

## Original Article

# Social work in international health and medical assistance

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### Summary

Welfare issues such as the poor, children, women, and the handicapped are dealt with in the field of development assistance. Few studies, however, have discussed development assistance from a social work point of view. This study analyzes the social work aspects of development assistance through a review of 60 health projects completed by the Japan International Cooperation Agency between 2000 and 2006. Although the term "social work" is ambiguous, several projects with diverse themes included what could be called social work. Projects conducted three types of activities: that for a target population of social works; that for the general population, which included its target population; and that not for a specific target population. Project interventions included both micro-level interventions and system development. There are several possible reasons why only a few projects included social work: 1) social work has a lower priority in development assistance than other areas such as health do, and 2) there are few relevant specialists who can handle a wide range of social work interventions.

Donor agencies are gradually focusing more on social work aspects in their projects. Since social work will likely become a greater necessity in the field of development assistance for developing countries in the near future, donor nations and agencies will need to be prepared more adequately to respond to social work needs.

**Keywords:** Social work, Social welfare, Development assistance, Developing countries, Health

### 1. Introduction

In recent years, social welfare has become an aspect of development assistance studies. At the Lyon Summit focusing on social welfare, Prime Minister Hashimoto of Japan announced the Initiative for a Caring World (1). In 1996, the East Asian Ministerial Meeting on Caring Societies was held in Okinawa (2,3). Following these initiatives, Japan launched the Community Empowerment Program as a part of its social welfare aid (4). This trend has also appeared in other aid agencies such as the World Bank and Asian Development Bank (5). Since 1996, the World Bank has increased investment in the social welfare sector (5).

According to the National Association of Social

Workers in the United States (6), social welfare is defined as "a nation's system of programs, benefits, and services that help people meet those social, economic, educational, and health needs that are fundamental to the maintenance of society." This social welfare framework encompasses the poor (7-11), child care (7,12), child abuse (13), child trafficking (14), street children (5,15), widows (7), unsafe abortion (16), victims of sexual violence (17) and domestic violence (18), the elderly (5,7,19-21), the handicapped (7,22), the homeless, people living with HIV/AIDS and their families (23,24), disaster survivors (25), immigrants, refugees (26), minorities, alcoholics (27), and drug addicts. There are welfare laws (7,28) dealing with these issues, and public welfare programs exist to provide a wide range of services (22).

Social work, which is defined as "the professional activities of helping individuals, groups, or communities to enhance or restore their capacity for social functioning and to create societal conditions favorable to their goals" (1), can play an important role

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in the social welfare system for such people (23).

In the field of development assistance, however, the issues affecting such people are considered to fall under social work but instead fall under health, insurance, labor, disabilities, education, gender, district health system development, refugee-related issues, *etc.* (5,29). As in developed countries, furthermore, social work services do not cover all of the groups previously listed.

Here, the population which social work targets will be referred to as the "target population." All 60 JICA technical cooperation projects on health that were conducted by the Japan International Cooperation Agency (JICA) and completed between 2000 and 2006 were reviewed (see Table 1) (30-89) in order to analyze the social work aspects of these projects in the context of development assistance.

## 2. Scope of social work

### 2.1. Historical changes in the role of social work

In the past, development assistance has not been discussed from the point of view of social work or social welfare. Perhaps one reason for this is because the terms "social welfare" (5) and "social work" are ambiguous. For instance, distinguishing social welfare activities from other regular human services is sometimes difficult. That is, regular human services such as library services, consumer protection, and firefighting are not recognized as social welfare services, and the term "human services" is broader than what is encompassed by social welfare programs. In this ambiguous framework of social welfare, the meaning of the term "social work" is also unclear.

Another reason for this ambiguity is that the issues which social work deals with and its interventions have changed gradually over time in response to historical changes in social needs. In the early 1800s, the target population was the poor, and in the United States and other developed countries interventions focused more on physical needs, such as food and shelter. Later, the target population broadened to include the unemployed, the sick, the physically and mentally handicapped, and orphans. This led to interventions in the form of social casework and family counseling. Later still, community organization and social planning approaches were introduced to deal with social problems (6). Consequently, the target population has changed over time since "there is a tendency to use the term 'human services' for what in the past has been called 'social welfare'" (6,22). Today, therefore, the target population differs from country to country (28).

### 2.2. Population approach to social work

Should activities such as primary health care and

mobile clinics for remote areas in developing countries be considered social work or regular human services? JICA classifies primary health care as one activity to reduce regional disparities and poverty in some of its projects (in Zambia, Nicaragua, China, *etc.*). Ullin has also noted that primary health care requires a greater team approach, integrating nutrition, agriculture, social work, education, and other fields (90). In reality, many people in remote areas of developing countries live in poor and precarious living conditions and have limited access to human services. This means that there are needs to which social work services should respond in developing countries, although these may be covered by regular human services in developed countries. In this paper, primary health care and health promotion activities, including community participation approaches, are classified as activities for the general population, which includes the target population, whether they include social work or not. This is since the Ottawa Charter (91) states that "health promotion is not just the responsibility of the health sector but goes beyond healthy life-styles to well-being."

## 3. Classification of "social work"

### 3.1. Classification of the "target population"

A target population can be classified into three types: "individuals," "families," and "population segments."

1) An individual target population includes persons who are not necessarily related but who are suffering from a similar problem, such as a disability, homelessness, or domestic violence. Examples of work targeting an individual population are domestic violence counseling (Honduras) and mass health examinations for radiation victims (Kazakhstan).

2) A family target population includes persons suffering from difficulties as a family, such as broken or bereaved families and the poor. Examples of work targeting a family target population are user fee exemptions for the poor (Cambodia), X-ray diagnostic service for the poor (Dominican Republic), and support for AIDS widows (Thailand).

3) A population segment target population includes certain population segments (race/ethnicity, sex, geography, *etc.*) suffering from difficulties such as discrimination. An example of work targeting a population segment is income generation for women (Jordan).

Although this study covered all three types of target populations, the most common interventions were for a population segment (two projects targeted an individual population, five targeted families, and 18 targeted a population segment).

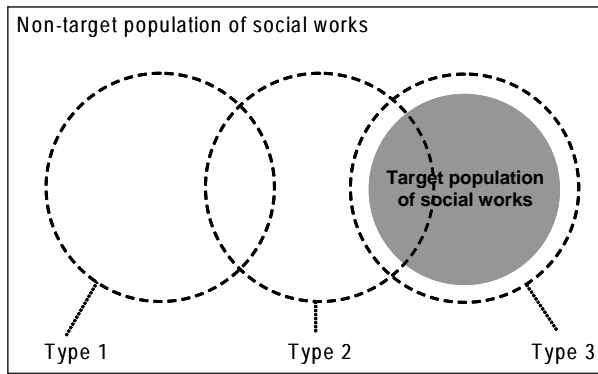


Figure 1. Project activities for the target population of social works.

3.2. Classification of project activities and projects

1) Project activity classification by target population: There are three types of project activities from a social work point of view (Figure 1).

- Type 1: Those that do not target a target population,
- Type 2: Those for the general population, which includes a target population,
- Type 3: Those that target a target population.

Type 1 activities included upgrading a clinical laboratory, Type 2 activities included primary health care activities for people living in rural areas, including the poor, and Type 3 activities included domestic violence counseling training, establishing counseling systems, and setting up a user free exemption system for the poor.

2) Project Classification: Based on the types of project activities, the projects themselves can be classified into the following three categories.

- Category 1: Projects with only Type 1 activities,
- Category 2: Projects with Type 2 activities and possibly including Type 1 activities,
- Category 3: Projects with Type 3 activities and possibly including activities of other Types.

Table 1 shows the classification of each project. Out of 60 projects, there were 35 Category 1 projects (59%), 17 Category 2 projects (28%), and eight Category 3 projects (13%) indicating that only a small number of projects involved social work targeting a specific population.

In addition, the study results show that Category 3 project themes are diverse, covering areas from improving maternal and child health and enhancing district health systems to controlling infectious diseases, indicating that many projects can be considered to include social work components regardless of the project theme.

3.3. Classification of interventions

Here, project activities are classified as either micro-level intervention, such as case work, case management, group work, group therapy, and family therapy, and system development or policy-making. Social work interventions in the form of both micro-level interventions and system development or policy-making were observed in health-related development assistance projects. The activities in Category 3 included activities for case work services for individual clients, such as technical training for counseling in Honduras and Jordan and the provision of X-ray diagnostic services in the Dominican Republic, and activities for system development, such as creating a user free exemption system for the poor in Cambodia. The Honduras project covered both case work services and system development for counseling services.

Different levels of assistance activities are therefore necessary for developing countries since no special national social work or social welfare system usually exists nor are there official social workers in these countries (5). Therefore, the system development approach appears useful. In this context, UNICEF has recently conducted special seminars in Myanmar to train social workers and to help improve social work proficiency and establish a social work system (92). The current findings also show that there are several project activities relating to development of the social welfare system rather than micro-level interventions in Category 3 projects. This indicates that policy-making and system development related to social work are likely to become more important in developing countries in the near future.

4. Importance of social work

Japan has conducted several projects to establish social welfare systems for the elderly and for street children and to develop national insurance systems in developing countries, although, as with other donor nations, it has supported only a handful of aid projects focusing on social work (5). There may be several possible reasons for this. First, social work has a lower priority in development assistance than do other areas such as health. In other words, disease mortality and morbidity are greater concerns in developing countries than quality of life, which social work focuses on. That said, several facts are clear: the problem of poverty is related to health (93-95), and the issue of the elderly will become more pressing in developing countries in the near future (20,96). Consequently, social work as part of international health assistance will receive greater attention.

Second, there are very few relevant specialists. Japan, for instance, has dispatched several policy-making advisors and Japan Overseas Cooperation

Table 1. Project list

Year of end	Country name	Project name	Project theme	Social work related interventions	Category	Level of target group
1 2000	Costa Rica	The project for early detection of gastric cancer	Clinical	Mass screening	2	Population segment
2 2000	Brazil	The public health development project for the north-east Brazil in Pernambuco	PHC	Training of primary health workers	2	Population segment
3 2000	Zambia	The infectious diseases control project in Zambia	Infectious diseases	None	1	NA
4 2000	Jordan	The project on family planning and women in development in the Hashemite Kingdom of Jordan	MCH/Repro	Counselling for FP, income generation	3	Population segment
5 2000	Vietnam	Reproductive health project in Nghe an province	MCH/Repro	Mobile team, community participation	2	Population segment
6 2000	Indonesia	The project for upgrading the emergency medical care system of The Dr.Soetomo Hospital	Hospital	None	1	NA
7 2000	China	The clinical medical education project for China-Japan medical education center	Education	None	1	NA
8 2000	Cambodia	The maternal and child health project, Phase I	MCH/Repro	Exemption of user fees for the poor	3	Family
9 2000	Thailand	The development for Trauma Center Complex project	Hospital	None	1	NA
10 2001	Pakistan	The maternal and child health project	MCH/Repro	Pictorial manual for the illiterate	2	Population segment
11 2001	Philippines	The project of the Prevention and Control of AIDS	Infectious diseases	None	1	NA
12 2001	Sri Lanka	The project for nursing education	Education	None	1	NA
13 2001	Kenya	The reserch and control of infectious diseases project, Phase II	Infectious diseases	None	1	NA
14 2001	Zimbabwe	The infectious disease control project	Infectious diseases	None	1	NA
15 2001	Brazil	The maternal and child health improvement project in north-east Brazil	MCH/Repro	Humanization of child delivery, dispatched WID specialist	2	Population segment
16 2001	Tanzania	The follow-up programme of the maternal and child health services project	MCH/Repro	Usage of TBA for remote areas	2	Population segment
17 2001	Laos	The pediatric infectious disease prevention project	Infectious diseases	None	1	NA
18 2001	Sri Lanka	In-country training course in medical equipment maintenance and troubleshooting	Med. equipment maintenance	None	1	NA
19 2002	Zambia	Primary health care project in Lusaka Urban district	PHC	Community participation in urban slum	2	Population segment
20 2002	Brazil	The clinical research project in the State University of Campinas in Brazil	Clinical	None	1	NA
21 2002	El Salvador	The fortification of nursing education project	Education	None	1	NA
22 2002	Ghana	The maternal and child health care in-service training system project	MCH/Repro	None	1	NA
23 2002	Turkey	The infectious disease control project	Infectious diseases	None	1	NA
24 2002	Egypt	The pediatric emergency care project	MCH/Repro	None	1	NA
25 2002	Mongolia	The maternal and child health project	MCH/Repro	Promotion of iodized salt to prevent mental retardation	2	Population segment
26 2002	Philippines	Tuberculosis control project	Infectious diseases	None	1	NA
27 2002	Philippines	The project for family planning and the maternal and child health, Phase II	MCH/Repro	PHC, community participation to protect women	2	Population segment
28 2002	Indonesia	The improvement of district health services in South Sulawesi	District health	None	1	NA
29 2003	Jamaica	The project on strengthening of health care in the southern region	District health	Mobile clinic	2	Population segment

( to be continued )

Table 1. Project list (continued)

Year of end	Country name	Project name	Project theme	Social work related interventions	Category	Level of target group
30	Kenya	The Kenya Medical Training College project	Education	None	1	NA
31	Ghana	The infectious diseases project at the Noguchi Memorial Institute for Medical Research	Infectious diseases (Laboratory)	None	1	NA
32	Philippines	Tuberculosis control project	Infectious diseases	None	1	NA
33	Thailand	The project for model development of comprehensive HIV/AIDS prevention and care	Infectious diseases	Promotion of district activities	2	Population group
34	Sri Lanka	The project for improvement of the faculty of dental sciences, University of Peradeniya	Education	None	1	NA
35	Indonesia	The ensuring the quality of MCH services through MCH handbook project	MCH/Repro	None	1	NA
36	Yemen	Tuberculosis control project, Phase III	Infectious diseases	Modified DOTS for remote areas	2	Population segment
37	Bangladesh	The project of human resources development in reproductive health	MCH/Repro	None	1	NA
38	Cambodia	Tuberculosis control project	Infectious diseases	None	1	NA
39	Thailand	The project for strengthening of national institute of health capabilities for research and development on AIDS and emerging infectious diseases	Infectious diseases	None	1	NA
40	India	The project for prevention of emerging diarrhoeal diseases	Infectious diseases	None	1	NA
41	Mexico	Reproductive Health Project	MCH/Repro	None	1	NA
42	Nicaragua	The project for strengthening of the local system of integral health care (SILAIS) of Granada	District health	Community participation, health promotion	2	Population segment
43	Dominican Republic	Medical education and training project	Education	X-ray diagnosis services for the poor	3	Family
44	Ethiopia	Laboratory support for Polio Eradication (LAST POLIO) project	Infectious diseases (Laboratory)	None	1	NA
45	Tunisia	The project for strengthening of reproductive health education	MCH/Repro	None	1	NA
46	Laos	The project for the improvement of Sethathirath Hospital	Hospital	None	1	NA
47	Madagascar	The project for the improvement of Mahajanga University Hospital in the Republic of Madagascar	Hospital	Forming worker groups for exemption of user fees for the poor	3	Family
48	Cambodia	The Maternal and Child Health Project, Phase II	MCH/Repro	Exemption of user fees for the poor	3	Family
49	Kazakhstan	The project for the improvement of health care services in the Semipalatinsk region	District health	Mass health examination for victims of radiation	3	Individual
50	The Republic of Honduras	The reproductive health project in the Health Region Seven	District health (MCH/Repro)	Counselling for DV	3	Individual
51	The Republic of Guatemala	The project on Chagas disease vector control	Infectious diseases	None	1	NA
52	China	Anhui primary health care technical training center project	PHC	PHC for the poor	2	Population segment
53	Thailand	The project for the Asian center of international parasite control	Infectious diseases	None	1	NA
54	Myanmar	The project for primary health care for mothers and children in Myanmar	MCH/Repro	Nutrition and food program	2	Population segment
55	Vietnam	Bach Mai Hospital project for functional enhancement	Hospital	None	1	NA
56	China	The expanded program on immunization strengthening project	Infectious diseases	None	1	NA
57	Zambia	Cross border initiative project	Infectious diseases	Peer educator, drop-in center	3	Population segment
58	Zambia	HIV/AIDS and tuberculosis control project	Infectious diseases	None	1	NA
59	Thailand	The project for strengthening of national institute of health capabilities for research and development on AIDS and emerging infectious diseases	Infectious diseases	Support for AIDS widows	3	Family
60	Bolivia	The project for strengthening Regional health network for Santa Cruz Prefecture in the Republic of Bolivia	District health	Health promotion for remote areas	2	Population segment

Volunteers in the field of the elderly and street children (5), although few specialists on social work have been dispatched as members of missions to evaluate health projects. The current findings suggest that various aspects of social work, from case work and community organization to system development and policy-making, are required in developing countries. Experienced generalists in social work can assist with those aspects (6). In Japan, few experts in social work have received such specialized training (5). While donor agencies may recognize the necessity of social work in projects, such specialized training and education still needs to be fostered in Japan.

## 5. Conclusion

This study shows that social work is already being implemented in various ways, although the amount of this work appears inadequate. Since the importance of social work in development assistance in developing countries is likely to increase in the near future, donor nations and agencies will have to prepare themselves more adequately to respond to social work needs.

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## References

- Ministry of Foreign Affairs. Lyon Summit Information: Press Conference by Prime Minister Ryutaro Hashimoto. MOFA, 1996. [http://www.mofa.go.jp/policy/economy/summit/1996/pm\\_629.html#3](http://www.mofa.go.jp/policy/economy/summit/1996/pm_629.html#3), (accessed July 19, 2008).
- Ministry of Foreign Affairs. The Denver Summit of the Eight Japan's Initiatives. MOFA, 1997. (<http://www.mofa.go.jp/policy/economy/summit/1997/initiatives.html#1> (accessed July 19, 2008).
- Opening remarks by Prime Minister Ryutaro Hashimoto for East Asian Ministerial Meeting on Caring Societies in Okinawa. 1996. <http://www.kantei.go.jp/jp/hashimotosouri/speech/1996/shakaihosyo-1209.html>, (in Japanese) (accessed July 19, 2008).
- Wakisaka N. Policy evaluation of development assistance to NGOs in developing countries –from the experience in Cambodia and Indonesia–. JICA, Tokyo, Japan, 2000. (in Japanese)
- JICA. Topical and Sectoral Studies: Social Security. JICA, Tokyo, Japan, 2006. (in Japanese)
- Zastrow C. Introduction of Social Work and Social Welfare (5th edition). Brooks/Cole Publishing Company., Washington, USA, 1993.
- The Ministry of Health, Labour and Welfare. Social Welfare Law (Shakai Fukushi Hou). The Ministry of Health, Labour and Welfare. (in Japanese) <http://law.e-gov.go.jp/htmldata/S26/S26HOo45.html> (accessed March 6, 2008).
- Thompson JE. Poverty, development, and women: why should se care? J Obstet Gynecol Neonatal Nurs 2007; 36:523-530.
- Sicchia SR, Maclean H. Globalization, poverty and women's health: mapping the connections. Can J Public Health 2006; 97:69-71.
- Griffin DC. Welfare gains from user charges for government health services. Health Policy Plan 1992; 7:177-180.
- Akashi H, Yamada T, Eng H, Koum K, Sugimoto T. User fees at a public hospital in Cambodia: effects on hospital performance and provider attitude. Soc Sci Med 2004; 58:553-564.
- Bhana A, Haffejee N. Relating among measures of burnout, job satisfaction, and role dynamics for sample of South African childcare social workers. Psychol Rep 1996; 79:431-434.
- Segal UA. Child abuse in India: an empirical report on perceptions. Child Abuse Negl 1992; 16:887-908.
- Press center. Child trafficking requires action in Lao PDR. UNICEF. 2004. [http://www.unicef.org/media/media\\_23871.html](http://www.unicef.org/media/media_23871.html) (accessed March 6, 2008).
- UNICEF Turkey. Making a difference for children: Street children. UNICEF. 2008. <http://www.unicef.org/turkey/dn/cp8.html> (accessed March 6, 2008).
- Mckay H, Hartley B. How can you combat unsafe abortion? Practical approaches in action. Plan Parent Chall 1993; 1:43-46.
- UNDP. UNDP concerned about reports of sexual violence in Kenya. UNDP. 2008. <http://content.undp.org/go/newsroom/2008/january/undp-concerned-sbout-reorts-of-sexual-violence-in-kenya>. (accessed March 6, 2008).
- Dhakal S. Nepalese women under the shadow of domestic violence. Lancet 2008; 371:547-548.
- Chong AM. Promoting the psychosocial health of elderly-the role of social workers. Soc Work Health Care 2007; 44:91-109.
- Troisi J. Training to provide healthy rural aging. J Rural Health 2001; 17:336-340.
- Editorial. The coming crisis of long-term care. Lancet 2003; 361:1755.
- Ginsberg LH. The practice of social work in public welfare. The Free Press, A Division of Macmillan Publishing Co., Inc. New York, 1983.
- Hall N. We are don't we? Social workers, the profession and HIV/AIDS. Soc Work Health Care 2007; 44:55-72.
- Bastardo YM, Kimberlin CL. Relationship between quality of life, social support and disease-related factors in HIV-infected persons in Venezuela. AIDS Care 2000; 12:673-684.
- Becker SM. Psychosocial care for adult and child survivors of the 2004 tsunami disaster in India. Am J Public Health 2006; 96:1397-1398.
- Ager A, Ager W, Long L. The differential experience of Mozambican refugee women and men. J Refug Stud 1995; 8:265-287.
- Maypole DE. Alcohol control, issue in taxing, production, and distribution. Int J Addict 1991; 26:1013-1018.
- Nakamura Y, Abe S, Ichibangase Y. (edited). Global Social Welfare Yearbook 2002. Junposha, Tokyo, 2002. (in Japanese)
- JICA. Social security. JICA, Tokyo, Japan. [http://www.jica.go.jp/infosite/issues/social\\_sec/index.html](http://www.jica.go.jp/infosite/issues/social_sec/index.html) (in Japanese) (accessed July 19, 2008).
- Japanese evaluation team and authority concerned of the government of the Republic of Costa Rica. The Joint evaluation report on the technical cooperation for the

- project for early detection of gastric cancer. JICA, Tokyo, Japan, 2000. (in Japanese)
31. Japanese advisory team and authorities concerned of the government of the Federative Republic of Brazil. Saúde Pública no Nordeste: A Experiência de Pernambuco. JICA, Tokyo, Japan, 1999. (in Japanese)
  32. Japanese Evaluation team and authorities concerned of the government of the Republic of Zambia. The Joint evaluation report on the technical cooperation for the infectious diseases control project in Zambia. Tokyo, Japan, 1999. (in Japanese)
  33. Japanese evaluation team and authorities concern of the Hashemite Kingdom of Jordan. The Joint evaluation report on the technical cooperation for the project on family planning and women in development in the Hashemite Kingdom of Jordan. JICA, Tokyo, Japan, 1999. (in Japanese)
  34. Japanese evaluation team and Nghe an province people's committee. Joint evaluation report on reproductive health project in Nghe an province in the Socialist Republic of Vietnam. JICA, Tokyo, Japan, 1999. (in Japanese)
  35. Japanese implementation survey team and authorities concerned of the government of the Republic of Indonesia. Joint evaluation report on the technical cooperation for the project for upgrading the emergency medical care system of The Dr. Soetomo Hospital. JICA, Tokyo, Japan, 1999. (in Japanese)
  36. Japanese project evaluation team. The joint evaluation report on the technical cooperation for the clinical medical education project for China-Japan Medical Education Center. JICA, Tokyo, Japan, 2000. (in Japanese)
  37. Japanese evaluation team and authorities concerned of the Kingdom of Cambodia. The joint evaluation report on the technical cooperation for the project the maternal and child health project, Phase I. JICA, Tokyo, Japan, 1999. (in Japanese)
  38. Japanese evaluation team and authorities of the Kingdom of Thailand. The joint evaluation report on the technical cooperation for the project for the development for Trauma Center Complex project. JICA, Tokyo, Japan, 1999. (in Japanese)
  39. Evaluation team and relevant authorities of the Islamic Republic of Pakistan. The joint evaluation report on the technical cooperation for the maternal and child health project. JICA, Tokyo, Japan, 2001. (in Japanese)
  40. Japanese final evaluation team and authorities concerned of the government of the Republic of the Philippines. The joint evaluation report on the technical cooperation for the project of the prevention and control of AIDS. JICA, Tokyo, Japan, 2000. (in Japanese)
  41. Japanese evaluation mission and government authorities in the Domestic Socialist Republic of Sri Lanka. The joint evaluation report on the technical cooperation for the project for nursing education JICA, Tokyo, Japan, 2001. (in Japanese)
  42. Japanese evaluation team and authorities concerned of the government of the Republic of Kenya. The joint evaluation report on the technical cooperation for the research and control of infectious diseases project, Phase II. JICA, Tokyo, Japan, 2000. (in Japanese)
  43. Japanese evaluation team and authorities concerned of the Republic of Zimbabwe. The joint evaluation report on the technical cooperation for the infectious disease control project. JICA, Tokyo, Japan, 2001. (in Japanese)
  44. Japanese evaluation team and authorities concerned of the government of the Federative Republic of Brazil. Joint evaluation report on the technical cooperation for the maternal and child health improvement project in north-east Brazil. JICA, Tokyo, Japan, 2001. (in Japanese)
  45. Japanese evaluation team and authorities concerned of the government of the United Republic of Tanzania. The joint evaluation report on the technical cooperation for the follow-up programme of the maternal and child health services project. JICA, Tokyo, Japan, 2001. (in Japanese)
  46. JICA and Ministry of Health Lao People's Democratic Republic. Joint evaluation report on the technical cooperation for the MOH-JICA pediatric infectious disease prevention project in Loa People's Democratic Republic. JICA, Tokyo, Japan, 2001. (in Japanese)
  47. Japanese project evaluation team. Summary report of terminal evaluation for Medical equipment maintenance and troubleshooting project in Sri Lanka. JICA, Tokyo, Japan, 2001.
  48. Japanese project evaluation team and authority in the Republic of Zambia, Joint evaluation report on the technical cooperation for Lusaka district primary health care project. JICA, Tokyo, Japan, 2001. (in Japanese)
  49. Japanese evaluation team and authorities concerned of the government of the Federative Republic of Brazil. Joint evaluation report on the technical cooperation for the clinical research project in the State University of Campinas in Brazil. JICA, Tokyo, Japan, 2001. (in Japanese)
  50. Japanese project evaluation team and authority of the government of the Republic of El Salvador. Joint evaluation report on the technical cooperation for the fortification of nursing education project. JICA, Tokyo, Japan, 2002. (in Japanese)
  51. Japanese project evaluation team and authority concerned of the government of the Republic of Ghana. Joint evaluation report on the technical cooperation for The maternal and child health care in-service training system project. JICA, Tokyo, Japan, 2001. (in Japanese)
  52. Japanese project evaluation team and authority concerned of the government of the Republic of Turkey. Joint evaluation report on the technical cooperation for the infectious disease control project in the Republic of Turkey. JICA, Tokyo, Japan, 2002. (in Japanese)
  53. Japanese project evaluation team and authority concerned of the government of the Arab Republic of Egypt. Joint evaluation report on the technical cooperation for the pediatric emergency care project. JICA, Tokyo, Japan, 2002. (in Japanese)
  54. Japanese project evaluation team and authority concerned of the government of Mongolia. Joint evaluation report on the technical cooperation for maternal and child health project. JICA, Tokyo, Japan, 2002. (in Japanese)
  55. Japanese project evaluation team and authority concerned of the government of the Republic of the Philippines. Joint evaluation report on the technical cooperation for tuberculosis control project. JICA, Tokyo, Japan, 2002. (in Japanese)
  56. Japanese project evaluation team and authority concerned of the government of the Public of the Philippines. Joint evaluation report on the technical cooperation for phase II of the family planning and the maternal and child health project. JICA, Tokyo, Japan, 2001. (in Japanese)
  57. Japanese project evaluation team and authority concerned of the government of the Republic of Indonesia. Joint evaluation report on the technical cooperation project

- for the improvement of district health services in South Sulawesi. JICA, Tokyo, Japan, 2001. (in Japanese)
58. Japanese project evaluation team and authority concerned of the government of Jamaica. Joint evaluation report on the technical cooperation for the project on strengthening of health care in the southern region. JICA, Tokyo, Japan, 2003. (in Japanese)
  59. Japanese project evaluation team and authority concerned of the government of the Republic of Kenya. Joint evaluation report on the technical cooperation for the Kenya Medical Training College project. JICA, Tokyo, Japan, 2002. (in Japanese)
  60. Japanese project evaluation team and authority concerned of the government of the Republic of Ghana. Joint evaluation report on the technical cooperation project for the infectious diseases project at the Noguchi Memorial Institute for Medical Research in the Republic of Ghana. JICA, Tokyo, Japan, 2003. (in Japanese)
  61. Japanese project evaluation team and authority concerned of the government of the Republic of the Philippines. Joint evaluation report on the technical cooperation for tuberculosis control project. JICA, Tokyo, Japan, 2002. (in Japanese)
  62. Japanese project evaluation team and authority concerned of the government of the Kingdom of Thailand. Joint evaluation report on the technical cooperation for the project for model development of comprehensive HIV/AIDS prevention and care. JICA, Tokyo, Japan, 2002. (in Japanese)
  63. Japanese project evaluation team and authority concerned of the government of the Domestic Socialist Republic of Sri Lanka. Joint evaluation report on the technical cooperation for the project for dental education at the University of Peradeniya. JICA, Tokyo, Japan, 2002. (in Japanese)
  64. JICA and Ministry of Health of the Republic of Indonesia. Final evaluation report on the technical cooperation for the ensuring the quality of MCH services through MCH handbook project. JICA, Tokyo, Japan, 2003. (in Japanese)
  65. Japanese project evaluation team and authority concerned of the government of the Republic of Yemen. Joint evaluation report on the Japanese technical cooperation for tuberculosis control project (Phase III). JICA, Tokyo, Japan, 2004. (in Japanese)
  66. JICA. Discussion report for Terminal evaluation mission on the technical cooperation for the project of human resources development in reproductive health in Bangladesh. JICA, Tokyo, Japan, 2004. (in Japanese)
  67. Japanese mid-term evaluation team and authorities concerned of the government of the Kingdom of Cambodia. Mid-term joint report on the Japanese technical cooperation for tuberculosis control project. JICA, Tokyo, Japan, 2002. (in Japanese)
  68. Japanese final evaluation team and authority concerned of the government of the Kingdom of Thailand. Joint evaluation report on the Japanese technical cooperation for the project for strengthening of National Institute of Health capabilities for research and development on AIDS and emerging infectious diseases. JICA, Tokyo, Japan, 2003. (in Japanese)
  69. Japanese final evaluation team and authority concerned of the government of the India. Joint evaluation report on the Japanese technical cooperation for the project for prevention of emerging diarrheal diseases. JICA, Tokyo, Japan, 2003. (in Japanese)
  70. Japanese final evaluation team and authority concerned of the government of the United Mexican States. Joint evaluation report on the Japanese technical cooperation for reproductive health project. JICA, Tokyo, Japan, 2004. (in Japanese)
  71. Japanese final evaluation team and authority concerned of the government of the Republic of Nicaragua. Joint evaluation report on the Japanese technical cooperation for the project for strengthening of the local system of integral health care (SILAIS) of Granada. JICA, Tokyo, Japan, 2004. (in Japanese)
  72. Japanese final evaluation team and authority concerned of the government of the Dominican Republic. Joint evaluation report on the Japanese technical cooperation for medical education and training project. JICA, Tokyo, Japan, 2004. (in Japanese)
  73. Japanese final evaluation team and authority concerned of the government of the Republic of Ethiopia. Joint evaluation report on the Japanese technical cooperation for laboratory support for polio eradication (LAST POLIO) project. JICA, Tokyo, Japan, 2004. (in Japanese)
  74. Japanese final evaluation team and authority concerned of the government of the Republic of Tunisia. Joint evaluation report on the Japanese technical cooperation for the project for strengthening of reproductive health education. JICA, Tokyo, Japan, 2004. (in Japanese)
  75. Japanese final evaluation team and authority concerned of the government of Lao People's Democratic Republic. Joint evaluation report on the Japanese technical cooperation for the project for the improvement of Sethathirath Hospital. JICA, Tokyo, Japan, 2004. (in Japanese)
  76. Japanese final evaluation team and authority concerned of the government of the Republic of Madagascar. Joint evaluation report on the Japanese technical cooperation for the project for the improvement of Mahajanga University Hospital in the Republic of Madagascar. JICA, Tokyo, Japan, 2003. (in Japanese)
  77. Japanese project evaluation team. Summary report of terminal evaluation for the maternal and child health project in Cambodia, Phase II. JICA, Tokyo, Japan, 2005. (in Japanese)
  78. Japanese final evaluation team and authority concerned of the government of the Republic of Kazakhstan. Joint evaluation report on the Japanese technical cooperation for the project for the improvement of health care services in the Semipalatinsk region. JICA, Tokyo, Japan, 2005. (in Japanese)
  79. Japanese project evaluation team. Joint evaluation report on the technical cooperation for the reproductive health project in the Health Region Seven in the Republic of Honduras. JICA, Tokyo, Japan, 2005. (in Japanese)
  80. Japanese international cooperation agency and Ministry of Health and social assistance of the Republic of Guatemala. Joint evaluation report on the Japanese technical cooperation for the project on Chagas disease vector control. JICA, Tokyo, Japan, 2005. (in Japanese)
  81. Japanese project evaluation team. Summary report of joint evaluation on the technical cooperation for Anhui Provincial Primary Health Care Technical Training Center project in China. JICA, Tokyo, Japan, 2005.
  82. Japanese final evaluation team and authority concerned of the government of the Kingdom of Thailand. Joint evaluation report on the Japanese technical cooperation for



- the project for the Asian Center of International Parasite Control. JICA, Tokyo, Japan, 2005. (in Japanese)
83. Japanese final evaluation team and authority concerned of the government of the Union of Myanmar. Joint evaluation report on the Japanese technical cooperation for the project for primary health care for mothers and children in Myanmar. JICA, Tokyo, Japan, 2005. (in Japanese)
  84. Japanese final evaluation team and authority concerned of the government of the Socialist Republic of Vietnam. Joint evaluation report on the Japanese technical cooperation for the project Bach Mai Hospital project for functional enhancement. JICA, Tokyo, Japan, 2004. (in Japanese)
  85. Japanese project evaluation team. Joint evaluation report on the technical cooperation for the Expanded Program on Immunization strengthening project in China. JICA, Tokyo, Japan, 2005.
  86. Corridors of hope project final evaluation report. JICA, Tokyo, Japan, 2006. (in Japanese)
  87. Japanese final evaluation team and authority concerned of the government of the Republic of Zambia. Joint evaluation report on the Japanese technical cooperation for HIV/AIDS and tuberculosis control project. JICA, Tokyo, Japan, 2005. (in Japanese)
  88. Japanese final evaluation team and authority concerned of the government of the Kingdom of Thailand. Joint evaluation report on the Japanese technical cooperation for the project for strengthening of National Institute of Health capacities for research and development on AIDS and emerging infectious diseases. JICA, Tokyo, Japan, 2003. (in Japanese)
  89. Japanese project evaluation team. Joint evaluation report on the technical cooperation for the project for strengthening regional health network for Santa Cruz prefecture in the Republic of Bolivia. JICA, Tokyo, Japan, 2006. (in Japanese)
  90. Ullin PR. Global collaboration in primary health care. *Nursing Outlook* 1989; 37:134-137.
  91. WHO. The Ottawa charter for health promotion. WHO. 1986. <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index.html> (accessed March 6, 2008).
  92. Media center. UNICEF Sponsors First National Seminar on Social Work. UNICEF. 2005. [http://www.unicef.org/myanmar/media\\_2749.html](http://www.unicef.org/myanmar/media_2749.html) (accessed March 6, 2008).
  93. UNDP. Human Development Report 1997: Poverty. 1997.
  94. OECD. DAC Guidelines and Reference Documents: Poverty and Health. 2003.
  95. OECD. Policy Brief. Poverty and Health in Developing Countries: Key Actions. 2003.
  96. UN. World Population Prospects: The 2006 Revision. 2006.

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