



# Multi-sectoral approach to addressing HRH challenges

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on Human Resources for Health

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# Outline of the presentation

**PART 1: Introduction and background**

**PART 2: Multi-/inter-sectorality for synergy creation**

**PART 3: Multi-/inter-sectorality for issue negotiation**

**PART 4: Conclusion**





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# Japan's Global Health Strategies



Abe S. Japan's strategy for global health diplomacy: why it matters. *Lancet*. 2013;382 (9896): 915-6

- Share Japanese expertise and experiences on achieving UHC with the international community
- Implement **bilateral assistance** that advances UHC and collaborate with **global partners**
- Strengthen **human resources for health**
- Promote PPP by mobilizing **Japan's medical industry and technology**

# Distribution of JICA's health projects/programs to HSS building blocks

	MNCH & Nutrition	Infectious disease control	NCDs control	Over-arching & others	TOTAL
Leadership & governance <sup>2</sup>	27	13	3	9	52
Health financing <sup>2</sup>	2	1	0	6	9
Health workforce <sup>2</sup>	30	14	3	10	57
Health information <sup>2</sup>	19	9	2	5	35
Drug, vaccine & equipment <sup>2</sup>	12	13	1	6	32
Service delivery <sup>2</sup>	28	13	3	9	53
<b>TOTAL</b>	<b>30</b>	<b>25</b>	<b>3</b>	<b>15</b>	<b>79</b>

**10 HRH-specific projects**

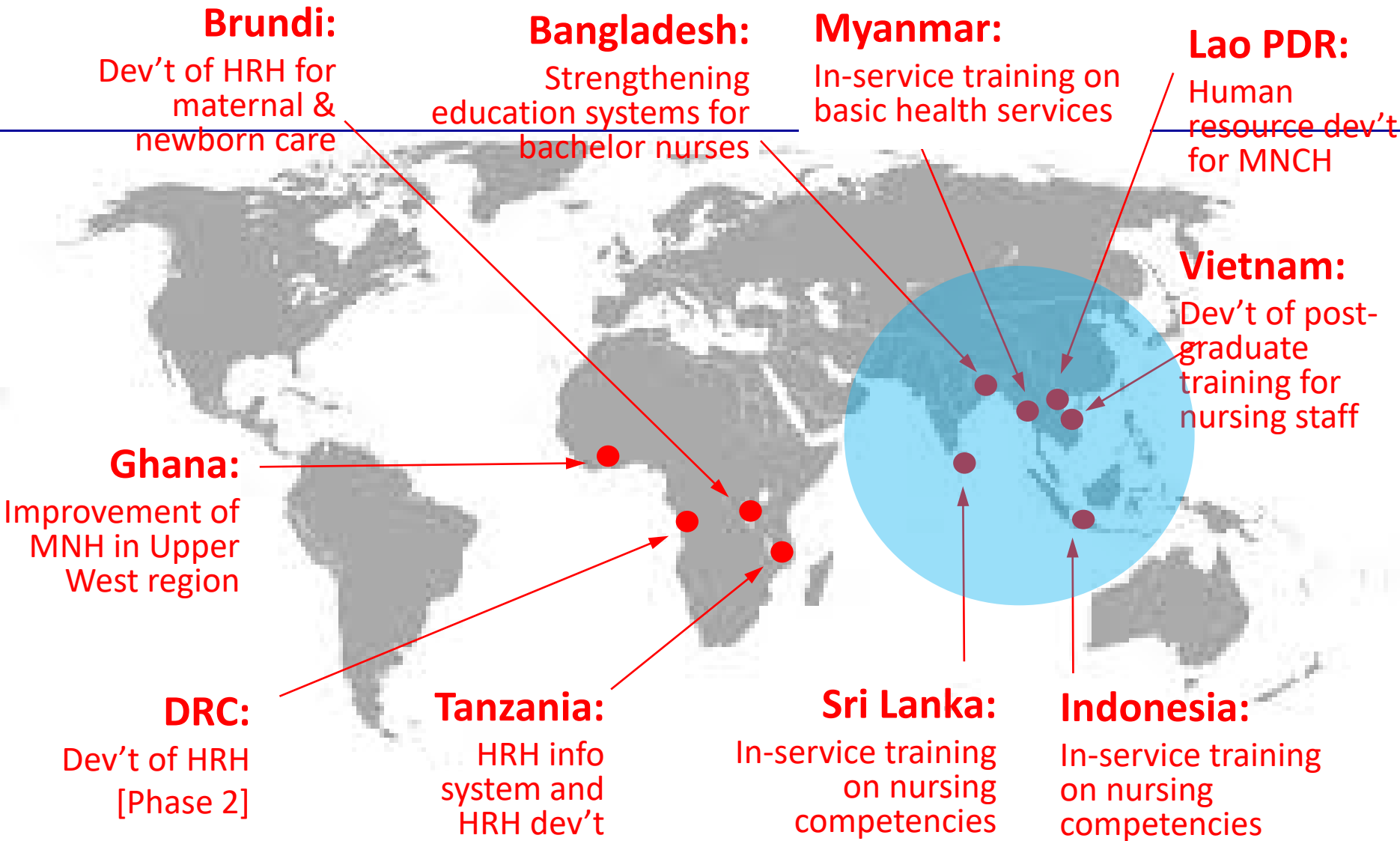
**= 72% are HRH-related projects**

[Note]

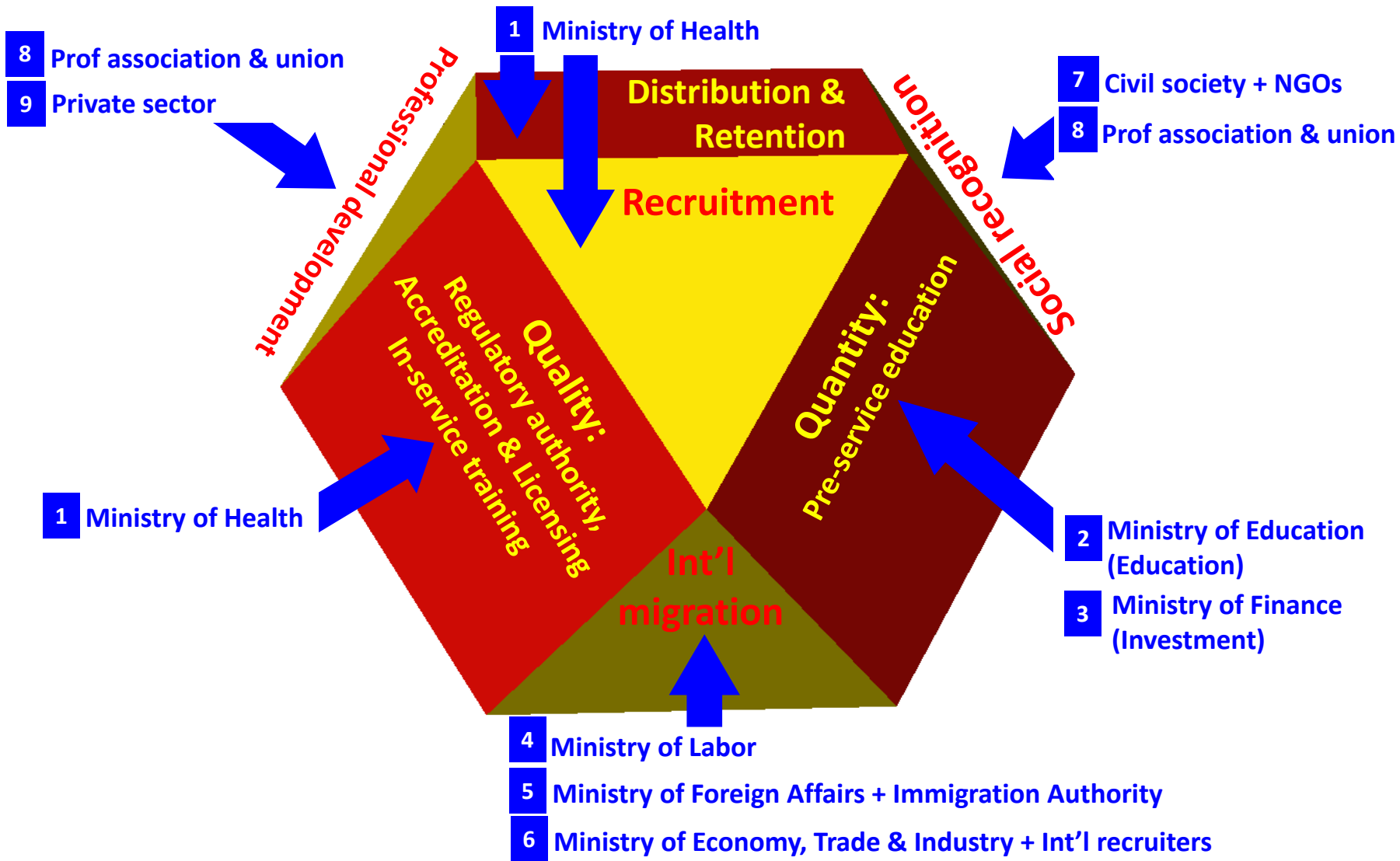
<sup>1</sup> This classification was based on the JICA health project/program database composed of 67 technical assistance projects and 6 loan programs as of 2013.

<sup>2</sup> Those addressing two or more HSS areas were doubly or more multiply counted.

# Examples of JICA's ongoing HRH-specific projects



# Why multi-sectoral? → HRH as a complex polyhedron



## Two ways of addressing multi-/inter-sectoral issues



To maximize outcomes and positive impacts, create synergy between sectors.



To minimize risks and negative impacts, negotiate issues with other sectors.





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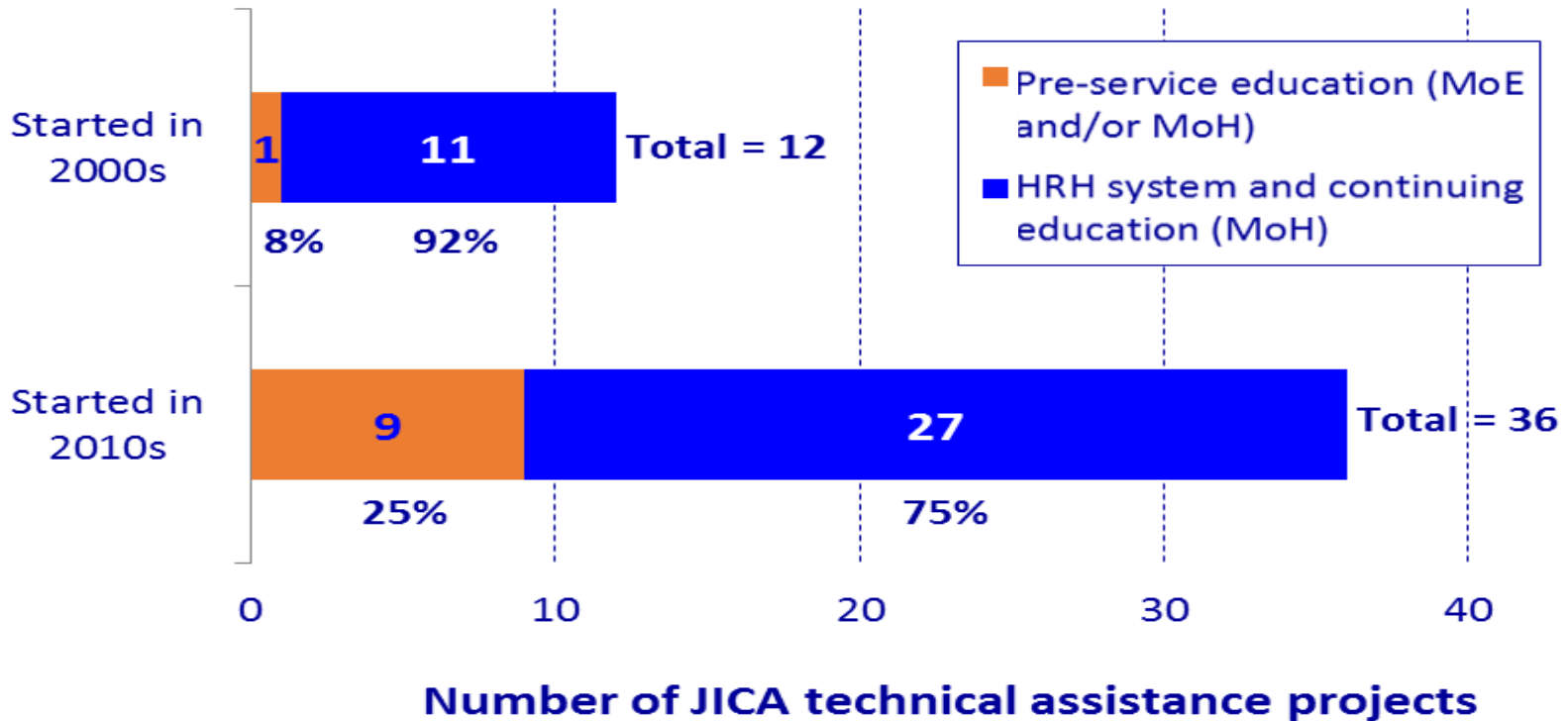
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# Increase in the number of multi-sectoral projects



- The number of **HRH-specific projects** has increased
- The proportion of **MoH-MoE multi-sectoral HRH projects** has increased.
- Yet, JICA's multi-sectoral approach **remains limited**, in view of its potentials to address not only health sector but also education, labor, and finance.

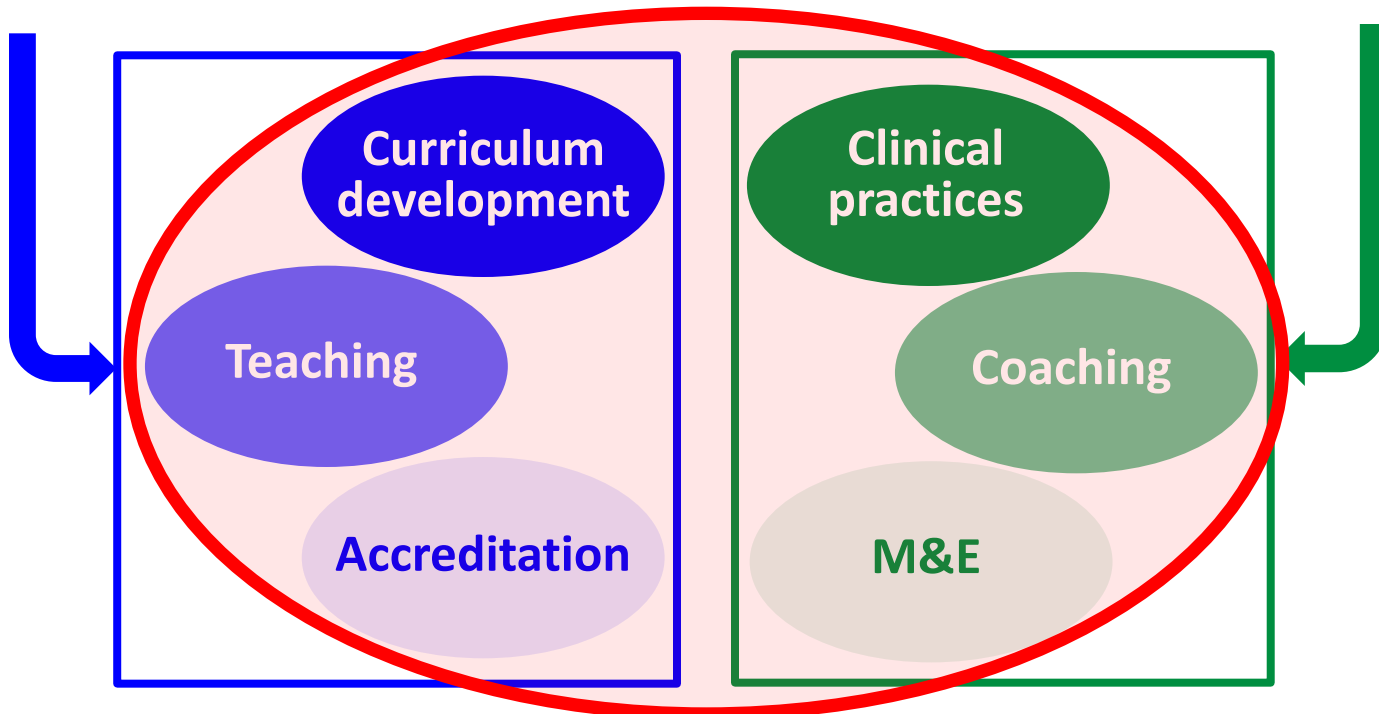
# Indonesia: Enhancement of Nursing Competencies thru IST



5 national universities,  
Ministry of Research, Technology  
& Higher Education (MRTHE)



Human Resource Dept  
& Nursing Dept  
Ministry of Health (MoH)





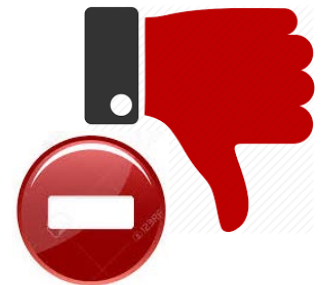
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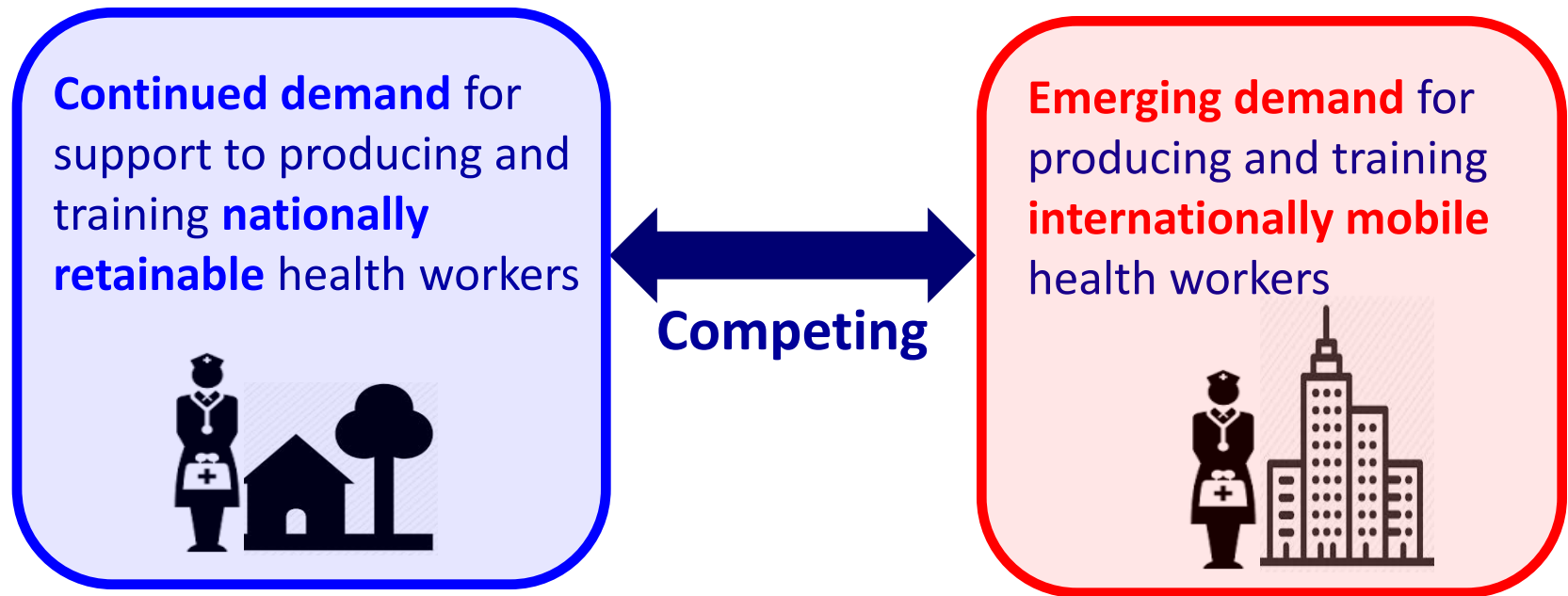
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# Dilemma as a development agency



- Put people or health workers first?
- Development agencies, in principle, prioritize local people's access to health workers rather than health workers mobility, by respecting WHO Global Code of Practice on International Recruitment of Health Personnel.
- From long term perspective, mobility of health workers should be ensured without damaging domestic HRH availability and accessibility.

# Two competing human rights

..... **health is one of the fundamental rights** of every human being without distinction of race, religion, political belief, economic or social conditions.....

[WHO Constitution, New York 1946]

....the only UN agency with a constitutional mandate for the **protection of the interests of workers when employed in countries other** than their own....

[ILO Constitution, Philadelphia 1944]



**People's right**  
to access health workers



**Competing**



**Health workers' right**  
to internationally migrate





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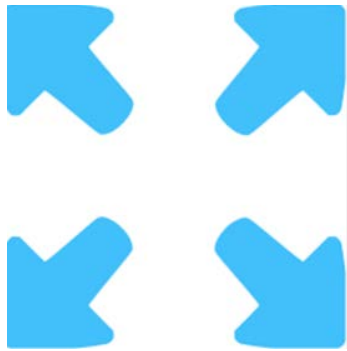
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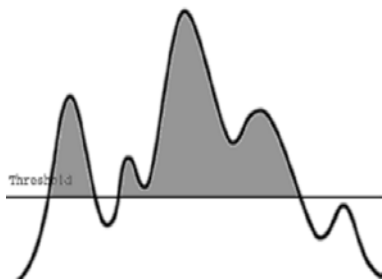
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## Two key messages



WHO recommends multi-sectoral action to its member states. Yet, there is **room for expansion of JICA's multi-sectoral approach**, in view of its **broader areas/sectors** for technical assistance than UN specialized agencies.



There is a need for identifying the **point of compromise or threshold** between people's right to access to health workers and health workers' right to migrate.





Thanks for your  
attention!

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