

- 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

MEETING WITH DIRECTOR OF DRUG AND PHARMACEUTICAL CONTROL DIVISION/ DRUG ADMINISTRATION OR EQUIVALENT

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?

MEETING WITH DIRECTOR OF HOSPITAL (CURATIVE CARE) SERVICES AND OTHER EQUIPMENT MAINTENANCE OR EQUIVALENT

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

MEETING DIRECTOR OF FINANCE, MOH, MIN OF FINANCE RESPONSIBLE FOR MOH BUDGET, STAFF RESPONSIBLE FOR MOH ACCOUNTS IN THE ACCOUNTANT GENERAL'S OFFICE AND FROM THE OFFICE OF AUDITOR GENERAL

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, Multilaterals

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 a payment 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

DIRECTOR OF SOCIAL SECURITY AND THE INSURANCE AGENCY IF THERE IS ONE

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 programmes 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 are any problems and any plans for reform.

Are there any 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?

Meeting with MoH External Aid Coordinator (or division responsible for External Aid Coordination) and various Donors include WB, UN agencies and bilateral donors

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 bilaterals, 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
- Co-payment? Pays a fixed amount
- 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?

Meeting with Minister/ Deputy Minister, Directors of various divisions, Local Government, Civil Service, Planning Commission and other relevant to the issues

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?

DIRECTOR OF PROGRAMME PLANNING MONITORING & EVALUATION AND SECTION

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

ADDITIONAL MEETINGS WITH MANAGERS OF DONOR FUNDED HEALTH PROJECTS SUCH AS
ADB'S HSDP,
TACIS HSFP,
GTZ'S RH PROJECT,
UNICEF'S BAMAKO INITIATIVE,
UNDP HEALTH PROJECTS,
VSO,
USAID AND OTHERS BILATERALLY FUNDED PROJECTS.

Health Sector Strategic Plan Framework

Areas of work	Strategies	Priority Actions	Time frame					Outcomes
			Y 1	Y 2	Y 3	Y 4	Y 5	
Institutional development	<p>A- Effective public private partnership to improve accessibility, quality and affordability through the promotion of <i>promoting the participation of an effectively regulated private sector participation and enforcement of regulations.</i></p> <p>B- Enhance Ministry of Health capacity to address non-communicable diseases and emerging public health problems through both raising awareness, and developing comprehensive plans and <i>strengthening</i> the management of cost-effective interventions to control communicable diseases</p>	<ul style="list-style-type: none"> Effectively enforce regulation on registration and licensing of private facilities/ providers including pharmacies / pharmacists Promote private sector participation in increasing health services coverage and in addressing key health issues Improve public awareness on drugs and drugs use Ensure NGOs support essential services (Minimum Package of activities, Complementary Package of Activities) and work within <i>these packages</i> and to support the health system Promote appropriate use of informal sector services (Traditional birth attendants, Kru Khmer, etc.) Increase awareness and understanding of <i>potential</i> possible health consequences of environmental factors such as industrial pollution, the use of pesticides and global warming Develop comprehensive plans to address the prevention, screening, treatment, rehabilitation and palliative care of priority non-communicable diseases and other problems such as injuries and mental health Develop and implement preparedness plan for disaster 	Y 1	Y 2	Y 3	Y 4	Y 5	

Areas of work	Strategies	Priority Actions	Time frame					Outcomes
			Y 1	Y 2	Y 3	Y 4	Y 5	
	<p>C- Further develop the health sector through:</p> <ol style="list-style-type: none"> 1) Institutionalizing, sector wide management 2) <i>Enhancing Deepening</i> management and leadership culture sector-wide 3) Effective decentralization 	<p>management</p> <ul style="list-style-type: none"> • Develop and implement plan for monitoring emerging public health problems such as tobacco, alcohol and drug abuse • Further <i>extend</i> develop and enforce occupational health measures • Continue the sector wide approach to health sector development and ensure consistency between donor contributions and health needs of the population • Strengthen international cooperation and relations through the further development of the international relation office • Improve capacity of Ministry of Health to coordinate sector financing • Expand or continue contracting to NGO's for health services in remote areas • Improve capacity of managers through training enabling them to be more responsive to service and health needs • Encourage and help managers develop quality patient/client oriented services • Introduce a leadership and management development program for senior and mid-level managers using the learning from experience approach rather than <i>only</i> formal training courses • Introduce a system to monitor performance managers, to ensure delegated authority is used with transparency and according to <i>an agreed set of norms of good governance</i> • Delegation of appropriate authority enabling managers to be more responsive to service needs 						

Areas of work	Strategies	Priority Actions	Time frame					Outcomes
			Y 1	Y 2	Y 3	Y 4	Y 5	
	<p>D- Strengthen sector-wide <i>legislation and regulation</i> through improving capacity to develop and implement laws and regulations.</p> <p>E- Organizational and management reform of the Ministry of Health to effectively respond to changes in health and health related sectors through institutional reviews and strengthening the management of change.</p> <p>F- Further improve coverage and</p>	<ul style="list-style-type: none"> • Examine all possible options for effective management of hospitals and implement selected options • Ensure that any autonomous hospital provides the services required by the poor efficiently • Improve the technical capacity of the Ministry to draft effective health legislation • Ensure that laws and regulations drafted are consistent with carefully considered policy and management needs • Reinforce the implementation of laws To reinforce law implementation including law those on narcotic and psychotropic drugs, in close collaboration with parties concerned • Formulate a law on counterfeit drugs • Plan for law improvements on quality assurance: quality seal, client rights, health insurance, advertising, import export regulations • Clarify roles and functions, lines of accountability and decision-making, delegation of authority at all levels of the Ministry of Health, including national programs, national hospitals and other national health institutions • Designate reference centers/focal points for national programs/institutions, laboratories, and Ministry of Health central level departments • Develop health management information system • Develop an integrated planning and budgeting system involving key departments • Strengthen the linkage between developing activities and budgeting in all the Ministry of Health departments and institutions to promote effective collaboration and in particular between the finance and planning departments • Systematically organize how to ensure evidence based 						

Areas of work	Strategies	Priority Actions	Time frame					Outcomes
			Y 1	Y 2	Y 3	Y 4	Y 5	
Health service delivery	<p>access to health services, especially for the poor, through planning the location of health facilities and expanding outreach <i>programs</i></p> <p>G- Strengthen the delivery of quality basic health services through health centers and outreach <i>programs</i> based upon a minimum package of evidence based interventions</p> <p>H- Strengthen the delivery of quality care in all hospitals through measures such as the complementary package of activities</p> <p>I- Strengthen the management of support services such as laboratory, safe blood, referral, pharmaceuticals, equipment and other medical supplies and maintenance of facilities and transport</p>	<p>decision making, planning and practice</p> <ul style="list-style-type: none"> • <i>Develop a research plan</i> that covers subjects that will inform decision making primarily about organizational and management reform to ensure evidence based decision making • Develop a common protocol, clear costing, responsibilities, etc. for research and contracting in general • Assess systematically pilot experiences, including cost-efficiency and find ways to disseminate experiences countrywide by involving central level in the assessment. • Follow up lessons learned and systematically analyze issues through research • Revise health coverage plan • Expand the number of health posts for remote areas (some province) • <i>Expand and extend</i> outreach coverage • Convert former district hospitals to health centers or upgrade to referral hospitals • Improve the quality of health care service delivery • Improve community participation by strengthening link between HC and the village health support group • Review and revise the minimum package of activities especially to highlight the top priority diseases and other problems • Adapt the package for health posts to clearly define the limit of activities expected • Develop and implement appropriate health service delivery approaches to urban poor population • Finalize Complementary Package of Activities criteria 						
Behavioral Change Communication								

Areas of work	Strategies	Priority Actions	Time frame					Outcomes
			Y 1	Y 2	Y 3	Y 4	Y 5	
Quality improvement	<p>J- Change the attitudes of health providers sector-wide to become more responsive to consumer needs especially of the poor through sensitization and building <i>augmenting</i> interpersonal communication skills</p>	<ul style="list-style-type: none"> • build upon evidence based interventions • Standardization of service package including specialized package of national hospitals • Encourage the establishment of public administration institutions particularly hospitals, on a case by case basis • Strengthen plans and systems to ensure effective and efficient management of supplies, facilities, and transport • Set up efficient and effective maintenance and procurement service to ensure optimal operation of equipment and facilities at all times to facilitate quality services • Sensitization of the public, private, NGO health providers on quality health services and professional ethics (accountability) including skill building on inter-personal communication • Promote healthy lifestyles and disease prevention taking as a starting point misconceptions and other barriers that drive bad health practices and behavior • Use community structures and multisectoral approaches to influence healthy behavior norms • Support and cooperate with pharmacists. Private practitioners, professional health associations and traditional healers to promote appropriate client referral • Standardize procedures and coordinate monitoring and evaluation systems to measure behavior change among consumers and providers • Improve health providers attitudes and behavior towards consumers through staff motivation • Use mass media and inter-personal communication to 						
	<p>K- Empower consumers to systematically interact with other stakeholders in the development of quality health services to promote trust through mass media and interpersonal communication</p> <p>L- Promote healthy lifestyles and appropriate health seeking behavior through promoting healthy environments and implementing behavioral change activities</p> <p>M- Introduce and develop a culture</p>							

Areas of work	Strategies	Priority Actions	Time frame					Outcomes
			Y 1	Y 2	Y 3	Y 4	Y 5	
<i>Human resource development</i>	of quality in public health, service delivery and their management through the use of Ministry of Health quality standards	<ul style="list-style-type: none"> encourage consumers to adopt appropriate health seeking behavior and use quality health services Strengthen the institutional and technical role of the National Center for Health Promotion to carry out its mandate on coordination, quality assurance and training for IEC/BCC 						
	<p>N- Develop and implement minimum and optimum standards for the public and private sectors incorporating pro-poor and gender issues through the use of appropriate tools</p> <p>O- Expand the number of midwives through basic training and strengthen the capacity and skills of midwives already trained through continuing education</p> <p>P- Strengthen human resource planning to reduce mal-distribution</p>	<ul style="list-style-type: none"> Develop policies to promote healthy environments Develop and implement a national policy on IEC/BCC focusing on coordination, quality standards, dissemination of IEC materials and training Establish a quality assurance office Revise, complete, and ensure adherence to the Ministry of Health's standards Establish link between research and pilot initiatives relating to the development of standard Get consumer perspective on standards of services and facilities through consumer body Provide information to clients and staff about the development and implementation of standards Improve the use of the routine supervision tools by looking to quality of supervision Develop quality assessment tools Develop quality improvement tools Set up the procedures for registration, assessment, and licensing Design a system with objective assessment criteria to reward government staff for exceptional performance Introduce a quality seal and national annual award within the Ministry of Health for each level with prioritised 						

Areas of work	Strategies	Priority Actions	Time frame					Outcomes
			Y 1	Y 2	Y 3	Y 4	Y 5	
Health financing	<p>of the numbers and type of workforce through <i>identify reallocation of staff</i> and improving the quality of training</p> <p>Q- Enhance the management and technical skills and competence of all the Ministry of Health workforce through quality, comprehensive training and education</p>	<p>topics like baby friendly hospital</p> <ul style="list-style-type: none"> Continue providing 4 month maternal and child health course to health center staff Continue continuing education training by National Maternal and child health center and other training providers for referral hospitals and health centers staff Implement a one year post graduate midwifery training in 2002 Develop a primary training program for having midwifery staff at remote areas (9 month programme) 						
	<p>R- Ensure regular and adequate flow of funds to the health sector especially for service delivery through advocacy to increase resources and strengthening financial management</p> <p>S- Allocate financial resources to improve the <i>accessibility of health services to the poor</i> access-of-the poor-to-health-services through alternative health financing scheme</p>	<ul style="list-style-type: none"> Reallocate midwives back to midwifery from other areas Set standards to improve quality of training Identify post needed at each level of health system according to revised health coverage plan and training needs linked to the posts Review the role and effectiveness of traditional birth attendants etc in health services delivery Strengthen pre and in-service training through regional training centers and continuing education system Practical plans to increase clinical practice of medical students Strengthen human resource development role in the coordination and integration of training at the provincial level Strengthen management skills of staff at all levels of the health services Start process to develop a cadre of staff with administrative skills Dissemination of civil service regulations to all civil servants 						

Areas of work	Strategies	Priority Actions	Time frame					Outcomes
			Y 1	Y 2	Y 3	Y 4	Y 5	
	T- Ensure transparent, efficient and effective health expenditures through strengthening resource allocation and monitoring	<ul style="list-style-type: none"> • Strengthening budgeting and financial planning • Advocacy to increase health budget and enhance financial authority to the Ministry of Health and clarify responsibilities within the Ministry • Strengthening management accounting and financial reporting • Improve volume and timeliness of the flow of funds from government budget to health services • Strengthening of procurement at all levels in the Ministry of Health • Pilot equity funds • Introduce boosting in areas with good management capacity • Scale up health financing schemes with user fees • Continue contracting in poor, remote operational districts • Enable incentives to staff working in remote areas and priority mission groups • Improve resource allocation decision making and link to performance • Establish and strengthen internal audit function • Strengthening monitoring and evaluation 						

厚生科学研究費補助金（社会保障国際協力推進研究事業）
分担研究報告書

医療コンサルアプローチに関する研究

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研究要旨

我が国は、社会保障分野の国際協力においては、従前まで、個々のプロジェクトを想定しての限定的な開発調査に基づく無償資金協力及び技術協力を実施してきたのが現状である。

一方、欧米諸国や国連機関等は開発途上国全体の開発計画を策定し、その計画に基づき、個々のプロジェクトを実施してきている。さらに、近年、欧米諸国や国連機関等は、ドナー協調を指向し、その中においても、まず全体的な開発計画を策定し、その計画に基づき、個々の役割を分担し、プロジェクトを実施してきている現状にある。

我が国が今後、これら欧米諸国や国連機関等と協調して、あるいは、伍して、本件分野の国際協力を推進していくためには、現在のような一つのプロジェクトを想定しての限定的な開発調査に基づく個々のプロジェクトの実施から、欧米等と同様な手法でのアプローチが必要不可欠であるが、そのためには我が国が独自に「全体的な開発計画」を策定し提案していくことが必須条件となってくる。

本研究においては、社会保障分野の国際協力の中核となる保健医療分野の国際協力を題材に「全体的な開発計画」、すなわち、開発途上国の「国家保健医療総合計画」策定のための手法を研究することとする。

A. 研究目的

本研究においては、国家保健医療総合計画策定手法の「マニュアル」とその手法を簡便に利用するための「テンプレート」（様式）を完成させることを目的とする。

本研究により完成されるマニュアルとテンプレートを活用することにより、和製の「国家保健医療総合計画」の策定が可能となり、ドナー協調型支援において、右総合計画を各国に提案していくことにより、我が国のプレゼンスとイニシアティブを発揮することができるばかりでなく、個々のプロジェクトの検討においても、当該国全体の保健医療の現状から問題点の把握、解決方策の提言、将来計画の想定といった総合

的な取組みが可能となり、従前に比して、より効果的な支援の実施が可能となる。また、従前まで限定的な開発計画のみが実施されてきた背景には我が国の保健医療分野コンサルタントの育成が立ち遅れていたことは否定できないが、本研究の成果である国家保健医療総合計画策定の「マニュアル」と「テンプレート」の提供が右コンサルタント育成の特効薬になり、ひいては、効果的な保健医療分野支援の実施につながることが期待される。

B. 研究方法

・開発途上国におけるモデル計画案策定第2年度に改訂されたマニュアル及びテ

ンプレートに基づき、過去の途上国の実態調査内容を当てはめて、モデル計画案を策定する。

倫理面への配慮

本研究は倫理的事項に抵触する事項がないことから、倫理面への配慮の必要はないと思量された。

C.研究結果

第2年度に改訂されたマニュアル及びテンプレートに基づき、過去の途上国の実態調査内容を当てはめて、カンボジアにおいてヘルスセクター・ストラテジック・プラン 2003-2007 をモデル計画案として策定した。なお、本プランはカンボジア政府及び外国ドナー国・機関によって国家基本計画に承認された。

D.考察

今年度は過去2カ年の研究結果を結実させ、カンボジアにおいてモデル計画を完成させた。

開発途上国の「国家保健医療総合計画」の策定は途上国自身が行うというよりも、世銀等の国際機関、USAID などドナー諸国の援助機関による技術協力によって為されることが多いと言える。これは、いわば、グローバルスタンダードともいべきもので、欧米のドナー諸国、国連機関等は、ほぼ同様な形で計画策定をしていると言える。

一方、我が国の政府開発援助で実施してきた過去の保健医療分野国際協力においては、このようなアプローチは皆無であると言ってよく、欧米諸国が実施している計画策定が全体的な包括的なものであるのに対して、日本のそれは、限定的なものであるという評価が国際社会の中では成り立っているといえよう。日本の場合、対象国の全

体に対して開発計画を策定するのではなく、より具体的な無償資金協力や技術協力プロジェクトを想定して、それに関わる事項のみを調査するといった手法であることが明らかになっている。

国際社会はこのような日本のアプローチが国際社会の中で異質であると感じていると同時に援助国のコーディネーション、いわゆる、ドナー協調に日本が積極的に参加することを期待されており、本研究の成果がその期待に沿う国際標準の計画策定に資するものであると考えている。

一方、今年度のカンボジアにおけるモデル計画策定の中で、欧米流の国際標準の計画策定といった視点に加えて、開発途上国の自主性と主体性を重んじたキャパシティービルディングに力点を置いた技術協力が求められていることが判明した。カンボジアでのモデル計画策定はカンボジア保健省のキャパシティービルディングも並行して行われたが、マニュアルにはそういった途上国のキャパシティービルディングの手法についても含めることができた。この点については、欧米諸国及び機関からも評価されており、今後、国際標準の計画策定とキャパシティービルディングに配慮した日本の援助が展開されれば、欧米のこれまでの手法に一石を投じることも期待され、我が国のプレゼンス発揮に資するものと思われる。

E.結論

本研究により完成されたカンボジア王国ヘルス・セクター・ストラテジック・プラン 2003-2007 を一つのモデルとして活用することにより、和製の「国家保健医療総合計画」の策定にヒントを与えることとなり、ドナー協調型支援において、右総合計画を各国に提案していくことにより、我が国のプレゼンスとイニシアティブを発揮するこ

とができるばかりでなく、個々のプロジェクトの検討においても、当該国全体の保健医療の現状から問題点の把握、解決方策の提言、将来計画の想定といった総合的な取り組みが可能となり、従前に比して、より効果的な支援の実施が可能となる。

また、従前まで限定的な開発計画のみが実施されてきた背景には我が国の保健医療分野コンサルタントの育成が立ち遅れていたことは否定できないが、本研究の成果の提供が右コンサルタント育成に参考になり、ひいては、効果的な保健医療分野支援の実施につながることを期待される。

カンボジア王国ヘルス・セクター・ストラテジック・プランがカンボジア保健省のみならず、ドナー各国・機関からも承認されたことを今後の我が国の保健医療セクター支援につなげたい。

F. 健康危険情報

無

G. 研究発表

- 1 論文発表
今後予定
- 2 学会発表
今後予定

H. 知的財産権の出願・登録状況（予定を含む。）

- 1 特許取得
無
- 2 実用新案登録
申請予定
- 3 その他
無

(資料) カンボジア王国ヘルス・セクター・ストラテジック・プラン 2003-2007

KINGDOM OF CAMBODIA
Nation - Religion - King

MINISTRY OF HEALTH



HEALTH SECTOR STRATEGIC PLAN
2003-2007