

3.1 HEALTH FINANCING AND STRENGTHENING HEALTH SYSTEMS

3.1.1 We will continue our efforts towards the goal of providing at least a projected US\$ 60 billion to fight infectious diseases and improve health systems. (Reiterated in 2008 and 2009: We reaffirm our existing commitments, including the US\$60 billion investment to fight infectious diseases and strengthen health systems by 2012).

Japan has placed health system strengthening (HSS) at its core in the series of its global health policies.

As one of the key elements of HSS, Japan has attached particular importance to strengthening the health workforce. At the Fourth Tokyo International Conference on African Development (TICAD IV) in 2008, Japan committed to supporting training and retention of health and medical workers in Africa. As set out in its new global health policy, Japan will support the development of policy-oriented human resources in order for the governments of partner countries to formulate and implement evidence-based country-led national health plans based on the best and most adequate information. Japan will also support the establishment of a network for health systems research and human resource development, particularly in sub-Saharan Africa, with the aim of promoting implementation research for effective and efficient health interventions and integrating the research results into evidence-based policy making.

One good example of Japan's assistance is the case in Tanzania. Japan has been supporting Tanzania since 2001 to create enabling environments for decentralized health services by strengthening capacities of Regional Health Management Teams (RHMTs) to effectively translate national policies into local practices at the district level. It is enhancing a supervision mechanism to facilitate sound provision of health services, as well as improving a reporting mechanism. The model interventions were originally piloted in one region and now scaled-up to benefit all the 21 regions in the mainland Tanzania.

Another good example can be found in Ghana. Japan has been working with Ghana since 2007 for scaling-up of Community-based Health Planning and Service (CHPS) in Upper West Region. CHPS is an evidence-based service delivery strategy adopted by the government as priority especially in the areas where access to health care service is limited. Japan so far trained more than 160 community health officers to benefit the rural population. Management capability of local health administration (the region and districts) is strengthened as well, contributing to an increase in the essential health service coverage in the region.

In addition, Japan has been active in assisting health systems research as well as networking and developing capacities of research institutions. For example, Japan provided US\$16.03 million, US\$18.60 million, US\$17.2 million and US\$20.2 million between 2007-2010 through the programme of Founding Research Centres for Emerging and Re-emerging Infectious Diseases organised by the Ministry of Education, Culture, Sports, Science and Technology. As of March 2011, the programme has established a total of 12 overseas research centres in 8 countries (6 in Asia and 2 in Africa) with the participation of 10 Japanese partner universities/institutions with the research topics ranging from scientific studies to training and establishing a system to respond to emerging and re-emerging diseases.

3.1.2. Mobilizing support for the Global Fund to Fight AIDS, Tuberculosis, and Malaria (+ Muskoka Declaration: *We reaffirm our commitment to come as close as possible to universal access to prevention, treatment, care, and support with respect to HIV/AIDS. We will support country-led efforts to achieve this objective by making the third voluntary replenishment conference of the Global Fund to fight aid, tb and malaria in October 2010 a success.*)

Japan remains committed to the global efforts to achieve the universal access to HIV/AIDS prevention, treatment and care programmes. In its new global health policy, Japan is committed to working together with other development partners, in furthering progress in the MDG 6 in relation to

HIV/AIDS, TB and malaria through support to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and stepping up complementarity between GFATM activities and Japan's bilateral assistance.

In 2010, Japan announced an additional pledge of US\$800 million to GFATM in the coming years. By the end of 2010, Japan contributed approximately 1.29 billion USD to the GFATM since its establishment in 2002.

3.1.3 *Building on the valuable G8 Global HIV/AIDS vaccine enterprise, increasing direct investment and taking forward work on market incentives, as a complement to basic research, through such mechanisms as Public Private Partnerships and Advance Purchase Commitments to encourage the development of vaccines, microbicides and drugs for AIDS, malaria, tuberculosis and other neglected diseases.*

Japan regards promoting innovation as an essential approach to accelerate progress on health outcomes and to achieve the health-related MDGs. With this in mind, Japan commenced voluntary contributions of US\$ 2 million to IAVI for developing vaccines against HIV/AIDS in 2010.

In addition, Japanese people have invested the equivalent of more than US\$ 1.5 billion in "Vaccine Bonds" issued by the International Finance Facility for Immunisation (IFFIm). This helps to support GAVI's work to save children's lives and thus contributes to achieving the MDGs 4 by accelerating access to immunisation in developing countries. The amount accounts for almost half of the funding amounted to US\$ 3 billion raised by IFFIm, which represents strong commitment on improving child health by the Japanese public.

3.1.4 *Supporting capacity building in the most vulnerable countries in disease-surveillance and early warning systems, including enhancement of diagnostic capacity and virus research.*

One example of Japan's bilateral assistance in this area is Regional Cooperation Project for Animal Disease Control in Southeast Asia countries including Malaysia, Myanmar, Thailand, Laos, Cambodia and Vietnam. The Project aims at enhancing a surveillance structure for animal diseases among member countries, and between local and central levels in each member country.

Other examples are the projects implemented under Science and Technology Research Partnership for Sustainable Development (SATREPS). These include Research and Development of Therapeutic Products against Infectious Diseases, especially Dengue Virus Infection; Establishment of Rapid Diagnostic Tools for Tuberculosis and Typanosomiasis and Screening of Candidate Compounds for Typanosomiasis; New Diagnostic Approaches in the Management of Fungal Infections In AIDS and other Immunocompromised Patients; Identification of Anti-Hepatitis C Virus (HCV) Substances and Development of HCV and Dengue Vaccines; Studies of Anti-viral and Anti-parasitic Compounds from Selected Ghanaian Medical Plants; and Prevention and Control of Leptospirosis in the Philippines.

Moreover, through its contributions to WHO and OIE, Japan has assisted partner countries in enhancing the surveillance capacity, improving the administrative and other capacities in the veterinary-related areas and strengthening the pandemic preparedness.

3.1.5 *The G8 members will work towards increasing health workforce coverage towards the WHO threshold of 2.3 health workers per 1000 people, initially in partnership with the African countries where we are currently engaged and that are experiencing a critical shortage of health workers.*

Japan underlines the importance of developing sound health workforce as a basis for improving overall health outcomes and achieving the health-related MDGs. At the Fourth Tokyo International Conference on African Development (TICAD IV), Japan pledged to train one hundred thousand health workers in Africa over the next five years.

Japan addresses HRH issues through the following focused interventions:

- develop and increase HRH through building professional training facilities, curriculum development, improving the working environment to retain the health workforce etc.;
- improve the quality of the existing workforce through in-service training; and

- establish efficient and effective management systems through assisting policy-making for the training and recruiting health personnel, developing databases on HRH, etc.

In tackling this issue, Japan attaches importance to strengthening partnerships with various stakeholders in this field, such as the Global Health Workforce Alliance (GHWA). One example can be found in the 2nd Global Forum on Human Resources for Health (GFHRH), which JICA co-organised with GHWA in January 2011 in order to further mobilise all stakeholders to collaboratively advocate and take appropriate actions to achieve access for all to skilled and motivated health workers.

In addition, as laid out in its new global health policy, Japan will support the establishment of a network for health systems research and human resource development, particularly in sub-Saharan Africa, with the aim of promoting implementation research for effective and efficient health interventions and integrating the research into evidence-based policy making.

3.2 MATERNAL HEALTH AND CHILD HEALTH

<p><i>We will scale up efforts to reduce the gaps, in the area of maternal and child health care and voluntary family planning, an estimated US\$ 1.5 billion</i></p>

Maternal, Newborn and Child Health (MNCH) is a central focus of Japan's new global health policy, as expressed in the EMBRACE model, with a view of contributing to MDGs 4 and 5. "EMBRACE" (Ensure Mothers and Babies Regular Access to Care) is maternal, newborn and child health assistance model and it consists of an effective package of preventive and clinical interventions for maternal and newborn survival at both community and facility levels. It aims to create linkages between communities and facilities by introducing innovative strategies and to scale up high impact child health interventions to ensure a continuum of care from pre-pregnancy to after childbirth. This model stresses the importance of enhanced partnerships among all stakeholders and of a broad-based approach encompassing various measures such as better infrastructure, safe water and sanitation, and other social developments.

Japan's bilateral assistance on MNCH aims to build and strengthen the systems that provide a comprehensive "Continuum of Care for MNCH" through improvements in the quality of and access to health services. In order to achieve this, Japan provides various assistance including: 1) creating a pool of health service providers for antenatal care; 2) increasing the number of childbirths attended by skilled health personnel; 3) improving nutrition; 4) improving and upgrading health facilities; 5) enhancing partnerships among the health administration, health care providers and the communities; and 6) the introduction and promotion of MCH handbooks.

Japan currently provides MNCH related assistance in over 29 countries. One of the good examples is the assistance in Bangladesh. Japan launched the Safe Motherhood Promotion Project in Bangladesh in 2006, with the aim to improve the health of mothers, pregnant women and newborns through strengthening capacities of community health management and by improving facility-based health services in collaboration with the national and local governments. As a result, the pilot district of Narsinghdi has witnessed the increasing proportion of women who accessed emergency obstetric care when experiencing complications during pregnancies and deliveries from 17.8% in 2006 to 55.6% in 2009.

Other examples of Japan's ongoing cooperation related to MNCH include:

- Building the capacity of village midwives who provide health services at the community level through pre-service and in-service training in North Sudan
- Improving maternal and newborn care service: by strengthening skilled birth attendants (SBAs) and their supporting staff and by bettering the support systems for health-centre based SBAs in the four operational districts in Cambodia.
- Enhancing the capacities of vaccination management under the framework of the Pacific Immunization Program Strengthening (PIPS) in the 13 target (Fiji, Cook Islands, Kiribati, Marshall Islands, The Federated States of Micronesia, Nauru, Niue, Palau, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu) countries of the Pacific region.
- Strengthening emergency obstetric and newborn care services in rural areas in the Philippines in collaboration with Department of Health.

Japan not only places emphasis on cooperation with multilateral organisations including UNICEF and UNFPA, but also with other stakeholders including NGOs such as IPPF. Since 2005, Japan has provided US\$764.43 million to UNICEF (FY2005-2009), US\$195.17 million (FY2005-2010) to UNFPA, and US\$76.05 million to IPPF (FY2005-2010). By strengthening partnership with various stakeholders in such manner, Japan aims to provide comprehensive MNCH assistance.

3.3 FIGHTING INFECTIOUS DISEASES (NEGLECTED DISEASES)

We must also increase our efforts in the fight against other preventable diseases...particularly by increasing the volume and quality of medical research on neglected diseases in developing countries

Japan has been playing an active role in fighting against infectious diseases by launching a series of initiatives such as “Okinawa Infectious Disease Initiative (IDI) and “International Parasite Control Initiative (also known as Hashimoto Initiative)”, which set out the importance of fighting against infectious diseases as a central development issue, and providing various assistance:

One of our significant contributions is our assistance through GFATM. As stated in our new global health policy, Japan will work to make a further progress in the health-related MDGs through strengthening support for the GFATM. By the end of 2010, Japan contributed approximately US\$ 1.29 billion to the GFATM since its establishment in 2002.

Japan also provides bilateral assistance in infectious diseases control with a focus on strengthening diagnostic and testing services with quality assurance systems, appropriate collection and utilization of health information, and strengthening management capacities for the provision of health services. These activities are undertaken in close partnership with various actors working in the same sector.

Japan has been active in addressing challenges posed by Neglected Tropical Diseases (NTDs). Under Japan’s Initiative on International Parasite Control (Hashimoto Initiative), Japan helped partner countries establish the Centres for International Parasite Control in Asia, East Africa and West Africa. At these Centres and the neighbouring countries, parasite control programmes against schistosomiasis and soil transmitted helminthiasis have been steadily expanded.

Japan’s contribution is also accredited for interruption of new transmission of imported-vector borne Chagas diseases in Guatemala in 2008 and in Honduras in November 2010, which was certified by PAHO (Pan American Health Organisation).

In addition, Japan also supports Pacific Programme to Eliminate Lymphatic Filariasis by means of providing drugs and consumables, and Ghana’s efforts to combat Guinea Worms by providing assistance to secure safe drinking water in rural areas.

Moreover, through the Programme of Founding Research Centres for Emerging and Re-emerging Infectious Diseases, Japan conducted medical research on neglected diseases, such as research on dengue fever, in 12 overseas research centres in 8 countries, in collaboration with research partners in developing countries.

3.4 HIV/AIDS

Develop and implement a package for HIV prevention, treatment and care, with the aim of as close as possible to universal access to HIV/AIDS treatment for all who need it by 2010
We commit to counter any form of stigma, discrimination and human rights violation and to promote the rights of persons with disabilities and the elimination of travel restrictions on people living with HIV/AIDS

In the field of HIV/AIDS, Japan contributes to achieving universal access through its cooperation with international organizations including GFATM and NGOs as well as through its bilateral assistance to the national HIV/AIDS programs in partner countries. In combating HIV/AIDS, Japan underlines a comprehensive approach to synergise efforts along with maternal, newborn and child health and

health systems strengthening. While contributing to scaling up effective interventions through GFATM, Japan also pursues synergies between GFATM activities and Japan's bilateral assistance in collaboration with multilateral agencies with high expertise such as WHO and UNAIDS.

In bilateral assistance, Japan focuses on prevention through the promotion of CT (counselling and testing) services, awareness raising and education. With regard to HIV/AIDS treatment, Japan promotes mobile CT and ART (anti-retrovirus treatment) services, especially for hard-to-reach populations. Japan undertakes its programmes particularly in areas with high rates of HIV infection such as Eastern and Southern Africa.

For example, since 2006, Japan has been supporting Zambia's national responses to HIV and AIDS, from policy making to community-based provision of services. Japan's multi-sectoral and multi-level assistance is building clinical and diagnostic capacities among rural health workers to ensure quality of services. Japan assisted the Ministry of Health to provide mobile ART services that enable provision of ART at rural health centers, and demonstrated that quality ART services can be implemented with limited human and financial resources available in rural Zambia. The service model developed from this project was adopted in national guidelines and is being scaled-up.

Moreover, Japan made contributions of US\$ 2 million to IAVI for developing vaccines against HIV/AIDS in 2010. In 2000, Japan also established the Japan Trust Fund for HIV and Reproductive Health to contribute towards the realisation of Japan's Okinawa Infectious Disease Initiative, and by the end of FY2010 contributed approximately US\$ 11 million in total.

3.5 POLIO

Supporting the Polio Eradication Initiative for the post eradication period in 2006-8 through continuing or increasing our own contributions toward the \$829 million target and mobilising the support of others.

Responding to global public health emergencies including polio is one of the three pillars of Japan's new global health policy.2011-2015.

In order to leverage our knowledge and experiences of successful polio eradication in WPRO region, Japan has been contributing to Global Polio Eradication Initiative, providing a sum of US\$132.63 million since 2004. Japan's basic approach is to provide oral polio vaccines (OPV) mainly through UNICEF not only in the remaining endemic countries, Afghanistan, India, Nigeria, and Pakistan, but also in the 15 neighboring and re-infection countries, namely Angola, Côte d'Ivoire, Democratic Republic of the Congo, Sierra Leone, Zimbabwe, Sudan, Chad, Haiti, Palestine, Burundi and Liberia.

3.6 MALARIA

*Working with Africa countries to scale up action against malaria to reach 85% of the vulnerable populations with the key interventions that will save 600,000 children's lives a year by 2015 and reduce the drag on African economies
As part of fulfilling our past commitments on malaria, we will continue to expand access to long-lasting insecticide treated nets, with a view to providing 100 million nets through bilateral and multilateral assistance, in partnership with other stakeholders by the end of 2010*

As in the fight against HIV/AIDS and tuberculosis, Japan underlines that efforts to combat malaria be promoted as part of health systems strengthening efforts to address human resource development, improvement of infrastructure and equipment, supply chain management and enhanced monitoring and evaluation, as well as maternal, newborn and child survival programmes.

Recognizing that malaria is one of the major killers for children under five years. Japan remains committed to helping scaling up effective interventions through GFATM, which has an impact on the fight against the three major infectious diseases, while pursuing synergies between GFATM activities and Japan's bilateral assistance in collaboration with multilateral agencies such as WHO.

For example, Japan supports malaria control initiatives in endemic countries through grant aid and technical cooperation projects with integrated services for maternal and child health.

Japan also provides annual financial contribution to WHO for its malaria programs.

One good example of Japan's bilateral assistance is a project implemented in Solomon Island from 2007 to 2010 with the total cost of 286 million yen. The project was aligned with the National Malaria Action Plan 2008-2014, to strengthen the malaria control by building surveillance systems and enhancing appropriate disease control. In the project sites of Guadalcanal province and Honiara city, malaria incidence rate per 1000 populations decreased by 43%, from 480 in 2006 to 276 in 2008.

3.7 TUBERCULOSIS

<i>Supporting the Global Plan to Stop TB, 2006-2015</i>

Japan has long been active in the global fight against TB by contributing its abundant knowledge and experience in its own fight against the serious epidemics in the post WWI era. Echoing the Global Plan to Stop TB 2006-2015, in July 2008, Stop TB Japan Action Plan was launched as a result of close collaboration between the government and private sectors. Japan will work closely with the international community mainly through its contribution to GFATM as well as its bilateral cooperation with partner countries.

Japan's tuberculosis responses place emphasis on improving DOTS management capacities from central to community level, to strengthen laboratories capacities. Examples include the case in Afghanistan, where Japan has been supporting Afghanistan National TB Control Program in its overall structural strengthening for implementing and monitoring quality TB control services. By implementing pilot activities based on the strategic plan of NTP, Japan has contributed to developing quality DOTS services nationwide. Japan also assists in enhancing laboratory network and culture laboratory through trainings to establish functional External Quality Assurance (EQA) slide sending system, and culture examination. With Japan's assistance since 2004, Afghanistan has significantly improved the case detection rate to 73% in 2008, and achieved the treatment success rate as high as 89% in 2007.

Based on such assistance and in order to further promote control against the three major infectious diseases of tuberculosis, HIV/AIDS and malaria in Afghanistan, and to enable intensive and isolated treatment and examination of severe malaria and respiratory infections, Japan provided a bilateral grant of up to 2.643 billion yen (approximately US\$ 28 million) in 2010, which includes the procurement of the required equipment and the construction of a new hospital for infectious diseases within the National Tuberculosis Control Program compound in Kabul.

On the other hand, based on the Global Plan to Stop Tuberculosis 2006-2015, Japan also supports the implementation and promotion of a series of TB countermeasures, such as the prevention of infection, early detection, and diagnosis and continuous treatment. This is targeted at countries where the state of proliferation is severe, such as those that the WHO has designated as priority TB countries. In July 2008, five public and private entities collaborated in working to address TB countermeasures in developing countries by making use of the experience and technologies that Japan had accumulated through its national TB programme.

3.8 MEASLES

<i>Will work towards a steady decrease in the number of measles-related deaths, progress in halting the spread of measles, and its eventual elimination</i>

In the area of measles, one example of Japan's bilateral assistance can be found in Vietnam, where Japan has constructed a manufacturing facility for measles vaccines by the grant aid scheme and built capacities to produce vaccines domestically through the technical cooperation project from 2006 to 2010. The facility is producing annually 7,500,000 doses in compliance with the WHO standard to meet the domestic demand.

Echoing its emphasis on MNCH, Japan provides assistance on measles control in partnership with UNICEF, as a part of Expanded Program on Immunization (EPI) and providing measles vaccines to four countries namely Cambodia, Zimbabwe, Sudan and Burundi.