのか

1. 基本的人権としての教育
2. 社会・経済開発への貢献
3. 多文化共生社会を実現するための相互理解の促進

→教育はすべての開発の礎

教育協力ポジションペーパー

取り組みの重点：基礎教育

1. 質の高い教育の普及を目指す
 - ① 質の向上（理数科を中心とした教師教育改善）
 - ② アクセス改善（現地業者を活用した学校建設）
 - ③ マネジメント改善（住民参加型の学校運営）
2. 地域的にはサブサハラアフリカを最重点
3. ポストコンフリクト国への支援重視

教育協力ポジションペーパー

取り組みの重点：高等教育

1. 各地域/国の拠点となる中核的な大学を
主な支援対象とし、教員の能力向上や研
究体制の整備、マネジメントの強化など
の活動を重点
2. 組織活動強化の観点から、日本の大学
も含めたネットワーク構築も重視
3. 特にわが国の知見が豊富な工学分野で
の支援に重点

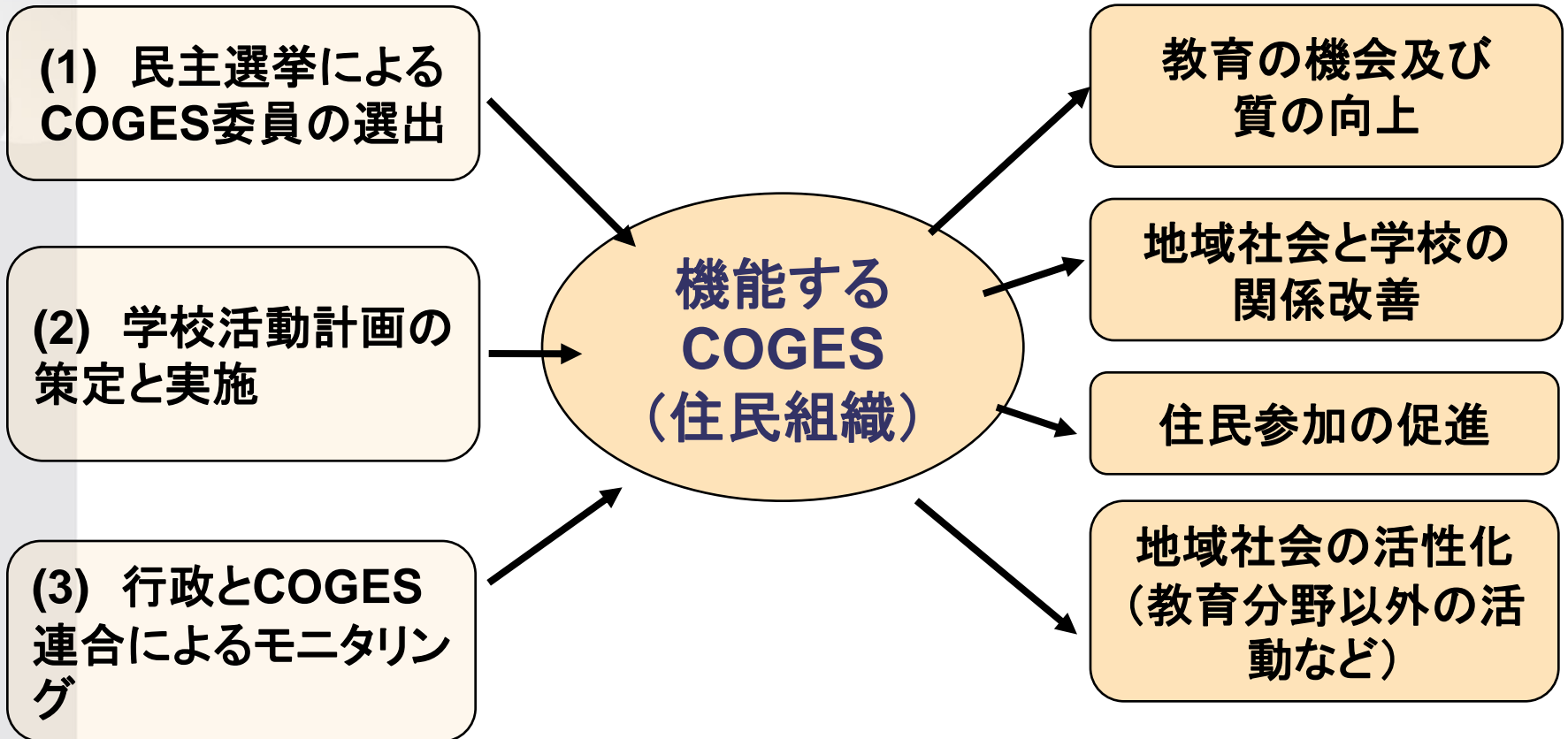
教育協力ポジションペーパー アプローチ

1. 現場重視の取り組みと教育政策への反映
2. 被援助国の教育開発計画に沿った中長期的協力の推進
3. ネットワーク型協力・交流の推進
4. 成果重視の事業設計・実施・評価

基礎教育の取り組み「みんなの学校」

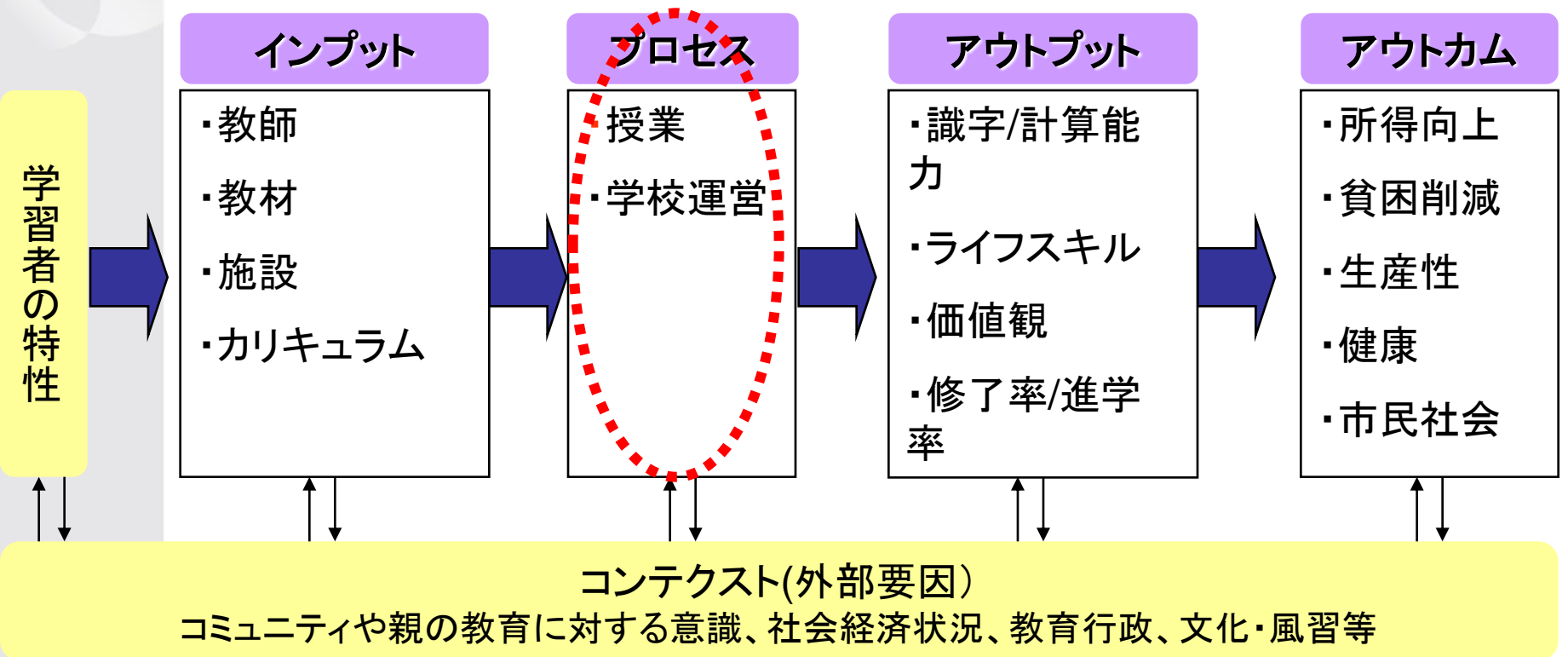
ミニмумパッケージ

成果



教育におけるプロセスの重要性

学校も、投入・プロセス・アウトプットから成り立っている。投入の質と量を増やすだけではなく、その投入をより有効に活かす（プロセス）ことが必要。



(図:「教育の質」～JICAの基礎教育協力の改善に向けて～、2007年、JICA教育課題TF)

学校活動の例



就学促進劇



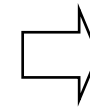
バンコによる机と椅子



日干レンガ(バンコ)の教室



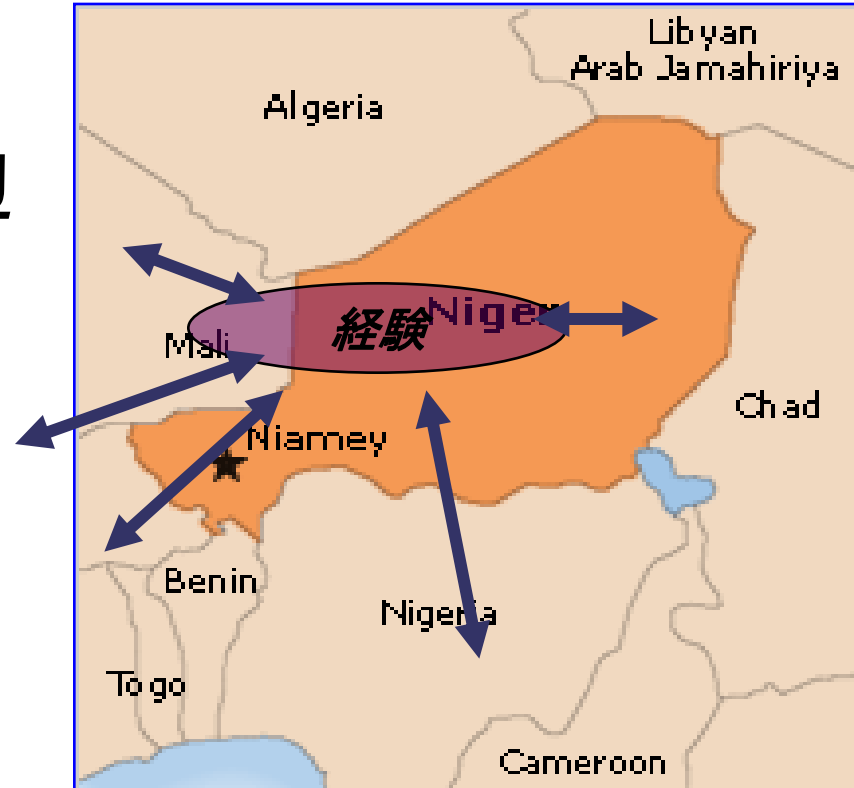
夜間学習



トイレ改善

「みんなの学校」成果と今後

- 現場から政策へ
- ニジェールから周辺国への拡大
- インパクト評価の導入(ブルキナファソ、セネガル)
- 世銀JSDF連携



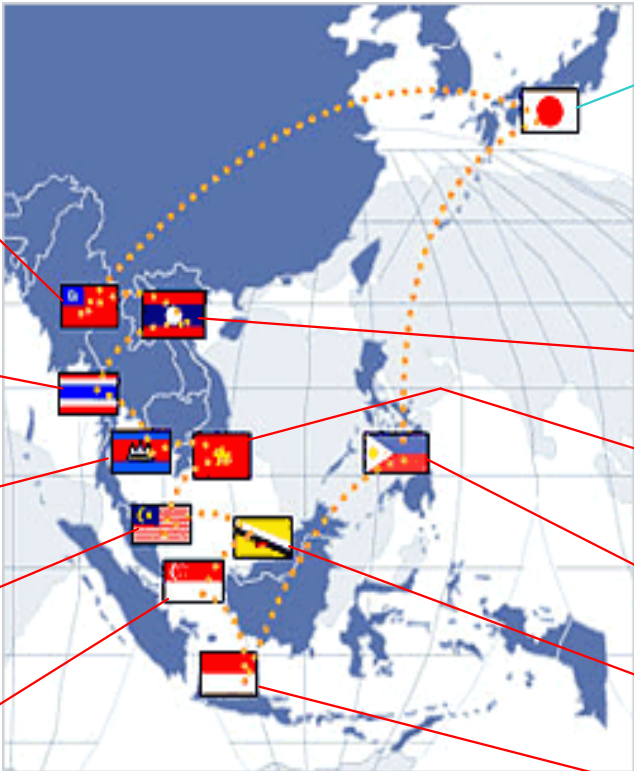
高等教育の取り組み SEED-Net

ASEAN University Network/Southeast Asia Engineering Education Development Network Project (AUN/SEED-Net)

Top engineering universities in ASEAN

[ASEAN 10 Countries]
19 Member Universities

[Japan]
11 Supporting Universities Consortium (JSUC)



University of Yangon
Yangon Technological University

King Mongkuts Institute of Technology Ladkrabang
Burapha University
Chulalongkorn University

Institute of Technology of Cambodia

Universiti Sains Malaysia
University of Malaya

National University of Singapore
Nanyang Technological University

Hokkaido University
Keio University
Kyoto University
Kyushu University
National Graduate Institute for Policy Studies
Shibaura Institute of Technology
Tokai University
Tokyo Institute of Technology
Toyohashi University of Technology
University of Tokyo
Waseda University

National University of Laos

Hanoi University of Technology
Ho Chi Minh City University of Technology

University of the Philippines – Diliman
De La Salle University

Institut Teknologi Brunei
Universiti Brunei Darussalam

Institute Teknologi Bandung
Gadjah Mada University

- ASEAN域内及び日本への留学による若手教員900名の学位取得(修士・博士)
- メンバー大学の大学院プログラムの改善・国際化
- 700件の共同研究実施
- 域内アカデミック会議の開催、1300人の教員相互派遣等の取り組み

ネットワーク型協力・交流の推進の強み

- 域内共通課題に対する取り組みの強化
- 教育・研究の質の向上へ貢献

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

JICA's Operation in Health Sector - Present and Future -



September 2010

Health Sector Position Paper

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**

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

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

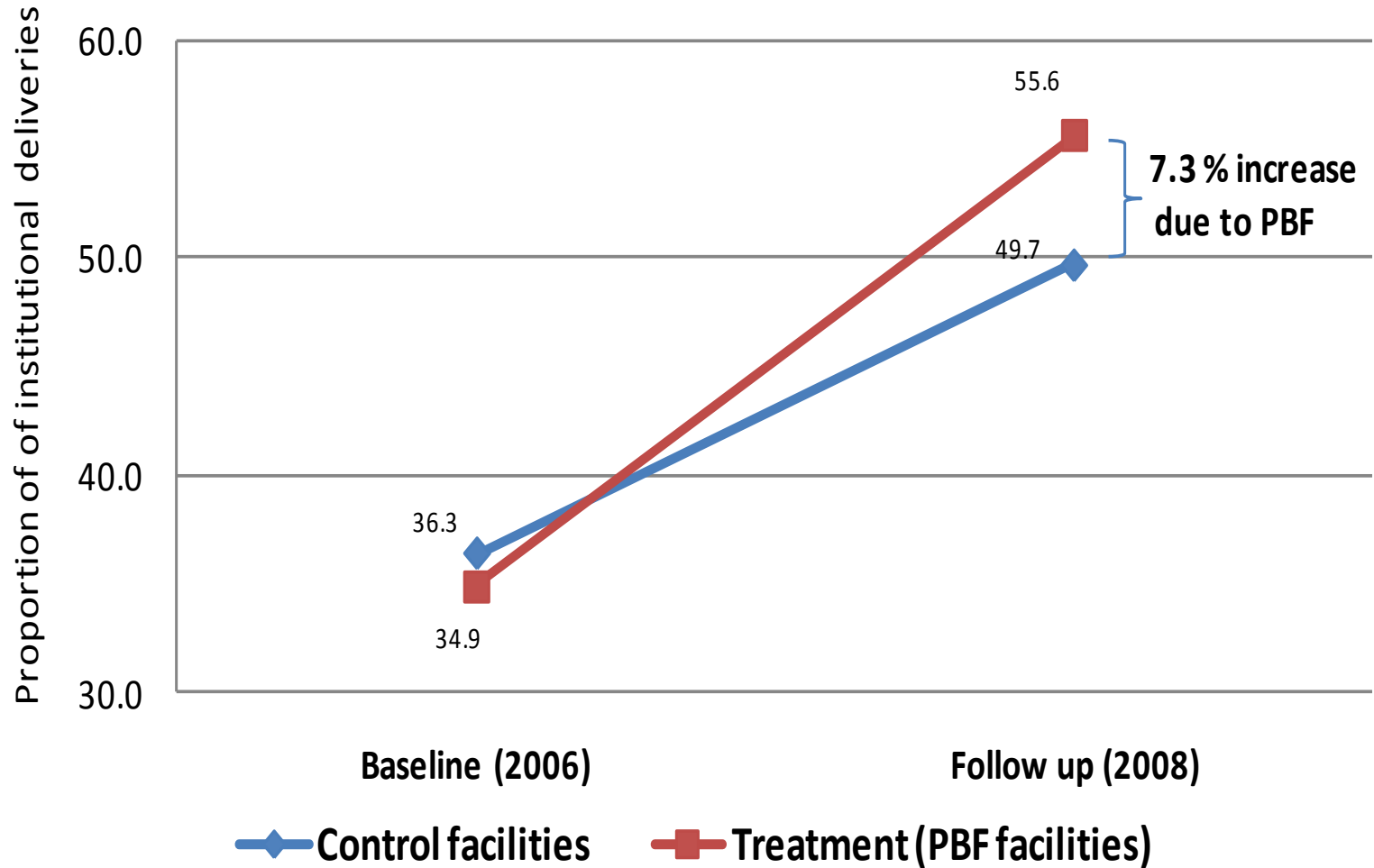


NB: JICA's position paper is also in line with the *Japan's Global Health Policy 2011-2015 (MoFA, September 2010)*, which aims to deliver results effectively and efficiently by addressing bottlenecks impeding progress on the health MDGs.

Evidence-based operation

- Use of empirical evidence
 - Design, planning and implementation of health sector cooperation
 - Monitoring and evaluation based on quantifiable indicators to measure the effectiveness of capacity development in improving health indicators
- Measuring impacts
 - Impact evaluation (experimental and quasi-experimental studies) & operational research
 - To ensure quality and external accountability

Impact evaluation of PBF (Performance Based-Financing)



Examples of JICA Health Programme

Purpose

Health status of people living in Upper West Region is improved.

Progress to date in Indicators in Upper West Region (Source: Ghana Demographic and Health Survey 03, 08)

	<In 2003>	<In 2008>
MDG4: Infant Mortality Rate	105 / 1,000	97 / 1,000
Under-five Mortality Rate	208 / 1,000	142 / 1,000
MDG5: Births attended by skilled health professionals	33.3 %	46.2 %
MDG6: DPT (third time) Immunization Rate	75.5 %	94.8 %
Polio (third time) Immunization Rate	74.1 %	94.8 %
Measles Immunization Rate	79.5 %	96.7 %

Strategy

1. Improvement of access to and quality of health and medical services

- Expansion of functioning CHPS (Community Based Health Planning and Services) services
- Improvement of referral systems
- Improvement of medical services at hospitals and health centers

2. Health promotion activities at community level

- Sanitation improvement of local people
- Nutrition improvement of local people
- Empowerment of local communities

3. Contribution to the policy-making with programme outputs

- Reflection in the policy of the central government
- Cooperation with other donors

Outcomes

Grant Aid

- "The Project for Improvement of Fundamental Medical Equipment in Upper West Region" (2006)

Technical Cooperation

- "Scaling up of Community Based Health Planning and Services (CHPS) Implementation in the Upper West Region" (2006-2010)

Dispatchment of Volunteers:

Audio-visual education, Public health, Clinical / Public Health nurse, and midwife

JICA Ghana Office

- Extension Workshops
- Study Tours



An activity of a Community Health Officer



Meeting of local people for health improvement



Polio Immunization by a Community Health Officer

The Programme for Health System Strengthening in Tambacounda and Kedougou regions, Senegal

Key Programme Objective
Contributing to the achievement of health-related MDGs in Tambacounda and Kedougou !

	Year 2007	Year 2011
MDG4: Under-5 mortality Rate	200/1,000	120 (40% reduction)
MDG5: Maternal Mortality Ratio	800/100,000	Reduce
MDG5: % of births attended by skilled health personnel	27%	35% (30% increase)
MDG6: HIV prevalence	0.4%	Mat t

Inputs from Japanese side for the Programme
 Partnership and Collaboration

Ministry of Health and Prevention

Policy advice by a JICA expert



Partnership with UNICEF, UNFPA
 JICA's Programmes in Water/Sanitation and Road construction

Health Facilities at Regional level (Regional Hospital, etc)



Capacity development in health administration by a JICA expert
 Renovation of the Regional hospital and Health Human Resource Centre through Grant Aid

Health Facilities at District level (Health Centres / Health Posts)



Implementation of the model of "evidence based maternal and newborn health care" by JICA project
 Construction of Health Centres and Health Posts through Grant Aid

Communities



Community sensitization on antenatal care by Japan Oversea Cooperation Volunteers

Improvement of access to maternal, newborn and child health care services

Referral of complicated cases

Bangladesh: Health, Nutrition, and Population Sector Program (HNPPSP), MDGs Status and Japan's Contribution

Objectives of Health MDGs Indicators

	1990	2007	2015
MDG4 : Under-5 Mortality Rate	146	60	48(On track)
MDG5 : Maternal Mortality Ratio	574	351	144(Off track)
MDG5 : deliveries attended by skilled health personnel	5%	18%	50%(Off track)
MDG6 : HIV prevalence in pregnant women in 15-24	0.005%	0.3%	On track

Contribution

Verification of effectiveness and application as NARSINGDI model for the better health in other districts

Improvement of health of mothers, pregnant women and newborn babies

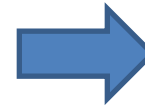
Safe Motherhood Promotion Project (SMPP) starts in 2006 for the health of mothers and pregnant women

Community



Community support system for mothers and pregnant women

Local Gov.



Hospital



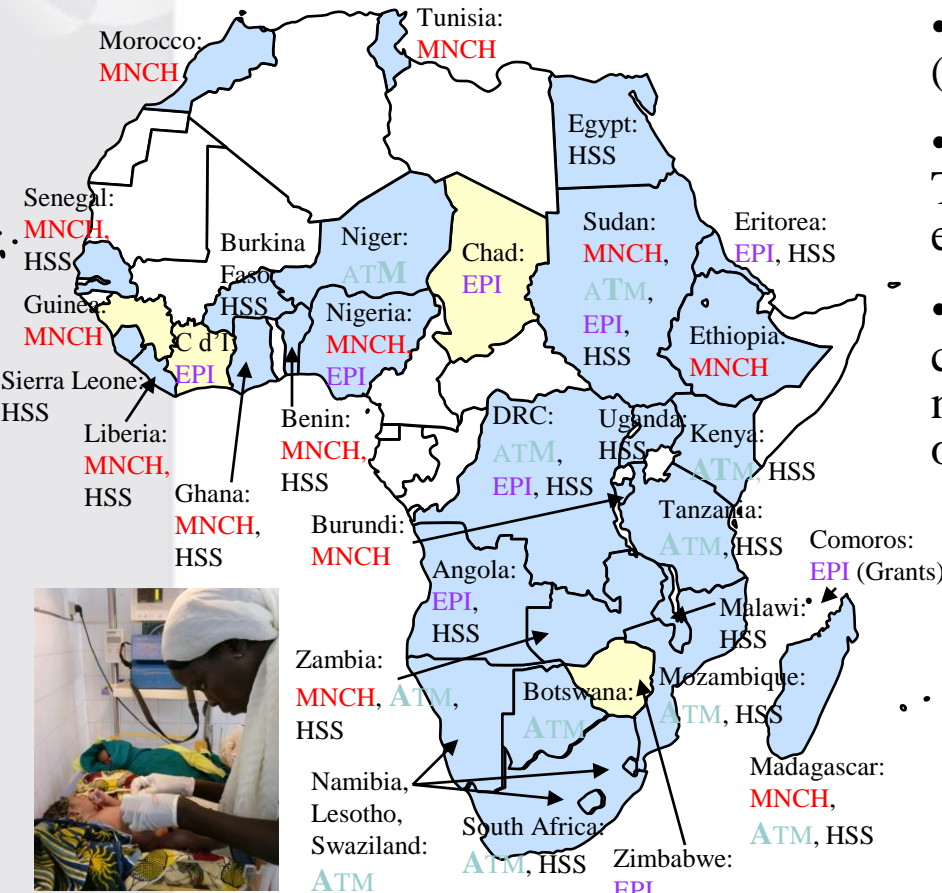
Safe delivery service with emergency obstetric care

JICA's Health Cooperation in Africa



JICA's DAH in Africa, 2009-2010

- Started in 1960s
- Contributing to the achievement of MDGs 4/5/6 in Africa
- JICA's DAH in Africa in FY2009: 4.87 bill JPY (approx. USD 54 million)
- 26 countries with Technical Cooperation (additional 5 countries receiving grants only)
- Combining various types of support: TC Projects, technical advisors, trainings, equipment/infrastructures, etc.
- Capacity development as a corner stone of the cooperation, supporting implementation of the national health strategies in partnership with other development partners.



Ref: TICAD IV (2008-13) Targets for Health

→ JPY 43 bil. (approx. USD 477 mil.) of technical cooperation and grand aids for Africa includes;

- Improvement of 1,000 hospitals and health centres
- Training of 100,000 health workers

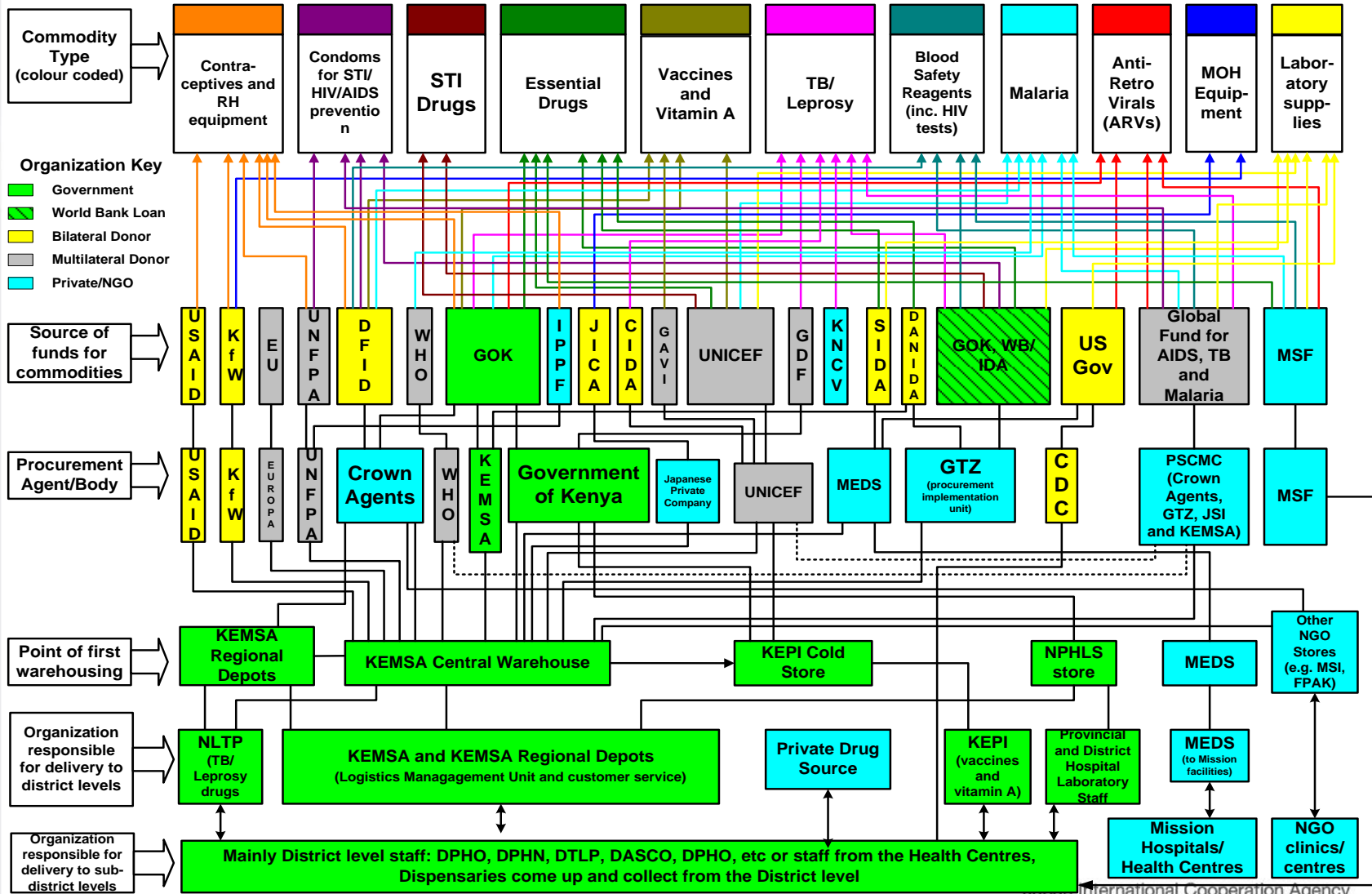
国際協力機構

Partnering with key stakeholders, participating in harmonization mechanisms

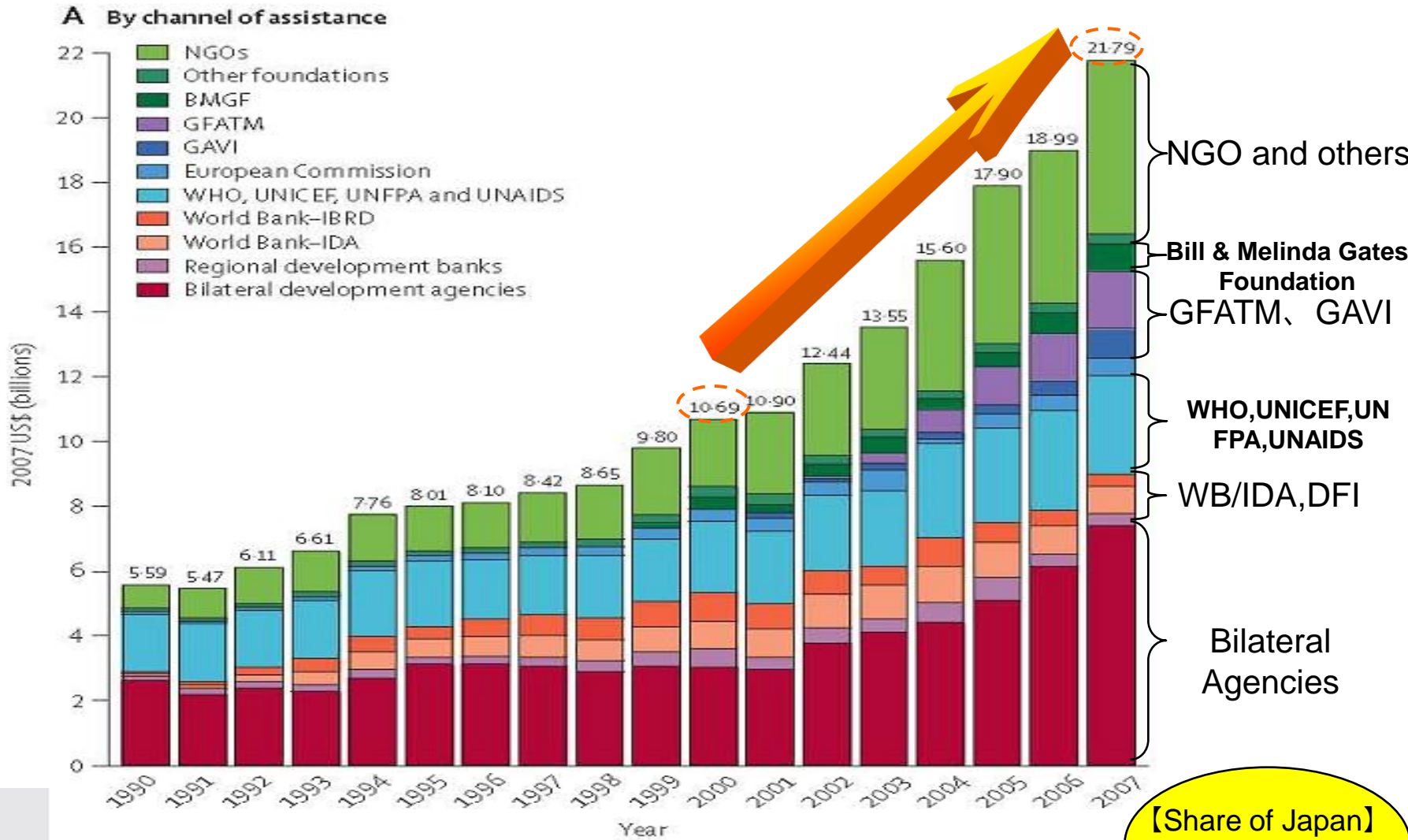
Donor Congestion in Kenya

Supplies Logistics System in Kenya (as of January 2007)

Constructed and produced by Steve Kinzett, RHSC/PATH - please communicate any inaccuracies to skinzett@path.org or telephone +32 (0) 2 210 0221



Development assistance for health (DAH) from 1990 to 2007



【Share of Japan】
3.2%(\$0.7bn. 2007)

Source: Development assistance for health (DAH) from 1990 to 2007 by channel of assistance retrieved from <http://www.thelancet.com> Vol 373 June 20, 2009

JICA-GFATM Partnership, in selected countries

[CCM] Countries which JICA is a member of the CCM
[TWG] Countries which JICA participates in the Technical Working Group of the CCM
[TC] Countries which JICA provides Technical Cooperation (TC) complementary to the GFATM-funded Projects



Strengthening TB Management Capacities, Afghanistan

– *Complementary Technical Cooperation* –
 JICA's technical cooperation for the National TB Control Program (NTP) is envisaged to strengthen NTP's capacities for sound provision of quality TB services throughout Afghanistan. The JICA-supported project is building technical and management capacities, while actual TB service provision are made possible with training and commodities procured with GFATM grants.



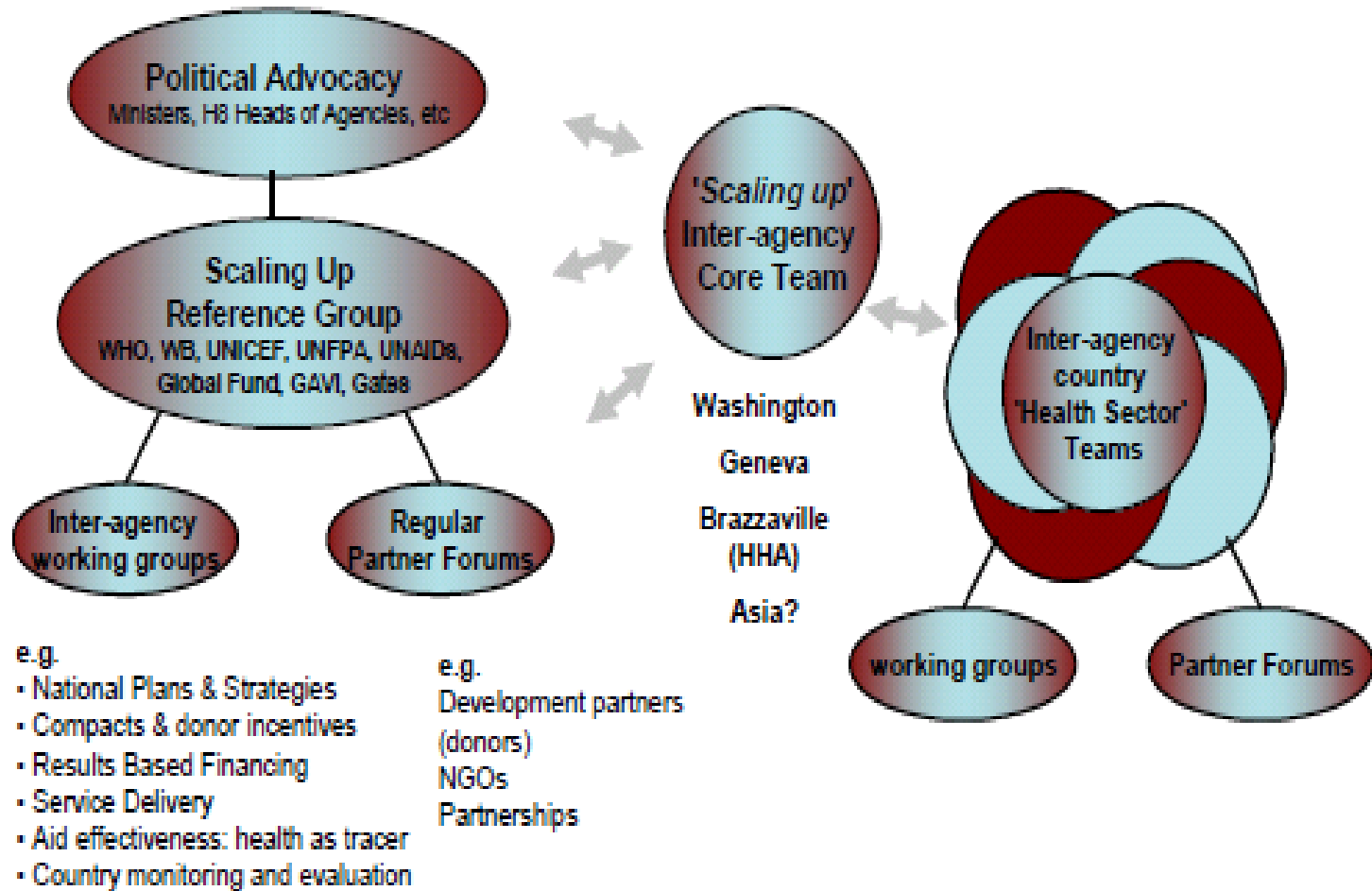
National TB Prevalence Survey Project, Cambodia

– *Complementary Technical Cooperation* –
 JICA partners with the National TB Program (NTP) of Cambodia since 1999 to improve its responses to Tuberculosis. With JICA's technical assistance and funding of the GFATM, the NTP is undertaking the second national TB prevalence survey in 2010. Findings of this survey will be utilised to design the evidence-informed national programme, which also formed basis of the GFATM-supported TB programmes in the future.

Institutional Capacity Strengthening for HIV Prevention Project, Tanzania

– *Complementary Technical Cooperation* –
 The NACP/JICA project commenced in 2006 aimed at improving the quality of STI and VCT services. The project developed and disseminated national guidelines, training curriculum and materials, which were rolled out throughout the country with GFATM funding. The project developed the mechanism for comprehensive supportive supervision and mentoring for improving quality of HIV and AIDS related health services, that shall also contribute to the improvement of GFATM grant performance.

International Health Partnership



Source ; IHP update

HHA Harmonization for Health in Africa

...towards health systems for outcomes

Jointly Strengthening Health Systems for Africa

Harmonization for Health in Africa (HHA) is a collaborative initiative by AfBD, UNAIDS, UNFPA, UNICEF, USAID, WHO and WB to provide regional support to governments in Africa in strengthening their health systems. HHA was created as a mechanism to facilitate and coordinate the process of country-led development in all aspects of health systems strengthening. The collaborating partners focus on providing support in the areas of Health Financing, Human Resources for Health, Pharmaceuticals and Supply Chains, Governance and Service Delivery, Infrastructure and ICT.

[More...](#)

Feature Story



Representatives from Various Countries Participate in a Flagship Workshop on Health Systems Strengthening

The intensive eleven day course was hosted by the National University of Rwanda-School of Public Health in partnership with Harmonization for Health in Africa.

More Featured News



Feature Story Public Health Laboratories to Help Stop Spread of Disease

A new network of public health labs in Kenya, Tanzania, Rwanda and Uganda will help improve access to diagnostic services for vulnerable populations living in East Africa's cross-border areas.

Country News

Community of Practice Membership

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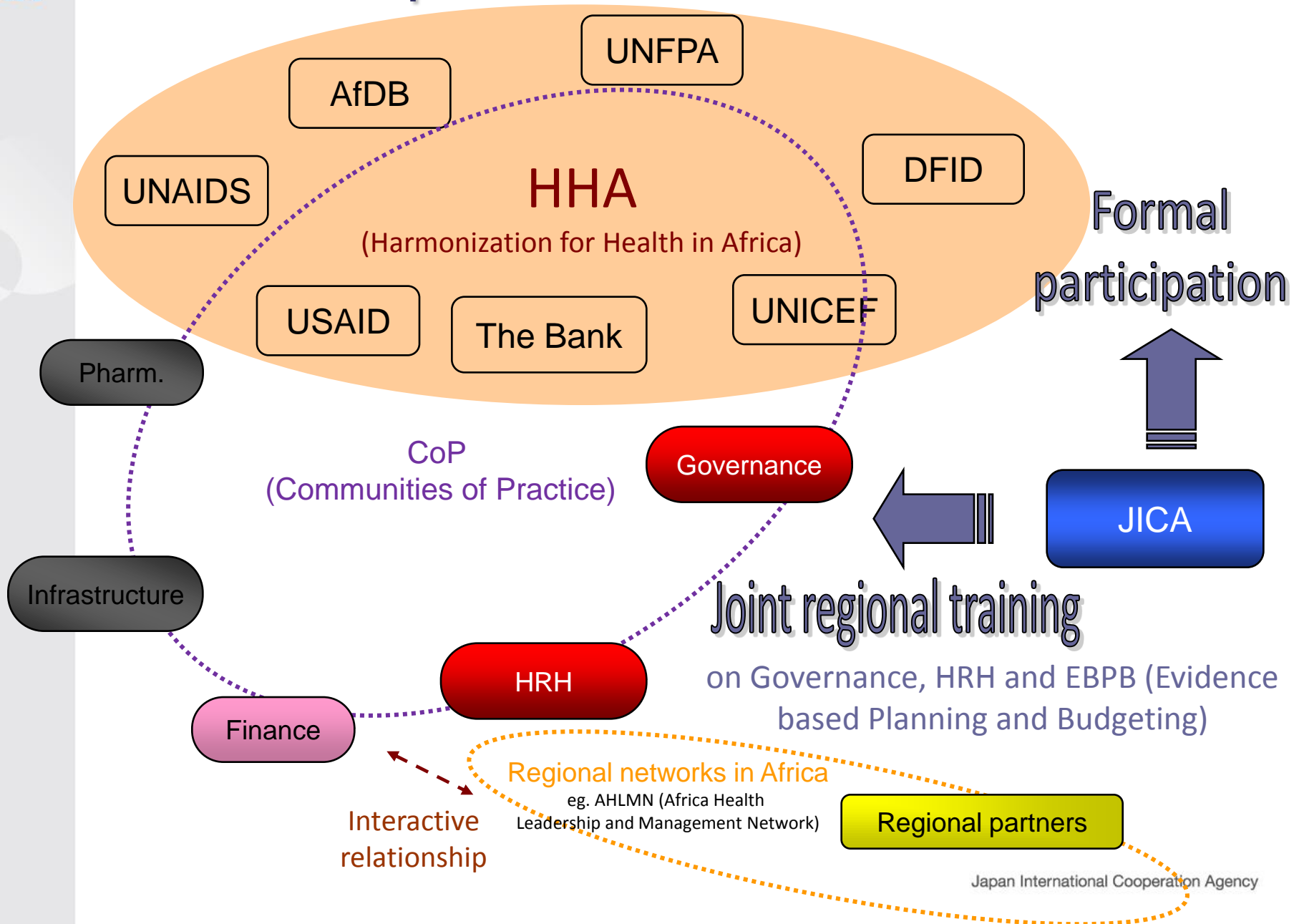


Access RD Meeting Documents



Regional Directors Preparatory Meetings

JICA's Participation into HHA



ありがとうございました