

Annexe 1

Health Sector Review Checklist (Adapted and Revised)

The following is the expanded checklist by area that was field tested during the Benin Trip 17-27 April 1999.

Economic, political and socio-cultural context

Briefly highlight and comment on the broader factors that are considered as important influence on health systems/sector structure and reform such as geography, road system, level of literacy, trends in public expenditure, government policies such as decentralization, privatization, public administration and civil service reform

Economy

Recent trends in GDP, inflation, import, exports, terms of trade, national deficit, international debt, aid flows and performance of the other sectors such as agriculture and industry, fiscal policy, monetary policy, international trade, exchange policy, public sector employment, labour markets, and investment strategies, etc.

Political factors

Description of current government, stability in terms of length of stay in power, underlying basis of power and extent of consensus or dissent, extent of democracy and social participation, important stake-holders such as strength of the medical establishment, relevant current admin or political reforms

Social and Cultural

Predominant nature of family and kinship, traditional role of men and women, main ethnic groups and extent of cohesion, dominant philosophy with respect to the health system,

Demography

Population size and growth rates, age and sex structure of the population, trends and projections, geographical distribution of the population, significant migration trends and patterns, trends and projections

Documents to be reviewed: National Health Plan, National Planning Guidelines, National Development Plan, UN/WB Sectoral Reviews, UNICEF/UNFPA Situation Analysis, UNICEF Master Plan of Operations, other reviews by bilateral donors and NGOs, National Policy Documents:

Health Status

Overview of the health status using routinely measured indicators such as Infant Mortality rate, Under five mortality rate, Maternal Mortality Rate, prevalence of chronic malnutrition, 10 major causes of illness, geographical patterns of illness, socio-economic patterns of these causes, and 10 major causes of morbidity, trends and patterns in these indicators.

Documents to be reviewed: National Statistical Report; MOH Annual reports over last five years: National Health Plan, Morbidity and Mortality data: OPD and Inpatient data:

Health System Components, Trends and Reforms

Aim:

To obtain an overview of the existing health system, its structures, actors and their interactions

To identify and comment on key problems

Capture the purpose, evolution and progress of recent, on-going and planned changes to include

- If changes have occurred in recent years, what these changes have entailed
- Explain the present changes that are taking place
- If changes planned for the future, explain what these are expected to be
- An account of the major problems associated with the health care system and the implementation of change with emphasis on making a distinction between planned reforms and reforms that have actually taken place

Organization and management

Many health systems are pluralistic: A health system could be defined as " systematic arrangement of various resources, with designated responsibilities and special channels of communication and authority intended to attain certain objectives which is to ultimately promote and protect peoples' health.²"

Organization of the health system

Structure of statutory health care system:

- Obtain an organizational chart depicting the administrative structure of the statutory health system.
- Include the main bodies responsible for financing, planning, administrating, regulating and providing statutory health services.
- Should NOT only be an organogram (organization chart) of the MOH
- Describe the geographical and administrative tiers with the system such as national health system, national insurance, sickness funds, etc.

Include the following indicating their functions in terms of financing, planning, regulation, provision etc.

- MOH; other ministries such as finance and government agencies
- Social insurance agencies
- Regional and local governments
- Public enterprises
- Separate projects operated through the MOH or other public agencies supported and monitored by international agencies such as WB

²

Adapted from Draft Common Framework for Country Profile on health sector reform. SEARO, New Delhi

- Professional groups

Structure of the private health care system

Provide a description of the component of the formal and informal private health care system and include the following:

- Registered private-for-profit practitioners, hospitals, nursing homes, pharmacies and other providers, where they are and who they serve
- Official or unofficial "out of hours" private practice by public sector doctors and health workers
- Private and voluntary insurance organizations
- Registered private not-for-profit providers such as missions, NGOs, voluntary health service providers, where they are and who they serve
- Representative bodies of registered private providers
- Unregistered private providers such as drug sellers and unlicensed practitioners: where they are who they serve.
- Traditional and non allopathic practitioners
- Non-providing voluntary organizations such as pressure groups with a focus on the health sector

Public-private sector linkages and recent organizational reforms

Give a brief indication of the inter-relationship between the public and private sectors, how the private sector is influenced through regulation, incentives and tax breaks. Include the scale, reasons for and consequences of unofficial arrangements such as moonlighting by public sector doctors.

Consider the following:

- Have there been any major changes in the organization recently?
- Have any new bodies been established or are in the process of being established? What is their role and importance in the new structure?
- Have any bodies such as other ministries e.g. labour, social welfare have been phased out or are in the process of being phased out?
- What major problems were associated with the earlier health system such as centralization, bureaucracy, inefficient management and administration, etc.
- What old problems persist? In addition, any new problems that are beginning to emerge such as poor coordination, absence of centers of authority, inefficient administration, etc.
- Does the available infrastructure meet the needs of preventive and curative care?
- What are the current needs to ensure availability of quality health care services?

What plans/expectations exist at present concerning future developments in the organization structure of the health care system?

Planning, management, regulation and legislation

Describe the current approach to planning in terms of the following:

- Is there a national health-planning agency for health or health services and is there a national health plan?
- What is the approach to capital planning such number and type of facilities and beds, etc?
- How is the planning of human resources carried out such as number of doctors and nurses required, deciding and negotiating new roles, functions and skills needed?
- What the main actors, institutional and contextual factors that influence decisions about resource planning? How is this linked with other types of planning?
- Are there health plans at the other levels? Are these related to the national health plan?
- Describe the process of policy development/planning/priority setting by different tiers and actors in the system (local government, health authorities, insurance funds, etc.? comment on their relative influence?

How effective is the formal planning system in setting priorities and implementing change? To what extent is, the planning process based on resources available instead of resources desired?

Regulation involves "the stipulation of various standards and their enforcement".

Describe regulatory activities in the following areas and the main bodies responsible:

Pharmaceuticals

- Provision of high technology
- Registration and licensure of personnel
- Establishing standards for both public and private facilities
- Control over sickness funds
- Control over supply and training of health personnel
- Control over financing mechanisms such as hospital budgets, payment rates, levels of income, etc.

What is the prevailing thinking on the future development of planning for health and health care? Integrated systems? Contract based systems?

What are the mechanisms, if any, for citizens' participation in the planning and or management of the statutory system?

Decentralization of the health care system

Defined as " as changing relations within and between a variety of organizational structures/bodies, resulting in the transfer of authority to plan, make decisions or manage public functions from the national level to any organization or agency at the sub-national level."

Takes various forms:

Deconcentration: passing of some administrative authority from central government office to local offices of central government ministries.

Devolution: passing responsibility and a degree of independence to regional or local government, with or without financial responsibility (raise and spend revenues). The bodies are generally independent of the central government with respect to their functions and responsibilities, unlike the case in deconcentration.

Delegation: passing responsibilities to local offices or organizations outside the structure of the central government such as quasi-public (NGO) organizations but with central government retaining indirect control

Ask how far, if at all, has the implementation of decentralization proceeded vis-à-vis the above definitions?

Describe the present situation concerning the implementation of decentralization policy in question.

Discuss the main problems that have been encountered in the process of decentralization in the following terms:

- Lack of high level support for decentralization
- Absence of centers of authority
- Lack of coordination among the centers of authority
- Decentralization to levels lacking administrative/financial capacity
- Absence of a regulatory framework for decentralization
- Absence of the necessary funds for decentralization

Describe current plans that may exist at present for future decentralization policies to be pursued? Explore if there are any proposal, legislation of early implementation phase?

Research, promotion and development

Synthesis of the research promotion and development activities related to health sector reform or other areas.

Linkages of research to development and review of national policies and improvement of practice.

Health Care Delivery System

For each level of service, include provision of facilities, human resources and utilization of services.

Primary Health Care

Public Health Measures (government private and NGO)

- What are the principal problems?
- Describe the system of the provision of safe water and sanitation and coverage, financing and delivery

- Outline the main environmental problems? How the control functions are carried out? Who is involved and who enforces the regulations?
- How are disease control functions carried out? Who is involved and who enforces the regulations?
- What are the main KAP and lifestyle issues to be tackled?
- Describe the system of provision of health promotion activities, their coverage, financing and delivery?
- How are preventive services such as immunization, ANC, FP and screening programmes, etc, organized?
- What main developments have taken place recently with respect to the above?
- Discuss the main challenges and issues.
- What reform plans if any are there at present regarding the future development of the public health services?

Primary Curative services

How are the PHC curative services organized? Describe the model of provision of primary health care curative services including the setting, nature of providers and functions considering the following

- Settings and models of provision - independent practitioners, group practice, health centers hospitals, etc.
- Public-private ownership mix
- Health care personnel involved such as Village Health/Development Committees, ancillary health workers and medical personnel
- Indicate role and functions of each category of health care personnel
- Are the PHC health providers employed or contracted?
- Provide an indication of the range of services provided at the primary health care level considering the following categories: general medical care, care of children, minor surgery, rehab, family planning, obstetric care, perinatal care, dispensing of pharmaceuticals, certification, home-visits, preventive services and health promotion
- Type of PHC services offered by NGOs and international aid supported projects
- Types of non-allopathic health workers
- Types of "informal" health care providers

Comment on the geographical distribution of PHC facilities and practitioners

Explain the breakdown of patient contacts with different providers

Explain how the rural urban differentiation is determined

Explain if there are any socioeconomic differences between different types of user of health care.

Explain perceived differences in quality between different types of providers.

Is there direct access to secondary level care? What is the referral system? How well does it function? What are the costs associated with it? Who makes the choice for treatment?

Does the available infrastructure meet the needs of preventive and curative care?

What are the current needs to ensure availability of quality health care services?

Comment on quality of services and facilities including levels of patient satisfaction.

Describe any major changes that may have occurred recently and problems associated with current practices.

What are the expectations or reform plans regarding future developments.

Secondary and tertiary care

- How are secondary and tertiary care services organized? Describe the public-private mix of specialized ambulatory services and hospital services? Public, quasi-public and private for-profit and not-for-profit?
- How are specialized ambulatory services provided? Own practices, specialized polyclinics, OPDs etc?
- What are methods for providing specialized care under the statutory system? Direct employment? Contract services?
- Describe the main categories of hospitals, functions and distribution such as teaching, general, specialized, single specialty, etc?
- Discuss the public-private mix of ownership of hospitals and the extent of the unregistered facilities offering secondary care services.
- Discuss the geographical distribution of the secondary and tertiary health care facilities.
- Describe the age, state of repair and standard of equipment and facilities.
- Does the available infrastructure meet the needs of preventive and curative care?
- Discuss the relationship between primary and secondary health care considering substitution policies for replacement of more expensive hospital facilities that may have been planned, the degree of cooperation between primary and secondary health care facilities and providers and possible imbalances between primary care and hospital care.
- Describe any major changes that may have occurred recently in this area in terms of distribution, role, functions and performance including the problems and challenges that have emerged, any economic differences and emergence for preference for alternative type of health care providers.
- Where does the coordination take place between the secondary and tertiary level services?
- What reform plans or expectations for change are there at present concerning future development of these areas?
- What are the current needs to ensure availability of quality health care services?

Long term and family care

Outline the nature and availability and organization of community care services including setting and nature of providers considering:

- The principal providers of care for the elderly, mentally handicapped, disabled and long term sick.
- Existing links with the statutory health care system
- Methods of providing these services under the statutory system
- The public-private ownership mix of long term and day care facilities
- Access to these health care services giving indications of level of availability, adequacy and quality of services

Describe any major changes that have occurred, problems and challenges that have emerged and any future plans for reform

Human resources development

Discuss the level of provision and quality of the major cadres of health care personnel and their appropriateness. Also, describe the trends in terms of increase or decline in numbers.

Outline major issues regarding training of health and medical personnel in terms of the following:

- What has been the position of primary health care? What kind of training has been available to health workers on primary health care?
- Availability of management skills and relevant training programmes.
- Appropriateness of the geographical distribution of the medical and health personnel especially doctors and nurses.
- Is the distribution between the different cadres of health workers appropriate?
- What are the major problems that have emerged concerning training, management and quality of health care personnel?
- What are further training and development opportunities for private sector personnel?

Examine the human resources in terms of the following:

- Excessive numbers of specialized physicians
- Inappropriate nurse/physician ratio
- Medical unemployment
- Loss of public sector health workers to the private sector
- Lack of managerial skills
- Low educational attainment
- Low status of the health care profession
- Low productivity of the health personnel
- Low status of primary health care
- Low salaries

What policies, if any, have been instituted towards development of the human resources recently in terms of?

- Attempts to reduce or increase numbers of practicing physicians and how this was done?
- Efforts to upgrade existing or establishing new educational institutions and training facilities and in which areas, nursing, physicians, managers, auxiliary health workers, etc.
- Current policy on ancillary/auxiliary health workers
- Retraining of existing specialists

Documents to be reviewed: **Manpower status and Civil Service Procedures, Manpower Development Plan, Establishment List of approved post, those filled and those not filled. Geographical distribution of manpower and by facility and by cadre or post.**

Pharmaceuticals

Discuss levels of consumption of pharmaceuticals and any significant trends
Discuss the country's drug policies to improve cost-effective consumption of pharmaceuticals

- Is there an essential drug list?
- Is use of generic drugs promoted?
- Is there a positive or negative list of drugs (approved or disapproved by government)?
- Are there any efforts to influence prescribing practices of the informal and formal prescribers

Discuss the level and adequacy of supplies

Outline the organization of the pharmaceutical sector and the method of distribution to the public. What are the public/private bodies involved in the distribution and the extent of government regulation?

What are the concerns about the nature of prescribing?

What reforms or expectations are there at present regarding future developments in pharmaceuticals?

Health care technology

- What controls (regulation, national plans, financial incentives to providers and consumers,) are there on new technology?
- Do these controls cover the public and private sectors?
- Comment on the effectiveness of these controls.
- Describe and comment on the adequacy of the supply and maintenance of the basic equipment in the public and private sectors

Health care finance and expenditure

Systems of finance and coverage

Taxation

Sources of finance

- Public: Taxes and Statutory Insurance
- Private: out-of-pocket; private voluntary insurance; private enterprises
- Other: NGO, charity, donations, etc
- External Sources: INGO, Bilateral, Multilateral

If tax based, is it mainly from national, regional or local level taxes?

Is the financing based on "compulsory systems of finance" such as an obligatory public scheme or statutory insurance? Or is financing based on "voluntary financing systems" where payments is left to the discretion of the individual such out-of-pocket payment, private insurance, etc.

Discuss the relative size of each category of financing and any changes that may have occurred in the recent years as well as the factors behind these changes.

If health care is primarily financed from taxation then:

- Which are the main bodies responsible for providing health care coverage?
- Extent of the population coverage, criteria for entitlement to health care (citizenship, residence, etc)
- Are there any excluded groups (intentionally or not)? If yes, how are these covered?
- Are there any changes in population coverage that have recently taken place, or are taking place? Are there any changes in population coverage planned or expected to take place

Financial Resource Allocation

Budget setting and resource allocation

Defined as any process by which financial resources flow from the government or third party payer through the health care organization (health facilities, programmes, providers, and units) to the individual provider.

- Examine how the health budgets are set.
- How major resource allocation decisions are made?
- What are provider payment mechanisms?

Consider the following:

- How is the size of the overall health budget determined?
- Who decides what is allocated to various programmes?
- How is funding allocated to different geographical areas?
- Are there any formulae for resource allocation in use?
- What decisions on the health care budget are made at each level?
- How are capital investments funded and controlled?
- What changes have there been in the system of resource allocation in recent times?
- Are there any plans or thinking about changing the resource allocation system? Describe these and expected future developments.
- Construct a financing flow chart showing financing flows and service flows between consumer, third party and providers.

Payment mechanisms by source of finance

Payment of hospitals

Is it retrospective or full cost reimbursement?

Is it prospective?

- Fixed price without fixed quantity
- Fee for service or charge list
- Per diem fees or daily charge
- Case payment e.g. DRGs
- Budgets: global or line item?
- Do these budgets cover actual costs or is it historical incrementalism, or provision of inputs or by population covered, volume of bed days or volume of mix of cases.
- Salaries to health workers
- Mixed formulae (combination of the above)

Out-of pocket payments such as fees for service, fee per visit, fee per day, co-payments, pre-payment, advance payment

Payment of physicians and others

- Salaries to health workers
- Mixed formulae (combination of the above)
- Out-of pocket payments such as fees for service, fee per visit, fee per day, co-payments, pre-payment, advance payment

Insurance

Compulsory insurance

Does a compulsory insurance scheme exist? How is it organized? Describe the organization? Are these bodies public, quasi-public or private (for profit or not for profit)

Are there one or many schemes?

Is there freedom of choice of insurance scheme?

What are the criteria for entitlement and membership of the scheme?

- Are there any groups excluded? Why?
- Are individuals or groups allowed to opt out or join voluntarily?
- Are there any income limits above which individuals are not allowed to down?
- What provisions have been made for those who cannot pay? Does the government contribute? Are there special tax funded programs to cover these people?
- Comment on changes in the coverage of the population that have taken place recently or are expected to take place?

Describe how the premiums are decided upon.

- Pay roll related?
- Progressive or fixed rates
- Special rates for certain categories
- Employer and/or employee contributions
- How are the contribution rates calculated (risk related, income related, community rating, etc.)
- Who determines the premium rates and what is the role of the government in this process?

Is there competition between the different insurance schemes?

What provisions are there for risk adjustment between different insurance funds?

Describe if there any problems and any plans for reform.

Are there other parallel health care systems providing services to staff and employees for other ministries? How has this challenged the national/compulsory health insurance system?

Voluntary insurance

How is the system/schemes organized? Is it private (profit or non-profit), quasi-public or public?

Are the services covered full on only those not provided by the statutory health system?

What proportion of the population takes out private health insurance? Is this proportion increasing? Why and since when?

How was voluntary health insurance established?

External sources of finance

Comment on the evolution of external sources of financing in terms of scale and form (loans, grants, other)

What are the channels through which these funds are provided?

Describe a breakdown of the funds in terms of bilateral, multi-laterals, consortia, NGOs,

What are these funds generally used for in the health care system?

What proportion of the national health budget is supported through external sources?

Out-of-pocket payments

What forms do these out-of-pocket expenses take?

- User fees determined by the government?
- Co-insurance? Pays a fixed portion of the premium?
- Co-payment? Pays a fixed amount of the cost incurred?
- Deductible? Pay a certain amount before payments are made by third party.
- Informal payments at the health facility?

Describe the main cost sharing measures in addition to out-of-pocket expenses.

Changes in the systems of finance

If health care financing has changed recently to a social insurance system or a tax-based system, or to private and voluntary sources, describe the following:

- Reasons for this change and the problems that lead to this change
- What actions were taken to set up the new system?
- How far has implementation proceeded?
- What problems and obstacles have emerged in course of implementation?
- Is this intended to replace or supplement taxation sources?

Health care expenditure

Describe the health expenditure in terms of the following over a number of years?

- Value in current prices
- Share of the GDP
- Public share of total expenditure on health (%)
- Proportion of the budget that is derived from external sources

Health care expenditure by category over a number of years?

- Public (%)
- In-patient care (%)
- Pharmaceuticals (%)
- Investment (capital) (%)

Priority setting and rationing

Describe how priorities are set or rationing is carried out within the statutory health system in terms of benefit package provided. Consider the following:

- Have there been any reductions in the benefits package during recent years?
- What services have been excluded and why?
- What populations has this primarily affected?
- Describe the process by which priorities are set included where such actions are taken and by whom?

Health Care Reform

Determinants of Reform

Give a brief account of the main reasons underlying the initiation of health care reforms. What are the key aims of the reforms and what are they intended to achieve? What is the policy orientation?

Content of Reform and Legislation

Provide a chronology of the process and content of reform.

Provide a list of key policy proposals and legislation relating to health care system and reforms in a chronological order

Inter-relationship between reforms

To what extent have the reforms been planned in a piecemeal or integrated manner?

Does the reform process have a coherent set of related objectives? How were these developed?

Are there examples of conflict between the reform measures introduced?

Implementation and process of reform

What has been the role of the key actors and interest groups (see below) in the process of reform development and implementation?

- Health care providers (medical profession)
- Government and major political parties
- NGOs
- Research centers and organizations
- Financing organizations such as insurance organizations
- Population and consumer groups
- International aid organizations

What role have the international (multi and bilateral) organizations played in the process and initiation of reform?

Mention key events which may have a bearing on the process of change

- Pilot projects,
- Donor conditionalities,
- Passing of key legislation
- Administrative regulations
- Other

What are the constraints to implementation of reforms

- Proposal not passed into legislation
- Lack of political resources such as autonomy, stability, and consensus among the elite, support of stakeholders
- Lack of financial resources required to implement change and to run and sustain the new model
- Lack of managerial resources including skills and attitudes information systems, financial and other management systems
- Lack of technical resources in terms of capacity for technical analysis to evaluate alternatives and effects of policy change

What have been the approaches to making the changes in building capacity of staff, skills attitudes and management and support systems?

Monitoring and evaluation of reform

Process of monitoring and evaluation

Describe and comment on the routine and occasional methods and systems used to monitor reforms and evaluate their impact in terms of the following

- Health information systems
- Health systems research
- Monitoring and evaluation bodies

Monitoring and evaluation results

Describe the available information concerning the impact of the reforms

西アフリカ、ベナン共和国への調査団の報告書（仮訳）

1999年4月20日～27日

小早川教授、インダーモハン・S・ナルーラ博士¹、Y・オオワキ、S・野崎

社団法人国際厚生事業団

¹ 社団法人国際厚生事業団（JICWELS）客員著者

目次

謝辞

用語解説と略語

はしがき

背景と根本的理由

全体的な目的

具体的な調査団の目的

活動のスケジュール

調査団の準備

調査期間中の活動

調査団の成果

目的 1：実施テストチェックリスト

目的 2：保健分野データ

ベナンの保健分野の状況に関する概要

地理、気候、水路

上水道と下水

1.2 行政組織

1.3 地方分権化

1.4 人口統計

主な人口指標

目標人口

1.5 GDP の進展

1996 年以前の公衆衛生省の状況

1996 年以降の公衆衛生省の状況

目的 3：資料

目的 4：チェックリストに対する MOH の再検討

I. 基本的な保健衛生と下水設備

II. 家庭の保健

III. 薬屋と医薬工場

IV. 必須医薬品と医療用・消耗品購入庁

V. 民間健康管理システムの構造

目的 5：実施計画の手順

実行計画のおもな手順

発見の要約

目的 6：勧告

勧告

文献リスト

補遺 1

経済、政治、社会文化面

経済

政治的要因

社会文化

人口統計

保健状況

保健システム構成要素、傾向と改革

組織と管理

保健システムの組織

民間健康管理システムの構造

公共・民間部門の連携と最近の組織改革

計画、管理、規制、立法措置

「さまざまな標準とその実施条件」に関する規制

健康管理システムの地方分権化

調査、促進、開発

健康管理送達システム

初期健康管理

初期治療サービス

二次・三次医療

長期医療と家庭医療

人材開発

薬物

健康管理技術

健康管理財政と支出

財源割り当て

予算設定と財源割り当て

財源による支出メカニズム

保険

外部の財源

健康管理支出

優先順位設定と配分

健康管理改革

改革の決定要因

改革の中心と立法措置

改革の相互関係

改革の実施と過程

謝辞

この調査団派遣の成功にあたり、報告書の著者は金子氏、麦谷氏、厚生省大臣官房国際課の齋藤氏、国際協力事業団／外務省の支援、および JICWELS の職員の支援および指導に対し、深く謝意を表します。

また、ベナン MOHW 計画部長クリスチャン・アテンデュー氏および彼の部下から受けた暖かい歓迎と支援に対し、たいへん感謝いたします。特に、MOHW およびベナン政府の他の省庁のさまざまな上級職員との会談の見事な手配に対し、たいへん感謝いたします。

用語解説と略語

NGO	非政府組織
BCG	カルメットーゲラン菌
VAR	麻疹ワクチン
DTCP	ジフテリア、単球菌四属、百日咳、小児麻痺
PNLS	全国エイズ防止計画
CAME	必須医薬品購入庁
CNHU	国立大学病院センター
CIPD	人口と開発に関する国際会議
RH	性と生殖に関する健康
PEV	長期間にわたる予防接種計画

はしがき

アフリカは大きく変化している。この変化に対応しようと、また持続可能な発展を推進しようと TICAD I が開催された。TICAD I 期間中に行なわれた決定の結果、TICAD I の進展に基づいて決意を新たにす TICAD II が準備された。アフリカの発展のための指針は、多面的な展望、優れた政治、経済・開発活動へのあらゆる部門の人々の参加を通じた経済成長と持続可能な発展によって促進される、貧困の減少に的が絞られた。

そこで、TICAD II の期間中に強調され、また実施に向けてのカイロ協議で具体化された所有と協力という原則に合わせて、開発の優先順位が、政府、民間部門、民間社会との継続的な対話に基づいてアフリカ諸国自身によって設定された。その結果、すべての開発関係者の間に協力のための共通の体制ができた。それゆえに、協力と相互の確約という誠実な心意気を持って、一致団結してのめを絞ったこれらの開発努力を指導することを求められているアフリカ諸国の指導者たちは、この過程に対しリーダーシップを発揮するべきである。したがって、日本の ODA は、上に述べた原則にのっとり、そのプロジェクトや計画の開発過程において、以下のような要素を反映するべきである。そのようなアプローチは、すなわち次のような要素を活用できるようにするべきである。

- 外部の支援を調整し、そうした調整を指導するアフリカの指導者たちの能力を高めるために、外部のパートナー間、また外部のパートナーと国内のパートナーの間の連携を強化する。
- 地域レベルでの共通の課題に取り組むラゴス実行計画（1980）で、うたわれているほど重要な手段である地域の協調と一体化。
- 特に、研究機関と訓練機関の間の施設間ネットワークにおけるバンドン（1994）、バンコク（1997）声明に基づく南の南に対する、特にアジアとアフリカの間の協調の推進。
- 分析、計画、実施、管理、監視のための能力の育成。
- 民主主義の重要な要素としての男女平等の推進や、女性の権利の拡大といった性の主流に沿う。
- 計画や監視過程に環境管理を含む。

近年、保健分野の ODA 供給を優先的にアプローチするプロジェクトから、よりシステム・ベースのアプローチへと大きく取り組みが変化してきた。これを成し遂げるために、開発調査の概念には、ODA 投入のタイプと性質を決定するための基礎として、状況分析をすることが採用された。最近の経験からわかったのは、保健分野のより詳細で、的を絞った検討の実施において、以下のことが求められていることである。すなわち、政府の優先順位をより公平に決定すること、そしてそれが結果として、さまざまなマスター保健計画開発構想、プロジェクト計画のための TOR の開発につながるような国レベルを巻き込んだ保健開発問題へのより深い理解が得られるように、保健および関連分野における他の国際供与者の活動を説明すること、である。

背景と根本的理由

上に述べたような事柄に取り組み、TICAD II と、次の「思いやりのある社会のためのアフリカの開発と主導性セミナー」に対する開発調査過程を連携させるために、試案（補遺 1 参照）が草案され、JICWELS によって MOHW に提出された。その目的は、保健分野の状況分析の実施を指導するテンプレートとガイドラインを開発すること、選ばれた国の中で、保健分野の開発／改革のための分野全般にわたるマスタープランを提案する状況分析とニーズ・アセスメント・レポートを利用することである。