

Third Party Evaluation Report 2014  
The Ministry of Foreign Affairs of Japan

# **Evaluation of Japan's Contribution to the Achievement of the MDGs in the Health Sector**

February 2015

Mizuho Information & Research Institute, Inc.

## Preface

This report under the title of the *Evaluation of Japan's Contribution to the Achievement of the MDGs in the Health Sector* was undertaken by Mizuho Information & Research Institute, Inc., entrusted by the Ministry of Foreign Affairs (MOFA) in Japanese fiscal year 2014.

Since its commencement in 1954, Japan's Official Development Assistance (ODA) has contributed to the development of partner countries and to finding solutions to international issues which vary with the times. Recently, more effective and efficient implementation of ODA has been required not only in Japan but also in the international community. MOFA has been conducting ODA evaluations every year, mainly at the policy level, with two main objectives: to improve the management of ODA; and to ensure its accountability. The evaluations are conducted by third parties, in order to enhance their transparency and objectivity.

This evaluation study was carried out to make an overall evaluation of Japan's subsectoral (disease-specific, or vertical) assistance and cross-subsectoral (trans-disease, or horizontal) assistance provided for the achievement of the MDGs in the health sector, taking into consideration the assistance trends in the target countries and the international community and the related organizations' activities in the recipient regions. In addition, the evaluation was carried out not only from the developmental viewpoints but also from the diplomatic viewpoints, such as the influence of Japan's contributions on the international community and the local regions, in order to gain lessons learned and recommendations for the planning and implementation of assistance policies in the future.

Tatsufumi Yamagata, Director General of the International Exchange and Training Department of the Institute of Developing Economies, served as a chief evaluator to supervise the overall evaluation processes, and Etsuko Kita, Chair of the Board of the Sasakawa Memorial Health Foundation, served as an advisor to share her expertise on health assistance. These two individuals have made enormous contributions from the beginning of this study to the completion of the report. In addition, in the course of this study in Japan, the evaluation team has benefited from the cooperation of MOFA, the Japan International Cooperation Agency (JICA), and the local ODA Task Forces, as well as non-governmental organizations (NGOs). The evaluation team would like to take this opportunity to express our sincere gratitude to all those who were involved in this study.

Finally, the Evaluation Team wishes to note that the opinions expressed in this report do not necessarily reflect the views or positions of the Government of Japan.

February 2015

Mizuho Information & Research Institute, Inc.

Note: This English version of the Evaluation Report is a summary of the Japanese Evaluation Report of Japan's Contribution to the Achievement of the MDGs in the Health Sector.

## Evaluation of Japan's Contribution to the Achievement of the MDGs in the Health Sector

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Evaluation period: July 2014 to February 2015

### Background, Purpose, and Target of the Evaluation

To achieve the Millennium Development Goals (MDGs) adopted in 2000, Japan established a series of development policies in the health sector and has given bilateral and multilateral assistance to that sector. However, although the time limit for the achievement of the MDGs in 2015 is drawing near, it cannot be said that progress toward the health-related MDGs has been sufficient. In the international community, attention has been drawn not only to disease-specific, subsectoral or vertical assistance but also to trans-disease, cross-subsectoral or horizontal assistance, such as the strengthening of health systems, and to Universal Health Coverage (UHC). In this evaluation, based on these backgrounds, overall evaluation was carried out on the efforts that Japan has contributed to achieve the health MDGs from when the MDGs were established up until 2013.

### Compilation of Evaluation Results (Summary)

● Developmental Viewpoints

(1) Relevance of Policies

Japan's ODA policies in the health sector are generally consistent with the trends in the international community's assistance shown in the MDGs, G8 Summits and other international institutions. However, Japan's assistance has been mainly for neighboring countries, whereas many countries that have serious health problems exist in Sub-Saharan Africa. This discrepancy is because of Japan's "national interest" in creating friendly relationships with neighboring countries through ODA. Given that an imbalance in the regional allocation of ODA is also seen in other donor countries due to their "national interests" based on regional and historical relationships with neighboring countries, and taking into consideration other various points, the Relevance of Policies is generally high.

(2) Effectiveness of Results

The Evaluation Team utilized the Organization for Economic Co-operation and

Development (OECD)'s Creditor Reporting System (CRS) data on the ODA disbursements and the United Nations' data on MDG indicators. As a result, a statistically significant correlation was found between Japan's ODA in the health sector and the degree of improvement in MDG 4 (Reduce child mortality) and MDG 5 (Improve maternal health). However, the degree of correlation was higher for the other donors than for Japan. Because Japan's ODA in the health sector is allocated to countries where MDG indicators have relatively been improved more than to African countries that have higher potentials for improving MDG indicators, the outcome or impact of ODA by Japan might have become smaller than those by the other donors that allocate more ODA to African countries.

The effect of Japan's ODA in the health sector was also examined in two case study countries (Senegal and Ghana) based on micro data analysis and fact-finding research. In both countries, the child mortality rates, which are the main indicators of MDG 4, and some indicators of MDG 5 and MDG 6 were more improved in the regions to which Japan gave priority in assistance than in the neighboring, comparable regions and than the national average. Given these facts, the degree of improvement in the health outcome indicators was higher in the regions where Japan made overall efforts to give health service assistance than in the other regions. In this sense, there was a certain degree of effect of Japan's ODA in the health sector.

According to the results of both macro and micro analyses, it can be inferred that Japan's efforts to achieve the MDGs in the health sector have been effective to a certain degree.

### (3) Appropriateness of the Processes

Japan selected target regions of health assistance in Senegal and Ghana, taking into consideration requests from both countries' governments and situations of the other donors' current assistance in the health sector. Moreover, Japan's assistance mainly consisted of what contributed to general improvement of local health services, such as administrative capacity building, health system strengthening, and basic infrastructure development. The Evaluation Team assumes that the health indicators are beginning to improve gradually in both regions as a result of this. In addition, no great problem was found in the results of the global analysis.

#### ● Diplomatic Viewpoints

The Evaluation Team assumes that Japan's assistance through ODA in the health sector brought about some effects in the bilateral relationships with the partner countries, such as an increase in the visibility of Japan and the enhancement of their affinity toward Japan. At the international community level, there are concrete cases where Japan contributed to the establishment of Global Fund and emphasized the importance of strengthening health systems, in order to express concerns to the international community about the issues in the health sector.

## Main Recommendations

### (1) Regional “Selection and Concentration”

In the two case study countries for this evaluation, given the weight of the health problems (demand factor) and the absence of other donors (supply factor), Japan concentrated its ODA in the health sector to selected regions and tested cross-subsectoral and holistic intervention. The regional “selection and concentration” may have served as a model case that can be applied to other countries. When limitations on financial resources for ODA are increasing, such a model is an idea that should be kept in mind, together with sectoral/subsectoral “selection and concentration” that is supported in terms of Japan’s own advantages.

### (2) Contribution to UHC by Regional Approach

While discussions are still necessary on how to achieve UHC, the lesson learned from this evaluation was that by allocating each donor with a region to support, it improves the health services in the regions, thus fulfilling the health services of the whole country, being UHC. The donors’ coordination approach and sharing tasks of assistance to regions with high need of health assistance seem to makes it possible to expand the health service assistances more efficiently.

### (3) Improvement of Japan’s Presence in Sub-Saharan Africa

The MDGs is planned to be succeeded by the “Sustainable Development Goals” (SDGs) in September 2015. With regard to the proposed goals and targets in the health sector, large improvement of the health standards will be necessary especially in Sub-Saharan Africa and conflict/post-conflict countries. As an advanced country, Japan should play a major role in these regions in high need of health assistance, cooperating particularly with Asian countries. Japan’s experience in human resource development and health system improvement seems to be effective also for improving the health standards in such countries and regions.

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# Chapter 1

## Outline of Evaluation

### 1-1 Evaluation Background and Purpose

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To achieve the Millennium Development Goals (MDGs), which were adopted in 2000, Japan established a series of development policies in the health sector, such as the Okinawa Infectious Disease Initiative, and has given bilateral and multilateral assistance under those policies. Although the time limit for the achievement of the MDGs in 2015 is drawing near, it cannot be said that the progress toward the three MDGs (Goals 3, 4 and 5) regarding health has been sufficient. In the international community, attention has been drawn not only to subsectoral or vertical approach assistance for issues such as specific diseases control but also to cross-subsectoral or horizontal approach assistance, such as the strengthening of health systems. During international discussions about post-MDGs, the importance of Universal Health Coverage (UHC) as a horizontal assistance agenda has particularly been pointed out.

Although it has already been promoting measures from both the vertical approach and horizontal approach in the past, Japan has not sufficiently accumulated evaluations and knowledge about the effects the horizontal approach has on achieving the MDGs and other health issue solutions and what multiple effects vertical approach has on the improvement of other disease problems and the strengthening of health systems beyond the area in question. Japan has regarded the health sector as an important diplomatic issue and clarified its intention to contribute to the solution of health issues in the world, which is seen, for example, in Japan's Strategy on Global Health Diplomacy launched in 2013. Because of this, it is necessary to comprehensively evaluate Japan's assistance, not only from the viewpoint of Japan's contributions to the improvement of the MDG indicators in the health sector but also from the viewpoint of the contributions Japan gave to the promotion of UHC in the target countries and the strengthening of the health systems that serve as the base for UHC.

This evaluation study was carried out to evaluate the vertical and horizontal assistance Japan has given for the achievement of the health-related MDGs from the developmental and diplomatic viewpoints, to clarify Japan's contributions and issues so far, and to gain lessons learned and recommendations for the planning and implementation of assistance policies in the future. In addition, the evaluation results will be publicly released to fulfill accountability for the people of Japan and to give the assistance-related countries feedback.



## 1-2 Evaluation Target and Period

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### (1) Evaluation Target

The overall target of this evaluation is Japan's assistance policies and concrete measures in the health sector that were carried out after the establishment of the MDGs. With regard to multilateral assistance, not only the individually earmarked projects but also assistance through international organizations, taking in considerations for contributions to organizations that give assistance in the health sector, are focused in this evaluation.

#### [Evaluation Targets]

- Bilateral assistance: project-type and non-project-type assistance in the health sector
- Multilateral assistance: projects earmarked in the health sector; contributions to organizations that provide assistance in the health sector

### (2) Evaluation Period

This evaluation covers the period from the establishment of the MDGs to 2013.

However, the analysis of the "effectiveness of results" covers the period from 2002, since the acquisition of gross-disbursement-type amount data of ODA became possible under the Creditor Reporting System (CRS) of the Organization for Economic Co-operation and Development (OECD) after that year.

## 1-3 Evaluation Framework

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This evaluation is based on the ODA Evaluation Guidelines 8th Edition and consists of overall evaluation from the following three evaluation criteria: Relevance of Policies, Effectiveness of Results, and Appropriateness of Processes from the aspect of development. Moreover, in addition to the "developmental viewpoints," the evaluation team has conducted this evaluation from the "diplomatic viewpoints."

### 1-3-1 From the perspective of the “Relevance of Policies”

The Relevance of Policies is evaluated by considering the following in the health sector: the consistency with the development needs of the recipient countries and Japan’s high-level policies; relations to international priority issues and assistance trends; and the consideration to the other donors and international organizations’ health policies.

Table 1-1 shows the main evaluation items and their contents:

Table 1-1: Framework for Evaluation of “Relevance of Policies”

Evaluation item	Evaluation content
(1) Consistency with the development needs of the recipient countries	<ul style="list-style-type: none"> <li>▪Is it consistent with the development needs of the recipient countries?</li> <li>▪It is consistent with the development needs of the recipient regions? (case study)</li> </ul>
(2) Consistency with Japan’s high-level policies	<ul style="list-style-type: none"> <li>▪Is it consistent with Japan’s ODA Charter, Medium-Term Policy on ODA, etc.?</li> <li>▪Is it consistent with “Human Security” approach?</li> <li>▪Is it consistent with the Initiatives and relevant assistance policies in the health sector?</li> <li>▪Is it consistent with the Country Assistance Policy? (case study)</li> </ul>
(3) Relations with the measures of the international community and assistance trends	<ul style="list-style-type: none"> <li>▪Is it based on international priority issues or high-level frameworks?</li> <li>▪Is it based on trends in assistance related to international health?</li> <li>▪Is it based on international priority issues or high-level frameworks concerning specific issues?</li> <li>▪Is it based on high-level international frameworks concerning assistance methods?</li> </ul>
(4) Consideration to other donors and international organizations’ health policies	<ul style="list-style-type: none"> <li>▪Does it think of other donors and international organizations’ assistance policies and strategies?</li> <li>▪Does it think of trends in other donors’ assistance?</li> <li>▪What advantage does Japan’s assistance have?</li> </ul>

### 1-3-2 From the perspective of the “Effectiveness of Results”

The Evaluation Team judged “Effectiveness of results ”by considering whether Japan’s assistance in the health sector improves the situations of health in the recipient countries and influences on trends of international community’s assistance.

Table 1-2 shows the main evaluation items and their contents.

Table 1-2: Framework for Evaluation of “Effectiveness of Results”

Evaluation item	Evaluation content
(1) Evaluation of bilateral assistance	<ul style="list-style-type: none"> <li>▪To which countries and projects has Japan mainly given bilateral ODA in the health sector? What characteristics does Japan’s bilateral ODA have, compared with the other donors’?</li> <li>▪Have the MDG indicators in the health sector improved in the countries to which Japan implemented ODA in the health sector?</li> <li>▪Have the UHC-related indicators improved in the countries to which Japan implemented ODA in the health sector?</li> <li>▪How much contribution of Japan’s assistance is observed, compared with the other donors’ assistance, in examination of the correlation between input and output/outcome/impact indicators?</li> </ul>
(2) Evaluation of multilateral assistance	<ul style="list-style-type: none"> <li>▪To what countries and projects has ODA in the health sector been mainly implemented through the framework of multilateral assistance?</li> <li>▪What kind of contribution has Japan’s ODA given in the health sector through the framework of multilateral assistance?</li> </ul>

### 1-3-3 From the perspective of the “Appropriateness of Processes”

The Evaluation Team judged “Appropriateness of Processes” by examining whether Japan tried to periodically understand the recipient countries’ needs, and the progress of assistance, and to cooperate with the other donors and international organizations as well as the private sector and non-profit organizations (NPOs). In this section, qualitative evaluation has been conducted mainly based on questionnaire survey results and interviews.

Table 1-3 shows the main evaluation items and their contents.

Table 1-3: Framework for Evaluation of “Appropriateness of Processes”

Evaluation item	Evaluation content
(1) Appropriateness of Japan’s approach based on its high-level policy	<ul style="list-style-type: none"> <li>▪Are the roles and functions of the Medium-Term Policy and the Sectoral Development Policy that have placed priority on the health-related MDGs effective?</li> <li>▪Have measures been carried out based on the contents of the recommendations produced as a result of the ODA evaluations in the past?</li> </ul>

Evaluation item	Evaluation content
(2) Appropriateness of assistance based on the status of MDGs process and assistance needs	<ul style="list-style-type: none"> <li>▪Are the assistance needs in the health sector consistent with Japan's ODA trend?</li> <li>▪Has appropriate response been made to the new health issues that have emerged or become conspicuous after the establishment of the MDGs?</li> </ul>
(3) Appropriateness of cooperation and coordination with the recipient countries' governments and other development partners	<ul style="list-style-type: none"> <li>▪Were policy dialogues and coordination carried out appropriately with the recipient countries' governments, other donors, the private sector, and NPOs?</li> <li>▪Were discussions and efforts carried out appropriately concerning post-MDGs at the "ODA sites" in the recipient countries?</li> </ul>

### 1-3-4 From the "Diplomatic Viewpoints"

"Evaluation from the Diplomatic Viewpoints" was conducted by examining the diplomatic importance and the spillover effects of the assistance in the health sector. In this section, qualitative evaluation is made mainly based on information gained from interviews.

Table 1-4 shows the main evaluation items and their contents.

Table 1-4: Framework for "evaluation from the aspect of diplomacy"

Evaluation item	Evaluation content
(1) Diplomatic effects on the recipient countries	<ul style="list-style-type: none"> <li>▪Has the assistance in the health sector produced spillover effects to strengthen the bilateral relationship between the recipient countries and Japan, such as the creation of a diplomatic friendship and the development of the local people's affinity toward Japan?</li> </ul>
(2) Diplomatic effects on the international community	<ul style="list-style-type: none"> <li>▪Did Japan's assistance in the health sector (assistance policies and implementation) show any special roles or presence in the international community's efforts to achieve the health-related MDGs?</li> <li>▪Did Japan display leadership during discussions about the formation of the Sustainable Development Goals (SDGs) as a post-MDGs agenda?</li> </ul>

## 1-4 Evaluation Study Method

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For this evaluation, the Evaluation Team carried out literature research, a domestic interview survey, a questionnaire survey for diplomatic establishments abroad, and teleconferences with the ODA Task Forces of the case study countries.

### 1-4-1 Evaluation Design

During the first and second review meetings, under the supervision of the chief evaluator, the Evaluation Team consulted with the related departments of the Ministry of Foreign Affairs (MOFA) and the Japan International Cooperation Agency (JICA) to confirm the evaluation design, including the purpose, target, method, and schedule of the evaluation, and to draw an implementation schedule.

The field surveys in Senegal or Ghana, which were originally planned, were cancelled due to the outbreak of Ebola hemorrhagic fever in the West Africa region. Thus, this evaluation is based on the results of the domestic survey (literature research and questionnaire surveys) and the questionnaire survey with the diplomatic establishments abroad.

### 1-4-2 Domestic Survey

Literature research was carried out into materials related to this evaluation's target (such as policy documents, project reports, basic statistics, academic papers, and other such documents) to collect and arrange information about the purposes, achievements of activities, outcomes and implemented processes of the projects to be evaluated. Statistical data and other such materials obtained through international organizations and related domestic organizations were used for analyzing data of assistance results, health-related indicators, etc.

In addition, an interview survey with related Japanese organizations and Japanese experts were carried out based on the survey items extracted from the evaluation framework. Table 1-5 is a list of interviewees.

Table 1-5: Interviewees for the Domestic Survey

Date	Interviewee
Aug. 12, 2014	JICA Human Development Department Full-time counselor Chief of Second Health Division, First Health Group
Aug. 22, 2014	International Health Policy Division, International Cooperation Bureau, Ministry of Foreign Affairs Official of MOFA Official of MOFA
Sep. 3, 2014	Third Country Assistance Planning Division, International Cooperation Bureau, Ministry of Foreign Affairs Deputy Director Technical Official
Jan. 14, 2015	Africa Japan Forum, a specified non-profit corporation Director of Global Health Program
Jan. 19, 2015	National Center for Global Health and Medicine First Dispatch and Cooperation Division, Bureau of International Medical Cooperation (Ex-administrative advisor of Senegal's Ministry of Public Health, JICA expert)

### 1-4-3 Questionnaire Survey

To grasp Japan's depth of contributions, which are difficult to grasp evidentially from literature information and quantitative data, as well as qualitative information about local assistance processes, a questionnaire survey was carried out with Japan's diplomatic establishments in the recipient countries in which ODA was provided. The survey period had been one month between October and November 2014.

Questionnaires were distributed to all of Japan's diplomatic establishments in the countries that had received assistance of 10 million dollars or more in total since 2000 in the health sector. Among the 85 countries, the Evaluation Team received answers from 58 countries. The data of all the responses were checked after the compilation of results. An invalid response was excluded from the counting for the relevant question.

Figure 1-6: Questionnaire Survey Items

Question	Main survey items
Respondent's attributes	<ul style="list-style-type: none"> <li>▪Country name</li> <li>▪Point of contact with the person in charge of the response</li> </ul>
1. Situation of the health sector	<ul style="list-style-type: none"> <li>▪Status of the formulation of strategies for the health sector</li> <li>▪Status of holding donor meetings in the health sector</li> <li>▪Status of assistance by common basket</li> </ul>
2. Processes of assistance in the health sector	<ul style="list-style-type: none"> <li>▪Status of consultation/coordination with the recipient country's government</li> <li>▪Status of consultation/coordination with other donors</li> <li>▪Examples of follow-up after the end of the project</li> </ul>
3. Structure of providing assistance in the health sector	<ul style="list-style-type: none"> <li>▪Person in charge of the health sector</li> </ul>
4. Diplomatic effects of assistance in the health sector	<ul style="list-style-type: none"> <li>▪Outcomes from the diplomatic viewpoints</li> </ul>
5. Promotion of universal health coverage	<ul style="list-style-type: none"> <li>▪Status of policy discussions about UHC</li> <li>▪Leading donor in the partnerships about UHC</li> </ul>

Figure 1-7: Status of the Questionnaire Survey Responses

Number of distributed questionnaires (total)	85
Number of valid responses	58
Ratio of valid responses	68.2%

#### 1-4-4 Teleconferences

Since the field surveys in the case study countries were cancelled, teleconferences were held with local ODA Task Forces in Senegal and Ghana to collect supplementary information about the current situation of health and Japan's assistance policies. Table 1-8 outlines the teleconferences:

Table 1-8: Outline of Teleconferences with ODA Task Forces

Date	Interviewee
Nov. 20, 2014	ODA Task Force in Senegal Secretary (in charge of health and belonging to the Economic Cooperation Team at the Embassy) Economic cooperation coordinator (in charge of assistance cooperation and health at the Embassy) JICA expert (advisor to the Secretariat of Senegal Ministry of Public Health and Social Affairs) JICA project formulation advisor (in charge of planning and region in the health sector at the JICA office)
Nov. 26, 2014	ODA Task Force in Ghana Secretary (in charge of economic cooperation at the Embassy) Economic cooperation coordinator (in charge of health and assistance cooperation at the Embassy) JICA staff member (supervision of health services at the JICA office) JICA project formulation advisor (in charge of health at the JICA office)

#### 1-4-5 Preparation of a Report

The Evaluation Team prepared a report based on the information collected through the domestic survey, the questionnaire surveys, and the teleconferences, and analysis, which were carried out according to the evaluation framework and a report was prepared. After the preparation of a draft, comments were given by MOFA's and JICA's related department at a review meeting. Based on the opinions, the final report was confirmed.



## 1-5 Implementation Structure

Table 1-9 shows the members of the Evaluation Team.

Table 1-9: Evaluation Team

Name	Role	Affiliation/post
Tatsufumi Yamagata	Chief evaluator	Director-General of International Exchange and Training Department, Institute of Developing Economics Professor at Advanced School, Secretary-General
Etsuko Kita	Advisor	Chair of Sasakawa Memorial Health Foundation
Kei Sato	Consultant	Consultant for Mizuho Information & Research Institute, Inc.
Takashi Murai	Consultant	Consultant for Mizuho Information & Research Institute, Inc.
Akiko Takazawa	Consultant	Contract consultant

In carrying out this evaluation, the Evaluation Team received cooperation from the related organizations and departments listed in Table 1-10.

Table 1-10: Related Agencies and Departments that Gave Cooperation

Agency	Department
Ministry of Foreign Affairs	International Cooperation Bureau, International Health Policy Division
	International Cooperation Bureau, Third Country Assistance Planning Division
JICA	Human Development Department

Also, the Evaluation Team held review meetings with MOFA and JICA as shown in Table 1-11.

Table 1-11: Review Meetings

Review meeting	Date
1st meeting	Jul. 31, 2014
2nd meeting	Oct. 1, 2014
3rd meeting	Nov. 19, 2014
4th meeting	Feb. 3, 2015

## Chapter 2

# Summary of Evaluation Results and Recommendations

## 2-1 Summary of Evaluation Results

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### 2-1-1 Evaluation of the “Relevance of Policies”

With regard to Japan’s ODA policies for achieving the MDGs in the health sector, the major emphasis has relatively shifted from infectious diseases control (as a subsectoral or disease-specific issue) to maternal and child health and health system improvements / Universal Health Coverage (UHC) (as cross-subsectoral or trans-disease health issues). This trend can be seen in the health-sector ODA policies formulated after 2000 – “Okinawa Infectious Disease Initiative” (IDI, 2000-2004), “Health and Development Initiative” (HDI, 2005-2010), and “Global Health Policy 2011-2015” – and “Strategy on Global Health Diplomacy” (established in 2013).

Such a change in emphasized health issues was also observed in the discussions about overall health-sector development at the G8 Summits, the World Health Organization (WHO) and the Tokyo International Conference on African Development (TICAD), and for the post-2015 development agenda or Sustainable Development Goals (SDGs). Moreover, in recent years, the international measures for maternal and child health have relatively been highlighted amongst the ones for the health subsectors, such as the three major infectious diseases and maternal and child health.

Meanwhile, Japan’s ODA policies in the health-sector are also consistent with the higher-level policy documents such as “Japan’s ODA Charter” and “Japan’s Medium-Term Policy on ODA,” because all those policies, in common, place importance on “human security,” of which health is a core element.

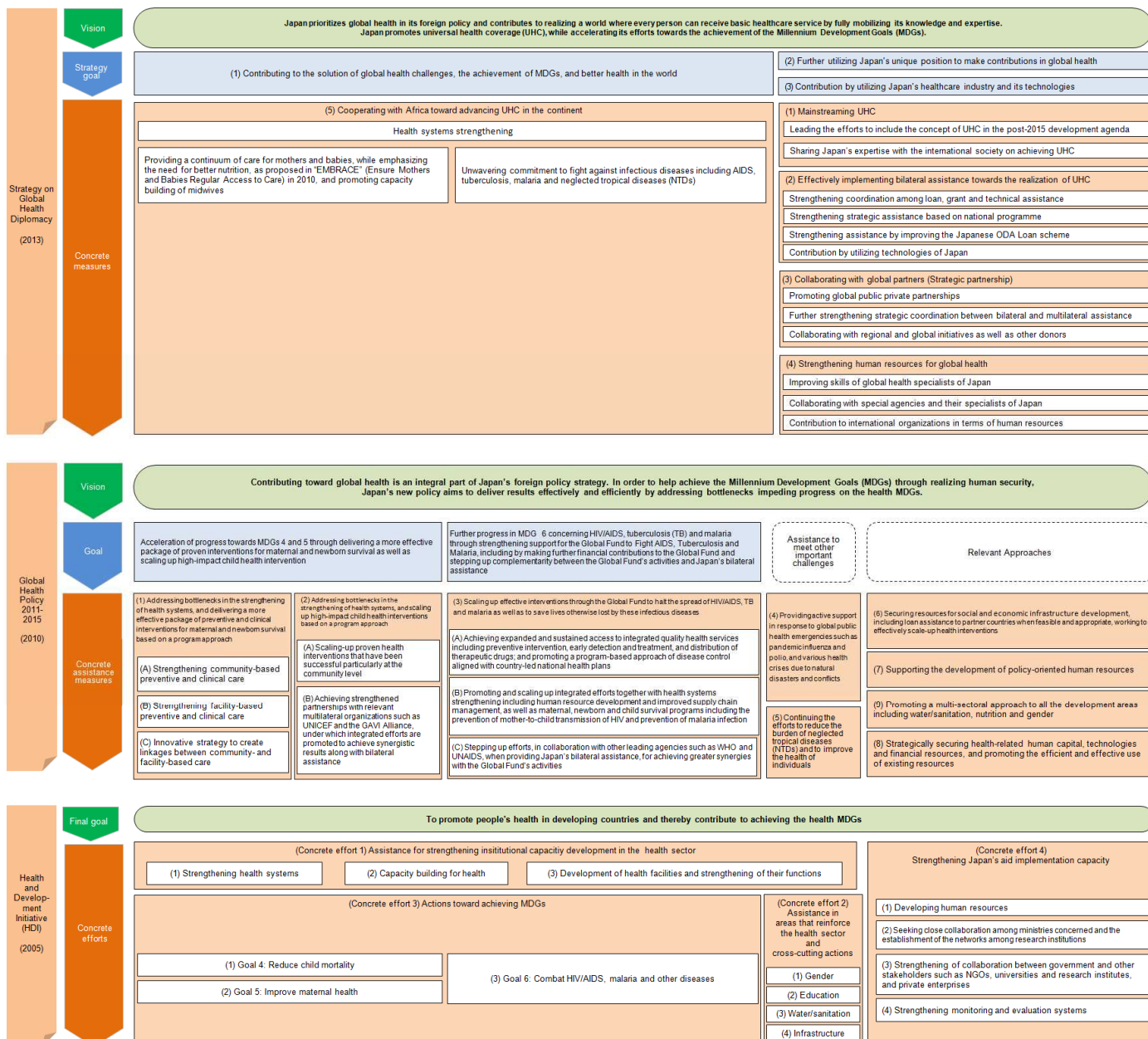
Moreover, because Japan has displayed its strength in maternal and child health and health system improvements, it is keen for Japan to shift emphasis to these subsectors, while sharing roles with other bilateral donors and international organizations, in the area such as infectious disease control.

Japan has provided greater assistance to neighboring Asian countries in the past. However, many countries in Sub-Saharan Africa today have more serious problems in the health sector. In this regard, a discrepancy has arisen when considering globally maximum improvement of the health-related MDG indicators. This discrepancy has been caused by Japan’s “national interest” to build up a friendly relationship with neighboring countries in the Asian region

through ODA. However, the other donor countries also have shown similar behaviors concerning the regional allocation of ODA due to their “national interest” based on regional and historical relationships, for example in European countries’ attitude toward African countries and the United States’ attitude toward Latin American countries.

Notwithstanding these gaps, the Evaluation Team generally evaluated the policies related to Japan’s efforts to achieve the health-related MDGs as highly relevant.

Figure 2-1: Comparison among the structures of the Strategy on Global Health Diplomacy, the Global Health Policy 2011-2015, and the HDI



## 2-1-2 Evaluation of the “Effectiveness of Results”

Multiple regression analysis was carried out to estimate how much Japan and the other donors disbursing ODA in the sectors of “health” and “population policies/programs and reproductive health” contributed to the improvement of indicators related to the MDGs and UHC in the recipient countries, from when the MDGs were set in the year 2000, to recent years (mainly 2012 and 2013). In the regression equation, the accumulated amount of gross ODA disbursement in the above two sectors was used as the explanatory variable, while the width of improvement was used as the explained variable, taking consideration of the following countries: low income, lower-middle-income, and upper-middle-income with a population of one million or more and with no missing data. In addition, the difference in the degree of ODA’s contribution to the improvement of the health indicators between Japan and the other donors was examined to see whether it was significantly large or not.

As a result, there was a tendency that Japan’s ODA was highly correlative with the improvement in the recipient countries’ MDG-related indicators, but the degree of correlation was lower than that between the other donors’ ODA and the improvement in the recipient countries’ indicators (Table 1). The following are possible reasons:

- Japan’s ODA contributions were mainly for countries where MDG-related indicators were relatively improved, but distribution was relatively small for African countries where the potential of improvement in the indicators is high.
- Compared with other large-scale donors, Japan disbursed bilateral ODA more to the subsectors of “health policy and administrative management” and “medical services,” where the improvement effects may require a long time to occur, but less to “sexually transmitted disease control including HIV/AIDS” and other infectious disease control where ODA can be expected to have a quick effect.

Table 2-1: Results of Regression Analysis concerning Contribution of Accumulated Amount of gross ODA disbursement to the Width of Improvement in Indicators in the Health-related Sector

MDG, etc.	Health-related indicator	Direction of improvement	Contribution		
			Other donors	Japan	Difference in effect
MDG 4	Under-five mortality rate	—	— Highly significant.	+	Japan's contribution is smaller. Highly significant.
	Infant mortality rate (0-1 year)	—	— Highly significant.	+	Japan's contribution is smaller. Highly significant.
MDG 5	Maternal mortality rate	—	— Highly significant.	+	Japan's contribution is smaller. Highly significant.
MDG 6	HIV prevalence	—	—	—	Japan's contribution is smaller.
	Proportion of children under 5 sleeping under insecticide-treated bednets	+	+ Highly significant.	—	Japan's contribution is smaller. Highly significant.
	Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs	+	+	—	Japan's contribution is smaller.
	Death rates associated with tuberculosis	—	—	—	Japan's contribution is smaller.
UHC	Private expenditure on health as % of total expenditure on health	—	—	+	Japan's contribution is smaller.

Note: If the “direction of improvement” is “+”, a larger value in the relevant indicator is more desirable. If it is “—”, a smaller value is more desirable. If this mark is the same as the mark for the “contribution” column, this means that the input of ODA contributes to the improvement of the indicators. “Highly significant” means that the significance level is 99% or more. If there is only a mark, the significant level is less than 90%.

Source: United Nations Statistical Division, *Millennium Development Goals Indicators* database; World Health Organization, *World Health Statistics 2014*; and Organization for Economic Co-operation and Development, *Creditor Reporting System* database.

Moreover, a micro data analysis was carried out for the Tambacounda/ Kédougou Regions in Senegal and the Upper West Region in Ghana, both of which Japan has intensively input health-related ODA on. According to the analysis results, the width of improvement in the child mortality rates, the main indicators for MDG 4, is higher than that of the neighboring comparable regions and the national average (Table 2). In Ghana, a part of the indicators for MDG 5 (Improve maternal health) and MDG 6 (Combat HIV/AIDS, malaria and other diseases) were improved in the Upper West Region more than in the neighboring comparable regions. Given these observations, the width of improvement in the health outcome indicators was higher in the regions where Japan made comprehensive efforts in health service assistance than in the other regions. In this sense, the Evaluation Team judged that Japan's

health-related ODA achieved effect.

Table 2-2: Trends in the Child Mortality Rates in Several Regions of Senegal and Ghana

Co.	Region	Under-five mortality rate (per 1,000 live births)			Infant mortality rate (per 1,000 live births)		
		2005	2010-11	Width of improvement	2005	2010-11	Width of improvement
Senegal	Tambacounda / Kédougou	111.0	73.0	▲38.0	100.0	58.5	▲41.5
	Kaolack/ Kaffrine	84.0	48.0	▲36.0	79.0	49.5	▲29.5
	Kolda / Sédhiou	116.0	79.0	▲37.0	100.0	70.5	▲29.5
	(Whole country)	74.0	48.0	▲26.0	82.0	60.0	▲22.0
Ghana	Upper West	191	108	▲83	114	67	▲47
	Upper East	106	98	▲8	68	58	▲10
	Northern	133	124	▲9	83	66	▲17
	(Whole country)	111	82	▲29	71	53	▲18

Note: In the case of Senegal, the values for 2005 are those in the left one of the pair regions, while those for 2010-11 are average values for the pair regions (because of regional division).

Sources: République du Sénégal, *Enquête Démographique et de Santé 2005*, et *Enquête Démographique et de Santé à Indicateurs les Sénégal (EDS-MICS) 2010-2011*; and Ghana Statistical Service, et al., *Ghana Multiple Indicator Cluster Survey 2006*, and 2011.

According to the results of both macro and micro analyses, it can be inferred that Japan's efforts to achieve the MDGs in the health sector have been effective to a certain degree.

### 2-1-3 Evaluation of the "Appropriateness of Processes"

Based on its high-level ODA policies, Japan has been making efforts to improve the assistance in the health sector, demonstrating a commitment for the achievement of the MDGs in its assistance policies, and ensuring the improvement of structures of the related organizations' headquarters. In addition, Japan has been supporting recipient countries to achieve the MDGs from a long-term viewpoint, including a cross-subsectoral approach for contributing to general enhancement of the health systems, such as by building administrative capacities and by developing basic infrastructures. The level of interest shown for JICA's technical cooperation, such as the Training and Dialogue Programs, indicates that these efforts have been appreciated in the recipient countries.

With regard to the assistance processes at the local level, although detailed examination

has not been carried out for this evaluation because of constraints on information gathering, it can be inferred from the results of the questionnaire survey and the case studies that the cooperation and coordination with the recipient countries' governments and the other development partners have been carried out appropriately. However, as the evaluation study in 2008 similarly pointed out, Japan's sharing of its Country Assistance Programs/Policies seemingly remains to be somewhat weak in the donor community and is still necessary to be enhanced.

With regard to cooperation with the other development partners, the channels for cooperating with companies and other private-sector organizations in conducting ODA projects has improved especially in recent years. Among such ODA projects, there are projects where JICA has cooperated with companies in the implementation process. Therefore, it can be said that public-private partnerships have begun to arise. Such various types of cooperation with development partners can also be facilitated as measures supporting the achievement of UHC to approach the population that cannot be covered by formal institutions or macro efforts.

The case studies indicate that Japan selected the Tambacounda and Kédougou Regions and the Upper West Region as target districts in Senegal and Ghana respectively, after considering the government's requests and the other donors' existing health assistance, and practiced "selection and concentration" by allocating health assistance intensively to those districts. Those assistances mainly consisted of what contributed to general improvement of local health services, such as administrative capacity building, health system improvement, and basic infrastructure development, rather than disease-specific efforts. Because the health indicators in both districts have begun to improve gradually, such a "regional intensive approach" as adopted in Senegal and Ghana seems appropriate as an assistance process for now.

For the local assistance processes, Japan seems to be holding sufficient policy consultation and coordination with the governments of Senegal and Ghana and sufficiently exchanging information and making liaison and coordination with the other donors, according to the limited information collected through the domestic survey. Although the Comité de pilotage (committee on policies; generally known as "Comité") between Japan and the Senegalese Ministry of Health has been suspended, the two countries have built close relations by sharing information through the Japanese advisors to the Senegalese Ministers' Secretariats and therefore Japan experiences no practical impediments in taking communication with the Government of Senegal. Although Japan has not signed the Compact-Sénégal (Partnership accord between the Government of Senegal and technical and financial partners), so far there is no specific impediment caused on Japan's assistance processes. The Government of Senegal originally does not have strong demands of



“alignment” with donors. However, it is necessary to observe how the situation will develop in the near future. The Evaluation Team believed that it is necessary to have extensive interviews with the Government of Senegal and other development partners in the country to properly evaluate the processes comprehensively, including the processes of assistance policy formulation and project implementation.

Ghana is the only country to which Japan has given “sector budget support (SBS)” in the health sector. Although other donors have begun to take a passive attitude toward SBS recently, it is in principle appropriate for Japan to continue SBS, in which Japan has been funding relatively small amounts, through 2015 by monitoring the results of the Ghana Government’s holistic policy evaluation of the health sector, which is contrasted with the matrix-style performance assessment of general budget support (GBS). With the use of SBS in the future, it is important for Japan to review the value of the scheme through dialogue with the Government of Senegal and development partners, and with consideration of effects of the project/program aid and possible participation to GBS.

#### 2-1-4 Evaluation of "Diplomatic Viewpoints"

In the high-level ODA policies, such as the ODA Charter, Japan has placed importance on assistance in the health sector as an effort for poverty reduction that is an important factor influencing social and economic activities. The health-sector assistance provided to various countries under these assistance policies seems to have produced some effects also on the bilateral relationship between Japan and the recipient countries, including an increase of the presence of and affinity towards Japan. According to the results of the questionnaire surveys conducted in the Japanese diplomatic establishments of the recipient countries, there are “cases where effects have been produced from the diplomatic viewpoints” by Japan’s assistance in the health sector, such as the national medical institution known as “Japan Hospital” built by grant aid and a case where efforts made under JICA’s technical cooperation project were highly regarded by a partner country and became a model for replication in the country.

In addition, Japan’s contributions in the health sector have highlighted health issues not only in the recipient countries but also in the international arena as well. The examples include addressing infectious disease control at the Kyushu-Okinawa Summit in 2000, the presenting concerns for strengthening the health systems at the G8 Hokkaido Toyako Summit in 2008, and the proposing health diplomacy strategy by submitting an article to a medical journal in 2011. In the discussions about the post-MDGs development agenda, Japan’s contributions were recognized by the international community, through such activities as the presentation of a joint research program between Japan and the World Bank on UHC. However, it should be noted that no clear explanation has been given about the shift of focus

from “EMBRACE”, the maternal and child health assistance model, to UHC, which was proposed at a subcommittee session of the MDGs Follow-up Meeting in 2011. It is necessary to pay attention to the continuity of policies and give careful explanations, to send consistent messages to the international community with carefully prepared explanations.

## 2-2 Recommendations

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### 2-2-1 Regional “Selection and Concentration”

Japan intensively provided health-related ODA for the Tambacounda and Kédougou Regions in Senegal and the Upper West Region in Ghana. These regions were selected from the following supply and demand factors: (1) the weight of health issues in the regions; and (2) the absence of other donors. Moreover, Japan tried to make a cross-subsectoral and holistic intervention in those selected regions instead of having a separate approach for each disease.

Since the financial resources for Japan’s ODA are limited, the necessity of “selection and concentration” to had been brought up for a long time. Although various discussions were held as to which area to select and concentrate on, this evaluation shed light on the effectiveness of cross-subsectoral intervention in regions where the necessity for such intervention was high and the other donors and the recipient country have not invested sufficient resources. This exercise can be called *regional* “selection and concentration”. The cases in Senegal and Ghana may show model examples that can be applied to other countries as a good practice of “selection and concentration” for the health-sector ODA. When constraints of Japan’s financial resources for ODA persists, attention should be paid to such *regional* “selection and concentration,” together with *sectoral/subsectoral* “selection and concentration” that should be supported by Japan’s relative advantage in some subsectors.

### 2-2-2 Contribution to UHC by Regional Approach

Although it is supporting the achievement of UHC, Japan has not elaborated among themselves on the issue of how to promulgate extended and comprehensive health services.

The lessons learned from the cases in Senegal and Ghana told us that each donor’s efforts to improve the health services in her own region of responsibility under the regional burden-sharing among the donors may result in spreading the health services all over the recipient country, this helps UHC. Such donor-to-region (of the recipient country) assistance methodology is similar to the case of horizontal cooperation among local governments at the

time of the Great Sichuan Earthquake in 2008. This is a case of cooperation by pairing a non-devastated city with a devastated region within China. The enhanced coordination among participatory donors individually attached to regions with a high need of health assistance seems to make it possible to efficiently expand the health service assistance across the regions.

### 2-2-3 Improvement of Japan’s Presence in Sub-Saharan Africa

The MDGs is planned to be succeeded by the “Sustainable Development Goals” (SDGs) in September 2015. With regard to the proposed goal in the health sector (Goal 3) and its nine targets, substantial improvements will be necessary for Sub-Saharan Africa and conflict/post-conflict countries where the health standard is low. This evaluation has found that Japan mainly allocates health-related ODA to neighboring Asian countries. However, from now on, Japan should expand its assistance to Sub-Saharan Africa and conflict/post-conflict countries where demand for resources to improve the health standard is enormous, particularly in cooperation with other Asian countries.

In 2014, the outbreak of Ebola hemorrhagic fever in West Africa caused a serious crisis in the public health in the region. As an advanced country, Japan should play a major role in regions with high demand for assistance in the health sector. With regards for the health-sector, Japan has so far accumulated in Asian regions achievements in human resource development and health system improvement with ODA. The Evaluation Team believes that Japan should utilize these effective assets to contribute improving standards of health in such challenging countries and regions.

Table 2-3: Domain of Recommendations

	Recommendation	Corresponding agency	
		Headquarters level	Field level
Policy/strategy direction level	Regional “selection and concentration”	○	
	Improvement of Japan’s presence in Sub-Saharan Africa	○	
Assistance method/procedure level	Contribution to UHC by the regional approach (coordination among donors)		○