

# Survey report on Japan's bilateral assistance for health in Africa

## Enhanced community involvement is the key to maximize the impact of Japan's ODA for health in Africa

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### Summary

Japan is one of the leading countries in global health. The contributions include establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria in the 2000s and mainstreaming of 'Universal Health Coverage' (UHC) since the 2010s. On the other hand, whether Japan's bilateral in the 2000s aid in the health sector contributes enough to the health work at the grassroots level in Africa needs scrutiny.

Africa Japan Forum conducted a questionnaire and interview survey between April and July 2022 together with civil society networks working on AIDS, tuberculosis, and malaria, so called three major infectious diseases in Africa and on health system strengthening at the grassroots level. The survey, which received 105 responses from 31 countries, revealed that Japanese bilateral health assistance to Africa has contributed to a certain extent to strengthening public health systems, mainly at the governmental level. However, there is a lack of support for community and civil society organizations working on healthcare activities particularly in vulnerable situations/environments, except for some "priority countries" designated by the government. Civil society organizations are keen to engage in constructive dialogue and cooperation with Japanese aid agencies and diplomatic missions.

In the short run, one of the effective ways to comprehensively address health system strengthening in Africa is to support international organizations with open funding channels to African civil society organizations. Building on its current intergovernmental support for health system strengthening, Japan needs to accelerate dialogue and collaboration with civil society organizations as well as develop channels to provide funding and technology directly to these organizations. Further, this report suggests the development of a coordinated scheme to utilize a certain portion of bilateral aid to support international organizations and improve health work more effectively at the community level.

### Main article: Japanese Development Assistance for Health (DAH) not reaching the grassroots level in Africa sufficiently

#### 1. Purpose of Survey

Since the end of the 1990s, the Government of Japan has identified 'human security as the most important concept for Japanese assistance and put global health at the center to be achieved. In the 2000s, Japan advocated the creation of the Global Fund, an international organization to fund the three (HIV/AIDS, TB

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and Malaria) major infectious diseases and health system strengthening, and became one of the major donor after its establishment. In the 2010s, Japan also led the mainstreaming of Universal Health Coverage (UHC), where everyone has access to quality and necessary healthcare services without suffering from high-cost burdens, and played a leading role in the UHC 2030 establishment, a coordinating body for UHC.

In 2022 Japan developed the Global Health Strategy for 2030, considering the impact of the COVID-19 pandemic. The strategy identified the achievement of more resilient, equitable, and sustainable UHC through strengthening national health systems as a policy goal. It also identifies communities as an important foundation of health systems and emphasizes strengthening community capacity and promoting primary health care (PHC) and health promotion to ensure the richness of social capital in communities. The strategy states that civil society is an essential stakeholder in the achievement of UHC and an important and equal partner in Japan's global health strategy and that cooperation and dialogue should be strengthened with national and international civil society organizations, especially small and medium-sized local civil society organizations working at the grassroots level in developing countries.

Japan prioritizes health issues in Africa and provides bilateral assistance to this end. The 8th Tokyo International Conference on African Development (TICAD 8) to be held in 2022 provides an excellent opportunity to assess Japan's multilateral and bilateral assistance. Africa Japan Forum seized this opportunity to work with two regional platforms that bring together civil society organizations working on the three major infectious diseases and health system strengthening at the grassroots level in Africa. It investigated how Japan's development assistance in the health sector (DAH), particularly bilateral DAH, is perceived by these civil society organizations. Based on the results of the survey, recommendations were developed on how Japan's DAH and African civil society should collaborate and cooperate with each other.

## **2. Methodology of Survey**

Online questionnaires and interviews were conducted to assess the perceptions of civil society organizations working to combat the three major infectious diseases and strengthen health systems at the grassroots level in African countries, in relation to Japanese bilateral development assistance for health (DAH). The survey was conducted in collaboration with Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO) for Anglo- and Lusophone Africa, and the Network for Access to Essential Medicines (*Réseau d'Accès aux Médicaments Essentiels*, RAME) for Francophone Africa.

The two networks serve as platforms for the Community, Rights and Gender Strategy Initiative (CRG-SI), a broad-based initiative of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), in Anglophone, Lusophone and Francophone Africa. They work extensively with civil society and community organizations related to the Initiative.

Civil society and community organizations involved in HIV/AIDS, TB, malaria, and community-level health systems strengthening were the main focus of the survey and interviews in this study. It is because their efforts on HIV/AIDS, Tuberculosis and community-based health systems strengthening in Sub-Saharan Africa have mobilized in large scale with active engagement of diverse groups under vulnerability and

marginalization, such as women, youth and children, ethnic minorities, migrants and LGBTQI+ people and have been mainstreamed in the health sector in the region.

In order to avoid the bias that can arise from focusing on these networks, we also called the African members of the Advisory Group of Civil Society Engagement Mechanism (CSEM) of UHC2030, the international coordination mechanism to promote universal health coverage (UHC), to answer the questionnaire and received several responses from them.

The survey, through the EANNASO and RAME networks across Africa, received 105 responses from 31 African countries, including Anglophone, Lusophone, and Francophone countries. The survey questioned the recognition level of DAH in Japan and its effectiveness in the communities. It also asked to compare Japan and other aid organizations such as the Global Fund, as well as opinions on Japanese DAH. The questionnaire consists of the following six parts;

- ① Information about the respondent organization,
- ② Knowledge of Japanese ODA,
- ③ Experience and assessment of Japanese DAH,
- ④ Comparison of Japan with other aid agencies,
- ⑤ Experience and assessment of the Global Fund,
- ⑥ Policy recommendations on Japanese DAH

Based on the results of the questionnaire, a total of 10 respondents, one each from Ethiopia, Ghana, the Republic of Guinea, Kenya, Cote d'Ivoire, the Democratic Republic of Congo, Nigeria, Burkina Faso, Madagascar, and Mauritania, were interviewed in July.

### **3. Survey Results**

The results of the questionnaire survey are as follows.

#### **(1) Awareness and recognition of Japanese DAH**

More than 75% of respondents were aware of the existence of Japanese ODA in Africa, such as the development of infrastructures like roads, bridges, and schools. However, when it comes to DAH, the percentages declined to 37% for the provision of equipment and facilities such as hospital construction and rehabilitation, 13% for training, 20% for health system improvement, and 12% for JICA volunteers.

When asked to rate Japanese DAH in terms of access and usefulness, more than 60% of respondents answered that they are almost inaccessible to those working in communities. Descriptive responses to the questionnaire indicated that "Japanese DAH is mostly completed at the central government level and is hardly known here" and "there are no activities to involve civil society organizations working in communities. Even if there is, the information is not conveyed at all". Many respondents suggested information disclosure at the community level, facilitation of dialogue and cooperation with local civil society organizations, and enhanced cooperation systems that directly target communities.

In the questions on efficiency, impact, and contribution to communities, not a few respondents stated that they were not aware of the existence of Japanese DAH, and therefore not in a position to evaluate it. Unlike access, however, some respondents, who had benefitted from Japan's DAH in particular, gave a

positive evaluation. Respondents who had participated in TICAD expressed their expectations and appreciation of Japan's contribution. At the same time, some also suggested that it would be effective to disseminate information on Japanese DAH, promote dialogue and collaboration with community workers, and partner with international organizations such as the Global Fund that have experience in working in communities.

## (2) Responses to the questionnaire.

### A) Japanese overall ODA

Have you seen, heard or used anything about Japanese ODA in your country?

	YES	NO	YES (%)
Francophone	52	17	75.4%
Anglo & Lusophone	27	9	75.0%
Total	79	26	75.2%

### B) Experience with Japanese DAH

Do you know of any facilities or equipment provided in your country through Japanese DAH?

	YES	NO	YES (%)
Francophone	28	41	40.6%
Anglo & Lusophone	11	25	30.6%
Total	39	66	37.1%

Are you aware of any training courses conducted by the Japanese DAH in your country?

	YES	NO	YES (%)
Francophone	7	62	10.1%
Anglo & Lusophone	7	29	19.4%
total	14	91	13.3%

Are you aware of the health system established by Japanese DAH in your country?

	YES	NO	YES (%)
Francophone	12	57	17.4%
Anglo & Lusophone	9	27	25.0%
total	21	84	20.0%

Have you met JICA Volunteers for DAH who have been sent to your country?

	YES	NO	YES (%)
Francophone	9	60	13.0%
Anglo & Lusophone	4	32	11.1%
total	13	92	12.4%

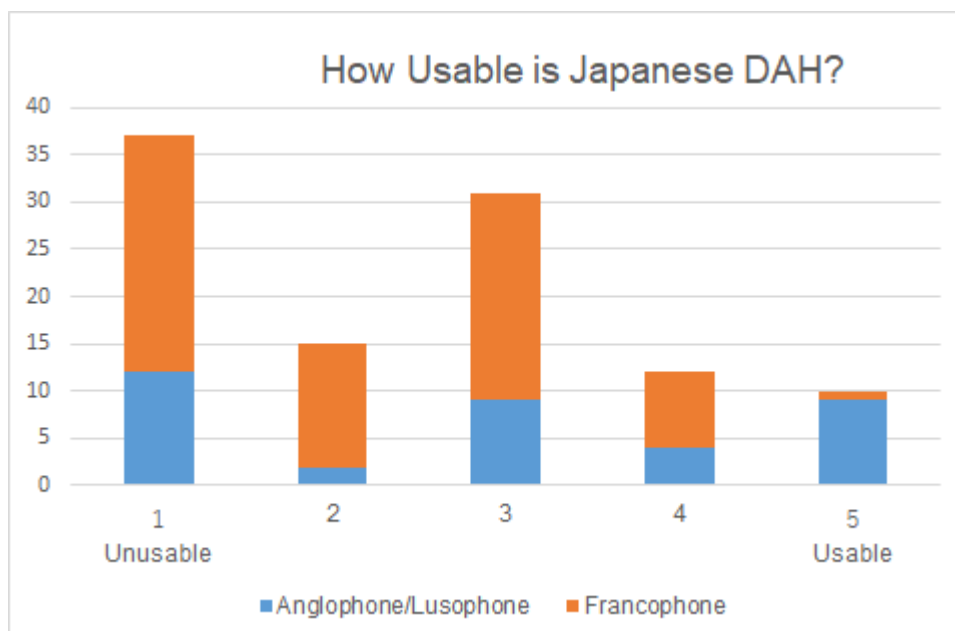
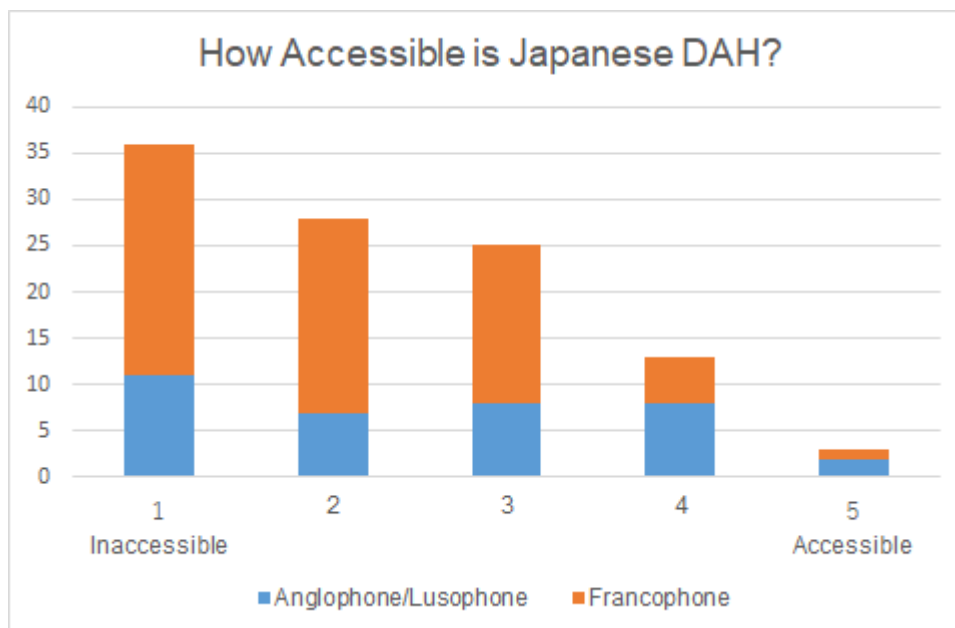
Have you created a healthcare project proposal and sought Japanese assistance?

	YES	NO	YES (%)
Francophone	10	59	14.5%
Anglo & Lusophone	5	31	13.9%
total	15	90	14.3%

Have you implemented a healthcare project through Japanese assistance?

	YES	NO	YES (%)
Francophone	6	63	8.7%
Anglo & Lusophone	2	34	5.6%
total	8	97	7.6%

### C) 5-stage rating on Japanese DAH



### **(3) Recommendations from African civil society: Partnership between Japanese DAH and local civil society in community.**

To enhance the impact of Japanese DAH in Africa, many urged interaction, dialogue, and stronger links with civil society organizations at the grassroots level.

- "Japan should increase aid through civil society organizations and community-based organizations. Also, Japan should make information public about projects it initiates." (Key staff of a platform bringing together civil society organizations in Francophone Africa: Burkina Faso)
- "Japan should increase community-focused aid so that it can be more community-centered." (Key staff of a platform bringing together Anglo- and Lusophone civil society organizations: Kenya)
- "To further improve and strengthen Japanese DAH, we need to ensure that community and civil society groups are involved, at least as observers, from design through to implementation, monitoring, and evaluation." (Network staff who coordinate the networks of civil society organizations in the health sector in Africa: Ethiopia)
- "I would recommend creating a funding mechanism for small organizations. You will be surprised to see good projects with big impacts" (Staff of a civil society organization working on HIV-related activities at community level: Cameroon)
- "Japan needs to develop clear and inclusive programs for key populations and improve transparency so that civil society organizations have access to funds" (Staff of a civil society organization working on HIV-related activities at community level: Burundi)
- "Japan should go beyond working with the central government and work directly with civil society organizations for endogenous development and resilient health systems of communities" (Staff of a civil society organization working on HIV-related activities at community level: the Democratic Republic of Congo)

Some suggested creating partnership between the Global Fund, which Japan supports as multilateral aid, and Japan's DAH as bilateral cooperation.

- "Why not take inspiration from the Global Fund, which works with civil society and communities, not just central government?" (staff of civil society organizations working on HIV-related activities at community level: the Democratic Republic of Congo)
- "Japanese aid should establish technical assistance facilities that communities can have access, in order to maximize the impact of Global Fund funding, such as Germany's 'Back up health' and France's '*L'Initiative*'" (Key staff on the platform for bringing together Anglo- and Lusophone civil society organizations: Kenya)

**Recommendation: Japan’s bilateral aid should directly fund to improve health at the grassroots level in Africa.**

The survey revealed that, except for Ghana and other focused countries of Japanese DAH, the number of health-related projects in Japan's bilateral assistance is relatively small, and there are limited opportunities for local civil society groups to access health-related projects. The responses also indicate that more Japanese bilateral aid is for intergovernmental public health system strengthening, particularly in the provision of health infrastructure and equipment, with limited opportunities for local civil society groups to access them. Furthermore, the reality is that there is little dialogue or relationship-building effort with key civil society organizations and their country level networks working closely with key international organizations Japan has been investing significant amount of money, such as the Global Fund. Many African civil society organizations would like to have more opportunities for dialogues with Japanese aid agencies and, based on this, want to develop direct collaboration, and cooperation with Japanese DAH at the community level.

Japan DAH dominated by government–government health system strengthening, without much progress in grassroots linkages and cooperation with civil society.	
<b>In short term</b>	◆ <b>Increase contributions to global initiatives that fund community health, such as Global Fund</b>
<b>In longer term</b>	◆ <b>“Bilateral Set Aside”</b> ◆ <b>Reform of health ODA schemes to enable direct contributions to NGOs and strengthen dialogue and collaboration (concrete proposals below).</b>
<b>MOFA ODA scheme reform</b>	◆ Harmonize Country Assistance Policies and Rolling Plans with the Global Health Strategy and increase the number of health focus countries in Asia and Africa.
	◆ <b>Grant Assistance for Grass-Roots Human Security Projects</b> <ul style="list-style-type: none"> <li>• Make funding available for Non-hardware components</li> <li>• Improve transparency and accountability in the call for projects and implementation</li> <li>• Increase budget and establish a 'Strategic Funding Channel' to enable a certain % to be contributed to multi-country projects, specific issues, and civil society.</li> </ul>
<b>JICA scheme reform</b>	◆ Develop a new scheme to allow contributions to local NGOs, based on experience of the former 'Development Welfare Support Program' (1997-2003). ◆ Active collaboration and cooperation with local NGOs through technical cooperation program

Concept chart

The Global Health Strategy, launched in May 2022, inadvertently supports these claims of African civil society. The strategy identifies pandemic prevention, preparedness, and response (PPR) and achieving universal health coverage (UHC) as its two pillars. It stresses the importance of UHC's 'leave no one behind that focuses on the life and dignity of both individuals and communities based on 'human security. In this regard, while strengthening of public health systems and public health insurance to prevent impoverishment from high health care costs along with the reduction or elimination of “out-of-pocket payment” of health care costs should be maintained, it is important to enhance community level contribution on health issues, especially for those in vulnerable situations.

Considering this situation, the followings are recommended to realize the objectives of the Global Health

Strategy by 2030, the deadline for its implementation. Although many hurdles are expected to be encountered, as some require even institutional reforms, they are essential if Japan is to make an effective contribution to future global health. It is hoped that political will would be exercised for their earliest realization.

## **1. Recommendations**

### **(1) In short term**

- ◎ Increase financial contributions to international organizations that can fund local civil society, including the Global Fund. Given that the GoJ prioritizes UHC in its policy for global health, it needs to advocate the Global Fund to increase its investment for Resilient and Sustainable Systems for Health (RSSH), especially at the community level.

### **(2) In the longer term**

- ◎ Maintain and expand the current intergovernmental support for UHC about strengthening public health systems, while developing support channels for direct funding and technical cooperation with communities, in order to step up efforts to realize 'UHC where no one is left behind.
- ◎ Develop a scheme within the bilateral assistance framework to support the effectiveness of projects implemented through multilateral assistance such as the Global Fund. Find good practice of 'Bilateral Set Aside' and replicate it universally to strengthen UHC/RSSH at the community level.

## **2. Recommendations In the longer term : Creation of mechanisms for dialogue and collaboration, financial contributions and technical cooperation at community level**

The following is recommended to implement the above mentioned 1(2).

### **(1) Engage in dialogue with civil society and other stakeholders when formulating Country Assistance Policy and Rolling Plan**

Invite representatives of local civil societies to Japan ODA task force (Japanese embassy and JICA office) meetings in the formulation of the Country Assistance policy. In countries where health is a priority, dialogues should be held with the civil society networks working on health and their insights should be reflected. In addition, dialogue with civil society should be actively conducted and their needs reflected in the project formulation and follow-up phases as well.

### **(2) Create mechanisms to financially support community health initiatives**

One of the reasons for the predominant assessment of 'invisibility' and 'inaccessibility' of Japanese DAH from local civil society organizations working on the three major infectious diseases at the community level in this survey was extremely limited channels of Japanese funding and technical cooperation available to local civil society organizations. This is a major reason why Japanese DAH was rated as 'inaccessible' and 'difficult to access'. The following recommendations were made in this regard

#### **① Grant Assistance for Grass Roots Human Security projects**



Currently, the Grant Assistance for Grassroots Human Security projects is the only window for Japanese ODA to invest directly in local civil society organizations. However, this grant has the following problems;

- It can be used mainly for hardware or infrastructure and has low predictability in terms of community development as it is limited to a period of one year, and the amount is limited.
- There is a lack of transparency in the process of the project application, screening, and adoption, and a lack of accountability to applicant organizations.
- As the selection and implementation of projects are left to the respective Japanese embassy, it is not common to invest strategically in multiple countries or specific fields. As a result, while the budget size is considerable like 15 billion yen per year, its strategic impact is not clear.

The following reforms are recommended to address these issues and strengthen the link between the Global Health Strategy and the realization of UHC.

- a) Ensure that the Grant Assistance for Grassroots Human Security projects accepts actively not only hardware or infrastructure development projects but also the ones with so-called “soft components”.
- b) Provide briefing opportunities to local civil society organizations on this grant scheme and hold regular dialogues with local level civil society organizations working on health on the operational plan regarding the health issue.
- c) For countries with a health focus, harmonize and operate health projects effectively with other aid schemes. For countries without a health focus, health-related projects will be encouraged to apply this scheme.
- d) Increase the total budget of this aid scheme and use its 20% to establish a 'Strategic Funding Channel' to enable strategic investment in specific issues in multiple countries and sectors. One of the channels could be 'Supporting civil society initiatives for health' to make strategic financial support available to local civil society organizations.

## ② Grant Assistance for Japanese NGO projects

The NGO Partnership Project is part of this scheme, encouraging Japanese NGOs to work with local civil society organizations and community-based organizations. If it allows local counterpart civil society organizations to receive general administrative costs, they can actively develop projects based on partnerships between Japanese NGOs and local counterparts civil society organizations within the framework of this scheme.

## ③ JICA's establishment of local civil society support schemes and promotion of civil society participation in health-related technical cooperation projects.

Currently, JICA does not have a funding or technical cooperation channel to directly support local civil society organizations. 'Grass-roots technical cooperation' is limited to the projects carried out by Japanese organizations. Actually, from 1997 to 2003, JICA had a 'Development welfare support project' to assist local civil society organizations. Based on this, the following reforms could be implemented.

- a) Establish a new scheme to provide financial contributions and technical cooperation to civil society

organizations operating at the community level in developing countries, in a manner that overcomes the problems of the "Development welfare support projects", based on the scheme evaluation conducted at the time.

- b) In line with the Global Health Strategy, a certain portion of a) will be dedicated to supporting local civil society organizations working at the community level to realize 'leave no one behind' UHC.
- c) In technical cooperation projects developed in the health sector, particularly about UHC, consult with local civil society organizations from the project formulation stage and ensure that the content reflects their needs. Also, ensure that civil society organizations are involved in implementation.
- d) Ensure that JICA's country offices actively engage in dialogue with local civil societies particularly for DAH.

### **(3) Coordination between international organizations such as the Global Fund and Japan's bilateral aid.**

**The establishment of a new bilateral aid component "Bilateral Set Aside" to improve the effectiveness of aid contributed to international organizations.**

Many respondents to this survey suggested that Japan should actively link its bilateral aid with the Global Fund, of which Japan is the fifth largest contributor. In this regard, a new component of bilateral aid (Bilateral Set Aside) could be established to utilize a portion of Japanese bilateral aid to improve the effectiveness of aid contributed to these international organizations

"Bilateral Set Aside" is the use of a portion of bilateral aid to formulate and implement Global Fund projects and strengthen health systems at the country level. Its examples are Germany's 'Back Up Health' and France's '*L'Initiative*' (formerly the 5% Initiative). The US also utilizes a part of the President's Emergency Plan for AIDS Relief (PEPFAR) as 'PEPFAR Community Grants', which are managed by the US Embassies. A similar initiative could be set up for Japan so that funds contributed to the Global Fund can be used more effectively. Considering the Global Health Strategy, the following items are recommended.

- ◎ Support community-level initiatives in the framework of the Global Fund's Resilient and Sustainable Systems for Health (RSSH) program.
- ◎ Support initiatives on 'social determinants of health' (SDH), which can be effective when implemented in conjunction with the Global Fund's three major infectious diseases and RSSH measures.
- ◎ Active dialogue with civil society and its reflection are prerequisites for the formation of proposals.

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