

# JICA Global Agenda for No. 6 Health



Japan International Cooperation Agency (JICA) works toward the achievement of the Sustainable Development Goals (SDGs).

# 1. Objectives

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JICA focuses on "JICA's Initiative for Global Health and Medicine"<sup>1</sup> to respond to COVID-19 and other infectious diseases in a resilient<sup>2</sup> manner and to advance a health-promoting society that underpins people's lives. Through promoting this Initiative, JICA aims to contribute to the achievement of Universal Health Coverage (UHC) even in times of public health emergency, which ensures that all people receive the health services they need without suffering financial hardship.

## 2. Current Situation, Analysis of Issues, and Reasons for Setting Objectives

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### (1) Current Situation and Analysis

#### 1) Overview of issues to be addressed in the health sector

Currently, COVID-19 is the biggest issue in the health sector, but there is a wide range of issues when we look at health challenges in general. Looking at the 13 targets in Goal 3 (Ensure healthy lives and promote well-being for all at all ages) of the Sustainable Development Goals (SDGs), which relates to the health sector, we can see that there are various health issues, not only those such as reducing the global maternal mortality (3.1), ending preventable deaths of newborns and children under five years of age (3.2), ending epidemics of infectious diseases (3.3), and strengthening sexual and reproductive health services (3.7), all of which were originally from the Millennium Development Goals (MDGs). In addition to those traditional issues, various new health issues have arisen: non-communicable disease control and mental health (3.4), substance abuse control including drug and alcohol (3.5), reduction of road traffic injuries and deaths (3.6), hazardous chemicals and air, water and soil pollution (3.9). There are also cross-cutting issues: strengthening tobacco control (3.a), supporting research and development of vaccines and medicines (3.b), strengthening health financing and recruitment, training and retention of health workforce (3.c), and early warning, risk reduction and management of health risks (3.d). The major target underlying all of these is to achieve UHC (3.8).

Even before COVID-19 pandemic, the achievement of UHC was an urgent challenge.

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<sup>1</sup> [https://www.jica.go.jp/english/mobile/our\\_work/thematic\\_issues/health/initiative/index.html](https://www.jica.go.jp/english/mobile/our_work/thematic_issues/health/initiative/index.html)

<sup>2</sup> This refers to the ability to prepare for and respond appropriately to sudden events (disasters, infectious diseases) and changes in population and disease structures.

For example, about half of the population in the world did not have access to quality essential services to protect and promote health, approximately 800 million people spent at least 10% of their household budget on out-of-pocket health care expenses each year, and nearly 100 million people were pushed into extreme poverty each year due to unexpected health expenditures. In addition to those, COVID-19 pandemic has revealed the vulnerability of health systems not only in low- and middle-income countries but also in high-income countries, highlighting the importance of building resilient health systems that can provide stable services to all people even in times of crisis.

## **2) Achievement of the MDGs and remaining challenges**

Looking back the MDGs agreed in 2000, although the health-related goals of reducing under-five mortality (Goal 4) and improving maternal health (Goal 5) were not achieved, the under-five mortality rate had been significantly decreased by 53% and the maternal mortality rate by 44% between 1990 and 2015. However, as of 2015, approximately 6 million under-five children and 300,000 pregnant or lactating women still die each year. Concerning Goal 6, the prevention of the spread of HIV/AIDS, malaria and other infectious diseases, it is estimated that between 1990 and 2015, global HIV/AIDS infections decreased by 40%, malaria control activities saved more than 6.2 million lives, and tuberculosis control activities saved 37 million lives. However, as of 2015, 9.5 million people still die annually from infectious diseases.

## **3) Increase of financial needs and services, emergence of new health challenges and expansion of health disparities since 2000**

Since 2000, access to health care services, including control of infectious diseases such as HIV/AIDS and the promotion of vaccination, has improved, partly due to the expansion of aid funding through the successive launch of funding agencies and foundations (see below). On the other hand, health disparities among and within low- and middle-income countries have become apparent, as represented by the increase of the targets in SDGs Goal 3 described in 1) above and the emergence of new and diverse health issues. It becomes necessary to expand health resources, reduce the share of out-of-pocket health expenditures, pursue equity, and improve the efficiency of health systems. To solve these problems, the achievement of UHC has been widely advocated. The Japanese government has been leading the global effort to achieve UHC and contributing by sharing Japan's historical experience in achieving UHC in the international community.

## **(2) Reasons for Setting the Objective for the Global Agenda**

Based on the above, the objective of this Global Agenda is to promote health systems strengthening with the aim of achieving UHC to address various health issues. In particular, the impact of COVID-19 pandemic since its beginning in 2020 on the health systems of

low- and middle-income countries as well as on the economy and society in general has been enormous and prolonged, including an increase in the number of poor people. In order to fight against transboundary infectious diseases, international cooperation, including the fair distribution of vaccines and the promotion of vaccination, is necessary. Therefore, JICA focuses on "JICA's Initiative for Global Health and Medicine," based on solidarity and trust with the world.

### **(3) Global Efforts in the Issue**

#### **1) The growing importance of UHC in global health and COVID-19 pandemic**

In response to the growing needs for the strengthening of health systems and effective mobilization of domestic resources for sustainable health financing, the UN General Assembly in 2012 endorsed a resolution to promote UHC. Since UHC was set as one of the targets of the SDGs, its importance has gained consensus in the global health arena, which is included in the declaration of the G7 Ise-Shima Summit in 2016 and a political declaration on UHC was adopted in the UN General Assembly in 2019. COVID-19 pandemic has further increased the importance of achieving resilient UHC.

#### **2) Efforts by other development partners and institutions: Increasing trend of global funding for health**

Many development partners put priority on health. Among the G7 countries, the U.S., the U.K., and Germany spend more on health than Japan, and the U.S., with a total expenditure of more than USD 10 billion, has mainly provided support for infectious disease control. As for international organizations, in addition to the specialized organizations in the health sector, e.g., the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), the World Bank and, in recent years, the Asian Development Bank, have been actively cooperating in the health sector.

In addition to bilateral development partners and international organizations, since 2000, funding agencies for infectious disease control based on public-private partnerships and foundation organizations have been established, which include the Global Alliance for Vaccine and Immunization (Gavi, 2000), the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund, 2002), and the Bill & Melinda Gates Foundation (2000). In recent years, various international frameworks have been established, such as the Global Financing Facility (GFF), a mechanism to mobilize the resources from the World Bank and other funds for maternal and child health, in 2015, and COVAX, which aims to improve access to COVID-19 vaccines, in 2020.

Among those, it is vital to collaborate with WHO, UNICEF and other specialized organizations in creating global norms, setting agendas, and disseminating them in the global arena, as well as to collaborate with them when formulating projects to ensure that the content of the projects is based on global trends. In addition, by collaborating with the

World Bank, the Global Fund and other organizations that have large amounts of aid funding, we aim to increase synergistic effects such as the expansion of outcomes in project implementation. Also, many international platforms consisting of these international organizations and groups have been formed in various fields of global health, and we seek to participate in and collaborate with these platforms.

## **(4) Policy of the Government of Japan**

### **1) Japan's leadership in global health**

In the early 1990s, the Japanese government began to take up population and HIV/AIDS control as a global issues initiative in cooperation with the United States. Since the late 1990s, the Japanese government has taken advantage of the summit meetings of major industrialized countries to strengthen infectious disease control and health systems, and has played a leading role in putting UHC on the global health agenda since 2016.

The major ones are as follows

- Denver Summit in 1997: Hashimoto Initiative (advocating the need for parasitic infections control)
- Kyushu-Okinawa Summit in 2000: Okinawa Initiative for Infectious Disease Control (which led to the establishment of the Global Fund to fight AIDS, Tuberculosis and Malaria)
- Hokkaido-Toyako Summit in 2008: Focus on strengthening health systems in addition to maternal and child health, as well as infectious diseases control
- Ise-Shima Summit in 2016: Ise-Shima Vision for Global Health highlighting the importance of response to public health emergencies, UHC with resilient health systems, anti-microbial resistance, research and development, etc.
- G20 Osaka Summit in 2019: Promotion of UHC, anti-microbial resistance, and measures for the aging population.

Notable UHC-related events include the UHC Conference in Tokyo in 2015 as a stepping stone to the Ise-Shima Summit, the side event 'UHC in Africa' in TICAD 6 in 2016, and the UHC Forum in Tokyo in 2017. Although there was some opposition to include UHC as a target of the SDGs (UHC is a means, not an end, and it is difficult to measure the progress toward UHC quantitatively), the Japanese government and others lobbied strongly for its inclusion. Japan has played an essential role in the mainstreaming of UHC.

### **2) Government of Japan's sectoral policies / ODA policy in the health care sector**

Japan's Strategy for Global Health Diplomacy formulated in 2013 included mainstreaming UHC as a pillar of concrete actions. The Basic Policy for Peace and Health, formulated as an issue-specific policy of the Development Cooperation Charter in 2015, identified the realization of UHC as the ultimate goal of cooperation in the health sector.

The Basic Policy also places the building of resilient health systems and the establishment of health security as one of its pillars in response to the spread of Ebola virus disease in 2014, which has become even more critical with the current pandemic of COVID-19.

## 3. Significance of Japan and JICA's Engagement

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### (1) Significance of Addressing Global Health

Cooperation in the health sector utilizing the experience of Japan's own history of development and that of development cooperation for low- and middle-income countries is of significance in the following three points;

- 1) It can lead to health promotion on a global scale including low- and middle-income countries, which is a precondition for the stability of the international order and a cornerstone of Japan's peace and prosperity.
- 2) Japan's unique cooperation in the health sector based on the principles of human security can help support the sustainable development of low- and middle-income countries while each development partner is making efforts in this sector in response to COVID-19.
- 3) It can demonstrate the presence of Japan's development cooperation and contribute to Japan's leadership in the maintenance and construction of a free and open order in the "new normal."

In addition, Japan is expected to overcome the vulnerability to health emergencies caused by COVID-19 as other high-income countries by joining efforts with other countries through international cooperation. In this process, there is room to fully utilize the network with low- and middle-income countries that JICA has developed. This can help establish international cooperation architecture to protect people's health globally through the efforts to contain COVID-19 pandemic by overcoming national particularism and hegemony and calling for solidarity with the world, thus contributing to Japan's leadership in redefining UHC in the long run.

### (2) Strengths of Japan's Own Development Experience in the Health Sector

After the Meiji Restoration in the late 19<sup>th</sup> century, Japan actively introduced Western medicine and developed human resources in medical education and research. At the beginning of the Showa period, Japan established a framework for health administration

by addressing national public health issues such as tuberculosis control and the improvement of maternal and child health through the introduction of public health centers. After the end of World War II, the national government progressed the policy and system for health promotion, and at the community level, local governments, various community-based organizations and volunteers took charge of health improvement efforts. As a result, indicators such as maternal and child health and infectious diseases have been greatly improved. Then, in 1961, at the early stage of Japan's rapid economic growth after World War II, the country established a universal health insurance system. After that, the progress in disease control and the increase in life expectancy have made public health issues shift to non-communicable diseases and aging, but Japan has maintained UHC with high quality.

On the other hand, Japan experienced a rapid increase in medical expenditure due to the introduction of free medical care for the elderly in 1973, while making subsequent efforts since the 1980s to contain their medical expenditure, enforce the Health and Medical Service Law for the Elderly, introduce the long-term care insurance system in 2000, and implement measures to restrain benefits in health insurance. However, the medical expenditure per capita has kept increasing due to Japan's declining birthrate and aging population. In addition, COVID-19 pandemic caused the fears of a collapse in the medical care system and showed delays in vaccine development. These ongoing issues are also experiences that can be shared with the world and that are expected to be solved through collective efforts. The international cooperation toward achieving UHC is worthwhile for Japan to tackle with its own experiences, and as mentioned in Section 4, Japan has led the global momentum toward achieving UHC by hosting the UHC Forum and other events.

### **(3) Strengths of JICA's Experience in Development Cooperation**

International cooperation in the health sector by JICA has focused on maternal and child health and infectious disease control, where Japan has a wealth of experience and human resources, and has provided support with an emphasis on the ownership and sustainability by the partner country. At the same time, JICA has been supporting the efforts of partner countries with the aim of strengthening comprehensive health systems, including health administration capacity, access to health services, the quality of services, and human resources development for health, which are cross-cutting issues, through an organized combination of technical and financial cooperation.

In addition, JICA has the advantage of having provided careful support for the efforts of partner countries at every level, from the policy and institutional level to the field level. These efforts have contributed to the achievement of global goals, including the eradication of wild polio in the Western Pacific region in 2000 and in Africa in 2020, and the interruption of Chagas disease transmission in Guatemala, Honduras, Nicaragua, and El Salvador in

Central America.

With regard to COVID-19, JICA has built relationships of trust with many core infectious disease research institutes and medical institutions over many years of cooperation, and can take the lead in strengthening global solidarity by sharing experiences and co-creating solutions with low- and middle-income countries based on the trust. To this end, JICA has launched “JICA’s Initiative for Global Health and Medicine” to further promote such cooperation.

## 4. Scenarios Contributing to Objectives of the Global Agenda, and Clusters

### (1) Basic Principles and Approach of the Global Agenda

This Global Agenda aims to achieve a resilient UHC by promoting “JICA’s Initiative for Global Health and Medicine” as top priority in light of the impact of COVID-19. In line with the goal of "leaving no one behind" and the principle of leading global efforts, the Initiative will strengthen efforts in the three pillars of "strengthening diagnosis and treatment systems," "strengthening research, testing and alert systems," and "strengthening prevention and mainstreaming health emergency preparedness."



In response to the first and second pillars of the Initiative (see the next section for a detailed outline), we set up the following two development scenarios (clusters) as priorities under this Global Agenda: "Strengthening Diagnosis and Treatment Capacity of Core Hospitals" and "Strengthening Institutions for Infectious Disease Control and Testing."

In response to the remaining pillar of the Initiative, which is strengthening prevention and mainstreaming health emergency preparedness, we set up the third cluster "Strengthening Quality Continuum Care for Mothers and Children, including the Use of Maternal and Child Health Handbooks." We have done this because protecting the health of mothers and children, who are the most vulnerable to infectious diseases and other health risks, is a top priority for strengthening prevention and mainstreaming health emergency preparedness. This is also because JICA has long-term experience in international cooperation and an impressive track record in this area of maternal and child health.

While the above three clusters are related to service delivery, we set up "strengthening the health financing system" as the fourth cluster, based on the recognition that building a sound health financing system to improve universal access to essential health services from a financial perspective is essential to achieving UHC.

One of the most effective and vital factors for the prevention of infectious diseases is the



development and distribution of vaccines. At present, the situation surrounding vaccines is changing rapidly, and there is little predictability in setting the goals and actual cooperation, so the cluster is not designated for vaccine-related cooperation at this moment. However, with due attention to domestic and global trends, the relevant cooperation shall be diligently promoted according to the situation

In addition, it is essential to address the health and protection of the elderly, who are vulnerable to infectious diseases and non-communicable diseases that are considered to be one of the factors causing severe cases of COVID-19. At this moment, we do not pick up these as clusters to avoid too many priorities under this Strategy. However, the rapid aging of the population, especially in Southeast Asia and Latin America, is becoming a significant issue. Since this is an area where Japan can make use of its experience, the cooperation in these areas should be continued with a view to setting it as one of the clusters in the future.

There is also a need to address the mainstreaming of infectious disease control in development issues outside the health sector, such as water and sanitation, urban planning, education, nutrition, and other essential social services, which will be addressed in the respective global agendas.

## **(2) Development Scenarios (Clusters)**

As mentioned above, we set up four clusters: "Strengthening Diagnosis and Treatment Capacity of Core Hospitals," "Strengthening the Institutions for Infectious Disease Control and Testing," "Strengthening Quality Continuum Care for Mothers and Children, including the Use of Maternal and Child Health Handbooks" and "Strengthening the Health Financing System," with "Responses to the aging society" as a candidate for a future cluster. Each one is outlined below.

### **1) Cluster for Strengthening Diagnosis and Treatment Capacity of Core Hospitals**

- a) Overview: (1) Strengthening medical services by updating facilities and equipment at about 100 core hospitals and developing the capacity of human resources for health, (2) Enhancing case management (diagnosis, treatment, and care) to reduce the risk of severe COVID-19 cases and deaths, and (3) strengthening intensive care through telemedicine technology.
- b) Goal to be achieved: Establish a quality health and medical system where everyone can receive safe and reliable treatment.
- c) Major actions:

Depending on the characteristics of each country, we will work on updating or expanding facilities and equipment at hospitals through grant aid, ODA loans, and others. At the same time, we will provide a package of cooperation to improve the medical system that combines technical support based on Japan's long experience in the area of healthcare-

associated infection prevention and control, hospital management, 5S-KAIZEN<sup>3</sup>, and the maintenance of medical facilities and equipment. In addition, we will share knowledge and skills such as case management to reduce the risk of severe cases and deaths based on the experience of COVID-19 treatment in Japan, and strengthen intensive care using remote technology.

## **2) Cluster for Strengthening the Institutions for Infectious Disease Control and Testing**

- a) Overview: (1) Updating facilities and equipment at core institutions for infectious disease research and the developing capacity of specialized human resources in infectious diseases, (2) improving early detection of infection and contact tracing through strengthening the capacity of testing and diagnostic, and (3) strengthening of quarantine and border control measures. While utilizing the network of core institutions for infectious disease research developed through past cooperation of JICA, we will expand by acquiring new development partners.
- b) Goal to be achieved: Contribute to the preparedness for future health emergencies by strengthening testing and diagnostic techniques to prevent the spread of infectious diseases.
- c) Major actions:

We will extend cooperation in Africa and Asia based on the concept of "Partnership for Building Resilience against Public Health Emergencies through Advanced Research and Education (called "PREPARE")," which composes three pillars. These are (i) developing the capacity of national core laboratories through a combination of grant aid and technical cooperation, (ii) enhancing the capacity of disease control experts through JICA Development Studies Program and (iii) contributing to regional and global disease control initiatives.

In Africa (including North Africa), we will focus on strengthening the capacity of the core infectious disease control laboratories in the region (Ghana, Kenya, Zambia, Nigeria, and the Democratic Republic of Congo) and their networks (including Egypt). We will also collaborate with the African Centre for Disease Control and Prevention (CDC) established by the African Union and the World Organization for Animal Health (Office des Internationale Epizooties, OIE).

In Asia, taking into account the impact on Japan, we will strengthen the capacity of each country to respond to infectious diseases, promote regional cooperation through the ASEAN Centre for Public Health Emergencies and Emerging Diseases, which has been newly established with the support of the Japanese government, and provide multifaceted cooperation such as the transfer of vaccine development technologies.

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<sup>3</sup> 5S-KAIZEN is a simple, yet highly effective approach to improve quality of healthcare and hospital management in resource constrained settings. The outline of 5S-KAIZEN is shown in the following URL. [https://www.jica.go.jp/english/our\\_work/thematic\\_issues/health/case.html](https://www.jica.go.jp/english/our_work/thematic_issues/health/case.html)

In Latin America, in addition to the cooperation utilizing local resources, cooperation utilizing research and development and innovation will also be promoted through the Science and Technology Research Partnership for Sustainable Development (SATREPS) and public-private partnerships.

### **3) Cluster for Strengthening Quality Continuum Care for Mothers and Children, including the Use of Maternal and Child Health Handbooks**

- a) Overview: Aiming to strengthen the system for the continuous provision of high-quality services during the period from pregnancy to delivery and until the child reaches the age of five. Promoting the use of home-based records for maternal and child health, such as the Maternal and Child Health Handbook, in order to achieve continuous access to the services through increased awareness among mothers.
- b) Goal to be achieved: Strengthen the continuum of the sustainable and quality maternal and child of care system to contribute to reducing maternal and child mortality and achieving life-course well-being.
- c) Major actions:

In Africa and South Asia, where maternal and child health remains a significant issue, we will support strengthening the basic service delivery system. In regions where there has been some improvement in mortality rates, cooperation will be focused on strengthening the health systems in an integral manner. In addition, from the perspective of the global dissemination of home-based records for maternal and child health including the Maternal and Child Health handbook, we will establish a global coordination mechanism based on the Memorandum of Cooperation with WHO and UNICEF, as well as the Memorandum of Cooperation with Gavi. We will strengthen the collaborative structure with various stakeholders under these frameworks.

### **4) Cluster for Strengthening the Health Financing System**

- a) Overview: Ensuring access to health services through the development and improvement of sound health financing systems by advising on the policies and systems, collaboration with service provision and financial support, while enhancing the national commitment.
- b) Goal to be achieved: Establish and improve the system where society can share the burden of health expenditure so that people can receive health services they need at an affordable cost.
- c) Major actions:

We will co-create concrete institutional solutions through the promotion of mutual learning among countries including introducing Japan's systems by technical cooperation based on policy dialogue (e.g., dispatch of policy advisers, training and study tour in Japan, and technical cooperation project) for countries with a high commitment at the policy level to the development of sound health financing systems in Asia, Africa, and Latin America.

We will seek the possibility of supporting countries with particularly high levels of commitment for policy implementation through financial cooperation (Development Policy Loans, in collaboration and coordination with development partners as necessary) in combination with the technical cooperation. In addition, we will support the improvement of health service provision with the utilization of health financing systems. It is necessary to secure certain public financial resources for society as a whole to share the burden of health expenditure, and we will refer to and collaborate with the findings on public financial management in the Global Agenda "Public Finance and Financial Systems."

### **5) Candidate clusters for the future: Responses to population aging**

We will respond to population aging, mainly in Southeast Asia and Latin America with the rapid aging of their populations, and promote cooperation to set as one of the clusters in the future, though not immediately at this moment. Aging is an area that requires cross-sectoral measures, not only in the field of health care including health financing, but also in the field of social security systems such as pensions, the national finances underpinning these systems, and urban development with the increasing number of older people. Utilizing the experiences of Japan, which went through rapid population aging that no other country had ever had, we will work on the development of national systems and community support systems for the elderly on a cross-cluster basis.

## **(3) Indicators**

The following indicators are to be achieved by 2030.

- The number of quality health workers will be increased by about 60,000 (provisional).
- 10.8 million people (provisional) will benefit from access to primary health care, improved sanitation, and access to affordable health services through improvement of health financing systems.

In addition, the following indicators are to be achieved through collaboration with external funding.

- Sound health financing systems that cover people in both the formal and the informal sectors will be developed or improved in 10 countries.
- In 10 countries, capacity building of the top laboratories in the field of infectious diseases and systems for cross-border information and knowledge sharing will be established.
- Home Based Records (HBR), including Maternal and Child Health Handbooks, will be disseminated in 50 countries based on the implementation guide formulated by the HBR Platform.

## 5. Strategic Approaches for the Global Agenda and Clusters

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### (1) Human Resource Development in Japan through JICA Development Studies Program and others

#### 1) JICA Development Studies Program (long-term training)

We will develop future global leaders with close relationships with Japanese educational and research institutions by cultivating a wide range of knowledge and skills, including Japanese experience and a global perspective for core personnel in government and research institutions, focusing on UHC and health emergency response.

#### 2) Group and Region Focus Program and Country Focus Program

The Group and Region Focus Program and Country Focus Program conducted in Japan will aim at meticulous human resource development in health systems, infectious disease control, maternal and child health, non-communicable diseases, and aging, ranging from those in charge of policy-making in the central government to health professionals in the field. In addition, by utilizing the opportunity of these programs in Japan, information exchange with Japanese private companies and simultaneous human resource development of Japanese experts will be achieved by holding joint program sessions.

### (2) Building Platforms for Wide Range of Mobilization of External Resources and Specific Actions

In building various platforms based on the global agenda and clusters, we need to pay attention to collaborating with appropriate stakeholders with a view to synergies with JICA's activities because the core actors are different for each platform.

For example, in the Cluster for Strengthening the Institutions for Infectious Disease Control and Testing, we will form an appropriate network centered on the core laboratories in each country strengthened through JICA projects together with Japanese infectious disease research institutes and universities. In addition, Japanese private companies with advanced technologies will be involved. In the Cluster for Strengthening Quality Continuum Care for Mothers and Children, including the Use of Maternal and Child Health Handbooks, we will form a platform centered on WHO and UNICEF, with whom JICA already signed a Memorandum of Cooperation, as well as other development partners and international NGOs. At the same time, we will work to involve stakeholders in Japan who are interested in the global dissemination of Maternal and Child Health Handbooks.

Although the stakeholders to be involved vary depending on the cluster, we will actively

involve the private sector in platforms in all clusters. We will share the objectives of each cluster, promote proposals to JICA's public-private partnership programs expected to have synergistic effects with the aims of the clusters, and seek subsequent sustainable development by the private sector.

In particular, we will actively seek collaboration with private companies and others especially in the two Clusters for "Strengthening Diagnosis and Treatment Capacity of Core Hospital" and "Strengthening the Institutions for Infectious Disease Control and Testing." The areas of collaboration will include telemedicine, distance training, the non-contact collection and transmission of health data, the development and dissemination of vaccines, testing and therapeutic drugs, the introduction of disinfectants to prevent infection and development, and the diffusion of early diagnostic technologies and reagents.

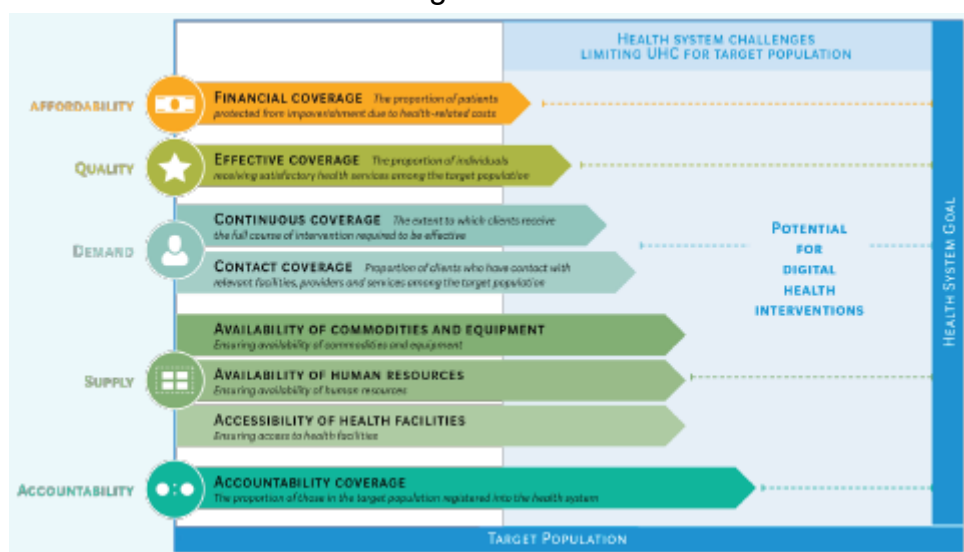
In other clusters, we will also actively seek to apply innovative technologies and strengthen collaboration with Japanese companies from the perspective of complementing the human resource shortage and limited physical access to health facilities in low- and middle-income countries. We will also fully engage in the utilization of JICA's network and information by companies, and will mobilize private sector technology and funds in the areas of livelihood and hygiene improvement, innovation in health service delivery, welfare equipment and nursing home management, and preventive care technology and services.

In addition, Japanese universities, local governments, NGOs, and other organizations are also important partners in JICA operations, and we will promote collaboration on the platforms while focusing on the characteristics and strengths of each organization.

### **(3) Incorporation of New Technologies, Know-how, Digital Transformation (DX) and others into JICA Operations**

It is also essential to promote the introduction of digital health using ICT technology to solve the remaining issues in health systems and achieving UHC.

## Potential for Digital Health Interventions



(WHO Guideline: recommendations on digital interventions for health system strengthening, 2019)

In JICA's operations, from the perspective of overcoming the shortage of human resources for health and the limited physical access to health services in low- and middle-income countries, we will consider the introduction of digital health from various aspects while ensuring an appropriate environment for the introduction.

Concerning the distribution of the Maternal and Child Health Handbook, we will actively explore the possibility of introducing digitalized handbooks in countries where the government has shown a strong commitment. In addition, since measures against non-communicable diseases and aging are areas where innovative efforts are currently underway in Japan, it is important to deepen collaboration with Japanese local governments, universities, and private companies, keeping in mind the larger cycle of deploying these measures in low- and middle-income countries and returning the lessons learned to domestic technological development in Japan.

### (4) Utilization of Foreign Human Resources

We will consider the possibility of contribution through JICA operations to accepting foreign caregivers in Japan and supporting and/or utilizing these returnees in their mother countries where the population is aging in the medium and long term.

## What is the JICA Global Agenda?

JICA's cooperation strategies for global issues. JICA, with its partners, aims to show global impacts realizing the goals set under JICA Global Agenda. JICA Global Agenda and its goals will be shared among partner countries and various actors, enhancing dialogue and collaboration, therefore, maximizing the development impacts. Through these efforts, JICA will comprehensively contribute to the achievement of the SDGs by 2030 as well as realize Japan's Development Cooperation Charter which focus on "human security," "quality growth," and "addressing global challenges".



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Japan International Cooperation Agency (JICA) is an international cooperation organization that is centrally responsible for the implementation of bilateral assistance among Japan's Official Development Assistance. JICA cooperates with about 150 countries and regions around the world.

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