

The United States and Japan Pursue A Common Agenda

Asia-Pacific Population & Policy summarizes research on population and reproductive health for policymakers and others concerned with the Asia-Pacific region.

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In an era of highly publicized conflicts over trade issues, the United States and Japan have launched a quiet revolution in the field of foreign aid. In July 1993, these two nations joined in an economic partnership—the Common Agenda for Cooperation in Global Perspective. The goal is to apply the combined resources of the world's two largest economies to programs in five areas of global importance:

- Promoting health and human development
- Responding to challenges to global stability
- Protecting the global environment
- Advancing science and technology
- Fostering exchanges for mutual understanding

The health and human development initiative includes a focus on population and HIV/AIDS, on children's health, and on women in development. Cooperative activities are already in progress in these three areas. In addition, the two governments have recently announced a joint effort to improve the control of emerging and re-emerging infectious diseases.

Both Japan and the U.S. have strong development-assistance programs in all these areas. Among other activities, the United States Agency for International Development (USAID) is the largest single donor of bilateral population assistance and supports the world's largest bilateral

assistance program to control and mitigate HIV/AIDS. The U.S. also supports large bilateral programs for women in development.

In 1993, Japan's Ministry of Foreign Affairs announced a new bilateral program on population and AIDS, known as the Global Issues Initiative (GII). Developed within the framework of the Japan-U.S. Common Agenda, the Japanese initiative supports family planning, HIV/STD prevention and control, maternal and child health, primary health care, and women's empowerment, which includes support for women's small-scale enterprises and girls' education.

This issue of *Asia-Pacific Population & Policy* highlights some of the successes that Japan and the United States have already achieved in the promotion of health and human development under the Common Agenda.

TWO DEVELOPMENT- ASSISTANCE PROGRAMS...

Japan. With a total budget of \$13.2 billion in 1994, Japan provides more funding for development assistance than any other donor nation. Traditionally, the Japanese government has tended to favor large infrastructure projects: Japanese bilateral assistance in population, health, and related sectors has been relatively modest. Before the Common

Agenda, Japan tended to channel its support for population and related areas through international organizations.

With the advent of the Global Issues Initiative, Japan has become an increasingly important donor in the population and health fields. Between 1994 and 1995, Japanese technical assistance for population and HIV/AIDS, maternal and child health, and women in development more than doubled. The geographic focus of Japanese aid has also expanded, from concentrating on Asia in the 1950s and 1960s to encompassing projects today in every developing region of the world.

The Japanese development-assistance program offers a variety of options. In addition to loans and technical assistance, Japan provides grant support to large-scale projects in several countries. Many—such as the construction of hospitals, vocational training centers, and primary schools and the provision of medical equipment and vaccines—have an indirect effect on population and health. At the grassroots level, Japan provides grant assistance to community-based projects and subsidies to nongovernmental organizations (NGOs) working in developing countries. Many of the activities supported in this way are directly or indirectly linked to population and health.

The United States. Although Japan surpassed the United States in 1989 in terms of total development assistance, the U.S. remains the largest bilateral donor in population and health, with projects in more than 50 countries throughout the world. Over the years, the U.S. has provided leadership in the development and introduction of new contraceptive methods, has improved delivery systems for health and family planning services, and has helped mobilize the international community in response to the HIV/AIDS pandemic.

Today, the U.S. government supplies a variety of contraceptives to developing countries; helps countries organize efficient contraceptive delivery systems; supports information, education, and communication programs that promote family planning and reproductive health; provides training in program management and modern reproductive health methods; and works with policymakers to improve the policy environment and increase the level of funding for family planning and reproductive health programs. The United States also supports demographic and health research, including research to develop new contraceptive methods and to improve program evaluation.

In the areas of health and nutrition, the U.S. supports the design, implementation, and evaluation of AIDS/STD prevention programs; helps coordinate AIDS research and global surveillance; provides support for child survival programs that include immunization, provision of essential micronutrients, and control of major childhood diseases; supports multidisciplinary research and evaluation for improved child health; assists maternal health programs that promote safe pregnancy and child birth; and supports policy efforts to reform health-financing systems. In addition, USAID programs address environmental health problems and offer direct humanitarian assistance.

...START TO WORK TOGETHER

Before launching the Common Agenda, the United States and Japan had already formulated a plan for collaboration in population and HIV/AIDS assistance in Asia. The two governments devised this plan as part of a U.S.-Japan development assistance policy consultation dialogue that was known as the "Honolulu process" because annual meetings took place at the East-West Center in Hono-

lulu. The plan formed the basis for an even more ambitious collaboration in population, health, and women in development under the Common Agenda. The two governments agreed on a worldwide program at a Common Agenda meeting held in Tokyo in February 1994.

Following the strategies formulated in Honolulu as well as successful models developed in other sectors, Japan and the U.S. identified priority countries and began sharing technical information. They also initiated a series of joint country visits, needs assessments, planning exercises, and project evaluations. These efforts were designed to promote mutual understanding and to identify specific areas for cooperation.

There has been an emphasis on improving communication between Japanese and American development-assistance personnel. In 1995, a Japanese health advisor completed a three-month internship at USAID headquarters and field offices. This was followed by a similar internship for a USAID health advisor who visited the Japan International Cooperation Agency (JICA).

A number of other internships have been supported. These have included a Japanese Ministry of Finance intern who studied USAID's project development and approval process and a medical professional from the Japanese Ministry of Health and Welfare who worked for 12 weeks with USAID, focusing on the design of population and HIV/AIDS programs. There are plans to continue and broaden this type of personnel exchange.

In addition to sharing information, Japan and the U.S. are already coordinating activities in several countries where both donors have foreign-assistance programs. In 1995 and 1996, the two governments conducted joint project-formulation missions in the Philippines, Indonesia, Bangladesh, India, Ghana, Tanzania, Kenya, and Gua-

temala. They are also coordinating activities in Peru, Jamaica, and a number of other countries.

Joint missions will visit Senegal, Mexico, and Thailand in the near future. The goal of these missions is to identify opportunities and, in some cases, to design joint or parallel development projects.

In addition to government-to-government collaboration, Japan and the U.S. are working to improve coordination among American and Japanese NGOs. In October 1995, for example, Japan's Foreign Ministry convened a reproductive-health symposium in Tokyo for U.S. and Japanese NGOs as a follow-up to the United Nations' Fourth World Conference on Women. Two months later, the Population Reference Bureau organized a conference in Washington to promote better information sharing and development cooperation among U.S. and Japanese NGOs working in the population sector.

POPULATION AND HIV/AIDS

Project-formulation missions and other joint planning activities have already contributed to the development of more than 200 cooperative projects under the Common Agenda. The bulk of these projects are in the health sector, including population and HIV/AIDS. For example:

- Under the Common Agenda, the Japanese government is designing projects that complement U.S. activities in the Philippines, Indonesia, Bangladesh, and India.
- In the Philippines, the U.S. has been supporting an AIDS Surveillance and Education Project since 1993; Japan is providing HIV surveillance equipment as complementary support.
- In Bangladesh, the two governments are working together to support the International Centre for Diarrhoeal

Disease Research, Bangladesh (ICDDR,B). In addition to other assistance, Japan is funding the construction of a health clinic.

- In Ghana, the Japanese government has been providing major assistance to the Noguchi Memorial Institute for Medical Research since 1977. USAID is now exploring possibilities for making small research grants to the Institute.
- Japan has provided grant assistance to grassroots population and HIV/AIDS projects in many countries. This support benefits U.S. and indigenous NGOs as well as Japanese NGOs.
- In addition to a substantial internship program, the two governments are supporting joint research and training projects in Japan, in the U.S., and in several developing countries.
- Japan participated in the redesign of USAID's umbrella program on HIV/AIDS, known as the AIDS Technical Support Project, which operates in 40 countries worldwide.

A special effort is being made to expand Japan-U.S. cooperation to Latin America and the Caribbean. The two governments have initiated cooperative activities in the health sector in Peru, Guatemala, Mexico, and Jamaica and are discussing similar initiatives in several other countries of the region. For example, the USAID mission in Peru invited the Japanese government to participate in the design of a new HIV/AIDS project, and the USAID regional office for Central America has initiated a technical exchange on HIV/AIDS with JICA personnel.

Experience with the Common Agenda in other sectors has established the value of joint project evaluations. In 1995, Japan and the U.S. completed two joint-evaluation missions in population and health. One evaluated a USAID HIV/AIDS prevention project in Zambia, and the other evaluated the

Japanese HIV/AIDS and medical research project at the Noguchi Memorial Institute in Ghana.

CHILDREN'S HEALTH

In May 1994, Japan and the United States announced a Children's Health Initiative under the Common Agenda. Like activities in population and HIV/AIDS, this initiative stemmed from consultations held originally at the East-West Center in Honolulu. One early collaboration supported child immunization in the Newly Independent States. Under this program, 1.5 million children were vaccinated in 1993 alone. Japan and the U.S. are now encouraging the Newly Independent States to achieve self-sufficiency in immunization and are expanding their joint immunization activities to other priority countries and regions.

Support for the Children's Health Initiative has emphasized the supply of vaccines and transport and storage equipment as well as training and technical assistance for vaccine production and quality control. One of the first steps was a decision to work together to accelerate polio eradication in the Western Pacific. Collaborative activities have included social mobilization, vaccine supply, disease surveillance, and support for research, quality control, and vaccine production and delivery. Both Japan and the U.S. are encouraging their own private sectors to engage in vaccine research and development and are stimulating private-sector vaccine production in developing countries.

By the end of 1995, the number of polio cases had dropped dramatically in the Western Pacific, and joint efforts to eradicate polio were extended to South and Southeast Asia. During 1996, polio was virtually eradicated in Southeast Asia. Future plans, in col-

laboration with several international organizations, focus on continuing the polio-eradication campaign in South Asia and extending it to Africa. The goal is to eradicate polio worldwide by the year 2000.

Recognizing the vital role of nutrition in the health and well-being of children, Japan and the U.S. have recently agreed to include a joint effort to combat micronutrient disorders in the Children's Health Initiative. The United States has been providing vitamin A, iron, and other essential micronutrients to children in developing countries since 1965. Japan will focus on projects to alleviate iodine deficiency.

WOMEN IN DEVELOPMENT

Under the Common Agenda, Japan and the U.S. launched a Women in Development initiative in 1995 to enhance girls' education and to assist women engaged in small-scale enterprises. The first joint project in girls' education is underway in Guatemala where the two governments are both working with a local NGO, "Fundazucar." The U.S. and Japan have agreed to support the production and distribution of motivational materials to encourage girls to stay in school as well as the design of education and training programs to increase girl's enrollment. In addition, Japan plans to help Guatemala construct or renovate about 80 primary schools.

The two governments have identified Cambodia as another priority country for the promotion of girls' education, women's economic opportunities, and maternal and child health. Both Japan and the U.S. have close ties to this war-torn nation and are devoting substantial resources to its reconstruction and development.

Japan has contributed to the construction of primary schools and has also collaborated with UNICEF and other international organizations to provide textbooks and other educational materials. Working through local NGOs, the United States has recently launched an in-service program that will provide training for 45,000 Cambodian primary school teachers: Japan is considering complementary support for this program. One goal of both donor governments is to improve school-attendance rates for Cambodian girls.

Both Japan and the U.S. are working with the Ministry of Health to reorganize and extend health services that were devastated by years of war. Much of this activity involves the National Maternal and Child Health Center. The U.S. is a member of an international advisory group supporting the center's programs in family planning and health training. Japan is supporting the center's management, medical services, and training activities as well as funding the construction of a new building to house the center.

With a grant from Japan, Cambodia's Ministry of Women's Affairs is constructing multipurpose women's centers in every province of the country. The Japanese government has proposed that Cambodian NGOs supported by the U.S. participate in the management of these centers. Through its assistance to Cambodia's Ministry of Health, the U.S. will work with the centers to expand family planning and reproductive health services. The plan is for these centers to develop into comprehensive facilities that will offer health services, credit support for women's small-scale enterprises, day-care for children, and training in leadership, business skills, health, nutrition, literacy and a broad range of vocational skills.

LOOKING AHEAD

Two of the principal architects of the U.S.-Japan Common Agenda are Norio Hattori, formerly Deputy Director-General of the Economic Cooperation Bureau of Japan's Ministry of Foreign Affairs, and Paul E. White, Minister Counselor for Development Cooperation with the Tokyo office of USAID. When asked recently whether Japan and the United States had any problems or disagreements in their pursuit of the Common Agenda, Mr. Hattori cited the initiative on population and HIV/AIDS.

Whereas the U.S. has tended to emphasize family planning and increased use of contraceptives, Japan has taken a more indirect approach, emphasizing, for example, improvements in health care, sanitation, and girls' education. Citing the joint initiative in Guatemala, he reflected, "At times, it seemed we would be unable to come to terms...."

However, this and other collaborative efforts in population and HIV/AIDS "now proceed successfully as we have come to recognize each other's way of thinking." As a guideline for the future, Mr. Hattori stressed that "the important thing is to have the same objective and to cooperate. It isn't absolutely necessary for Japan and the United States to act as one.... Joint projects can be carried out in various ways."

Mr. White pointed out that experience during the first three years has been "overwhelmingly positive." He emphasized that the Common Agenda has the potential to meet some of the most critical challenges now facing the planet: "As the world's two largest donors, Japan and the United States contribute four of every 10 development-assistance dollars. When Japan and the United States act in concert, we form a very powerful team that can produce remarkable results."