
Chapter 5 Population Strategies for the Twenty-First Century (Recommendations)

Think globally, but take an individual approach

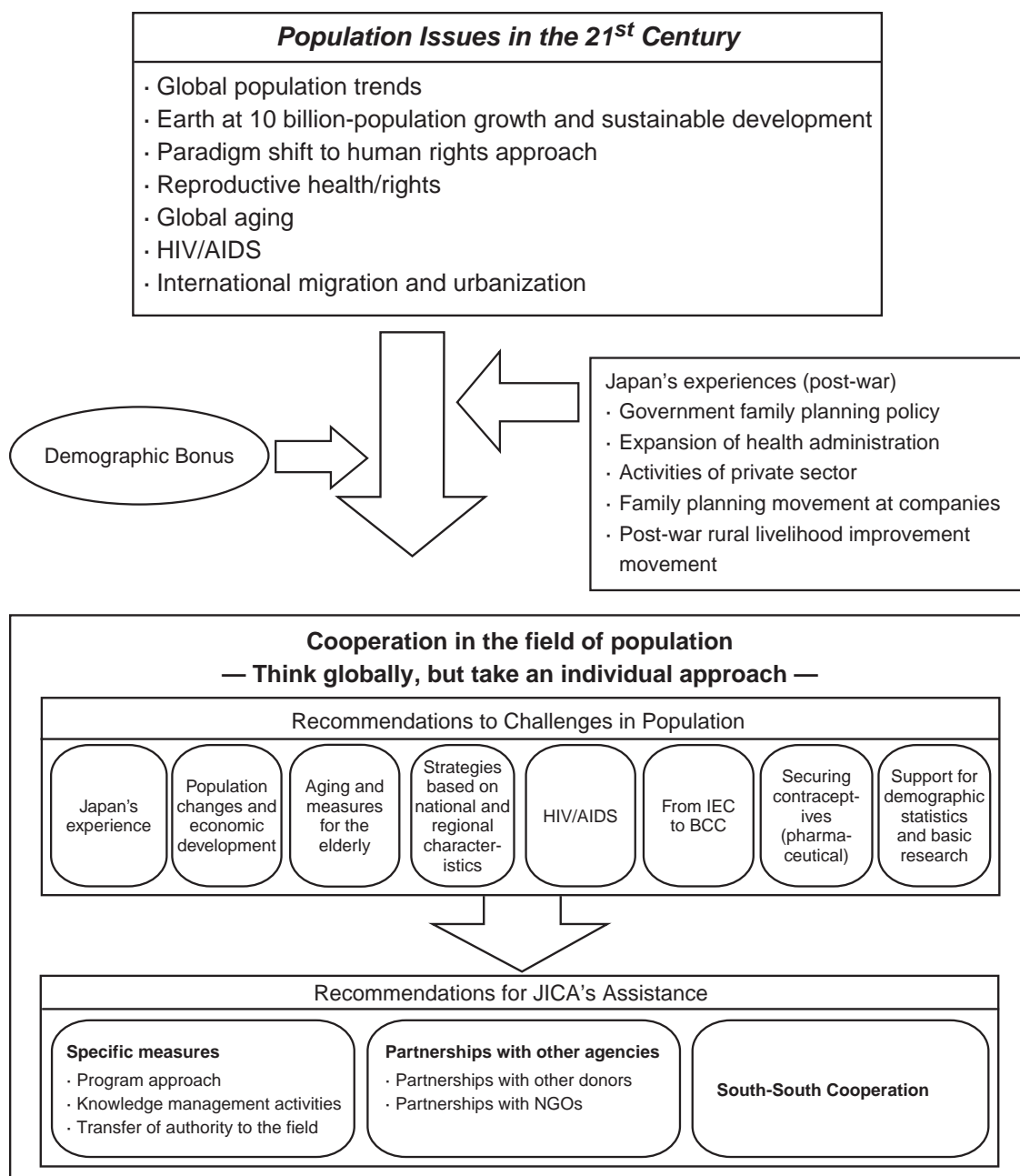
Although world population growth has leveled off somewhat in the twenty-first century, population problems still exist as the denominator in the equation of population and sustainable development since the population growth rate remains high. While it may be possible with the current technology to provide sufficient resources in total, in particular food and water, to support a world population that is estimated to become nearly 10 billion by the year 2050, there are great disparities among regions and countries. A major challenge will be how to distribute the necessary resources to the regions and countries in need. It is also necessary to start thinking about the AIDS issue from a macro-level perspective as a problem that exists on a global scale.

The micro-level approach of population assistance that is represented by the reproductive health approach is revolutionary in terms of having shifted the target of assistance from governments to individuals, in particular to women, after the 1994 Cairo Conference. However, the impact that demographic changes can have on the economy or environment at the macro-level have tended to be played down. If it is considered that Japan's post-war maternal and child health activities led to economic development by generating an economic gain through a rapid fertility reduction, called a "demographic bonus", and if this relationship is generalized to cooperation in the reproductive health field, it can be expected that the demographic changes generated by a micro-level approach can also contribute to macro-level development under certain conditions. Those who are actually working on development issues should not just work toward the objective of achieving health and happiness for individuals through a micro-level approach, but should also have a vision that links their work with the issues that determine the long-term success or failure of sustainable development in developing countries – and share that vision with the recipient country.

Considering all of this, the Study Group recommends the strategy of "Think globally, but take an individual approach" when considering the population challenges of the world in the twenty-first century, and once again emphasizes the importance of taking on the challenges on a macro-level while dealing with them through a micro-level approach. With this in mind, recommendations have been formulated first as "Recommendations for Population Issues," that examine a broad range of issues regarding Japanese cooperation for developing countries. The Study Group has then provided recommendations for a more effective and efficient system to carry out the assistance, under "Recommendations for JICA's assistance." The overall framework of the recommendations in this report and the relationship between each are illustrated in Figure 5-1.

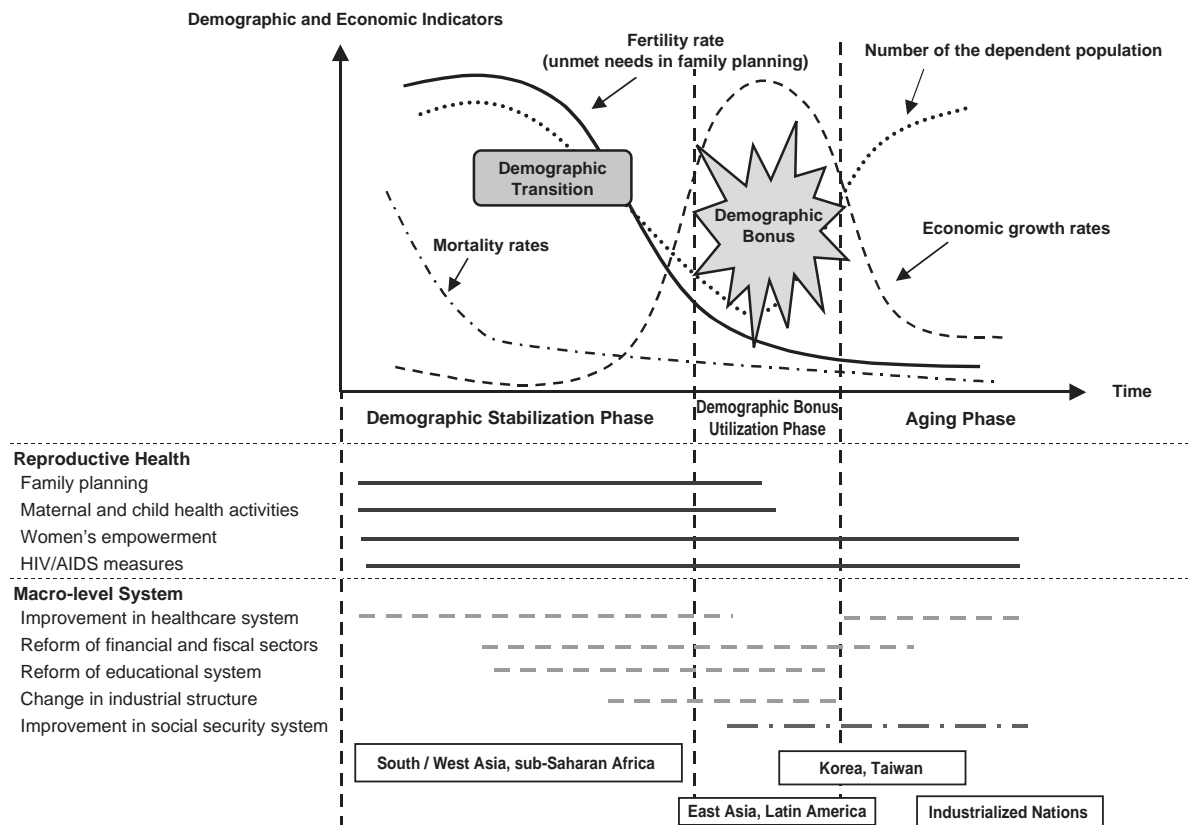
Using Japan's experience as a reference, the Study Group has built a model in Figure 5-2 of the means to effectively and efficiently carry out Japanese cooperation, called "Recommendations for JICA's micro-level approach and its macro-level impacts" as applied to the forty to fifty years of

Figure 5-1 Orientation of Recommendations



development process in the developing countries, considering their different stages of development. This model is different from that of western industrialized nations, in that it depicts explicitly and schematically the path taken by East Asian countries, including post-war Japan, of rapid fertility declines and the resulting impacts on development, along with the subsequent advent of an aging society. This shows that for many developing countries, if population policies succeed during the Demographic Stabilization Phase and fertility rates are reduced, and if there is an appropriate menu of policies and assistance available, then it will be possible to put countries on the track to a future “Demographic Bonus Utilization Phase” and then an “Aging Phase.” At present, assistance in South Asia and sub-Saharan Africa is mainly focused on reproductive health, and these regions need to

Figure 5-2 Three Phases of Population and Sustainable Development
(drawing upon Japan's experience)



Source: Created by Akihisa Tanaka based on committee discussions. (2002)

consider micro-level activities in their long-term strategies, as seen in this model. Additionally, East Asian countries and some Southeast Asian countries whose economies are now starting to take off need to reserve the gains of the demographic bonus to prepare social security systems for the coming “population aging phase.”

When carrying out effective cooperation in the reproductive health field, Japan's experiences can serve as a useful reference for many developing countries that are in the Demographic Stabilization Phase. The recommendations in this chapter are made with a view to utilizing the essence of Japan's experience to assist developing countries. In addition to cooperation in the health care field, which is regarded as a conventional measure of population assistance, the Study Group also emphasized the need for a multi-sectoral approach that includes other areas such as social and agricultural development as well as the need to include a wide variety of players as actors in these activities, such as the central governments, local governments, rural communities, NGOs, and the private sector.

At the same time, the Study Group recommends that JICA utilize and promote more strategically and proactively the ongoing internal reform, which will make a comprehensive approach possible. This would include, for example, the adoption of a program approach that can flexibly combine a variety of schemes for specific issues and the introduction of programs to further promote partnerships with NGOs.

5-1 Recommendations for population issues

The Study Group has proposed the following nine recommendations for “Thinking globally, but taking an individual approach.”

5-1-1 Utilizing Japan’s experiences in reproductive health cooperation

Japan achieved its fertility transition while in poverty after WWII through maternal and child health programs, lifestyle improvement movements, and the activities of NGOs. Even aside from the uniqueness of Japan in already having developed the potential foundation for this transition, such as widespread basic education, social and human resources, and organizational competency prior to World War II, Japan’s experience can be of use when providing assistance to developing countries.

The post-war approach in Japan can be roughly divided into two categories: a top-down government-led approach and a bottom-up civic approach. In the government-led approach, as part of its thorough democratization policy, a top-down chain of command was established from the central Ministry of Health and Welfare to the prefectures, cities, towns, and villages. At the same time, the system was further decentralized and the rural health administration was strengthened. In addition, public health centers were established and services were diversified in order to strengthen services to those rural areas that had few medical institutions. With these public health centers as a base, maternal and child health services were developed and public health nurses and independent midwife practitioners played an important role. The completion of a healthcare service network that stretched from the top to the grassroots level was the first essential step of the process.

The most important factor in relation to the public health nurses and independent midwife practitioners who played a key part in providing services is that these women were able to build strong relationships of trust with the citizens and that their services were provided based on the actual needs of citizens and were not forced on them. These practitioners elicited the autonomy of citizens, improved maternal and child health, and made great contributions to the dissemination of family planning concepts. The community activities of these women involved and made use of the influence of local leaders, such as village leaders and leaders of women’s groups, who were in direct contact with the local area. They made autonomous development possible by drawing on all of the existing resources and knowledge in the local area and not depending on external funding or technical support. Another important point in Japan’s experience was the division of labor among the three players – the government, the academic community, and the private sector (NGOs and independent midwife practitioners) – who formed a system of cooperation.

The activities that were actually carried out in the local areas where rural development was taking place in post-war Japan were largely characterized by their promotion of behavioral change in poor people, in particular, in women who had not had any real decision-making authority. Some examples of specific caveats that are thought to be instrumental in behavioral change in the rural areas of

developing countries included: starting with easily visible results (so that people could see that activities were for their own benefit); using a group approach; responding to constraints that surrounded individuals; building a relationship of trust between service providers and recipients; and providing monitoring and support on an ongoing basis.

5-1-2 New challenges in demographic changes and economic development

As for the timing involved in demographic changes and economic development, this section emphasizes the importance of reviewing the impact of the fertility transition on the macro-level economy and the environment, and of taking into consideration the three phases of population and development in recipient countries, as discussed earlier. Very little analysis has been conducted on Japan's utilization of its demographic bonus until now, but, at the very least, it is possible to say that, as a result of the rapid fertility transition, consumption at the household level decreased, savings increased, and the increased savings, for example postal account savings, flowed into the Trust Fund Bureau of the Ministry of Finance, resulting in fiscal investments and loans, eventually linking to an increase in exports through increased production.

The demographic bonus is also closely related to such factors as savings and investment, labor force, health and education, women's status, income distribution, and family planning policy. In order to utilize the demographic bonus and turn it into economic development, it is necessary to draw up a development plan that integrates all of these components.

Additionally, the question of how to effectively utilize the demographic bonus, which is the economic gain that is obtained over a very limited span of time and then to prepare a system for a subsequent aging society will be a serious challenge for developing countries in the future. In this respect, Japan's experience may most likely prove to be of use to them.

5-1-3 Striking a balance between macro-level and micro-level perspectives

Through placing emphasis on individual needs and human rights, the reproductive health approach adopted at the 1994 International Conference on Population and Development in Cairo (ICPD) raised awareness of the importance of independence and responsibility among individuals. Accordingly, in solving population issues, rather than the previous approach of bureaucratic family planning that was widely adopted and was unifunctional what is needed is a more comprehensive social development program that includes improvements in the status of women and more widespread education.

It cannot be denied, however, that the shift in direction toward reproductive health has brought about confusion in a variety of ways in its actual operation in many countries. In particular, since reproductive health itself was a new concept, a lack of understanding of the definition and substance of the concept, albeit temporary, resulted in the loss of a certain sense of direction in family planning activities. In addition, prior to the ICPD, many, if not most, developing countries were carrying out

family planning through hierarchical and highly specialized or unifunctional administrative structures, but the reproductive health approach calls for cross-organizational efforts, and more than a few countries fell behind in making the transition. One of the major challenges in implementing reproductive health programs that include family planning is how best to balance specialization and the integration of functions.

Prior to the Cairo Conference, many developing countries had established such administrative structures as national family planning committees that were independent of health ministries. These committees specialized in population and family planning issues and had strong mandates both politically and financially. However, since the Cairo Conference, these functions have been transferred to the ministries of health, and this has, as a result, not infrequently brought about a decline in political commitment to population and family planning activities as well as setbacks in financial support. Consequently, appeals to the donor community have also waned.

In addition, there is also a problem of the prevalence of a tendency to overemphasize the issue of reproductive health services and rights. More concretely, it can be argued that the interest and support of those who are outside the health sector is being lost, in particular among many population experts and economists. It is necessary to draw attention to the fact that the shift to the reproductive health approach should not disregard macro-level issues.

The bottom line is that population and family planning must continue to be centered on reproductive health from now on. However, a good balance between macro- and micro-perspectives is essential in extending overall population activities.

5-1-4 Aging of the population and supporting the elderly

The proportion of the aged (over the age of 65) in developing countries was 5.1 per cent in 2000, and has just started increasing. However, as the proportion of the aged in developing regions continues to increase in the first half of the twenty-first century, and it is estimated that by the year 2050 it will reach 14 per cent, a level much like that of the current developed regions, The aging of the population will be a major issue in the future for developing countries as well. In developing countries like those in East Asia that have rapidly completed their fertility transitions, equally rapid aging is expected, and because Japan is the first country to have experienced this kind of population aging, its experience may be useful in helping solve aging-related issues in developing countries.

Specifically, with respect to the aging of the population and the need for measures to deal with this in developing countries, the first step is to compile a record of the Japanese experience, including its failures, and to disseminate this information. Then, for developing countries that are still in the Demographic Bonus Utilization Phase or the Population Stabilizing Phase, it is important to emphasize the fact that the Aging Phase will arrive and efforts to build a foundation for that phase should start now. Also, regarding increases in average life expectancy, the idea of “health-condition-specific life expectancy,” in which there is a division between the healthy years and the unhealthy years, has

received attention. Assistance in research and human resources could be devoted to developing countries in this area.

The period of trial and error experienced by the Japanese in the past can be of some use in such fields as creating meaningful lives for the elderly, on gender issues, and working in partnership with NGOs. It is necessary to work together with developing countries to come up with their own solutions.

5-1-5 The formulation of strategies based on national and regional characteristics

For JICA's future assistance in the field of population and sustainable development, it is necessary to focus on and prioritize our efforts toward developing countries that are in the greatest need, and this requires the formulation of a strategy that addresses the seriousness of population problems in these countries.

One model that can be used in selecting countries is the methodology used by UNFPA to determine the priority countries for support. Using this methodology, the priority countries are determined based on the combination of a total of eight objectives from the ICPD Program of Action, including the three reproductive health access-related indicators, two indicators regarding mortality rate reduction, two indicators regarding primary education, and the annual GNP per capita as the economic indicator. The country that is the farthest from achieving all eight objectives is given the highest priority in receiving assistance.

Furthermore, the method used by UNFPA since 1994 can be used as a basic reference in determining priority fields for assistance. Population activities are broadly divided into three areas: Reproductive Health, Advocacy, and Population and Development. Two-thirds of the total assistance is given to Reproductive Health, and the remainder is divided between the other two areas. While it is necessary to continue to place importance on the Reproductive Health field, sufficient assistance for the other two fields must also be assured. In particular, more resources are needed for gathering and analyzing basic demographic data (including national censuses), and for studying changes in population dynamics and their socioeconomic impacts, or reproductive health and its economic effects, all of which are in the field of Population and Development. Additionally, by strengthening such organizations as regional and international population institutes as well as universities, research centers and training centers in developing countries, it is possible to contribute to human resources development in developing countries.

5-1-6 HIV/AIDS

The main priority with regard to HIV/AIDS is prevention, and the dissemination of Voluntary Counseling and Testing (VCT), which facilitates the earliest possible detection of HIV infections, is vital. Additionally, with regard to care using the anti-retrovirus medications that can delay the onset of AIDS, the global challenge is to establish an effective system for their procurement, supply and

administration, so that medications can be provided to even those living with the disease in developing countries.

In addition to this type of HIV/AIDS prevention and care, it is also important to provide support to those living with AIDS in sub-Saharan Africa and other countries where more than 10 per cent of adults are infected with HIV. In these countries, it is critical that the approach is community-based with popular participation. Also, as Japan is not at a comparative advantage technically with regard to HIV/AIDS and has only limited expertise, it would be desirable to establish a domestic base for the systematic and organized accumulation of technical knowledge and to secure and train personnel. Furthermore, strengthening the partnership and exchange of information among the three central points of Japan's medical cooperation in Sub-Saharan Africa – the Noguchi Memorial Medical Research Institute (Ghana), the Kenya Medical Research Institute (Kenya), and the Zambia University Teaching Hospital (Zambia) – will facilitate the incorporation of measures for a broader geographic area, and will result in strategic Third-Country Training and South-South Cooperation.

With HIV/AIDS, it is necessary to adopt the idea of “damage reduction” and make syringes and condoms readily available regardless of the rights and wrongs of drug use or prostitution. In addition, among current HIV/AIDS measures there is no method that can produce perfect results in every situation. Therefore, since measures must be created that suit the actual conditions of communities and individuals, as well as the stage of infection, one effective way to do so will be planning, monitoring, and evaluating through a participatory approach. This participatory approach will raise awareness of the parties concerned in the country in question and will encourage people to make efforts to help themselves, which will then lead to the development of self-reliance.

5-1-7 From IEC to BCC

From the information and data in part from the Bangladesh and Thai field surveys, the Study Group found that the information, education and communication (IEC) activities tend to blame the victims. This is based on the misunderstanding that the reason the low family planning prevalence rates are not increasing is that there is little improvement in the level of knowledge of mothers and women. This misunderstanding is due to the failure of the service providers to understand that these mothers and women are already motivated to accept family planning, but cannot obtain access to decent services. Blaming mothers and women is really victimizing the victims, who are helpless without adequate services. Thus, the Study Group stresses the necessity of moving from Information, Education, and Communication (IEC) to Behavior Change Communication (BCC) in the reproductive health field. Specifically, in order to change women's behavior (for example, using contraceptives) it requires an approach that will change the awareness and behavior of not only the women, but also of those around them, especially the service providers; that will increase access to necessary and appropriate contraceptive devices in order to turn awareness into expected behavior (contraception); and that will create a system which can facilitate continuous support to women and the monitoring of

their situation and can continually deal with problems (obstacles).

In addition, since assistance in population is an extremely delicate area due to the fact that it intrudes on the lives of people, it is essential to have strong trusting relationships between the service recipients and providers, and therefore the attitudes and awareness of the service providers at the field level must be improved.

5-1-8 Securing access to contraceptives (pharmaceutical)

In order to realize the objectives in the area of reproductive health and rights, it is necessary that people in need are appropriately provided with reproductive health commodities, such as contraceptives (pharmaceutical) and devices, as well as testing agents and nutritional supplements for pregnant women. In particular, with respect to essential contraceptives (pharmaceutical) and condoms for the prevention of HIV/AIDS, a major problem is a lack of funding to meet the future requirements. In order to achieve the assurance of contraceptive supplies, Japan should continue to proactively look into the possibility and direction of expanding its cooperation.

For promoting cooperation in securing supplies of contraceptives, the Study Group makes the following recommendations: 1) It is essential to continue attending relevant international conferences to monitor the global trends in contraceptive demand and supply, and participate in donor meetings on logistics at the national level to secure supplies of contraceptives (pharmaceutical). 2) In order to ensure contraceptive supply security, it is important to support the strengthening of logistics for the needs forecasts and the control/distribution of contraceptives. In addition, partnerships with the private sector are also important, and it is therefore important to divide the roles among public and private entities and ensure appropriate price setting, quality assurance, strengthening of partnerships between related entities and improvement in coordination capacity where necessary. 3) With respect to contraceptive methods and means for family planning that are used in developing countries, but have not yet received approval for use in Japan, Japan must consider developing a policy on how to conduct cooperation with respect to such types of contraception. However, as there are few people in Japan with expertise and technology in this field, human resource development must also be considered along with the utilization of Third-Country Experts.

As contraceptive (pharmaceutical) use is expected to grow in the future, basic research is needed to study appropriate methods for the disposal of used syringes and condoms, along with the effects of pharmaceutical contraceptives as endocrine disruptors.

5-1-9 Support for demographic statistics and basic research

A fundamental requirement is for every country to comprehend the state and trends in the population, for which the development of demographic statistics is indispensable. Classified broadly, demographic statistics fall into two categories: “static statistics” that include the size, composition, and

spatial distribution of the population at a certain point in time and “dynamic statistics” that include the causes of change in population dynamics such as fertility, mortality, and migration. Population censuses are the main type of static statistics. Dynamic statistics of population, under ordinary circumstances, can be developed from registrations or notifications of births and deaths. However, in countries that do not have systems to collect such data, often times estimates of national or regional fertility rates and all types of mortality rates (including infant mortality rates) are made based on population censuses and sample surveys. Because population censuses are central to the development of a country’s statistics system, the United Nations has made continued efforts to facilitate population censuses in all countries since the 1950s. Given all this, in order to further develop demographic statistics through conducting population censuses and sample surveys, more proactive promotion of technical assistance to developing countries is necessary.

In the meantime, technical assistance for statistics is already being carried out under an international framework, which must also be taken into consideration. For example, at the UN, and elsewhere, there is a growing awareness of new important issues such as the application of appropriate new technology to census activities; improvement of census management; the integrated use of data from administrative records based on censuses, sample surveys, and records; and the generation of statistics on gender, children and youth, and the elderly. This must be kept in mind when engaging in cooperation. It will also be useful to support projects that are conducting international comparative surveys on developing countries such as the World Fertility Survey and the Demographic and Health Survey that have been advocated by international organizations. Japan could also advocate and promote regional comparative surveys related to such issues as population, health, and family planning in Asia. In addition, the development of human resources is also important, and more trainees should be sponsored at the United Nations Statistical Institute for Asia and the Pacific (SIAP), hosted by the Japanese government.

There are not enough statistics available on developing countries in particular and there are a number of problems, such as accuracy, with the statistics that do exist. It therefore requires some creative manipulation of incomplete data in order to construct useful indicators. Also due to the substantial differences that exist in the culture, history, society, and economic background of various countries, it is necessary to support basic research reflecting each of these factors. Furthermore, in order to deal with such global challenges as aging and international migration, it will prove useful to support international population research groups (e.g. the International Union for the Scientific Study of Population (IUSSP)), and research on broader issues including the implementation of multilateral regional comparative studies.

5-2 Recommendations for JICA's assistance

5-2-1 Recommendations for Japan's National Policy

Clarification of an integrated Japanese policy

There is no explicit policy on the part of the Japanese government for an integrated approach toward population. Because each government ministry implements its own projects, redundancy exists among government ministries and aid executing agencies, it is difficult to know whether projects are being carried out effectively or efficiently. First of all, the Japanese government must develop an integrated policy for its population assistance to developing countries, and then must explicitly formulate assistance strategies and objectives for population issues as a part of its medium- and long-term development assistance program.

5-2-2 Suggestions and specific strategies for JICA's cooperation in the field of population

The issue of population is a cross-cutting issue, involving all fields such as health and medicine (family planning), economics, education, gender, poverty, and community development. For this reason, when Japan formulates a development strategy for population, it is necessary for Japanese population experts and development experts to cooperate in examining measures that transcend bureaucratic barriers. One example of good practice is the GII (Global Issues Initiative concerning population and HIV/AIDS), implemented from 1994 to 2000. The most significant achievement of the GII is that it officially adopted for the first time the concept of a comprehensive program approach for Japanese ODA, with respect to the cross-cutting issue of population. It is hoped that further cooperation will be made to encourage the trend towards a comprehensive program approach promoted by the GII Suggestions and Specific Strategies for JICA's Cooperation in the Field of Population.

(1) Challenges in and recommendations for JICA's population projects

JICA has implemented its cooperation by the type of assistance or "scheme" to date, but rarely have schemes been linked together in an organized way to be more efficient and produce greater results. Currently, JICA is designing "Country-Specific Project Implementation Plans" based on the Country-Specific Assistance Plan designed by the Ministry of Foreign Affairs (MOFA), and making efforts to efficiently link the projects that are carried out by different departments. In addition, the Regional Department has taken that same Plan and is actively promoting the Program Approach in which schemes and sectors are combined flexibly. Also, as for the budget, from FY2002 the Project-Type Technical Cooperation Project Fund will no longer be used, but instead will be integrated into the Overseas Technical Cooperation Project Fund resulting in improvements such as reducing the barriers between schemes. In the future it is necessary to continue introducing innovative measures of

this type and to raise the awareness of the JICA staff. At the same time it is important to increase the knowledge and understanding of the Program Approach by the concerned agencies, parties, and recipient countries so as to relate it to concrete results.

In order to carry out effective assistance in the field of population and development, a cross-sector perspective is important, and it is necessary to comprehend poverty, AIDS, and nutritional improvement in rural development in an integrated manner when formulating projects. In supporting the formulation of this type of plan, it is necessary to establish support committees with members from various backgrounds. It will also be valuable for JICA to accumulate the knowledge of and experiences in population assistance that have until now been kept by departments or individuals and store them as part of knowledge management in the framework of the “population field.”

Furthermore, since population assistance is a field that brings about social changes and behavior modification in individuals, it is necessary to have a perspective that is rooted in local needs and to effectively harmonize and collaborate with the assistance activities of international agencies, other donors, and NGOs. This requires a field-led framework for formulating and implementing projects, and the strengthening of coordination in Tokyo (among government ministries, and among JICA project departments, etc.) while continuing to further delegate authority to the field.

(2) Specific Strategies for Dealing with Issues

1) Formulation of a long-term design

Since population assistance is a field that requires social reform and behavior modification, it takes a long time to see outcomes and it is difficult to achieve an outcome by single individual projects. Firstly, it is necessary to develop a JICA population program, and then create a long-term comprehensive design for each country or region. A network for the “Population and Healthcare” field and issues was officially introduced in JICA in 2002, but in light of the fact that population affects various sectors, the possibility of establishing an independent field and issue network for population should be explored, which would include personnel with expertise in the areas of development economics, agriculture, environment, education, and city planning.

2) Expansion of the Program Approach

Along with its organizational reform, JICA has officially adopted the Program Approach, and has started linking existing schemes from FY2002. It would be desirable to take advantage of this opportunity to further strengthen and increase coordination among departments, as well as to look into coordination among the Research Division, Japan Overseas Cooperation Volunteers (JOCV), and Grant Aid Cooperation, and undertake a comprehensive examination of coordination between the headquarters and the field level and the feasibility of adopting a global and multi-sectoral approach.

3) Cultivating human resources and building a human network

One of the greatest challenges Japan faces in actually carrying out cooperation in the field of population and development is a shortage of human resources. The recommendations specifically from the perspective of developing human resources in the population and development field and for building a human network are as follows: 1) Clarify the stumbling blocks in the system related to Expert Dispatch and expand the scope of recruitment for Expert and JOCV assignment. 2) Build a system that will facilitate the dispatch of Third Country Experts, Domestic NGO Experts, and Experts from International Agencies to JICA projects. 3) In particular, with respect to partnerships with NGOs, utilize grassroots technical cooperation projects, and proactively support the expansion of NGOs into overseas development work. 4) Look into specific training on population issues for staff who are interested in global hotspots for population issues or staff who are already specialized in such areas. 5) With respect to the planning and implementation of cooperation, create training opportunities for people who are involved in this work (JICA staff, experts, etc.) so that they can gain a sufficient understanding of Japan's experience and can use it effectively in their cooperation activities. 6) Encourage even more effective utilization of training programs to develop personnel who can take a comprehensive approach to population issues in developing countries. 7) Support the development of population experts in developing countries. 8) Aim for the effective utilization of JOCV volunteers who have returned home, and establish for them a long-term overseas training program specifically for the population and development field. 9) Construct a network of human resources in the field of population in Japan. 10) formulate a human resources development plan for JICA staff. 11) Utilize a public recruiting system to identify experts.

4) Domestic assistance system

To strengthen the domestic support system, the Study Group recommends the creation of population and development field-specific assistance committees. We recommend enlisting a wide range of experts, not only from demography, and the health and medical fields, but also from the fields of gender, poverty reduction, and social/rural/community development. We also recommend the establishment of a regular meeting between Japanese NGOs in the field of population and research agencies, along with the expansion of a knowledge management system and the widespread provision of such a system outside of JICA.

5) Overseas support system

To strengthen the overseas support system, the Study Group recommends the formation of a comprehensive system. This system should include the deployment of "Expert Teams" who will play a field-specific policy advisory role in overseas offices; the dispatch of coordinators (project formulation

advisors, etc.) who will promote partnerships between those in the population field and those in other fields, an increase in staff who have knowledge of the field of population and development in the countries and regions that are identified as the hotspots of population, and the promotion of partnerships with local NGOs, universities, and agencies.

6) Coordination with projects supported by funds contributed by Japan to international organizations

The Japanese government is making voluntary contributions in large amounts to each of the international organizations in the field of population, and JICA projects should promote cooperation with the programs implemented by such international organizations. Examples would be cooperation between JICA projects and funds contributed to under the World Bank, such as PHRD (Population and Human Resources Development Fund), JSDF (Japan Social Development Fund), and PRSTF (Poverty Reduction Strategy Trust Fund), funds for building human resources (including the South-South Cooperation Fund), and WID fund contributed to under the UNDP, as well as voluntary contributions to UNFPA.

5-2-3 Partnerships with other agencies

(1) Partnerships and coordination with other donors

Aid harmonization between donors at the field level in developing countries, particularly in the areas of health and population, is progressing rapidly. One of the reasons for this is the advancement of the implementation of country-specific and sector-specific strategies, represented by the formulation of Millennium Development Goals (MDGs), Poverty Reduction Strategy Papers (PRSPs), and the Sector Wide Approach (SWAP). This is an area to which JICA must also give due consideration and make adjustments, and in which its contributions will be essential.

In the past, much of the sub-sector based cooperation that has been implemented by many donors, including Japan, has now been integrated into the SWAP and is being carried out through this approach. In carrying out its cross-sectoral cooperation, JICA must proactively participate in dialogues with donors that focus on the developing country itself, and provide assistance that is consistent with the overall health population plan. To do so, it must acquire knowledge not only of the specialties of each field, but also concerning development in order to formulate country-specific plans. Additionally, from FY2001, it was approved that MOFA can invest in the common fund under the “Sector Grant” framework of the Grant Assistance Program. Through the future utilization of this type of funding, Japanese assistance can contribute even more effectively to development in the field of health and population in developing countries.

(2) Partnerships with the government and civil society

If the “take an individual approach” is used in cooperation in the areas of population and reproductive health, partnerships with NGOs will be indispensable from the perspective of Japan’s postwar experience and field surveys. In addition to partnerships between domestic and field NGOs, partnerships and information-sharing with well-known international NGOs will be useful, and we are looking forward to the creation of such a system.

5-2-4 South-South Cooperation

In order to undertake effective assistance with limited resources to support the wide range of needs in the area of population, it is also important to utilize South-South cooperation. It is essential to give consideration to the social environment, such as the culture, tradition, religion, customs, and language when cooperating in the field of population, and an effective approach to this will be to conduct cooperation between developing countries that have similar social environments. In particular, with regard to certain cultural and religious groups, it will be helpful to enlist South-South cooperation for countries whose religions are restrictive toward contraception and women’s reproductive rights.

Specific examples of this type of cooperation could include: “HIV/AIDS Prevention and Adolescent Sex Education” fields in which Japan itself has little experience, “Regional Cooperation Through IT” in which we can respond even more effectively through broader regional alliances, “Joint Research on Population Measures and Economic Development” related to issues that are common to various regions such as aging, urbanization, and international migration, and “Asia/Africa Cooperation” to share the Asian population development experience with Africa.