

## Review and future perspectives of “development study” in the health sectors

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**Abstract:** The research project titled “Developing Technical Approaches for the Master Plan of the Health Sector International Cooperation” has been conducted for the duration of three years from 2002 by the support of grants-in-aid for research on international medical cooperation from the Japanese Ministry of Health, Labor and Welfare. Based upon comprehensive and detailed review on the development studies (DS) in the health sectors so far completed, and throughout extensive and detailed examinations on the various DS related issues at the organized workshops with the parties concerned, the following propositions were made for the orientation and possible improvement of future DS in the health sectors; 1) a master plan in the individual DS to be defined in association with the level of strategy with which the study deals, 2) the instruction of surveys and methods to be more crystallized, 3) appropriate survey methods with reproducibility to be employed, 4) qualitative researches to be complementarily exercised with quantitative researches 5) the ownership of DS to be cultivated by adoption of participatory methods.

### INTRODUCTION

This article deals with the study results of the research project titled “Developing Technical Approaches for the Master Plan of the Health Sector International Cooperation”. The government project was supported by the Japanese Ministry of Health, Labor and Welfare which was to be implemented for the duration of three years from 2002. The purpose of this research project was to determine the orientation of future DS in the health sectors by reviewing the studies experienced so far and by introducing various study methods and analytical methods for developing health policies and health planning techniques.

A DS is a form of technical cooperation provided by the Japanese Official Development Assistance (ODA) to assist in the planning of urgent and high priority development projects in developing countries through the preparation of relevant reports [1]. Traditionally, a DS has been conducting feasibility studies prior to assigned projects, mainly in the fields of social infrastructure including electricity power supply and road constructions. In recent years, apart from

these hardware type projects, a DS is also involved in software type projects such as making propositions for the establishment of policies, with which it reflects the diversified and increasing needs of the developing countries. Since the start of the DS projects in health sectors, eight studies which include that of Honduras, have so far been completed (Table 1). DS oriented development assistance aimed at improving the health policy/administrative system is expected to increase. A DS survey is initiated by the implementation of fundamental surveys. Based on the results of those surveys, a master plan is formed. There are two features with which the DS draws the line from other technical cooperation sectors. A DS may propose a policy during the course of a study but any field surveys, analysis and other related studies in the report making are actually conducted by a Japanese consultant. However, the know-how in the investigation, analysis, planning and management of a study by the implementing agency such as the Japan International Cooperation Company (JICA) or the consultants currently appear to be not fully competent. Therefore, the primary objective of this research project is to improve future Japanese

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Table 1. Development study projects with implementation periods in the health sectors

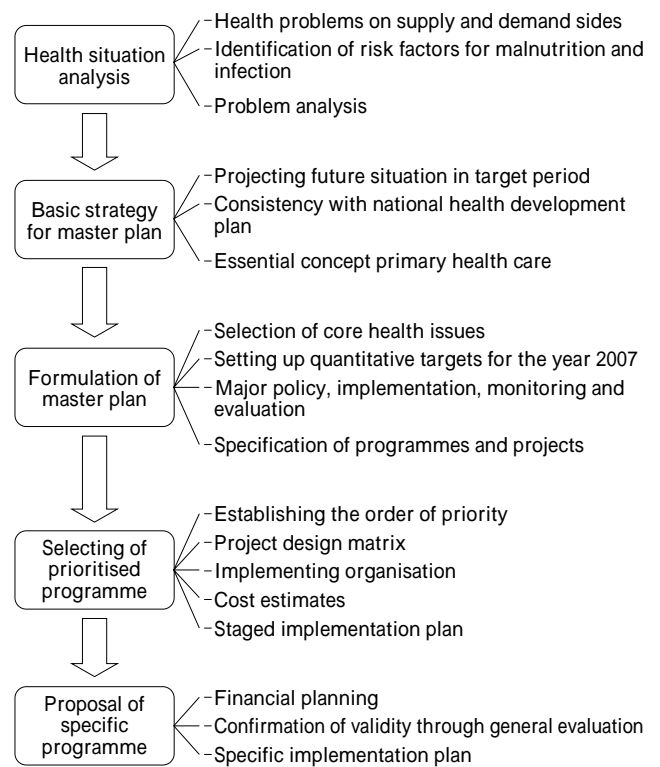
The study on the strategies and plans for the upgrading of health status in the Republic of Honduras [January 1995 ~ October 1996]
The study on strengthening the district health system in the western part of Kenya [August 1997 ~ November 1998]
Master plan study on strengthening primary health care services in the Republic of Malawi [June 1998 ~ January 2000]
The development study on reproductive health in the state of Madhya Pradesh, India [November 2000 ~ March 2002]
The study on the improvement of health and medical services in the Lao People's Democratic Republic [March 2001 ~ November 2002]
The study on enhancement of district health system for Beni Province Prefecture in the Republic of Bolivia [June 2001 ~ February 2003]
The study on the restructuring of health and medical system in the Republic of Uzbekistan [October 2002 ~ December 2003]
Master plan study for strengthening health system in the Democratic Socialist Republic of Sri Lanka [March 2002 ~ December 2003]

ODA projects by means of viewing and subsequently suggesting a future course for the DS in the health sectors. Secondly, the research examines the technical development as well as the analytical and planning methods related to the health sector master plan study.

### STUDY METHODS

A comprehensive and detailed review is conducted on the seven DS projects already completed in Honduras, Kenya, Malawi, Laos, India, Sri Lanka and Uzbekistan [2,3,4,5,6,8,9]. Extensive analysis and detailed examinations were carried out on the various issues in the health sectors related to the DS through the workshops organized by the research group which are limited to the consultants and the JICA staff. A continuous review was performed on the operation and the administration in order to assure a smooth and effective implementation of the study. In addition, the review also examined the analytical and planning methods currently employed for the study in the institutions both at home and abroad. Besides, as a separate activity, the research group performed a follow-up of the DS study in Laos. It is now also in the process of re-analyzing and renewing the data and information obtained from that of Malawi in order to search for an appropriate health policy

Figure 1. Process of formulating a master plan in Malawi development study



upon the completion of the study.

For the readers, the implementation procedure of the DS will hereinafter be described as those shown in Figure 1. The main components of the DS is composed of field surveys, analysis of the survey results and other relevant data, the formulation of master plans including the selection of priority programs/projects, and providing technical cooperation. A detailed procedure on the formulation of a master plan will be explained by using the example of the DS in Malawi as is shown in Fig 1.

In developing a master plan, the basic strategies for reaching specific goals need to be drawn up. The strategy framework includes an outline of policies and programs that address the roots of the salient health issues. The first cycle of the study demonstrated that a considerable number of Malawians have relatively favorable access to health facilities, but their health indicators tend to be among the poorest in the world. Accordingly, the basic strategy for developing a master plan was directed towards bridging this gap while at the same time, the future situation of major issues such as population, economy, and disease conditions were projected for the respective target years. More importantly, the basic strategy for the formulation of a master plan was consistent with the national health development plan and was in accordance with the basic concepts of the local primary health

care.

In the first cycle of the study, two major issues were identified: child malnutrition and maternal health. Then, the study came up with a list of specific health problems related to these two core issues and then it determined the cause and effect relationships of these problems. The problem tree exercise aided in proposing interventions to the health problems (a long list), which were viewed as effective solutions. Subsequently, each proposed intervention was considered in detail and was integrated into comprehensive projects (a short list). The process of the integration and the prioritization of the projects were considered under the basic strategy or concept as described. Finally, concrete prioritized projects were proposed by taking priority, feasibility, cost-effectiveness and efficiency into account.

#### DEFINITION OF A MASTER PLAN

In this research project, the definition of a master plan in the DS was what we described in the beginning of a project. It is a comprehensive and fundamental plan for various public sectors including the health sectors. The definition of a master plan may be ambiguous between that of the JICA and the consultants. Therefore, in reality, the DS achievements may vary in their characteristics, depending on the individual definitions of the studies. The plural studies appear to define a master plan as the process from a strategy proposition for the formulation of a plan to the selection of priority programs/projects [3,4,6]. Specifically, it generically represents a conceptual master plan based upon a basic study with the existent data, field surveys, priority programs/projects, and action plans. Under such circumstances, the current research project group carried out a discussion and an analysis on the definition of a master plan prior to the full research activity.

Goals, strategies, scenarios, resources, programs/projects, and action plans are common components of a master plan. On the other hand, there could be presumably various levels of strategies with which a DS deals: the level of national health policy, the level of a priority health program defined in the national health policy (ex. program for the improvement of childhood malnutrition) and the level of a specific implementation activity in certain priority programs (childhood vaccination program). The mode and the substance of a study may of course vary according to each of the level concerned. In the present state of affairs, an overall framework of the master plan should be clearly revealed. Particularly, it is vital to define the relationship between a proposed master plan with the priority programs and the corresponding national health policy. Furthermore, relevance of the master plan ideas with SWAPs (Sector Wide

Approaches) as well as PRSP (Poverty Reduction Strategy Paper) should also be considered. Further studies will be required to define master plans of other sectors.

#### REVIEW OF A "DEVELOPMENT STUDY" IN GENERAL

A comprehensive review on the DS was performed. First, the principal issues with respect to the management and the technical subjects of the DS are described. In terms of management, some recipient countries tend to expect a materialization of the project following a completion of the master plan, on the assumption that the DS was a sort of feasibility study prior to a launching of a project. There was also indication that the instructions of surveys and methods used by JICA were extremely comprehensive and detailed without any given specificities while the process of plan formulations were complicated. Since the descriptions of achievements in the context of study were ambiguous and unspecific, a counter-proposal party was necessary in order to describe the difference of terms to JICA. These processes should be related to the preparatory study. However, since the purpose of the DS was not clearly defined at the time of the preparatory study, the actual development of the study was commenced without a conclusive result of the preparatory study. Therefore, it is suggested that specification of principles and fields of the study should be clarified at the time of a preparatory study.

Next, the technical subject on the implementation of the study was viewed. The field survey implemented in the DS is the bottom line for the formulation of a master plan. A field survey is an important opportunity to collect information and data relevant to health sectors in order to understand the health situation of a recipient country. The result of a field study will be extensively utilized and is itself a wider framework than that of a DS. The methods employed by the DS in quantitative researches in the health sectors include household survey, exit interview at health facilities, growth monitoring, drug and medical supply inventory survey, KAP (knowledge, attitude and practice) survey and health manpower assessment [10]. The first issue that one could point out regarding the quantitative research performed in the DS was the insufficient description of the survey and the analytical methods, which might account for the difficulty in verifying the relevance and the accuracy of a study. Similarly, inadequate reference to the planning methods and processes for the formulation of a master plan was found. Furthermore, problematic sampling and inappropriate study methods were employed in household surveys.

Recently, qualitative research techniques such as the Focus Group Discussion, Key Informant Interview and Ob-

servations have been introduced together with those of the quantitative research into the DS in health sectors. The purpose of a qualitative research is to interpret the phenomenon of a situation in question and why it happened, based on the recognition and interpretation of related parties. More specifically, it is an approach to comprehend the sense of value and the concept within the social, political and economical factors through the behavioral patterns of a party of interest such as the inhabitants. In the scene of an international cooperation, which is an external intervention, an effective usage of a qualitative research that reflects local needs without being assertive should be a subject of discussion in the future. When one considers an optimal effect on the practicality of international cooperation in the health sectors, qualitative researches could be complementarily exercised with quantitative researches. For example, the typing of phenomena by a qualitative research could precede a quantitative research or a qualitative research could also be utilized to reassess the appropriateness of the data collected by a quantitative research [10,11,12,13,14].

#### TECHNOLOGY TRANSFER

Technology transfer, ownership and follow-up in the DS are components closely related to each other and will be described together. In a DS, technology transfer works in different manners according to the level of development and maturity of the counterpart countries. In the countries with a high level of problem consciousness as well as ownership, one could expect their independent operation of the study even at the level of planning formulation. To the contrary, as is seen in many African countries with considerably low level of development, there often can be confusions between a DS and a project finding mission because of the lack of understanding as to what a “development study” is.

For all the DSs conducted in the health sectors so far, with regrets, the ownerships of the studies have not been well cultivated in Honduras, Kenya and Malawi. However, the participating consultants aptly compensated the ownerships with their expertise in formulating the planning. It was perhaps from the DS of Laos that the current ownership was transformed. The Laos study team worked on their task by implementing strong incentives to the counterparts and adopting participatory methods. Throughout the course of the study, the Japanese study team kept taking the position to accord technical supports for the master plan which would be exercised by the Laos side and consequently the counterpart actively participated in the implementation of the study. In the mean time, health forums under the auspices of the Laos Ministry of Public Health were held five times. This was a stakeholder meeting which took place

across the country with approximately 200 participants that included the minister, executive officers of the ministry, local health officers, donors and NGOs. Earnest discussions on programs or strategies were conducted during the course of the master plan formulation. The final report of the study was translated into Laos language immediately after the completion of the study. This translated version was distributed to the divisions concerned for enlightenment as well as brainstorming, especially in the regional areas and this undertaking is still underway. The autonomic movement was enhanced by the efforts of JICA advisor in the ministry. Thus, the implementation of the DS in Laos permitted any disputed points on health policy and programs to be on the grounds for discussion.

In the case of Sri Lanka, the Japanese study team put emphasis on the participation of stakeholders. Specifically, the counterpart independently organized weekly meetings and working groups within the structure of the Ministry of Health in their own realms. Most of the staffs at the position of directors or higher were involved in elaborating the work of the master plan. In addition, a review panel consisting of university members, research institute staff and OBs of the ministry commented on the draft of the master plan. Regional stakeholder meetings as well as seminars were frequently held to discuss the master plan in progress. Those undertakings also gave an opportunity to the follow up of the study.

During the DS of Uzbekistan, the analysis of survey results and the discussion for the formulation of master plan were implemented in workshops with specific minor groups composing of members who were from not only the central government but also the local governments, international organizations and NGOs et al. The introduction of such workshops with diverse members could be a major characteristic of a DS study.

The principle of a Japanese DS implies versatile utilization of a master plan and does not particular assume the executing body in the materialization of a proposed program/project. However, a partner country is generally more interested in whether or not the consequences of DS could lead to the implementation of the proposed programs/projects. Therefore, the Japanese side should unveil the definition of the so-called “batting average”. In other words, they should clarify the ultimate goal of the Japanese DS; by indicating whether the proposed programs/projects by the Japanese parties or other donors including international organizations would be implemented or whether the DS is only restricted to the master plan study itself. Second thought has to be given during the processing of a DS and during coordination with the donors in order to find an optimal way.

At the moment, the accomplishment of a DS cannot be

easily evaluated due to a lack of an established evaluation index. Therefore, it is necessary to crystallize an index with two possible viewpoints: an evaluation of the contract on the actual implementation of a study and an evaluation of the extent a master plan can be realized several years after a DS. The latter should include how a master plan is exploited and materialized. These evaluations should be conducted by not only an internal body, JICA, but also by one or several other third parties.

Throughout the current research project, improved quality of DS in the health sectors is definitely recognized, especially in terms of technology transfer and the development of national ownership. Meanwhile, JICA performed structural reform and reorganized the former principal assistant team system to five subject departments, namely, human development department, global environment department, rural development department and economic development department. This reorganization allowed a single department to take charge of a particular subject regardless of the different modalities for implementation. In addition, JICA defined “program approach” as an aggregate of activities and policies leading to the comprehensive and coordinated planning and implementation of activities under the ownership of the partner government. In the program approach, a variety of modalities, each having different advantages and disadvantages, were made available to meet the different development needs in different countries and sectors. It is expected that projects integrated in the overall coordination framework would contribute more effectively to the objectives of the overall program. At present, DS is being actively utilized under such programs and some DS with clear and designated objectives have already been carried out. It is expected that such trend will be happening in the health sectors soon. With that, it is necessary to prioritize research projects in terms of developing methods of analysis for health policies and health planning as well as developing various study methods based on the program approach.

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