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Letters to the editor

Lessons from the Field Count more than Ever: The New Era of Global Health

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Abstract: For many years, Japan has been silent on the achievements of Japan's Overseas Development Assistance program including the health improvement of foreign countries. Japan's contribution to global health communities through G8 process including Hashimoto Initiative is steadfast. On the other hand, in the field activity level, experts involved in ODA have not disclosed their achievements. However, the article by Wada et al., which describes the contents of TEN MR (Minimum Requirement), shed light on Japan's silent ODA community by disclosing Japan's achievements in global health by drawing lessons that may be applicable to other countries. Our future challenge in the global health will be how to synthesize actions that reflect the lessons learnt from the field and which show scientific evidence using established methods.
Key words: Japan, TEN MR, lessons, G8, field, Hashimoto Initiative

For many years, Japan has been a silent member of the global health community. Japanese experts in the global health community have kept silent on the achievements of Japan's Overseas Development Assistance (ODA) program. However, an article by Wada et al. [1] shed light on Japan's silent ODA community by disclosing Japan's achievements in global health.

Japan has contributed to the development, including the health improvement, of foreign countries. On the global policy level, the G8 summits are good milestones for following Japan's commitments. Japan's recent global commitment originates from the Hashimoto Initiative (HI), which declared a goal of eliminating parasitic diseases in the Denver G8 summit (1997) [2]. The HI has produced several projects, including the Asian Centre of International Parasite Control (ACIPAC) [3], the West African Centre for International Parasite Control (WACIPAC) and the Eastern and Southern African Centre of International Parasite Control (ESACIPAC) [4]. These projects have contributed to an abundance of academic outcomes [5–7] and the foundation of a strong and sustainable academic network [8]; the synthesis of the school health concept is linked with health promotion and parasite control [9].

Since the launch of the HI, Japan has maintained a commitment to the global health community. The Kyushu-Okinawa G8 summit (2000) produced the Okinawa Infectious Disease Initiative (IDI), which was the matrix of Global Fund Fight against AIDS, Tuberculosis and Malaria [10]. The Hokkaido-Toyako G8 summit (2008) elaborated the Toyako Framework for Action on Global Health, which emphasized the strengthening of the health system, including human resource development and retention [11] with close linkage to the human security approach [12, 13].

Outside the G8 summits, in 2011–2015, Japan declared its political commitment to the UN Millennium Development Goals and produced the (Ensure Mothers and Babies Regular Access to Care EMBRACE) model [14]. Most recently, Prime Minister Abe expressed a commitment to contribute to the development of Universal Health Coverage (UHC) [15].

On the other hand, at the field activity level, in spite of Japan's abundance of good experiences and practices, experts involved in ODA have not disclosed their achievements. They sometimes maintain that their precious experiences cannot be verbalized. While it is true that such experiences may be difficult to verbalize, the assertion is not acceptable to everyone since it means that all of the collaborative efforts are hidden among a selected group of experts and their counterparts. To establish accountability, their collaborative efforts, including their successes and

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failures, should be shared among the global health community.

Those involved in Japan's ODA programs usually attach much value to their processes, rather than their achievements [16]. One may argue that a process is merely a showcase of the application of a methodology and that the importance of the methodology should not be stressed without disclosing any outcomes. However, in the global health field, the process itself is of great value, since the process can explain the means by which a good intervention was established and how it was scaled up. Such processes may draw interest from policy makers in other countries and development partners.

At present, the tide is changing as a result of evolution in research methods. The outcome of the aforementioned EMBRACE project has been published as a scientific article [17], in which the outcome is evaluated as a randomized controlled trial. Case study research has been adopted to evaluate school health policies [18]. Wada et al. succeeded in drawing lessons that may be applicable to other countries from situations which lack the support provided by concrete evidence, such as ODA projects. With some policy implementations, it is difficult to show early evidence, as the policies may require a great deal of time to produce an outcome. The 5S-KAIZEN-Total Quality Management (TQM) approach, which is characterized by the 5 "S" strategies of, "Sort, Set, Shine, Standardize and Sustain," can be regarded as the same entity as the TEN MR (Minimum Requirement) approach [19]. Although these approaches have been widely implemented by Japan's ODA programs, especially among African countries, their outcomes are yet to be well reported. The commonality between the TEN MR and the TQM would be that health workers, including bureaucrats in the recipient countries, have appreciated their value and they have led to the scaling up of policies in different settings. We expect that future articles will adopt mixed methods or which implement scientific methods to create "generalizable knowledge that can be applied across settings and contexts" [20].

Now that we are ready to share the lessons extracted from the ODA process, our future challenge in the global health will be how to synthesize actions that reflect the lessons learnt from the field and which show scientific evidence using established methods.

Conflict of Interest

The authors declare no conflicts of interest in association with this paper.

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References

1. Wada K, Rattana S, Vongsamphanh C. "Ten Minimum Requirements": A management tool to improve quality of healthcare services in Lao People's Democratic Republic (Lao PDR). Trop Med Health 2015; In press.
2. Kojima S, Takeuchi T. Global parasite control initiative of Japan (Hashimoto Initiative). Parasitol Int 2006; 55(Suppl): S293–S296.
3. Kojima S, Looareesuwan S, Singhasivanon P, et al. The Asian center of international parasite control (ACIPAC): five years of achievement. I. Introduction. Southeast Asian J Trop Med Public Health 2005; 36(Suppl 3): 1–12.
4. Mwandawiro CS. The role of ESACIPAC as a regional centre to coordinate parasite control. Afr J Health Sci 2004; 11(3-4): i.
5. Takeuchi T, Nozaki S, Crump A. Past Japanese successes show the way to accomplish future goals. Trends Parasitol 2007; 23(6): 260–267.
6. Kobayashi J, Phompida S, Toma T, et al. The effectiveness of impregnated bed net in malaria control in Laos. Acta Trop 2004; 89(3): 299–308.
7. Nomoto M, Nonaka D, Mizoue T, et al. Content analysis of school textbooks on health topics: a systematic review. Biosci Trends 2011; 5(2): 61–68.
8. Kabayashi J, Socheat D, Phommasack B, et al. The Asian Center of International Parasite Control (ACIPAC): five years of achievement. IV. Activities in partner countries (Cambodia, Lao PDR, Myanmar and Vietnam): small scale pilot project (SSPP) and other impacts. Southeast Asian J Trop Med Public Health 2005; 36(Suppl 3): 28–40.
9. Kobayashi J, Jimba M, Okabayashi H, et al. Beyond deworming: the promotion of school-health-based interventions by Japan. Trends Parasitol 2007; 23(1): 25–29.
10. Kunii O. The Okinawa Infectious Diseases Initiative. Trends Parasitol 2007; 23(2): 58–62.
11. G8 Health Experts Group. Toyako Framework for Action on Global Health. Tokyo, Japan, 2008.
12. Takahashi K, Kobayashi J, Nomura-Baba M, et al. Can Japan Contribute to the Post Millennium Development Goals? Making Human Security Mainstream through the TICAD Process. Tropical Med Health 2013; 41(3): 135–142.
13. Koumura M. Global health and Japan's foreign policy. Lancet 2007; 370(9604): 1983–1985.
14. Okada K. Japan's new global health policy: 2011–2015. Lancet 2010; 376(9745): 938–940.
15. Abe S. Japan's strategy for global health diplomacy: why it matters. Lancet 2013; 382(9896): 915–916.
16. Takahashi K, Kobayashi J, Kakimoto K, et al. Global

Health Action: surviving infancy and taking first steps—the window is open, new challenges for existing niche may enlighten global health. Glob Health Action 2014; 7: 23123.
17. Kikuchi K, Ansah E, Okawa S, et al. Ghana's Ensure Mothers and Babies Regular Access to Care (EMBRACE) program: study protocol for a cluster randomized controlled trial. Trials 2015; 16(1): 22.
18. Saito J, Keosada N, Tomokawa S., et al. Factors influencing the National School Health Policy implementation in Lao PDR: a multi-level case study. Health Promot Int 2014 Apr 2 [epub ahead of print].
19. Japan International Cooperation Agency. Program of Quality Improvement of Health Services by 5S-KAIZEN-TQM Approach-JICA 2011 [cited 2015 Sep 18]. Available: http://ssc.undp.org/content/ssc/library/solutions/partners/expo/Program_of_Quality_Improvement_of_Health_Services_by_5S_KAIZEN_TQM_Approach__JICA.html.
20. Madon T, Hofman KJ, Kupfer L, et al. Public health. Implementation science. Science 2007; 318(5857): 1728–1729.