JICA Global Agenda for
No. 06 Health

Cluster Strategy for Strengthening Health Service Delivery: Toward Resilient, Equitable, and Sustainable UHC
Summary

2025.4

1.   Purpose and Overview of the Cluster

1.1   Purpose of the Cluster Strategy

The purpose of this cluster is to contribute to "achieving more resilient, equitable and sustainable universal health coverage (UHC) by strengthening national health systems, including strengthening prevention, preparedness and response to public health crises during peacetime", as aimed by the JICA Global Agenda for Health.   This cluster focuses on improving access to healthcare services, one of the two aspects of UHC, and establish a system in which everyone can feel safe and receive adequate, quality health services when needed from a health system perspective.

1.2   Overview of the cluster

Global challenges such as infectious disease pandemics, climate change, demographic and disease structure changes, urbanization, and rapid technological revolution and digitalization are having an increasingly serious impact on human health and health systems. In order to establish a system that can provide reliable healthcare services under all circumstances, this cluster aims to strengthen the health system components of "Governance and leadership," "Human resources," "Facilities and medical equipment," "Financial and health facility management," and "Health information". JICA will particularly focus on human resources development, health facilities and equipment improvement, and facilities management, striving to improve the quality and quantity of health services. In doing so, we will promote enhancements in resilience, equity, and sustainability. This will contribute to the achievement of SDGs indicator 3.8.1, "Coverage of essential health services (service coverage index)".

2.   Current situation and Development Approaches

2.1   Current Health Issues

■   The 2023 UHC Global Monitoring Report shows that improvements in health service delivery have stalled since 2015. Furthermore, little to no change in the Service Coverage Index score from 2019 to 2021 under the impact of the COVID-19 pandemic puts progress at risk.

■ Fatality from non-communicable diseases is increasing even in low- and middle-income countries. However, the development of the healthcare delivery systems dealing with this increase is delayed in these countries.

2.2 Trends in International Efforts for Health

(1) Global initiatives

▪ Improvement of the healthcare delivery system: Since the Alma Ata Declaration in 1978, the focus shifted from hospitals to primary health care. Subsequently, the focus shifted to improving services vertically to reduce the burden of specific diseases. In the MDGs, three out of the eight development goals were dedicated to maternal and child health and infectious diseases, and efforts have been made in these fields.

▪ Health systems strengthening and UHC: The need to strengthen health systems horizontally as a common foundation for vertical health programs has increased. The SDGs set the achievement of UHC as Target 3.8 under Goal 3 "Good Health and Well-being".

▪ Lessons from the COVID-19 pandemic: The importance of strengthening health systems as preparedness during peacetime became apparent. This includes ensuring equitable access to health services, enhancing primary health care, and harnessing new technologies and data. At the same time, the importance of multi-sectoral efforts to address social determinants of health also became evident.

▪ Emerging global challenges: The world is facing global challenges such as climate change, rapid demographic change (declining birth rates, population aging, migration), urbanization, technological revolution and digitalization, widening disparities, and the spread of antimicrobial resistance (AMR). The establishment of a healthcare system capable of responding and adapting to these changes is needed.

(2) Development cooperation approaches

▪ Health Systems: In 2007, WHO presented a new framework that the appropriate combination of the components (six building blocks) is important for health system strengthening.

▪ Positioning in Japan's Policy: The Global Health Strategy of Japan states that Japan's bilateral ODA demonstrate its strength in strengthening health systems of each country towards achievement of UHC.

▪ The Advantages of Japan's Experience: Since achieving universal health insurance at an early stage of post-war economic growth in 1961, Japan has been maintaining its ability to provide equitable services to citizens through many twists and turns. Additionally, Japan is ahead of other countries in addressing issues related to aging and noncommunicable diseases.

▪ Past Cooperation and Assets of JICA: JICA's strengths lies in its ability and experiences to combine soft and hard aspects through technical cooperation, grant aid and ODA loan for organizational and human resource development and service delivery. In response to the

COVID-19 pandemic, JICA contributed to strengthening systems for treatment and case management in 224 hospitals[1] in 44 countries (new, expanded and upgraded hospitals) through "JICA's Initiative for Global Health and Medicine".

3. Cluster Scenario and Rationale

3.1 Cluster Scenario

The vision of this cluster is to establish a healthcare system where everyone can access necessary healthcare services with confidence at any time. To achieve this, the cluster aims to improve the quality, quantity, and equity of health services. The cluster scenario categorizes the challenges to be addressed for strengthening healthcare service delivery into "Governance and leadership," "Human resources," "Facilities and medical equipment," "Financial and health facility management," and "Health information," based on the framework of six building blocks of health systems provided by WHO, as detailed in section 3.2. ck. These issues need to be addressed to all levels of healthcare service delivery, from primary health care (PHC) to tertiary hospitals. (Details are shown in the conceptual diagram of the cluster scenario in Appendix)

3.2 Rationale and Evidence of the Scenario

The importance and approach of health systems strengthening were outlined in a 2007 WHO report[2]. It showed the integrated strengthening of these six building blocks improves the overall performance of health systems and serves as the foundation for health improvement programs, and this framework has been used as a global standard.

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[1] Total number of facilities that completed or implemented facility and equipment upgrades through financial cooperation and facilities that enhanced their capabilities through technical cooperation between fiscal years 2020 and 2022.
[2] WHO (2007) Everybody business : strengthening health systems to improve health outcomes : WHO's framework for action

4. Guiding Concepts for Cluster Strategy Implementation

4.1 Key Concepts of the Scenario Development

(1) Areas of Focus for JICA

JICA selects the target health system categories, facility levels, and target regions for its projects, considering the circumstances and needs of each country, as well as JICA's input schemes and scale, in order to contribute to the realization of cluster scenario. JICA will particularly focus on human resources, facilities and equipment, and health facility management (including 5S-KAIZEN), areas where JICA has accumulated extensive experiences and knowledge, and where JICA's cooperation schemes and domestic Japanese expertise can be used. JICA aims to contribute to strengthening the whole health systems by taking a holistic view of the overall health system situation and targeting multiple categories simultaneously. When cooperation is limited to one category due to scale constraints, JICA collaborates with other partners to contribute to the entire health systems. The countries targeted for cooperation in this cluster will be selected considering synergies with the other three clusters of the JICA Global Agenda for Health.

(2) Efforts to achieve resilience, equity, and sustainability

Based on the key concepts of resilience, equity and sustainability presented in the Global Agenda for Health, JICA will incorporate interventions that contribute to the above in its projects. Specific measures for climate change adaptation and mitigation will be considered based on the results of information collection survey being conducted in 2025.

Examples of interventions to contribute to resilience, equity, and sustainability

Resilience:
- Designing and development of healthcare facilities based on risk analysis of disasters and climate change impacts in the jurisdiction (e.g., shading, air conditioning and ventilation, WASH (water, sanitation and hygiene), medical waste management, and greenhouse gas (GHG) reduction measures).
- Training programs and simulation exercises to prepare for patient care during disasters and pandemics (e.g., fever clinics, bed expansion plans, infection prevention and control, medical safety, telemedicine accessible during emergencies, and digitalization)
- Establishment of support systems for health workers, including mental health and safety measures
- Health education for residents on health risks and preventive measures
- Planning of emergency response funding sources

Equity:
- Analyzing disaggregated data, and planning interventions with a focus on vulnerable groups such as women, aged population, people living in poverty, people with disabilities, and ethnic minorities
- Improvement of facility design (e.g., universal design, local language information display)
- Promotion of patient dignity and a person-centered perspective
- Incorporation of residents' opinions and promotion of community participation
- Collaboration with NGOs supporting vulnerable populations

Sustainability:
- Formulation of health investment plans and system improvements to address changes in medium- to long-term healthcare needs and rising medical costs
- Mitigation measures for the environmental and climate impact of healthcare service delivery (e.g., improving energy efficiency of medical facilities, introducing renewable energy, promoting digital transformation and telemedicine, reducing medical waste)
- Implementation of climate change adaptation measures (e.g., improving WASH and thermal environments in medical facilities, equipping essential medical devices, and introducing related training)
- Planning for facility equipment and human resource allocation, and human resource development in anticipating of increasing NCDs and aging
- Introduction and promotion of health promotion and prevention, and promotion of self-care
- Improvement of health system efficiency
- Promotion of appropriate use of antibiotics

(3) Considerations for implementation
- Healthcare services are provided by sharing functions across multiple levels of healthcare facilities (from PHC level to tertiary level). The target facilities for cooperation should be considered in light of the overall health systems, including the country's policy priorities, the status of country's health financing and the status of essential health services utilization, the referral and support system between the levels etc.
- In targeting the core hospitals, as it requires continuous intensive investment in health personnel and financial and medical resources, JICA strives to enhance efficiency through the use of DX, to optimize insurance benefits, and to strengthen disease prevention measures in the country. Furthermore, JICA will take advantage of the networks with core hospitals cultivated through past cooperation.

4.2 Efforts to Maximize Impact and Achieve Final Outcomes

Strengthening health systems requires addressing a wide range of elements, as mentioned above, and it is challenging to achieve this solely through JICA's contributions. Therefore, co-creation with a broad range of stakeholders, including development partners and private companies, is essential. The following are JICA's major collaborative partners to maximize development impact:

- Leadership governance, finance, health information: WHO and World Bank
- Human resource development: WHO for institutional development, UNICEF and other international organizations and bilateral aid agencies for actual program development and implementation
- Facilities and equipment: World Bank, Asian Development Bank, and other development finance institutions
- On site support for service delivery by trained human resources, feedback from the field to policy: JICA Overseas Cooperation Volunteers (JOCV), grassroots technical cooperation organizations
- Country-wide health policies and mixed systems of public and private providers, and health information systems: Domestic and foreign private service providers and organizations, including private sector investment finance and public-private partnerships, considering the country's health financing, coverage, and access to services
- Adoption of innovative technologies including AI: Academic institutions and private sector
- Disease prevention and health promotion in development issues other than health sector: Promote in collaboration with other JGAs on Social Determinants of Health (e.g., consider synergies with the JGA for Improving Nutrition, Sport and Development, and Gender in the response to NCDs).

5. Cluster Objectives and Monitoring Framework

5.1 Cluster Outcome Targets and Indicators

Final outcome (2050)	People's health and well-being is improved by establishing a health system where everyone feels safe and has access to appropriate and quality health services when they need Indicators • Average life expectancy • Healthy life expectancy Supplementary indicators • SDG.3.8.1 Percentage of population covered by essential health services • SDG.3.2.1 Under-five mortality rate
Intermediate outcomes (2030)	The quality, quantity and equity of health services are improved Indicators • Number of beneficiaries served by trained health workers • Number of beneficiaries within the coverage area of developed/improved facilities
Immediate outcomes	(1) Policies for the delivery of health care services are developed Indicators • Number of developed policies, strategies, roadmaps, guidelines, and standards (of which number of documents describing disparity measures) • Number of training courses for the development and implementation of the policy • Number of developed investment plans related to disaster risk reduction and climate change (2) Continuous capacity development system of health workers is established Indicators • Number of developed tools for capacity enhancement (of which number for quality improvement, medical safety and infection prevention and control)

| | ▪ Number of trained human resources

(3) Health facilities and equipment are developed/improved for appropriate health care services

Indicators

▪ Number of improved facilities (of which number of facilities meeting certification requirements, number of facilities addressing gender and disability issues, number of facilities addressing disaster risk and climate change mitigation and adaptation, and number of facilities improving efficiency using digital technology)

▪ Number of trained personnel or countries in facility maintenance and management

▪ Availability of measures to prevent stock-outs of selected essential medicines

(4) Hospital finances and operations are improved and resources are allocated appropriately

Indicators

▪ Number of trained staffs on hospital operations and management

▪ Number of facilities with improved facility management (of which communication with residents has been implemented)

(5) Development and utilization of health information systems is promoted

Indicators

▪ Number of countries that have newly introduced or updated their health information systems (of which the number of countries that have introduced systems to analyze access by vulnerable groups)

▪ Number of trained personnel or countries in the use of health information data (of which the number of trained personnel or countries implementing disaggregated data analysis on access to vulnerable groups) |

The table below shows which of the above indicators correspond to resilience, equity and sustainability.

Indicator	Resilience	Equity	Sustainability
Developed policies, strategies, roadmaps, guidelines, and standards (number of documents describing disparity measures)		○	
Number of developed investment plans related to disaster	○		○

risk reduction and climate change			
Number of developed capacity building tools (of which number for quality improvement, medical safety and control of hospital-acquired infection)	○		○
Number of improved facilities (of which number of facilities meeting certification requirements, number of facilities addressing gender and disability issues, number of facilities addressing disaster and climate change preparedness and response, and number of facilities improving efficiency using digital technology)	○	○	○
Availability of measures to prevent stock-outs of selected essential medicines	○		
Number of facilities with improved facility management (of which communication with residents has been promoted)	○	○	○
Number of countries that have newly introduced or updated their health information systems (of which the number of countries that have introduced systems to analyze access by vulnerable groups)		○	○
Number of trained people or countries in the use of health information data (of which the number of trained personnel or countries implementing disaggregated data analysis on access to vulnerable groups)		○	○

Appendix: Conceptual diagram of the cluster scenario

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Development Diagram of the Cluster Scenario:
"Strengthening Health Service Delivery: Toward Resilient, Equitable, and Sustainable UHC"
■ **Scope: PHC and hospital level service provision**

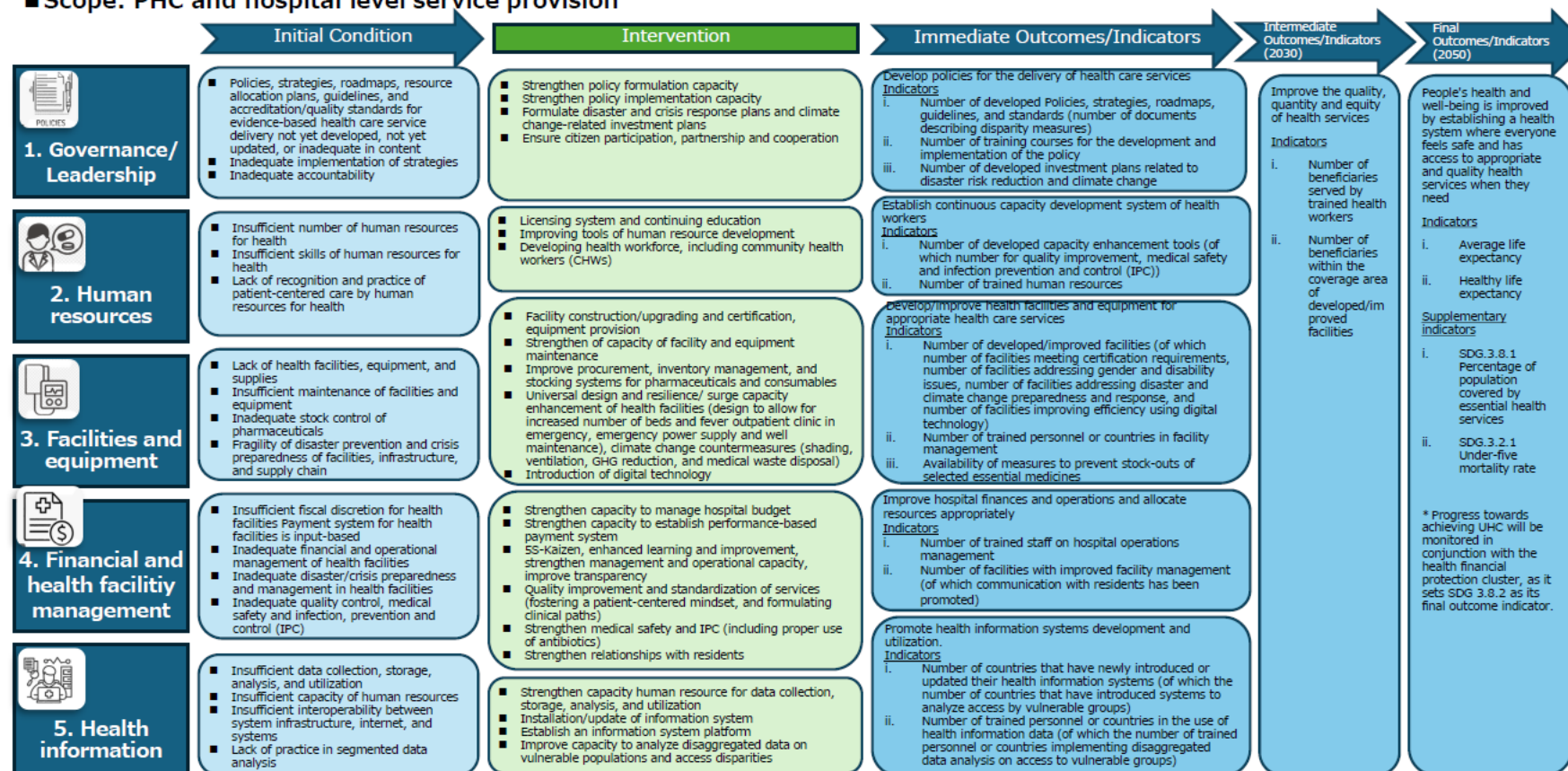|	Initial Condition	Intervention	Immediate Outcomes/Indicators	Intermediate Outcomes/Indicators (2030)	Final Outcomes/Indicators (2050)
1. Governance/ Leadership	■ Policies, strategies, roadmaps, resource allocation plans, guidelines, and accreditation/quality standards for evidence-based health care service delivery not yet developed, not yet updated, or inadequate in content ■ Inadequate implementation of strategies ■ Inadequate accountability	■ Strengthen policy formulation capacity ■ Strengthen policy implementation capacity ■ Formulate disaster and crisis response plans and climate change-related investment plans ■ Ensure citizen participation, partnership and cooperation	Develop policies for the delivery of health care services Indicators i. Number of developed Policies, strategies, roadmaps, guidelines, and standards (number of documents describing disparity measures) ii. Number of training courses for the development and implementation of the policy iii. Number of developed investment plans related to disaster risk reduction and climate change	Improve the quality, quantity and equity of health services Indicators i. Number of beneficiaries served by trained health workers ii. Number of beneficiaries within the coverage area of developed/improved facilities	People's health and well-being is improved by establishing a health system where everyone feels safe and has access to appropriate and quality health services when they need Indicators i. Average life expectancy ii. Healthy life expectancy Supplementary indicators i. SDG.3.8.1 Percentage of population covered by essential health services ii. SDG.3.2.1 Under-five mortality rate * Progress towards achieving UHC will be monitored in conjunction with the health financial protection cluster, as it sets SDG 3.8.2 as its final outcome indicator.
2. Human resources	■ Insufficient number of human resources for health ■ Insufficient skills of human resources for health ■ Lack of recognition and practice of patient-centered care by human resources for health	■ Licensing system and continuing education ■ Improving tools of human resource development ■ Developing health workforce, including community health workers (CHWs)	Establish continuous capacity development system of health workers Indicators i. Number of developed capacity enhancement tools (of which number for quality improvement, medical safety and infection prevention and control (IPC)) ii. Number of trained human resources		
3. Facilities and equipment	■ Lack of health facilities, equipment, and supplies ■ Insufficient maintenance of facilities and equipment ■ Inadequate stock control of pharmaceuticals ■ Fragility of disaster prevention and crisis preparedness of facilities, infrastructure, and supply chain	■ Facility construction/upgrading and certification, equipment provision ■ Strengthen of capacity of facility and equipment maintenance ■ Improve procurement, inventory management, and stocking systems for pharmaceuticals and consumables ■ Universal design and resilience/ surge capacity enhancement of health facilities (design to allow for increased number of beds and fever outpatient clinic in emergency, emergency power supply and well maintenance), climate change countermeasures (shading, ventilation, GHG reduction, and medical waste disposal) ■ Introduction of digital technology	Develop/improve health facilities and equipment for appropriate health care services Indicators i. Number of developed/improved facilities (of which number of facilities meeting certification requirements, number of facilities addressing gender and disability issues, number of facilities addressing disaster and climate change preparedness and response, and number of facilities improving efficiency using digital technology) ii. Number of trained personnel or countries in facility management iii. Availability of measures to prevent stock-outs of selected essential medicines		
4. Financial and health facility management	■ Insufficient fiscal discretion for health facilities Payment system for health facilities is input-based ■ Inadequate financial and operational management of health facilities ■ Inadequate disaster/crisis preparedness and management in health facilities ■ Inadequate quality control, medical safety and infection, prevention and control (IPC)	■ Strengthen capacity to manage hospital budget ■ Strengthen capacity to establish performance-based payment system ■ 5S-Kaizen, enhanced learning and improvement, strengthen management and operational capacity, improve transparency ■ Quality improvement and standardization of services (fostering a patient-centered mindset, and formulating clinical paths) ■ Strengthen medical safety and IPC (including proper use of antibiotics) ■ Strengthen relationships with residents	Improve hospital finances and operations and allocate resources appropriately Indicators i. Number of trained staff on hospital operations management ii. Number of facilities with improved facility management (of which communication with residents has been promoted)		
5. Health information	■ Insufficient data collection, storage, analysis, and utilization ■ Insufficient capacity of human resources ■ Insufficient interoperability between system infrastructure, internet, and systems ■ Lack of practice in segmented data analysis	■ Strengthen capacity human resource for data collection, storage, analysis, and utilization ■ Installation/update of information system ■ Establish an information system platform ■ Improve capacity to analyze disaggregated data on vulnerable populations and access disparities	Promote health information systems development and utilization. Indicators i. Number of countries that have newly introduced or updated their health information systems (of which the number of countries that have introduced systems to analyze access by vulnerable groups) ii. Number of trained personnel or countries in the use of health information data (of which the number of trained personnel or countries implementing disaggregated data analysis on access to vulnerable groups)		

2, 3, and 4 are particularly focused areas.

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