
Chapter 3 Trends in International Population and Development and Japan's Cooperation

3-1 Review of international and Japan's development assistance trends in the field of population and development

3-1-1 Prior to the 1980s

The United Nations was established in 1945 at the end of WWII, and the United Nations Population Commission was established the following year, in 1946. The United Nations Population Commission gathered demographic statistics from countries and exchanged views on population issues. Japan joined the UN in 1956 and two years prior to that, in 1954, began its technical cooperation through ODA. However, until around 1960, there was no climate for open discussion about population policy in the international community.

In contrast, the family planning movement was becoming very active in the private sector from the perspective of protecting individual rights, especially those of women. In 1952, the IPPF was formed in Bombay as a pioneer among international NGOs for family planning through a global network. IPPF has been the driving force of the family planning movement in developing countries to the present. In line with this movement, the Family Planning Federation of Japan got its start in 1954, and it has been active as the core part of Japan's family planning movement up to the present day.

In the same year (1954), the first World Population Conference, a meeting of experts, was held in Rome and was hosted by the UN with cooperation from the International Union for the Scientific Study of Population (IUSSP).

The period from the 1960s to the 1970s was called the United Nations Development Decade, and witnessed a worldwide push for development. Meanwhile, in 1960, the world's population reached 3 billion, and in the latter half of the 1960s the population growth rate in developing countries hit an unprecedented high of 2.4%.

It was under these circumstances that another conference of experts, the World Population Conference, was held in Belgrade in 1965. It was around this time that the international community began to debate population policy, and with the successes that had been made in family planning in countries such as Taiwan and Korea, the discussion opened up from the theory of demographic transition that accompanies socioeconomic development to a discussion about the possibility of lowering birth rates through policy. In 1967, the United Nations Trust Fund for Population was established (later reorganized as UNFPA in 1969).

In 1972, the Club of Rome's report called *The Limits to Growth* was published, shocking the world with the prediction that continued population growth would deplete resources, destroy the environment, and result in food shortages, leading humankind into catastrophe. In 1974, the World Population Conference was held in Bucharest, and a conflict ensued between the western industrialized

nations and developing nations. While the industrialized nations called for restrictions on population growth, the developing nations asserted that development was more important than population control. Based on this debate, the World Population Plan of Action, adopted at the conference, recommended the furtherance of government-led population control policies.

Japan's ODA continued on the track of expansion in the 1970s, backed by the country's trade surplus. The substance of its assistance also expanded, from having been concentrated mainly on the development of economic infrastructure to including Basic Human Needs (BHN) and human resources development. The targeted regions were also broadened beyond the previous focus on Asia to include the Middle East, Africa, Latin America, and Oceania. In accordance with these circumstances, the Overseas Technical Cooperation Agency (OTCA) and Japan Emigration Service (JEMIS) merged to form the Japan International Cooperation Agency (JICA) in August 1974.

Japanese government cooperation in the field of population and family planning began with contributions to UNFPA in 1971. From the latter half of the 1970s, JICA's technical cooperation in the field of population and family planning also evolved from an assistance to population control policy to a more integrated approach centered on maternal and child health.

In 1984, the International Conference on Population was held in Mexico City. In contrast with the previous conference held in Bucharest, a consensus was reached between all countries, including developing countries, on the importance of stabilizing the world's population in the future. The conference also focused its attention on newly recognized population issues such as rapid urbanization, international migration, and the aging of populations, and at the same time, emphasized the importance of improving women's status and expanding their roles and gathering and researching basic statistics. In 1989, the International Forum on Population in the Twenty-First Century was held in Amsterdam, and it acknowledged the importance of women's roles in development, a fresh awareness of and new technology in family planning, refugees and international migration, as well as the new population issue of HIV/AIDS.

In Japan, the Ministry of Foreign Affairs began to publish the development of a Country-specific Assistance Policy for each targeted country (later Country-specific Assistance Plan) in 1989 and JICA began to publish a Country-specific Program Implementation Basic Policy (later Country-specific Program Implementation Plan) in order to point the way for a new country-specific assistance direction in ODA. Meanwhile, in considering how to diversify assistance schemes, new channels were formed to support partnerships with recipient country NGOs, such as Grant Assistance for Grassroots Projects. In the field of Population and Healthcare, Japan's contributions to UNFPA made it the top donor from 1986 to 1999. And, when it became clear that Japan had insufficient personnel in the medical cooperation field, one which is directly related to the field of population, efforts were made to develop human resources for international cooperation in that field, including the establishment of a Department for International Medical Cooperation at the National Hospital and Medical Center.

3-1-2 After the 1990s

Since the emphasis on economic growth in their assistance during the late 1980s and early 1990s had not yielded the desired results, the international donor community changed the direction of its efforts toward “emphasizing the individual,” with poverty reduction as the central theme. In 1990 the World Bank World featured poverty in its Development Report and in 1992 the Earth Summit in Rio de Janeiro addressed the need for a breakthrough in poverty to be incorporated into the balance of protecting the global environment. Under such a global climate, in September 1994 the International Conference on Population and Development (ICPD) was held in Cairo and reproductive health/rights became pivotal concepts. As a result, the focus of population policy underwent a major shift, from a macro-level (national) to a micro-level (individual) perspective, and the actors in population policy shifted from governments to individuals, in particular, to women.

In 1999, the International Conference on Population and Development + 5 (ICPD+5) held in New York set new objective indicators that included halving the 1990 illiteracy rates for women and girls and raising the number of deliveries assisted by trained professionals to 80%, both by the year 2005.

Meanwhile, at the 1996 Development Assistance Committee (DAC) High Level Meeting, “Shaping the 21st Century: The Contribution of Development Co-operation” (DAC New Development Strategy) was adopted, and with this, donor countries and international organizations including the U.S. Agency for International Development (USAID), the Canadian International Development Agency (CIDA), and the United Nations Development Programme (UNDP) made the transition to a results-based framework. In 1999, the World Bank proposed a Comprehensive Development Framework (CDF) that would go beyond the previous approach of implementing one individual project or program after another. In September of the same year, the World Bank/International Monetary Fund (IMF) Annual Meetings made compulsory the adoption of the Heavily Indebted Poor Countries Initiative (HIPC Initiative) and the use of the Poverty Reduction Strategy Paper (PRSP) as a reference for decision-making of the International Development Association (IDA) on loans, taking the course of strengthening the ownership of recipient governments and harmonization between aid agencies.

Japan surpassed the U.S. in 1989 (calendar year) to become the world's largest donor nation and held the top donor spot for ODA until 2000 (with the exception of 1990). In the Population and Healthcare field as well, Japan held the top ranking from 1986 to 1999 for contributions to UNFPA. In addition, in the 1990s, Japan's ODA policy entered a new phase. In June 1992 the Japanese government made a Cabinet Decision on the Official Development Assistance (ODA) Charter (commonly known as the ODA Charter), and announced its basic philosophy and principles for assistance. Then, in 1993, the governments of Japan and the United States hammered out a U.S.-Japan Common Agenda (The U.S.-Japan Common Agenda for Cooperation in Global Perspective), with both countries agreeing to cooperate in the two fields of population and AIDS, among a variety of issues. In February of the following year (1994), the Japanese government announced the Global Issues Initiative on Population and AIDS: GII. The GII is Japan's first announcement of an international cooperation

strategy for a specific field to the international community. In addition, with the international trend of results-oriented cooperation and increasing efforts to reform Japan's ODA, JICA also has started to put efforts into creating a more effective and efficient system of formulation, implementation and evaluation of projects. As part of these efforts, JICA established Regional Departments in January 2000 to strengthen the country-specific and region-specific approach. Following that, an integrated survey of requests for aid by important sectors and issues was started, and the system continues to evolve into one that is country-specific and sector-specific. JICA also continues to strengthen its evaluation system, with the aim of facilitating more effective and efficient assistance.

3-1-3 Trends in JICA's cooperation in the field of population

Japan's cooperation efforts in the field of population began with the 1967 Family Planning Seminar (Group Training Program). Then, in 1969, OTCA began its first Technical Cooperation Project, the Indonesia Family Planning Project. Through the 1970s there were few technical cooperation projects in the field of population, and these were all in Asia. In the 1980s, however, the total number of projects and target regions were expanded, with five projects in Asia, three in the Middle East and Africa, and three in Latin America.

Until the mid-1980s, the substance of technical cooperation projects had been mainly family planning, population information, and population education to support population issues in recipient countries, with a focus on the provision of audio-visual materials and equipment for the creation of such educational materials. From the latter half of the 1980s to the beginning of the 1990s, however, projects that integrated family planning and maternal and child health became the mainstream.

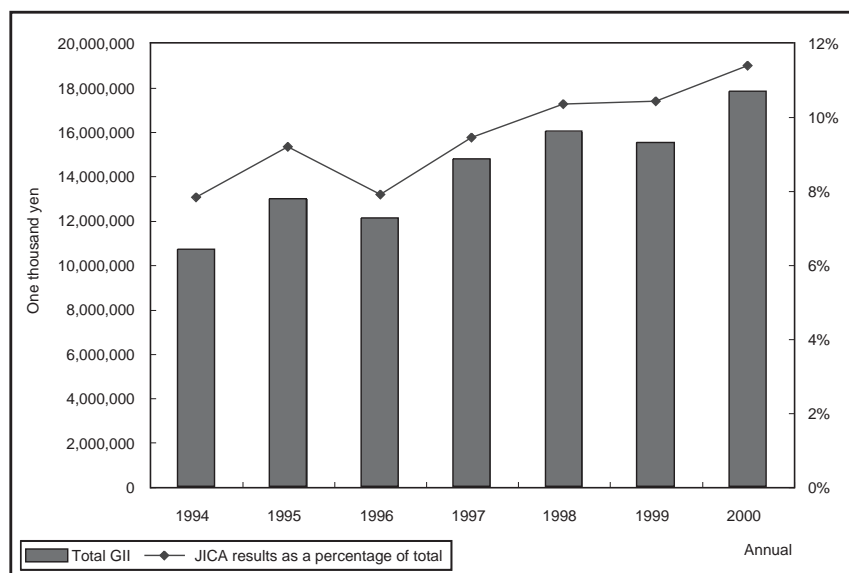
In 1991, a Study Group on Development Assistance for Population and Development was organized that examined future assistance strategies for JICA in the field of population. With the 1993 announcement of the U.S.-Japan Common Agenda and announcement of the GII in 1994, JICA also moved in the direction of emphasizing a comprehensive approach toward the fields of population and AIDS. Furthermore, as a result of the discussion from the 1994 Cairo Conference, the number of projects that incorporate the concepts of reproductive health/rights (RH/R) in cooperation in the fields of population and family planning has increased. Some examples include: the "Jordan Project for Family Planning and Women in Development (WID)" that incorporated support for family planning and income generation for women, JOICFP's "Vietnam Reproductive Health Project" that utilized Japan's post-war experience, and the "Strengthening of Reproductive Health Education in Tunisia" that aimed to educate adolescents about reproductive health (see Box 3-1).

JICA strengthened its stance toward emphasizing a comprehensive approach after the GII and started to combine different types of cooperation. JICA expanded its "multi-bi cooperation" (a type of bilateral grants to provide equipment and materials through international agency's technical support), and accelerated aid harmonization with the USAID.

A look at the history of JICA's budget for the field of population by reviewing the budget for the

Medical Cooperation Division (which represents a large proportion of assistance in the population field), shows that the budget has increased nearly seven-fold, from approximately 1.3 billion yen in 1974, the year JICA was established, to approximately 9.1 billion yen in 2000.

Figure 3-1 Trend in the GII Track Record



Source: Created from JICA's Global Issues Division records.

3-2 JICA's efforts for GII

3-2-1 Outline of the GII

The Japanese government announced the GII in February 1994, and declared a target amount of a total of 3 billion US dollars of ODA over a 7-year period by FY2000 for the promotion of assistance (including both grant aid and loan aid) in the field of population and AIDS. GII aimed to cut across sectors and take a comprehensive approach that included the three fields of: 1) Direct Cooperation for Population (family planning, maternal and child health, demographic statistics, etc.), 2) Indirect Cooperation for Population (primary healthcare, primary education, vocational training for women, etc.), and 3) HIV/AIDS. The strategic approach also identified 12 priority countries (the Philippines, Indonesia, India, Pakistan, Bangladesh, Thailand, Kenya, Ghana, Tanzania, Senegal, Egypt, and Mexico). Project formulation in all of these fields has been active, and as of FY2000, 18 Project Formulation Study Teams have been dispatched.

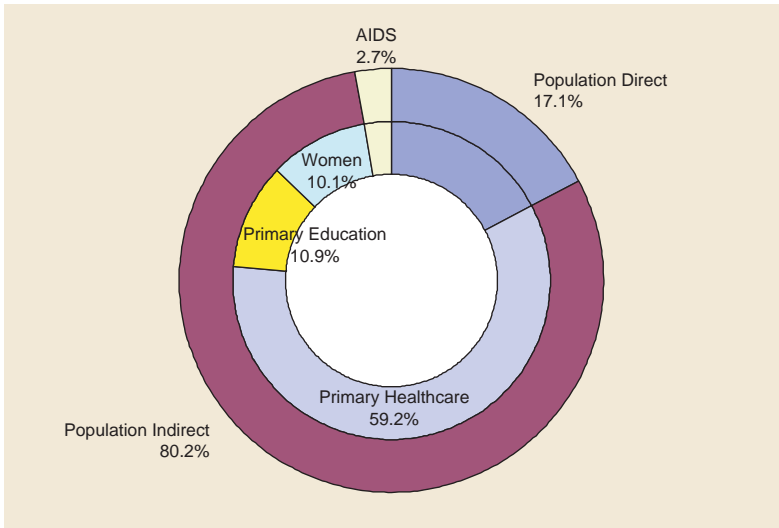
3-2-2 GII's Track Record

JICA is also actively working toward the achievement of the GII targets, with a cooperative track record of 100 billion yen toward GII-related fields from FY1994 to FY2000 (Figure 3-1). The

breakdown of 17% to Direct Cooperation for Population, 80% to Indirect Cooperation for Population, and 3% to HIV/AIDS shows that contributions to Indirect Cooperation for Population are comparatively high. A large proportion of the total, nearly 60%, is represented by primary healthcare (Figure 3-2).

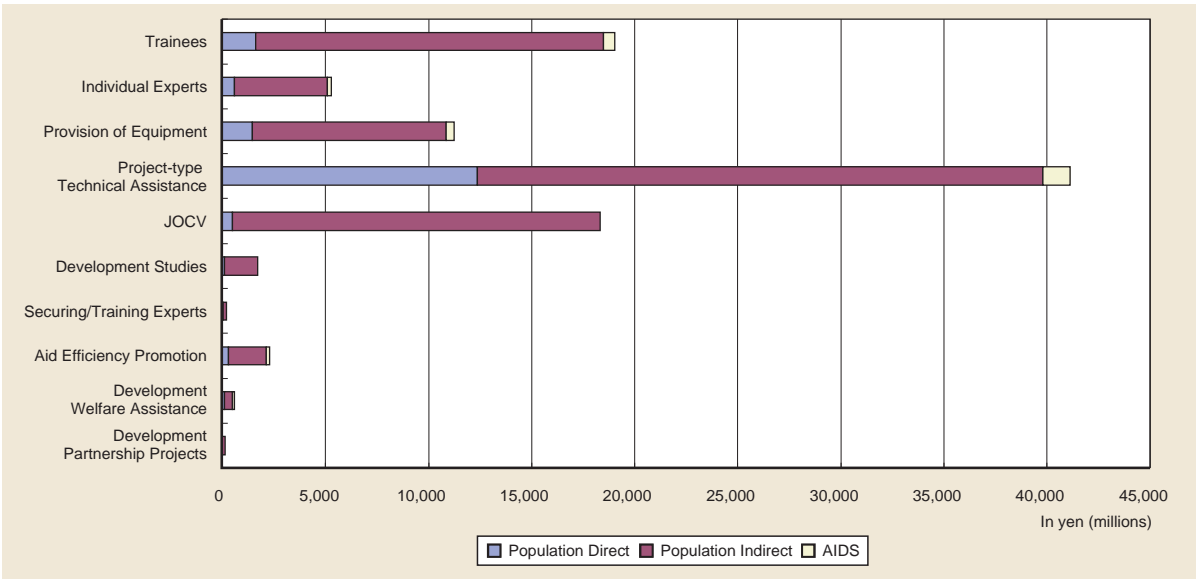
Looking at types of assistance, 42% of overall aid was in Project-Type Technical Cooperation (hereinafter PTC) (Figure 3-3). Much of the assistance in Direct Cooperation for Population was in PTC assistance.

Figure 3-2 GII Achievements by Field



Source: Created from JICA’s Global Issues Division records.

Figure 3-3 GII Track Record by Type of Assistance (in yen)



Source: Created from JICA’s Global Issues Division records.

In addition to these, increased attention has been given to the role of the Japan Overseas Cooperation Volunteers (JOCV) organization in being able to meet the diverse community-based needs following the GII and the Cairo Conference. JOCV groups have been developed and one group-type JOCV project named “Family Planning and Maternal and Child Health Front Line Plan,” integrating Direct Cooperation for Population, women’s empowerment, and maternal and child health, has been carried out to the Philippines, Laos, Bangladesh, and Tanzania.

Since the needs of developing countries continue to diversify, JICA established the Community Empowerment Program in FY1997, the JICA Partnership Program in FY1999, and the Small Scale Development Partner Program in FY2000 in order to enlist the cooperation of civil society, including Japanese NGOs, in order to respond to these needs on a small scale. In FY2002, JICA integrated these three programs into the Grassroots Technical Cooperation Program and is strengthening its partnerships with NGOs and local governments.

At the same time, Japan has called attention to the importance of South-South Cooperation in the international community. Some primary examples of JICA’s assistance in South-South Cooperation are: Third-Country Training, in which it supports training implemented by developing countries, and Third-Country Expert Dispatch, in which experts from one developing country are dispatched to another developing country. In terms of Direct Cooperation for Population, Third-Country Group Training including reproductive health (Thailand, Mexico), IEC (Indonesia, Tunisia, Turkey), and AIDS diagnosis (Philippines, Kenya) have been implemented. Regarding Third-Country Experts, experts from Thailand have been sent to the JICA Maternal and Child Health Project in Cambodia in the field of HIV/AIDS counseling, and to neighboring countries in the field of public health. In addition, a variety of international conferences have been sponsored for the promotion of South-South Cooperation.

3-2-3 GII Achievements

Two important points, aside from strengthening the presence of the Japanese ODA strategy, have been identified as positive outcomes of GII. The first is the creation of a comprehensive approach under the broad theme of Population and AIDS, in contrast to the previous method of programs by type of cooperation. The second point is the extensive involvement of NGOs as partners in implementing ODA. In addition to the Ministry of Foreign Affairs’ start in building full-scale partnerships with the private sector, a network among NGOs has been widened and strengthened (NGOs are participating in activities not only in the field of Population and Health, but also in fields such as agricultural development, urban issues, the environment, and women’s issues). As of March 2002, 41 private organizations have joined the network. These activities also contribute to capacity building among Japanese NGOs working in international cooperation.

3-2-4 From GII to IDI

Japan declared its commitment to the “Okinawa Infectious Diseases Initiative (IDI)” at the Kyushu-Okinawa G8 Summit of July 2000. It was formed with a focus on: 1) strengthening ownership in developing countries, 2) human resource development, 3) partnerships with organizations in civil society, donor countries, and international organizations, 4) support for South-South Cooperation, 5) promotion of research activities, and 6) promotion of public health at the regional level. It set numerical targets to be achieved by the year 2010 with respect to HIV/AIDS, tuberculosis, and malaria. In order to achieve these objectives, it was agreed to establish “new and innovative partnerships” among all of those involved in creating measures to deal with infectious diseases, including the governments of the G8, developing countries, international organizations, and all segments of the civil society, including NGOs and private enterprises. In this initiative, a pledge was made for a target for cooperation totaling 3 billion US dollars over a five-year period.

Box 3-1 Major examples of Project-Type Technical Cooperation (PTC)**Jordan Family Planning and Women in Development (WID) Project****(July 1997-June 2000, July 2000-June 2003)****-Women's Empowerment-**

The rate of population growth in Jordan is high and in the current situation of economic stagnation, rapid population growth is becoming a significant hindrance to economic recovery. The Jordanian government considers the population issue a serious national challenge and has requested technical assistance to NGOs that are promoting comprehensive family planning programs that cover healthcare, women's issues, and the field of education. In this project, we support the enhancement of the comprehensive family planning implementation system in model areas with continued consideration to WID and aim for the empowerment of rural women and further participation in family planning by men.

Phase 2 of the project that began in July 2000 aims to carry out a more comprehensive project by expanding target areas for the project, and carrying out project activities through the Jordanian NGOs and the government (the Ministry of Health and the National Population Commission). It focuses on educational activities concerning family planning, enhancement of maternal and child health, and activities to generate income for women.

Vietnam Reproductive Health Project**(May 2000-August 2005)****-Reduction of Maternal Mortality Rates-**

The Program of Action adopted by ICPD emphasized partnerships with NGOs in order to promote the efficiency of projects in each country. This project is also being carried out through the utilization of the advantages of both JICA and JOICFP, a Japan-based international NGO with a good track record in family planning. The seeds that JOICFP has sown through its unique formula, the Integrated Project (IP) (in which using parasite eradication as an entry point has led to family planning through maternal and child health and nutritional improvements) have been nurtured as JICA projects, and, with that, advancements are being made in creating an environment in which "safe and sanitary childbirth" can occur, gaining the involvement of the community in poor rural areas of Vietnam.

The direct objective of the project is to make it possible to give birth safely in a Commune Health Center (CHC) in the village. To do that, the project is improving CHC facilities, and trained midwives, physician assistants and staff who have not been sufficiently trained because of the war. Dispatching experts from Japan and conducting training in Japan are carried out to improve birthing technology and to train midwives.

Project characteristics are: 1) community participation, 2) promotion of primary health care that is rooted in the region, not of high level technology, 3) maximizing the utilization of existing personnel and resources, and 4) expanding into other areas and creating sustainable services.

Tunisia Strengthening Reproductive Health Education Project**(September 1999-September 2004)****-Adolescent Reproductive Health-**

Tunisia has earned a good reputation in terms of population and family planning in the Islamic world, and has already achieved the reproductive health targets set at the Cairo Conference. Given that, Tunisia is now taking a broader reproductive health viewpoint in population policy and strengthening its activities regarding women's health and adolescent and youth sexuality. In addition, the dissemination of family planning concepts is lagging behind in rural areas. STDs are a major issue for young people in urban areas where the population is mostly concentrated. Given this context, this project is being carried out to strengthen education activities targeting young people concerning reproductive health.