



ACTIONS FOR HUMAN SECURITY IN HEALTH



Health and Human Security

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Health is a basic human right and is necessary for socio-economic development. Nevertheless, many people in developing countries, especially in Africa, face threats to their life and health. Children in developing countries are thirteen times more likely to die before their fifth birthday than are children in developed countries. And maternal mortality rates in developing countries are, amazingly, fifty-six times higher. Because many factors contribute to the severe life and health problems of people in developing countries, there is a need to take a comprehensive approach to assure their human security.

Increasing “human security” is the basic aim of Japan’s development assistance. JICA is emphasizing a dual approach, top-down and bottom-up, to protect and empower local communities and especially the poor. Through the top-down approach, we support activities such as central health policy development, strengthening health sector administration and functioning, and training of human resources for health. At the same time, through the bottom-up approach we focus on primary education, empowerment of women, safe water, environmental sanitation, and strengthening community organizations.

Unresolved issues still hinder efforts to secure human rights and health for all. Health improvements are central to the Millennium Development Goals (MDGs) for the Year 2015. International agencies need to cooperate with each other in order to attain that goal. JICA is endeavoring to strengthen coordination and collaboration with all of its development partners, in order to enhance the effectiveness of our efforts to advance human security through concrete programs.

INFECTIOUS DISEASE CONTROL

Infectious diseases such as HIV/AIDS, Tuberculosis and Malaria (ATM) are causing serious health problems, especially in Africa. It is estimated that each year more than 5 million people lose their lives due to the three ATM diseases. JICA has been assisting governments in developing countries toward sustainable control of infectious diseases, not only for ATM but also for emerging infectious diseases and for parasitic diseases. That assistance prioritizes prevention programs, expansion of testing, treatment and care, and human resource development. Japan is one of the countries investing most in international funds and organizations, such as GFATM, World Bank and IPPF. We seek to strengthen our roles in such partnerships.

Materials developed
by the cooperation between
JICA and the Zambian government ▶



■ Toward a Comprehensive Response to HIV/AIDS

Today, around 33 million people are infected with HIV; and 30 million people have already lost their lives to AIDS.

JICA supports the developing countries' efforts in HIV/AIDS prevention, treatment and care, in order to minimize the spread of HIV infection and improve the quality of life of people living with HIV/AIDS and that of their families.

In Zambia, which has the world's 7th highest HIV infection rate, we support improved access to HIV testing (VCT and provider-initiated CT) and acceleration of HIV prevention programs. JICA supports the Zambian government in providing comprehensive AIDS treatment, so that more people living with HIV/AIDS receive appropriate care and treatment.

Our approach ranges from the national level, responsible for core HIV/AIDS control strategies, to local-level support for educational activities in schools and communities and grass-roots care services.

■ Sharing Japan's Tuberculosis Control Experience

Each year, over 8 million people become sick with Tuberculosis (TB) and nearly 2 million die. More than 90% of TB cases and deaths are in low- and lower-middle-income countries. JICA supports countries' efforts to detect and diagnose TB-infected persons and to provide appropriate and effective treatment.

The need for TB control is especially urgent in post-conflict countries where TB control activities have been abandoned for a long time.

In Afghanistan, infectious diseases rank first as causes of death, and TB is one of the top diseases among them. JICA technical cooperation supports institution building for TB control in the process of governmental reconstruction in Afghanistan, as well as capacity building for management of TB control.

■ Malaria Control

~Support from community to government levels~

JICA assistance helps countries reduce malaria mortality rates and accelerate preventive activities.

Each year, there are at least 350 million cases of Malaria and more than 1 million deaths, mainly in Africa.

For instance, we provide comprehensive cooperation in the prevention, diagnosis and treatment of Malaria in Tanzania, where approximately 1.5 million people are infected with Malaria annually.

In order to cure this disease, especially, it is important that medical staff correctly apply accurate diagnostic techniques and give appropriate medications. Therefore, JICA provides training and follow-up guidance to laboratory technicians and nurses in Tanzania.

■ Emerging Infectious Diseases and Parasitic Diseases

Emerging infectious diseases such as avian influenza and ongoing challenges of parasitic diseases are increasingly important issues.

For instance, Chagas disease is a parasitic disease endemic to Latin America. It is transmitted mainly by blood-sucking insects locally called '*chinche*'. In Central America, more than 10 million people (about 45% of the total population) are said to be at risk of infection. It is called a 'disease of the poor' since the majority of the victims are poor people who live in houses with thatched roofs and cracked mud walls from which the vector insects emerge to bite.

JICA supports the Central American countries' initiative to eliminate transmission of Chagas disease. The main approaches taken by JICA are promotion of house spraying, establishment of vector surveillance systems involving the communities, and development of administrative boards' capacities to monitor those activities. We also encourage community participation through activities such as Chagas-dramas and Vector Collection Campaigns.

▼ A Japanese JOCV volunteer conducts Chagas disease educational activities for children



HEALTH SYSTEM STRENGTHENING



▲ Pre-service training at nursing school in Senegal

To strengthen maternal and child health and infectious disease control programs in a sustainable manner, it is necessary to improve the entire health system, including development of administration and institutions, improvement of healthcare facilities, and ensuring financial resources. In particular, human resources for health are essential to functional health systems. Most developing countries have insufficient numbers and imbalanced placement of health professionals, along with inadequate quality of health services. JICA provides support for both basic (pre-service) and continuing (in-service) education in nursing and other health professions, as well as for strengthening government capacity in human resource development and deployment. JICA sees the real aim of strengthening health systems is to deliver steady health services to those who need them the most.

■ Urbanization and Health

~Improving Health in Inner-Cities and Slums~

Zambia, like many other countries, is experiencing rapid urbanization. In the peri-urban areas of Lusaka, the capital, many people live in poverty and under the complex threats of deteriorating sanitation, widespread malnutrition, and epidemic diseases. A cross-sectoral approach was deemed necessary in order to promote human security for the people of those vulnerable communities.

The Government of Japan provided grant aid for the installation of water supply systems to address one of the most critical determinants of health in those communities.

JICA provided technical assistance to the local health administration system and to civil society organizations. Community volunteers now deliver essential preventive services such as regular growth monitoring, health and nutrition counseling and referrals, and participatory environmental sanitation improvement activities. The capacity of the Lusaka District Health Management Team to organize, supervise and support such community activities has also improved.

The community serves as a foundation of functioning health systems. Significant reductions in diarrhea incidence and malnutrition among children in the communities in Lusaka indicated the effectiveness of the human security approach.

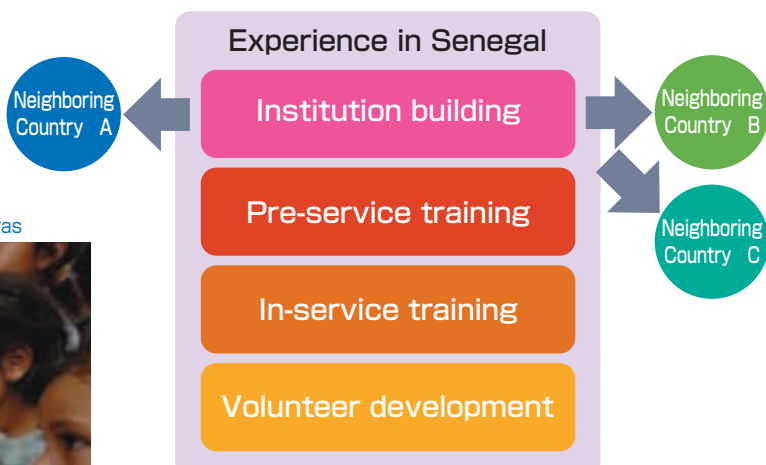
■ Comprehensive Health Personnel Development

The Republic of Senegal has faced major problems in human resources for health, including shortages, limited skills, and inappropriate deployment and utilization.

Working together to overcome those problems, JICA and MoH have developed and implemented several programs, such as:

- revising standards for the establishment for schools training nurses and midwives
- improving the quality of teachers training courses
- improving the quality of in-service training courses
- developing health volunteers

JICA will collaborate with Senegal's Ministry of Health to share those experiences and lessons learned with Senegal's neighboring countries.



Chagas
in Honduras





▲ Health education by community people at the health center (Bolivia)

■ Strengthening District Health Managers

Decentralization of public administration is a global phenomenon, and the health sector in Tanzania is no exception. Council Health Management Teams (CHMTs), with assistance from Regional Health Management Teams (RHMTs), bear a major responsibility to ensure delivery of essential health services to Tanzanian people.

JICA worked with the RHMT and 6 CHMTs in Morogoro Region, and with the central Ministry of Health and Social Welfare, to establish a functional model of evidence-based district health management. The project provided comprehensive management capacity development assistance to the members of RHMTs and CHMTs, including both basic team skills (e.g., leadership, communication, team building) and applied skills (e.g., information management, planning, monitoring and evaluation, and research). Theme-based working groups helped develop a collaborative working environment among RHMTs and CHMTs. The project also encouraged participants to apply their newly acquired skills in their actual daily work.

As a result, the performance of Morogoro's health administration improved significantly, and Morogoro is recognized as a model region promoting decentralization.

"Governance and leadership" is a fundamental building block of Health Sector Reform. Effective decentralization depends on strengthening governance and leadership at local levels. The successful strengthening of the Morogoro health administration demonstrates the importance and effectiveness of technical assistance tailored to the diverse needs of local administrators and the people they serve.

■ Development of Community Health Networks

Health services in Santa Cruz, Bolivia, where the government's health administration faced rapid decentralization and rapid population growth, were not meeting the communities' needs. JICA support helped to strengthen health administration and the community health system, especially primary health care, with a comprehensive approach encompassing:

1. Improvement of services in health centers
2. Promotion of participatory community health
3. Development of a medical equipment management system
4. Strengthening the health facilities network
5. Capacity development for health administration organizations and health facilities



■ Asia-Africa Knowledge Co-Creation

JICA has begun an "Asia-Africa Knowledge Co-Creation Program", an interactive approach between Asia and Africa to create a method of development through training and the implementation of pilot projects, with simultaneous two-way sharing of knowledge and experiences.

African countries, with chronic shortages of human, material and financial resources for health services, face challenges in improving hospital management. On the other hand, among Asian countries that have been facing the same kinds of challenges, a model case of hospital management improvement is developing in Sri Lanka with the introduction of "5S" (Sort, Set, Shine, Standardize, Sustain), a quality management method originally developed in Japanese industries.

Government health officials and hospital managers from Kenya, Malawi, Madagascar, Nigeria, Senegal, Tanzania, Uganda and Eritrea, after acquiring "5S" knowledge through seminars and field visits in Japan and Sri Lanka, are now working to improve their hospitals' management with the help of Sri Lankan health officials.



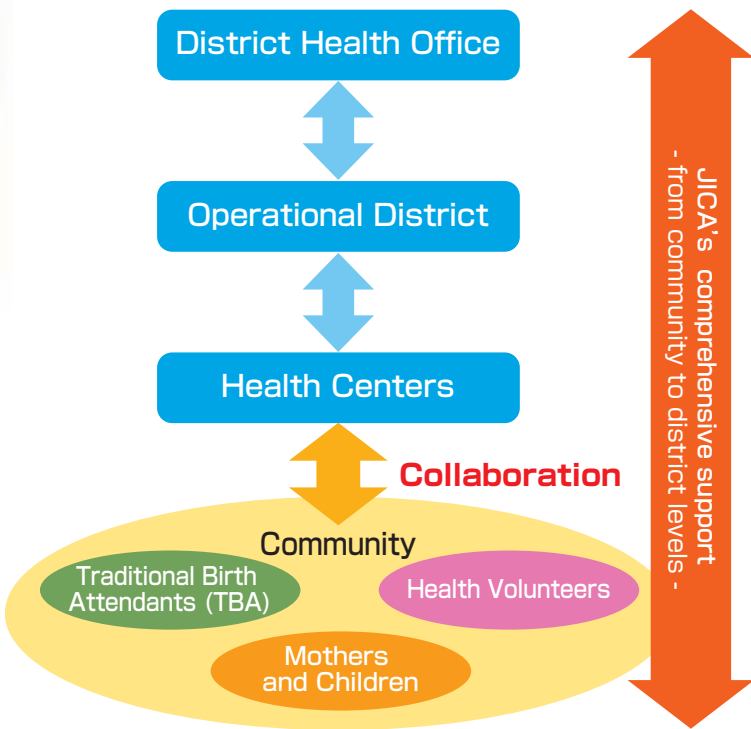
5S Promotion Poster made and distributed by the Tanzanian government ▲

IMPROVEMENT OF MATERNAL AND CHILD HEALTH AND OF REPRODUCTIVE HEALTH

Women and children in developing countries suffer and die from preventable and treatable health problems. Every year, more than 500 thousand women die during pregnancy or childbirth and more than 10 million children die of preventable and curable diseases. JICA is committed to providing cooperation to help its partner countries improve the health of women and children. Based on Japan's experience in maternal and child health (MCH) services, JICA introduced the MCH handbook, the first in the Arabic language, to Palestine. JICA has helped countries such as Cambodia, Syria and Madagascar to promote comprehensive MCH services. And we support projects to improve child health, including the Expanded Program on Immunization (EPI), in China, Pakistan, and many other countries.



▼ Cambodia, Model of MCH Service in Kampong Cham District



■ Ensuring Continuity of Care

JICA has provided continued support to strengthen Cambodia's MCH services since early in the country's post-conflict period. JICA helped Cambodia establish the National MCH Center in 1997, then supported enhancement of its functioning. In 2007, JICA increased its support for establishing community-based MCH services in remote areas in Kampong Cham District. Doctors, nurses, midwives, health administration officers and community members, including mothers, health volunteers and traditional birth attendants are all working together with JICA experts to achieve their common goal - to increase the number of Cambodian mothers who receive comprehensive MCH services from skilled health personnel.

■ Introduction of MCH Handbook

In Palestine, the first MCH handbook in the Arabic language was developed and promoted by the Palestinian Ministry of Health, with technical support from JICA and UNICEF and financial support from the Japanese government. By January 2008, 120 thousand handbooks had been printed for national distribution. Each handbook contains health information and health records for a woman and her child, including records of pregnancy, birth, pre/post natal care, child growth monitoring, immunizations, etc. Use of the MCH handbook promotes continuity of health care for women and children. Although Palestinian women face difficulties in regularly attending the same health facilities, due to the separation barrier, the past medical records in their MCH handbooks help them to receive proper MCH/RH services at whatever health facilities they can reach.

▼ A JICA technical expert explains the MCH handbook to Palestinian people



PROTECT LIVES, WORK WITH THE PEOPLE

Working with the People in Developing Countries

JICA dispatches Japanese Experts, Japan Overseas Cooperation Volunteers and Senior Volunteers to many developing countries. They work with the countries' people to solve problems they face.

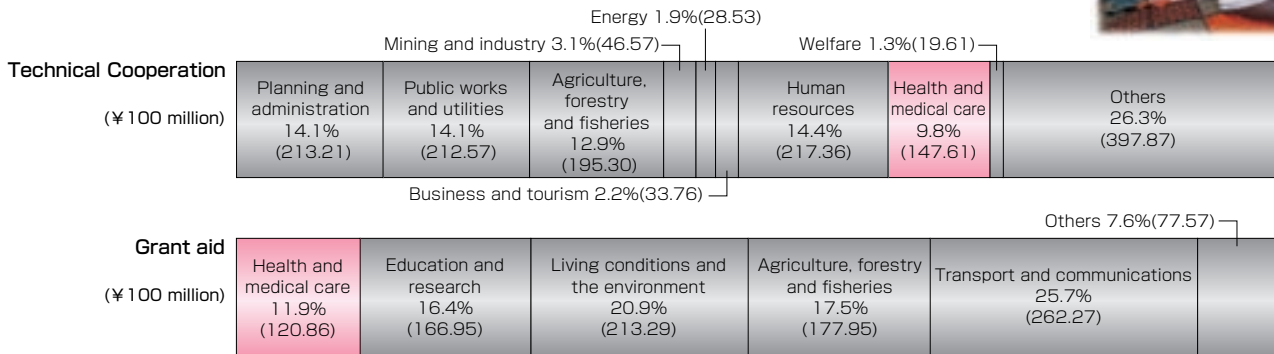


JICA as a Supporter

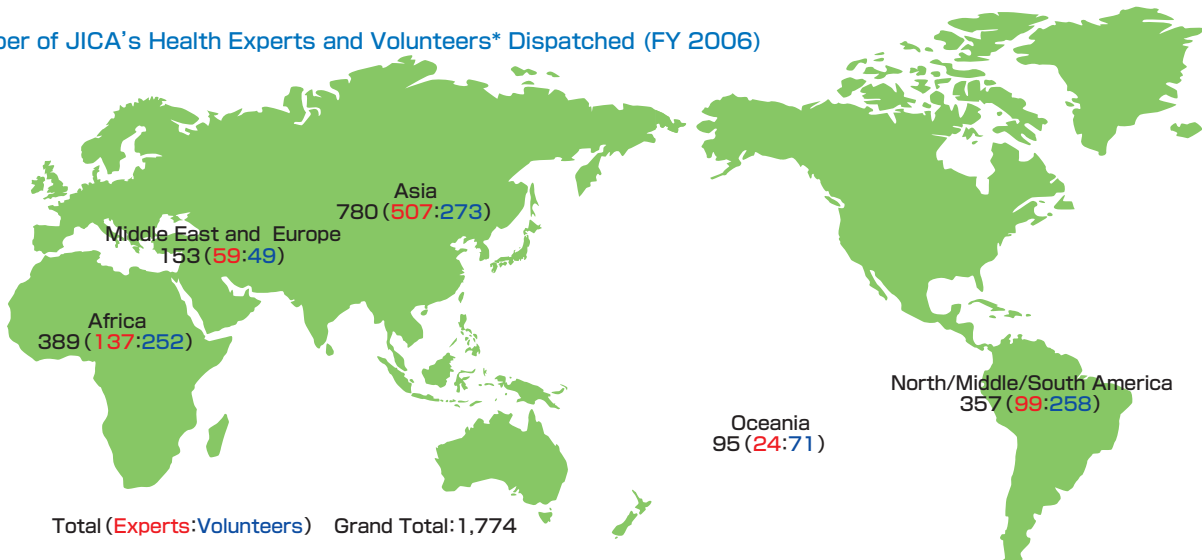
Working closely with counterparts and the countries' people, Japanese experts and volunteers transfer skills and know-how people need to solve their problems in developing countries. JICA works to help countries and their people make improvements and develop activities that will be sustained after Japanese have left.



Japan's ODA Expenditure for Health (FY2006)



Number of JICA's Health Experts and Volunteers* Dispatched (FY 2006)



* "Volunteers" means the Japan Overseas Cooperation Volunteers (ages 20 to 40), Senior Overseas Volunteers (ages 40 and above), and Volunteers for Japanese Communities Overseas.

JICA's Cooperation in the Health Sector

~Work with developing countries to strengthen their capacities~

JICA believes that the people of each developing country should take leading roles in development work. Therefore, JICA does not take the lead in development endeavors in place or on behalf of a country's own people. Instead, JICA aims to assist the responsible and concerned persons in partner countries to solve problems through their own efforts. In its technical cooperation, JICA follows several basic principles which reflect that philosophy:

● Respect for Ownership

JICA decides to cooperate in a project only when it is clear that the developing country's request for JICA's cooperation is backed up by feasible ideas and a strong commitment to improve the people's health. In its cooperation work, JICA respects its partners' opinions and intentions.

● Focus on Sustainability

JICA observes the following two principles to enhance the sustainability of accomplishments that involve its technical cooperation;

- ① JICA works within the existing frameworks of health administration in its partner countries, because setting up a new structure or system to run a cooperation project could impose unnecessary burdens on the partner.
- ② In each cooperation project, JICA asks the partner country to bear, during the project, the operational and personnel costs that the country will need to bear after JICA's support for the project has ended.

● Pursuit of Feasibility

JICA strives to ensure that technical guidelines or methods have been tested for their efficacy on a practical level in JICA's partner countries. JICA experts work directly with their counterparts in the field and assist each partner country to appropriately adapt technical guidelines and methods to fit their specific situations.

● Long-term Commitment

People's behavior and systems change slowly, and positive changes are indispensable for health improvement. Working with counterparts on a long-term basis, JICA supports the process of such long-term changes in its partner countries.

● Sharing Japan's Experiences

Japan was a developing country until only decades ago. To contribute to more efficient health improvement in developing countries, JICA shares with them Japan's own experiences in overcoming many health challenges. Some developing countries find Japan's experiences relevant to their own problems, approaches and programs.

For further information of JICA's activities and projects in the health sector, please visit our homepage:
<http://www.jica.go.jp/english/global/heal/index.html>

For a better tomorrow for all.

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