



Knowledge Co-Creation Program (Group & Region Focus)

GENERAL INFORMATION ON

HEALTH SYSTEMS MANAGEMENT

課題別研修「保健衛生管理」

JFY 2018

NO. J18-04200/ ID. 1884416

Course Period in Japan : From June 24th, 2018 to July 21st, 2018

This information pertains to one of the JICA Knowledge Co-Creation Program (Group & Region Focus) of the Japan International Cooperation Agency (JICA), which shall be implemented as part of the Official Development Assistance of the Government of Japan based on bilateral agreement between both Governments.

‘JICA Knowledge Co-Creation (KCC) Program’ as a New Start

In the Development Cooperation Charter which is released from the Japanese Cabinet on February 2015, it is clearly pointed out that *“In its development cooperation, Japan has maintained the spirit of jointly creating things that suit partner countries while respecting ownership, intentions and intrinsic characteristics of the country concerned based on a field-oriented approach through dialogue and collaboration. It has also maintained the approach of building reciprocal relationships with developing countries in which both sides learn from each other and grow and develop together.”* We believe that this ‘Knowledge Co-Creation Program’ will serve as a center of mutual learning process.

I. Concept

Background

In recent globalized society, health issues challenges have become diversified and complex. Generally the health status has improved globally when compared with the 20th century. New agendas in health such as non-communicable diseases and Universal Health Coverage have been raised, while there are still unresolved health challenges like infectious diseases control and maternal and child health.

This training program, Health Systems Management, has been contributing to human resource development in the field of public health globally since 1990. From its outset, the course has emphasized providing systematical methodologies to build health systems.

Japan has experienced accelerating improvements in health status, in particular after World War II. Life expectancy at birth in Japan reached 80.5 years for men and 86.8 years for women in 2016; with infant mortality rates reduced to 1.9 per 1,000 live births. These are the approaching the most optimum levels even globally. It is believed that such achievements can be attributed to improvements in Japan's public health administration, especially improvements in the quality of human resources engaged in policy development and implementation. However the country of Japan itself faces an unprecedented situation with regards to its super aged society. Attempts to reform health systems aligned with this societal situation are being investigated.

In the above context, the countries from which course participants come will also have experienced changes in health systems to date. The course expects every participant to learn about not only Japan's experiences but also to have them analyze his/her own experiences and share these experiences and impressions to contribute to improved health systems in the world.

For what?

This program aims to improve the capacity of participant in terms of public health administration and policy implementation, especially human resource management and quality improvement of health services to respond emerging health issues.

For whom?

This program is offered to those who are engaged in management of health administration and policy implementation.

How?

In this program, participants would be exposed to various methodologies and aspects on health administration such as health sector reform, leadership and human resource development, strategic planning of health services, and also Japan's experience on public health administration and policy implementation including

achievements and challenges through a series of lectures, workshops and site visits.

II. Description

1. Title (J-No.):

Health Systems Management (J1804200)

2. Course Period in Japan

June 24 to July 21, 2018

3. Target Regions or Countries

Afghanistan, Burundi, Ghana, Kenya, Liberia, Nigeria, Sierra Leone, Uganda, Uzbekistan, Zimbabwe

4. Eligible / Target Organization

Organizations having roles of public health administration in central/regional government

5. Course Capacity (Upper limit of Participants)

10 participants

6. Language to be used in this program: English

7. Course Objective:

This program aims to improve managerial ability of those who are engaged in building appropriate health systems in country/region to respond emerging health issues.

8. Overall Goal

Capacity of participants' organization is improved.

9. Expected Module Output and Contents:

This program consists of the following components.

Expected Module Output	Subjects/Agendas *details are subject to be changed	Methodology
(1) To be able to explain various methodologies of health systems management	(1) Framework of health systems and public health administration	Lecture
	(2) Public Health and Welfare administration in Japan	Lecture/Field visit
	(3) Health Sector Reform	Lecture
	(4) Health Sector Financing	Lecture
	(5) Quality management of healthcare services	Lecture/Group work
	(6) Human Resource Development	Lecture/Discussion
(2) To be able to acquire the skills of leadership to strengthen health systems management	(1) Theory and practice of leadership – What is leadership?	Lecture/Group work
	(2) Leadership in public health administration	Lecture/Discussion
	(3) Public health governance for equitable health care services	Lecture/Field visit
(3) To be able to acquire knowledge to strengthen evidence-based health systems.	(1) Inception report presentation and discussion	Preliminary preparation/Presentation /Discussion
	(2) Strategic planning of public health services	Lecture/Group work
	(3) Discussion note among participants	Discussion/Group work/Presentation

III. Conditions and Procedures for Application

1. Expectations for the Participating Organizations:

- (1) This program is designed primarily for organizations that intend to address specific issues or challenges identified in their operation. Participating organizations are expected to use the program for those specific purposes.
- (2) This program is enriched with contents and facilitation schemes specially developed in collaboration with relevant prominent organizations in Japan. These special features enable the program to meet specific requirements of applying organizations and effectively facilitate them toward solutions for the issues and challenges.

2. Nominee Qualifications:

Applying Organizations are expected to select nominees who meet the following qualifications.

(1) Essential Qualifications

- 1) Present position:
be government official who are the middle level managers in charge of public health administration especially planning at national or regional level.
- 2) Occupational Background:
have a minimum of 5 years of experience in public health practice.
- 3) Language: be proficient in spoken and written English
* Those who do not reach the required level of English proficiency will be disqualified even after their nomination.
- 4) Health: must be in good health, both physically and mentally, to participate in the Program in Japan. Pregnant applicants are not recommended to apply due to the potential risk of health and life issues of mother and fetus.

(2) Recommendable Qualifications

- 1) **Those who are counterpart of JICA's projects may have higher priority than the others.** Please describe your relationship and responsibility related to JICA's project in Application Form.
- 2) Qualified female candidates are especially encouraged to apply.
- 3) Preferably those who have not participated JICA's training program in Japan in the past.

3. Required Documents for Application

(1) Application Form: The Application Form is available at **the JICA office (or the Embassy of Japan).**

(2) Photocopy of passport: to be submitted with the application form, if you possess your passport which you will carry when entering Japan for this program. If not, you are requested to submit its photocopy as soon as you obtain it.

*Photocopy should include the followings:

Name, Date of birth, Nationality, Sex, Passport number and Expire date.

(3) Nominee's English Score Sheet: to be submitted with the application form. If you have any official documentation of English ability. (e.g., TOEFL, TOEIC, IELTS)

4. Procedure for Application and Selection :

(1) Submitting the Application Documents:

Closing date for applications: **Please inquire to the JICA office (or the Embassy of Japan).**

(After receiving applications, the JICA office (or the Embassy of Japan) will send them to **the JICA Center in JAPAN** by [March 16, 2018](#))

(2) Selection:

After receiving the documents through proper channels from your government, the JICA office (or the embassy of Japan) will conduct screenings, and then forward the documents to the JICA Center in Japan. Selection will be made by the JICA Center in consultation with concerned organizations in Japan. *The applying organization with the best intention to utilize the opportunity of this program will be highly valued in the selection.*

Qualifications of applicants who belong to the military or other military-related organizations and/or who are enlisted in the military will be examined by the Government of Japan on a case-by-case basis, consistent with the Development Cooperation Charter of Japan, taking into consideration their duties, positions in the organization, and other relevant information in a

comprehensive manner.

(3) Notice of Acceptance

Notification of results will be made by the JICA office (or the Embassy of Japan) **not later than [April 9, 2018](#)**.

5. Document(s) to be submitted by accepted candidates:

(1) Inception Report (Power Point or equivalent data) -- to be submitted by [May 21, 2018](#). Only accepted candidates are required to prepare an Inception Report. For the detailed information, please see ANNEX "Inception Report"

6. Conditions for Attendance:

- (1) to strictly adhere to the program schedule.
- (2) not to change the program topics.
- (3) not to extend the period of stay in Japan.
- (4) not to be accompanied by family members during the program.
- (5) to return to home countries at the end of the program in accordance with the travel schedule designated by JICA.
- (6) to refrain from engaging in any political activities, or any form of employment for profit or gain.
- (7) to observe Japanese laws and ordinances. If there is any violation of said laws and ordinances, participants may be required to return part or all of the training expenditure depending on the severity of said violation.
- (8) to observe the rules and regulations of the accommodation and not to change the accommodation designated by JICA.

IV. Administrative Arrangements

1. Organizer:

(1) **Name:** JICA TOKYO

(2) **Contact:** Ms. Megumi KATO, Ms. Mihoko NAKAZAWA (ticthd@jica.go.jp)

2. Implementing Partner:

(1) **Name:** Department of International Health and Collaboration, National Institute of Public Health (NIPH)

(2) **URL:** http://www.niph.go.jp/index_en.html

(3) **Remark:** The NIPH under the Ministry of Health, Labor and Welfare provides refresher courses for healthcare personnel and conducts research works in the field of public health which primarily focus on three areas; health policy and management, health promotion and disease prevention, and environmental health.

The Ministry of Health, Labour and Welfare is a ministry responsible for the administration, promotion and development of social welfare, social security and public health.

3. Travel to Japan:

(1) **Air Ticket:** The cost of a round-trip ticket between an international airport designated by JICA and Japan will be borne by JICA.

(2) **Travel Insurance:** Coverage is from time of arrival up to departure in Japan. Thus traveling time outside Japan will not be covered.

4. Accommodation in Japan:

JICA will arrange the following accommodations for the participants in Japan:

JICA Tokyo International Center (JICA TOKYO)

Address: 2-49-5 Nishihara, Shibuya-ku, Tokyo 151-0066, Japan

TEL: 81-3-3485-7051 FAX: 81-3-3485-7904

(where “81” is the country code for Japan, and “3” is the local area code)

If there is no vacancy at JICA TOKYO, JICA will arrange alternative accommodations for the participants. Please refer to facility guide of TIC at its URL,

Facility and Service Guide

https://www.jica.go.jp/tokyo/english/office/c8h0vm00009uld4m-att/facilities_service_guide.pdf

※Cable LAN is available at your room. You can also use Wi-Fi services in JICA Tokyo.

5. Expenses:

The following expenses will be provided for the participants by JICA:

- (1) Allowances for accommodation, meals, living expenses, outfit, and shipping
- (2) Expenses for study tours (basically in the form of train tickets.)
- (3) Free medical care for participants who become ill after arriving in Japan (costs related to pre-existing illness, pregnancy, or dental treatment are not included)
- (4) Expenses for program implementation, including materials

For more details, please see “III. ALLOWANCES” of the brochure for participants titled “KENSU-IN GUIDE BOOK,” which will be given before departure for Japan.

6. Pre-departure Orientation:

A pre-departure orientation will be held at the respective country’s JICA office (or Japanese Embassy), to provide participants with details on travel to Japan, conditions of the workshop, and other matters.



※Class of 2016

V. Other Information

< References >

- (1) Japan's Global Health Policy 2011-2015
http://www.mofa.go.jp/policy/oda/mdg/pdfs/hea_pol_ful_en.pdf
- (2) Japan's strategy on Global Health Diplomacy (2013 May)
<http://www.mofa.go.jp/mofaj/files/000005946.pdf>
- (3) Japan's strategy for global health diplomacy: why it matters (Lancet, vol382, September 13, 2013)
- (4) Annual Health, Labour and Welfare Report
<http://www.mhlw.go.jp/english/wp/index.html>
- (5) Public Health of Japan 2013
<http://www.jpha.or.jp/sub/pdf/phj2013.pdf>
- (6)(JICA DVD)
"History of Public Health and Medical System in Japan"
<https://stream.jica-net-library.jica.go.jp/jn415/111038570359864331765741821887267132161.html>



VI. ANNEX:

Guideline for Inception report

Only for those accepted

Accepted participants are requested to prepare the inception report about on public health administration and policy issue. In the beginning of the course, each country is required to make one presentation based on the preparation.

15 minutes (10 minutes for presentation, 5 minutes for Q & A) will be allocated to each presenter.

The following is explanation of presentation.

The purposes of the inception report are:

- 1) to analyze the current situation on public health issues in your country/region/area
- 2) to share the current situation of each country among participants

Please send the presentation data to ticthd@jica.go.jp by **May 21, 2018**. When you send the data via e-mail, please include the course title and course number (J1804200) in the e-mail title.

【Notes】

- The report and the presentation data should be **typed in English**
- In your presentation, please focus on **challenges at your workplace** rather than abstract challenges and or general challenges in your country.
- Please also refer to the attached **format of presentation** (Power Point File).
- You may **add extra information if necessary**. However, please keep in mind you have 10 min only for presentation.
- If you are from regional/district level, **please try to show the data of your region/district**.
- For your country's statistics, you also can refer to WHO website (<http://www.who.int/gho/countries/en/>) .
- We recommend you to bring annual report of health or health statistics and relevant policy paper for your reference if possible.

<Outline of Presentation>

Slide No		Contents
1	Title slide	
2	Geographical and political features	Map, table, explanation etc. for geographical and political features

3	Vital statistics	Population growth, TFR, mortality rate, Infant mortality rate, rate of population of 60 years and over to the total population, life expectancy at birth etc. of available years
4	Demographical transition	Please show the figure of population composition (pyramid) in the most recent year and within 20-30 years in the future.
5	Economic indicators	Indicators of economy and inequality of income. ex) GNI/GDP/GNP(US\$), GNI/GDP/GNP per capita(UN\$), average income, Gini coefficient etc of available years
6	Five leading causes of death	Five leading cause of death in available years
7	Organizational structure	Please show the organizational structure for public health administration in your country/region/area, and indicate the office you belong to or your position
8	Current major health policies related to your responsibilities	Name of policy, targets, Annual budget(US\$), contents etc.
9,10	(9) Top 3 challenges of management on the prioritized health policy you picked up (10) Possible solutions you may think for the challenges picked up in the previous slide	Please describe the top 3 challenges of management on the policies you have picked up on slide 8, and explain the reason. On page 10, please explain the possible solution to overcome these challenges. <u>Here, NOT focus on health issue itself but focus on administrative issue to respond health issues.</u> The challenges may be identified in the following categories such as institutional development, human resource development, health care services delivery, quality improvement, health care financing etc.

For Your Reference

JICA and Capacity Development

The key concept underpinning JICA operations since its establishment in 1974 has been the conviction that “capacity development” is central to the socioeconomic development of any country, regardless of the specific operational scheme one may be undertaking, i.e. expert assignments, development projects, development study projects, training programs, JOCV programs, etc.

Within this wide range of programs, Training Programs have long occupied an important place in JICA operations. Conducted in Japan, they provide partner countries with opportunities to acquire practical knowledge accumulated in Japanese society. Participants dispatched by partner countries might find useful knowledge and re-create their own knowledge for enhancement of their own capacity or that of the organization and society to which they belong.

About 460 pre-organized programs cover a wide range of professional fields, ranging from education, health, infrastructure, energy, trade and finance, to agriculture, rural development, gender mainstreaming, and environmental protection. A variety of programs are being customized to address the specific needs of different target organizations, such as policy-making organizations, service provision organizations, as well as research and academic institutions. Some programs are organized to target a certain group of countries with similar developmental challenges.

Japanese Development Experience

Japan was the first non-Western country to successfully modernize its society and industrialize its economy. At the core of this process, which started more than 140 years ago, was the “*adopt and adapt*” concept by which a wide range of appropriate skills and knowledge have been imported from developed countries; these skills and knowledge have been adapted and/or improved using local skills, knowledge and initiatives. They finally became internalized in Japanese society to suit its local needs and conditions.

From engineering technology to production management methods, most of the know-how that has enabled Japan to become what it is today has emanated from this “*adoption and adaptation*” process, which, of course, has been accompanied by countless failures and errors behind the success stories. We presume that such experiences, both successful and unsuccessful, will be useful to our partners who are trying to address the challenges currently faced by developing countries.

However, it is rather challenging to share with our partners this whole body of Japan’s developmental experience. This difficulty has to do, in part, with the challenge of explaining a body of “tacit knowledge,” a type of knowledge that cannot fully be expressed in words or numbers. Adding to this difficulty are the social and cultural systems of Japan that vastly differ from those of other Western industrialized countries, and hence still remain unfamiliar to many partner countries. Simply stated, coming to Japan might be one way of overcoming such a cultural gap.

JICA, therefore, would like to invite as many leaders of partner countries as possible to come and visit us, to mingle with the Japanese people, and witness the advantages as well as the disadvantages of Japanese systems, so that integration of their findings might help them reach their developmental objectives.



CORRESPONDENCE

For enquiries and further information, please contact the JICA office or the Embassy of Japan. Further, address correspondence to:

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