

## **SPECIAL COMMISSION ON JAPAN'S STRATEGY ON DEVELOPMENT ASSISTANCE FOR HEALTH**

### **Concept Note**

#### **Background**

- Ever since its efforts at the 2008 Toyako G8 Summit, Japan has been lauded for its global health leadership, especially for championing health system strengthening and universal health coverage (UHC). By 2017, its global health ODA had risen to US\$1.06 billion, placing it 4<sup>th</sup> worldwide in terms of the absolute monetary value. The ratio of global health spending to total ODA was 5.7%, making it 15<sup>th</sup> out of the 29 OECD DAC member countries. Now, there is a pressing need for Japan to reassess how to utilize its ODA in a more strategic manner to advance global health and to increase the efficacy and impact of its funding, taking into account the changing context of the development field.
- Since the adoption of the Sustainable Development Goals (SDGs) in 2015, efforts have been undertaken in low- and middle-income countries to mobilize domestic resources from the public and private sectors. However, it is still difficult to activate adequate domestic funding for some populations and issue areas. Therefore, there is a growing need for development assistance to play a catalytic role in encouraging domestic resource mobilization and in capacity building for financial management, procurement, and project implementation.
- In light of this, Japan has started taking steps to utilize highly concessional funding, such as Development Policy Loans, for health projects and to champion the extension of the World Bank's IDA loans to cover global health. In order to encourage implementing countries to integrate health financing needs as line items in their national budgets, it is important for their finance ministries and health ministries to work together more closely in the context of a sustainable health financing framework, so Japan has begun backing measures to encourage this as well.

#### **Key Considerations**

- The SDGs focus not just on health, but on a wide range of interconnected issue areas such as climate change, water and sanitation, nutrition, disaster risk reduction, and the protection of the marine environment, so Japan has to assess how much it can prioritize global health.
- Also, there have been efforts to improve coordination among the various government agencies involved in bilateral and multilateral aid policy—as well as among the respective departments inside of government agencies and JICA as well as among other relevant organizations (e.g., the Ministry of Foreign Affairs and its embassies/consulates; the Ministry of Health, Labour, and Welfare; the Ministry of Finance, JICA, international organizations, and NGOs). Likewise, there have been efforts to improve synergy among various ODA schemes. However, there still is not a sufficient understanding of the impact that these efforts can have in the field of global health and the challenges that are likely to arise in trying to

enhance coordination.

- Moreover, there is a need to reorganize the way in which global health ODA is provided, in response to the issues that arise as countries follow the SDG-3 mandate<sup>1</sup> and attempt to build up fair and sustainable health systems (issues such as implementing countries' institutional capacity on budgeting, financial management, etc.)
- There is growing recognition of the need to focus on primary healthcare (PHC)<sup>2</sup> as the foundation of UHC, but there has not yet been enough discussion of how to properly align ODA for global health with efforts targeting other sectors that are crucial for PHC such as nutrition, water and sanitation, etc., in a way that respects each implementing countries' unique situation. Nor has there been sufficient discussion regarding which kinds of schemes, application criteria, implementation guidelines, monitoring and evaluation systems, etc., are best suited to supporting PHC.

## Commission Overview

**Objectives:** Japan needs to do more on global health, taking into account the fact that this field constitutes one of the largest categories of donor assistance for countries around the world and it involves different sectors and a wide range of governmental and nongovernmental organizations. This Commission will consider how to increase the development impact of Japan's global health ODA policy and make it more strategic, aiming to enhance the quality of its global health ODA in a manner that is well suited for the target year of 2030 and that should earn Japan global recognition for its contributions.

### Topics for investigation:

- ① Explore ways of structuring coordination on global health ODA in order to make it more strategic. This will take a broad perspective in looking at what type of collaboration will be effective and what sorts of frameworks are needed to enhance global health ODA given the range of stakeholders involved, including various Japanese government agencies, international organizations, Japanese and non-Japanese corporations, CSOs, and others.
- ② Consider ways to increase the development impact of Japan's bilateral and multilateral ODA for global health and related issues with the objective of promoting UHC that is based on PHC.
- ③ Look at ways to promote domestic resource mobilization by supporting efforts to expand public financing and leverage private sector resources, as well as ways to support efforts to enhance the efficiency and efficacy of health spending, while giving due consideration to debt sustainability and actual needs of low- and middle-income countries.

Note: The Commission recommendations will keep in mind the point that the Japanese

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<sup>1</sup> I.e., "ensure healthy lives and promote well-being for all at all ages."

<sup>2</sup> "Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.... (It) includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs." (Declaration of Alma-Ata, 1978)

government (including all relevant ministries, JICA, and other agencies) should work with recipient countries—in coordination with other international organizations—to encourage them to prioritize global health in an appropriate manner in their overall ODA requests to Japan, and it should contribute to achieving the health-related SDGs by partnering more with other international initiatives.

**Authority:** This will be operated as a special commission of the Executive Committee on Global Health and Human Security (It is established as a one-time commission that will carry out its work from November 2019 to June 2020)

**Structure:** The Commission will be created along with a Working Group that will support it by gathering and analyzing evidence and will draft recommendations for the Commission to consider. The Commission's membership will include officials from key government ministries and agencies, Diet members, global health experts, and civil society representatives (all members will participate in their individual capacity). The Working Group will be comprised of staff-level employees from the Commission members' organizations, JICA experts, and younger, up-and-coming researchers. ) In addition to the Commission deliberations, opportunities will be created for Commission members and representatives of international organizations to engage in discussions with representatives from international organizations. The Japan Center for International Exchange will manage the operations of the Commission and the Working Group.

**Activities:** The Working Group will examine the actual impact of Japan's global health ODA and identify issues for the Commission to consider. The Commission will conduct deliberations based on the Working Group's analysis and it will also engage in discussions with representatives of international organizations active in the field. By the end of June 2020 it will issue draft recommendations. Following the completion of that draft, opportunities will be created to elicit comments from Diet members involved with global health and development, as well as from global health experts.

## Special Commission on Japan's Strategy on Development Assistance for Health

*Alphabetical order*

### Commissioners

Shigeru Ariizumi	Deputy Director-General, International Bureau, Ministry of Finance
Noriko Fujita	Director, Department of Global Network and Partnership, Bureau of International Health Cooperation, National Center for Global Health and Medicine (NCGM)
Noriko Furuya	Member, House of Representatives of Japan
Katsumi Hirano	Executive Senior Research Fellow, Institute of Developing Economies (IDE), Japan External Trade Organization (JETRO)
Masaki Inaba	Representative, Japan CSO Network on Global Health; Policy Advisor, Japan Civil Society Network on SDGs (SDGs Japan)
Sumie Ishii	Chairperson, Japanese Organization for International Cooperation in Family Planning (JOICFP)
Kiyoshi Kodera	Chair of the Board, Water Aid Japan; Senior Research Associate, Overseas Development Institute (ODI); former Vice President, JICA
Shunsuke Mabuchi	Senior Advisor, Global Delivery, Bill & Melinda Gates Foundation
Karen Makishima	Member, House of Representatives of Japan
Daikichi Momma	Executive Advisor, Nippon Life Insurance Company; former Director-General, International Bureau, Ministry of Finance
Hiroshi Naka	Professor, Institute for Future Initiatives, the University of Tokyo
Hiroki Nakatani	Board member and Director, Human Resource Strategy Center for Global Health, National Center for Global Health and Medicine (NCGM); Project Professor, Global Research Institute at Keio University (KGRI); Board Chair and Representative Director, Global Health Innovative Technology Fund (GHIT Fund)
Kyoko Okamura	Nutrition Specialist, Health, Population and Nutrition, The World Bank Group
Akio Okawara	President and CEO, Japan Center for International Exchange (JCIE); Director, Executive Committee on Global Health and Human Security
Yasuhisa Shiozaki	Member, House of Representatives [ <b>Commission Chair</b> ]
Hideo Suzuki	Director-General/Assistant Minister, International Cooperation Bureau, Ministry of Foreign Affairs
Yasuhiro Suzuki	Medical Commissioner, Ministry of Health, Labour, and Welfare
Yukio Takasu	Special Advisor on Human Security to the UN Secretary-General; former United Nations Under-Secretary General for Management; former Japanese Ambassador to the United Nations

Keizo Takemi	Member, House of Councillors; Senior Fellow, JCIE; Chair, Executive Committee on Global Health and Human Security
Ikuo Takizawa	Deputy Director General, Human Development Department, Japan International Cooperation Agency (JICA)
Takao Toda	Vice President for Human Security and Global Health, Japan International Cooperation Agency (JICA)
Tamaki Tsukada	Director-General for Global Issues, Ministry of Foreign Affairs
Mitsuhiro Ushio	Director, Hitachinaka Public Health Center, Ibaraki Prefectural Government; former Health Policy Advisor to the Vietnamese Ministry of Health (JICA Expert)

※ *All members are participating in their individual capacity.*

※ *Representatives of the Cabinet Office will also join as observers and the Japan representatives of relevant UN agencies and international organizations will be invited to participate as appropriate.*

### **Working Group Members**

Satoko Itoh	Managing Director, Japan Center for International Exchange (JCIE)
Kenichi Komada	Assistant Director, Division of Global Health Policy and Research, Department of Health Planning and Management, Bureau of International Health Cooperation, National Center for Global Health and Medicine (NCGM)
Shiori Nagatani	Program Associate, Japan Center for International Exchange (JCIE)
Shuhei Nomura	Project Associate Professor, Department of Health Policy and Management, School of Medicine, Keio University; Assistant Professor, Department of Global Health Policy, Graduate School of Medicine, University of Tokyo; and Research Fellow, Institute for Global Health Policy Research (iGHP), National Center for Global Health and Medicine (NCGM)
Haruka Sakamoto	Special Research Fellow, Department of Global Health Policy, Graduate School of Medicine, the University of Tokyo
Motoko Seko	Fellow, Japan Center for International Exchange (JCIE)
Tomoko Suzuki	Chief Program Officer, Japan Center for International Exchange (JCIE)
Ikuo Takizawa	Deputy Director General, Human Development Department, Japan International Cooperation Agency (JICA) <b>[Working Group Director; also serving as commissioner]</b>
Makoto Tobe	Senior Advisor on Health, Human Development Department, Japan International Cooperation Agency (JICA)