

### 1 30 years as a WCC

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#### Designation Re-designation History

Date of Designation: 13/May/1985  
Last Re-designation: 28/July/2013

#### Terms of Reference

> To assist the Health Service Development Unit (current Integrated Service Delivery Programme)/WPRO/WHO in assessing the impacts of health system strengthening and its coordination with disease-specific health programmes.  
> To provide technical consultancies on health system strengthening (HSS)



#### NCGM

**Hospitals**  
Center Hosp: 801 beds / Konodai Hosp: 435 beds

**Research Institute**  
Focusing mainly on basic bio-medical research

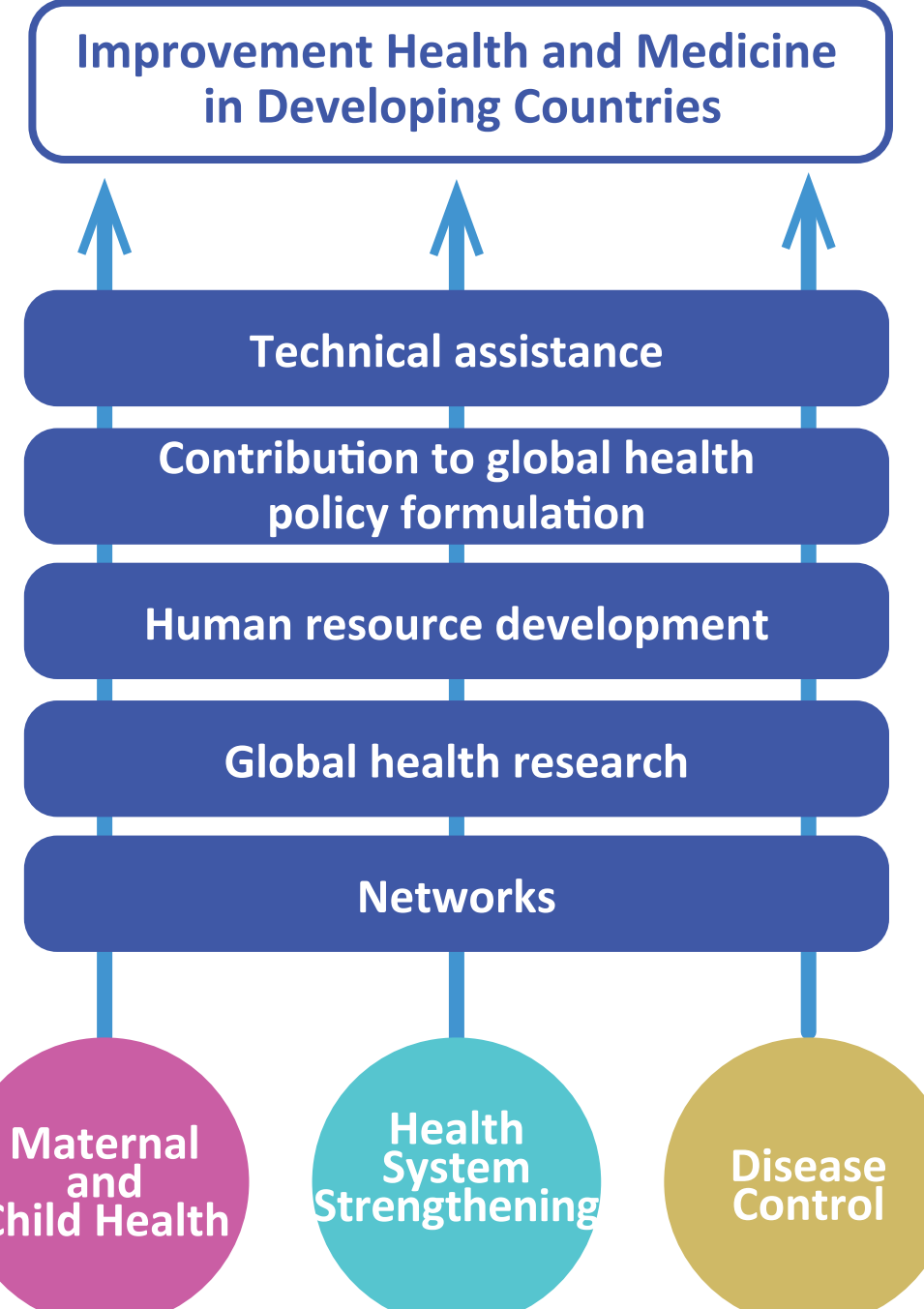
**College of Nursing**

**Bureau of International Medical Cooperation**

### 2 Mission and Key Technical Expertise

#### << Mission >>

Aim to realize a world where all people can lead equally healthy lives, the Bureau of International Medical Cooperation/NCGM supports developing countries to improve their health care using our expertise and contributes to healthier lives of Japanese people by bringing these experiences back to Japan.



### 3 Resources

#### << Stuffing >>

**52** technical staff  
(34 MDs, 2 Dentists, 14 RN/MWs, and 1 pharmacist, 1 labo technician)  
**5** administrative staff

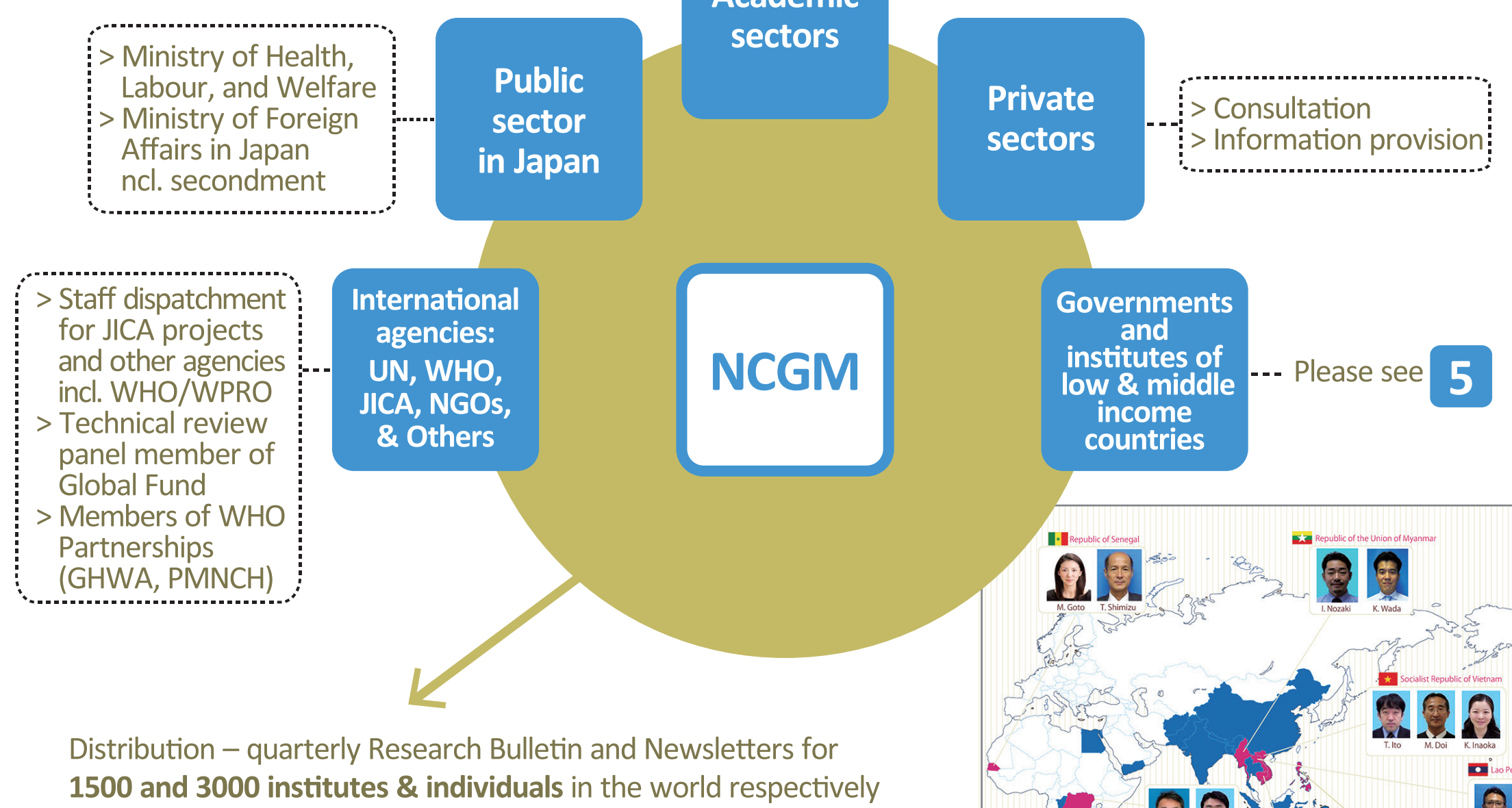
#### << Received research grant >>

> Grants for International Health Research from the Ministry of Health, Labour and Welfare, Japan  
> Approximately **2 million USD** per year

#### Core function of each of the six departments of the Bureau



### 4 Network (1)



### 5 Network – NCGM Collaboration Centers (2) - Institutes in low and middle income countries -

Around the world, NCGM has (1) six bilateral collaboration centers with cooperation agreements (MoUs) on technical assistance, research and human resource development, and (2) regional networks. Some examples in the WHO Western Pacific Region are as follows;

<p><b>Cambodia</b> National Maternal and Child Health Center, Phnom Penh</p>	<p><b>Lao PDR</b> Research collaboration with the Laos Pasteur Institute, Vientiane</p>	<p><b>Viet Nam</b> Cho Ray Hospital, Ho Chi Minh City</p>	<p><b>Viet Nam</b> NCGM-Bach Mai Hospital Medical Collaboration Center, Ha Noi City</p>	<p><b>Regional</b> &gt; WHO network for HIV in the Western Pacific Region &gt;The Network of Nursing and Midwifery in Southeast Asia</p>
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### 6 On-going Key Works [Current term 2013-2017]

<p><b>TOR 1: Assessing the impact of HSS and its coordination with disease-specific health programmes</b></p> <p>Research on interface between malaria control programmes and health systems was carried out</p> <p>Multi-country assessment of different health financing schemes aiming at UHC is on-going</p>	<p><b>TOR 2: Provide technical consultancies on HSS</b></p> <p>A study on financial sustainability associated with the introduction of new vaccines is on-going</p> <p>"The house-model" consisting of factors determining health human resources policies and systems was applied in some assessments</p>
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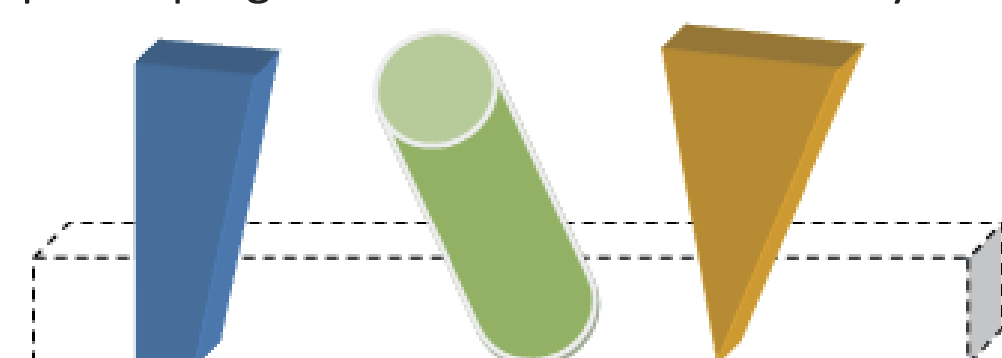
Deliverables submitted
<p>Assessment of health systems in relation to interface between malaria control programs and health system strengthening: Comparative study of Lao PDR, Nepal and Viet Nam October 2013</p>
<p>Health system strengthening and disease and target-specific programmes in Cambodia, Lao PDR, and Viet Nam: Towards better harmonization</p>

Available at: [www.ncgm.go.jp/kyokuhp/library/research\\_doc/index.html](http://www.ncgm.go.jp/kyokuhp/library/research_doc/index.html)

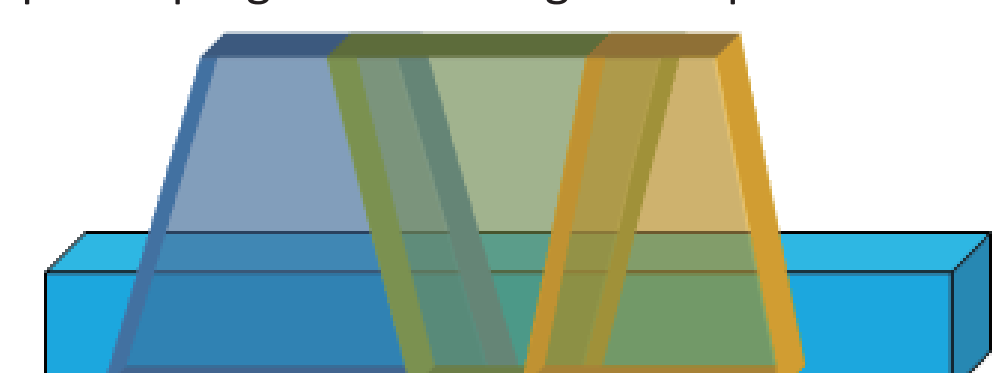
### 7 Key findings from the past and on-going collaboration with WHO

#### Different health programmes and HSS

Disease-specific programmes as dissociated sub-systems



Disease-specific programmes integrated upon a solid HS basis



- > Disease-specific and other health programmes are tuned to work in resource-poor environments, ensuring efficiency and service coverage.
- > However, scaling-up of disease-specific and other health programmes does not automatically lead to overall health system strengthening.
- > Sometimes a good practice to resolve system-wide bottle-necks creates another problem (e.g. debatable service staff quality under PBD).
- > Health systems could benefit from disease-specific and other health programmes: (1) Resource mobilisation; (2) Service delivery models; (3) Management/administrative capacity; (4) Capital investment (e.g. cold-chain, laboratory, etc.);(5) Drugs and other consumables logistics; and (6)Standardised training.

### 8 Conclusion



#### Care, Commitment and Communication for a Healthier World

As a core institution of Japan's international health cooperation, Bureau of International Medical Health/NCGM as a WCC is willing to continue to contribute

- > for WHO to fulfil its mission of helping Member States attain the highest possible health for their people
- > to strategic partnership towards Universal Health Coverage with stronger health systems through health systems research

#### Further info

English site:  
[www.ncgm.go.jp/kyokuhp/eng/index.html](http://www.ncgm.go.jp/kyokuhp/eng/index.html)  
Introduction movies on You tube:  
[www.youtube.com/user/informationimcj?feature=results\\_main](http://www.youtube.com/user/informationimcj?feature=results_main)  
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