

## Addressing Human Security in Japan's Foreign Policy Towards the Developing Countries

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### **Abstract**

*The main purpose of this research is to discuss about Japan's foreign policy taken in ODA and the decision to have its foreign aid shifted towards more humanitarian issues, such as human security. This research will attempt to answer the question: how does the shift in Japan's foreign aid influence the recipient countries in terms of Human Security? To measure such influence of policy, this research chose one of the elements in human security, which is health and selected six countries from Asia and Africa as the ODA's recipient regions. There will be two focuses in this research. First, explaining the reason and the influence of the shift in Japan's foreign policy to human security. Second, arguing the motivation behind the shift as well as Japan's actual priority.*

**Keywords:** *Japan's ODA, foreign policy, aid-giving, human security, health sector*

### **Abstrak**

*Tujuan utama dari riset ini adalah untuk mendiskusikan kebijakan luar negeri Jepang yang diambil dalam ODA dan keputusannya untuk mengalihkan bantuan luar negeri ke isu-isu kemanusiaan, seperti keamanan manusia. Riset ini akan mencoba untuk menjawab pertanyaan: bagaimana pengalihan bantuan luar negeri Jepang memengaruhi negara-negara penerima dalam lingkup keamanan manusia? Untuk mengukur pengaruh dari kebijakan tersebut, riset ini memilih salah satu dari elemen-elemen dalam keamanan manusia, yaitu kesehatan dan enam negara terpilih dari Asia dan Afrika sebagai kawasan-kawasan penerima ODA. Penelitian ini akan terfokus pada dua hal. Pertama, menjelaskan alasan dan pengaruh dari pergeseran kebijakan luar negeri Jepang terhadap keamanan manusia. Kedua, membuktikan motivasi dibalik pergeseran tersebut serta prioritas Jepang yang sebenarnya*

**Kata kunci:** *ODA Jepang, kebijakan luar negeri, pemberian bantuan, keamanan manusia, sektor kesehatan*

For years, one of the instruments in Japan's foreign policy to engage with the third world countries is by giving foreign aid to the developing countries, widely known as Official Development Assistance (ODA). It has been part of the pillars in the foreign policy of Japan since it joined the Colombo Plan in the 1950s, and launched the ODA charter. Based on the ODA charter, Japan's orientation in international politics used to be in the economic area, through the technical and economic cooperation with the developing countries (MoFA, 1994). Asia is the first area to receive the ODA, and has become the main focus of Japan's aid for its potential in the development and also the co-operation in economy with Japan which is connected to the economic-oriented foreign policy. In the 1990s decade, Asia has become the biggest aid recipient of Japan's ODA, of the total 51.8% came from Japan by 1994 (Drifte, 1998: 116).

However, as the international trends changed, the world's concern has widened into several more issues aside from economy. There is an urgent need for the international community, including Japan, to address new development challenges such as peace-building. As stated in Japan's ODA Charter, the world is dealing with a multiple concerns such as the gap between the rich and the poor; ethnic and religious conflicts; armed conflicts; terrorism; suppression of freedom, human rights; democracy; environmental problems; infectious diseases; and gender issues (MoFA, 2003: 1).

Regarding to these new challenges, as a part of the foreign policy, Japan attempted to keep up and decided to increase the aid to the other developing countries. Economy is no longer the only aspect that needs assistance and aid. Pressure has made Japan realized that it needs to rethink the priority on ODA. For instance, in 1985, the United States explicitly requested that Japan includes more grants in its aid portfolio and direct more aids to Africa, and UN policy that also called for increased aid to Africa (Wild et al., 2011: 16). Responding to the pressure about expanding aid to areas other than Asia, one of the earliest policies done by Japan about it is giving \$860 million aid Sub-Saharan Africa in 1992. Since then,

Japan soon becomes the fourth biggest ODA providers in Africa (Drifte, 1998: 117).

As the international trends changed, Japan then started to shift its foreign policy and add humanitarian issues, such as human security. The concept of human security introduces several values that are considered as very important in the contemporary politics. As the world started to change, the evolution of threats for humanity has considerably altered the understanding of insecurities. The livelihood of millions of people nowadays are being threatened not only by international war and internal conflicts, but also by poverty, climate-related disasters, organized crime, human trafficking, health pandemics, and sudden economic and financial downturns (UNTFHS, n.d.).

### **Human Security as an International Issue**

The term 'human security' is officially introduced by the United Nations through the Human Development Report launched by the United Nations Development Program in 1994. The report emphasized that security is no longer narrowly limited to national interest which focus in the construction of safeguards against the threat of nuclear holocaust and other military means. Instead, the threats to security now are widely included global poverty, AIDS, climate change, illegal migration, terrorism and other form of real and persistent threats that put the humanity in jeopardy. However, there are no global safeguards against these real risks of human security. Therefore, through the report, the UN urged the change of the concept of security in two basic ways: *first*, from an exclusive emphasis on territorial security to a much greater importance on security of people, and *second*, from security through armaments to security through sustainable human development (UNDP HDR, 1994: 24).

Buzan has also explained about human security as a part of International Security Studies (ISS), and stated that this field of security is closely related to Peace Research and Critical Security Studies. ISS should include issues of poverty, underdevelopment, hunger and other assaults on human integrity

and potential since human security is dedicated to the view that human beings should be the primary focus of security. Human Security also has academic presence across the West and Japan and has been embraced by the United Nations, the European Union, and Canadian, Norwegian and Japanese governments, and it seeks to merge the agendas of ISS and Development Studies (Buzan, 2009: 36). Having said that, it is important to note that human security did not replace, but rather complemented, the traditional state-centered national security concept (Edstrom, 2003: 212).

Human Security is popularly identified with 'freedom from fear and freedom from want' as the two main aspects. It means, first, safety from such prolonged threats as hunger, disease and repression, and second, it means protection from sudden and hurtful disruptions in the patterns of daily life, whether in homes, jobs or communities. These two aspects can exist at all levels of national income and development (UNDP HDR, 1994: 23). The report also listed the seven main categories of Human Security which including economic security, food security, health security, environmental security, personal security, community security, and political security (UNDP HDR, 1994: 24).

It is clearly stated in the 1994 report by the UNDP that the seven elements of human security may link and overlap (UNDP HDR, 1994: 33). This means a threat to one element of the concept may travel and affect the other, or even all, elements. This is mostly because the concerns of human security are very closely related to daily livelihood of people, and they become causes and effects to one another.

Tadjbakhsh & Chenoy argue that the links and interconnection of threats in human security can be explained in two ways. First is the domino effect. For instance, health insecurity could cause poverty, which could lead to education deficits, etc. Responses to insecurities restricting from environmental degradation could contribute to population movement into other fragile ecological settings, a deteriorating health situation, hunger, loss of livelihoods, and so on (Tadjbakhsh & Chenoy, 2007: 16).

Second is the spreading of the threats across borders. For example, various threats can spread in a given country with impoverished areas, which would threaten the stability of more progressive ones. This condition does not stop in the national borders. Instead, it could bleed into other regions, through massive employment migration, export of arms, environmental degradation, health epidemics, and negatively influence the condition of global security (Tadjbakhsh & Chenoy, 2007: 16).

Since human security has so many elements to focus on, it basically talks about most, if not all, of the important and basic aspects of humanity. As an attempt to elaborate more on the implementation of human security in policy making, this research will opt to focus on one element of human security, which is *health security*. What needs to be underlined is that focusing on health security does not suggest that other elements of human security are less significant. Health security is selected to be the focus of this research is because it has several significant linkages on cause and effect to other form of security, such as food, economy, and so forth. It is important to avoid the possibility of making this research overly broad, since the seven categories of the human security can link and overlap each other (UNDP HDR, 1994: 33). Therefore, in order to maintain the focus of the research, health security as one main element in the concept is chosen to be discussed in this research.

### **Health as One of the Important Elements**

There are three important points to highlight, regarding the discussion about health in human security. *First*, the term 'peace through health' which was discussed by Neil Arya in Webel & Galtung (2007). *Second*, the explanation from WHO on how foreign policy structures usually include or relate to health issues. And *third*, explanation provided by Keizo Takemi et al. (2008) about global health within the human security framework.

The term 'peace through health' essentially highlights the connection between the suffer condition of health when there is a

situation of violence, whether direct or structural, and the paradox between the two aspects: health and war. As stated by Arya and cited in Webel & Galtung (2007: 368), '*not only is 'peace' the first prerequisite cited to provide a 'secure foundation' for health, but war affects each of the other conditions*'. This means the condition of war and violence may suffer the health aspect, and on the other hand, a circumstance where health is poor would trigger violence.

As the threat in health is real and growing, governments at any levels are encouraged to prepare and cooperate for preventing the emergence and spread of infectious disease and provide public health security. WHO defined 'public health security' as 'the provision and maintenance of measures aimed at preserving and protecting the health of the population' (WHO, n.d.). To emphasize on the urgency of health aspect in foreign policy, WHO and the Oslo Ministerial Declaration held a symposium and launched the initiative of the Foreign Policy and Global Health (FPGH) in 2008. This symposium aims to respond to the growing awareness of the relationship between health and foreign policy (WHO, 2008)

Keizo Takemi et al. (2008) has discussed about global health and human security in the framework of Japan's contributions for the two notions. They highlighted the role of Sadako Ogata (then the president of JICA) along with Amartya Sen on publishing an influential report "regarding the pressing needs of individuals and communities around the world to ensure human security for all" (Takemi et al., 2008: 4), and stating that "access to basic health services is identified as one of the priority issues" (Takemi et al., 2008: 5).

In terms of policy making, there are reasons why health, among the other values, can be an entry point for implementing human security. Takemi et al. (2008) stated several points regarding this argument. *First*, regarding countries abide by a principle of noninterference, aid from industrialized countries in health sectors are less controversial and threatening than other human security challenges. *Second*, at an emotional level, disease and severe

malnutrition are more understandable that it is easier to gather help from the more wealthy countries. *Third*, the health sector has a relatively clear interconnection to other human security challenges. Several evidences show that the improved health conditions have an impact on livelihood and quality of life in developing countries and vice versa. *Fourth*, emerging diseases have shown to the international community that disease travels around the world and does not stop at national borders. Therefore it has also raised the awareness of a good condition of health in international level, since good health in one country depends on good health in other countries (Takemi et al., 2008: 6).

### **Japan's Earlier ODA Policy and the Motivation of the Shift**

It goes without saying that human security has not always been the first priority of Japan's foreign policy. When ODA was first established in the 1950s, it constituted the aim of Japan's aid program which included the 'development of developing countries' and 'support for their self-help efforts' towards economic and social development (Eyinla, 1999: 409). Several parameters were set during the 1954 Colombo Plan when Japan's foreign aid policy officially inaugurated. These parameters included: *an intense concern with improving its international status; a deep anxiety about international isolation; a desire to conform to world trends; and an emotional commitment to Asia* (Eyinla, 1999: 410).

The first phase of Japan's ODA is called the war reparations period. This is mainly because the economic cooperation set based on the Colombo Plan was to highlight the post-World War II effort of Japan to get involved in the international politics (Trinidad, 2007: 95). Despite being set in 1954, Japan's ODA started to expand only in the 1970s decade.

In the end of 1970s, Japan began a new phase with a more systematic program of ODA. This was supported by the increased amount of surplus in Japan's trade, making Japan into one of the countries with largest economy in the world. As a result, Japan used the surplus and recycled it into ODA (Muratani, 2007: 30). Since the expansion, Japan started to be known

as one of the biggest aid donors and the 1980s was the decade when the amount of loans from Japan in the form of ODA peaked, especially to the East Asian and Southeast Asian countries (Muratani, 2007: 32).

By the end of cold war, the focus of the international politics began to change, and Japan started to consider other priorities for ODA. Since the 1990s, Japan's disbursement of aid has diverged into two paths. One track follows the traditional geo-economic orientation and the other is more about humanitarian goals (Trinidad, 2007: 96). To facilitate the humanitarian path, Japan's strategies consist of two important points, the first is the type of aid (emphasizing in grant aid and not only loan aid), and the second is more various regions as recipients (one of the significant regions is Africa) (Eyinla, 1999: 413).

Many scholars provided arguments on the shift of Japan's ODA policy to human security. Several of them claimed that there is a political pragmatism which motivated the shift to human security. Economic-wise, the decision to increase grant aid instead of the loan aid is definitely not beneficial in Japan's side. Since its expansion started during the cold war era, Japan is popular for its power in economy. In spite of that, lately, the 'reputation' as an economic giant slowly being surpassed by its fellow East Asian contenders, such as South Korea and China. In 2011, for example, Japan was beaten by South Korea in selling products overseas with its job market also improving (Fujioka & Seo, 2011).

If Japan remained in its classic economic-oriented policies, it might cause a decrease in Japan's popularity on economic cooperation with potential developing countries. Therefore, it also might jeopardize Japan's position in the global economy competition even more. Keeping up with the international issues such as humanitarian and human security is likely one of Japan's strategies to secure its position globally and its relationships with other developing countries.

Gilson & Purvis argued that Japan's decision in shifting to human security is an agenda of a pragmatic political approach. Security wise, it is not merely a state survival,

but also an effort of state legitimacy, domestically as well as abroad. That being said, there is a distance between the concept of human security and its being taken up by Japan's policy makers (Gilson & Purvis, 2003: 200). One of the objectives on measuring the improvement of health conditions in recipient countries is a further examination on this said distance. Aside from that, Japan's willingness to secure its position internationally will also be highlighted through the examination of its ODA revision on 2003 and the diplomatic book which emphasized on the shift to human security.

### **The New Focus of Human Security in Japan's Foreign Policy**

Japan promotes the idea of human security formed within the framework of development assistance policies for developing countries. The approach of development assistance is chosen by Japan in order to avoid the use of force, which is occasionally required in R2P's humanitarian intervention (Ho, 2008: 104). In the year 1999, Japan officially introduced human security as a pillar of its foreign policy through its 'Diplomatic Blue Book'. This book is officially launched by the Ministry of Foreign Affairs (MoFA) of Japan and stated *two points* that become the basis of Japan's policy. *First*, Human security comprehensively covers all the menaces that threaten human survival, daily life and dignity. *Second*, coordinated action by the international community will be important, as will linkages and cooperation among governments, international organizations, NGOs and other parts of civil society (MoFA, 1999).

Japan also began to promote the idea of human security by incorporating the '*freedom from want*' into its Official Development Assistance (ODA), and reformed its ODA policy into a more 'people-centered approach' (Ho, 2008: 101). The first Japan's ODA charter is approved by the Cabinet in 1992, and has ever since been the foundation of the country's aid policy for more than 10 years. However, in 2003, the Government of Japan launched the revision to the ODA charter, with the aim of enhancing the strategic value, flexibility, transparency, and efficiency of ODA (MoFA,

2003: i). There are 3 important points that need to be underlined in the revision of the ODA charter: *objectives, basic policies, and priorities*. These three points will help to explain the significance of changing in Japan's ODA, why it is important, how it will conduct, and what it will focus on.

The *objectives* of Japan's ODA are: *first*, to contribute to the peace and development of the international community, and therefore will help ensure Japan's own security and prosperity. *Second*, Japan will proactively contribute to the stability and development of developing countries through its ODA, and is determined to make best use of ODA to take the initiative in addressing issues in Human Security. *Third*, by maintaining such efforts with ODA, and manifesting it both at home and abroad, it will garner sympathy and support from the international community for Japan's position (MoFA, 2003: 1).

Also stated in the revision of the ODA charter are 5 *basic policies* on how Japan will carry out ODA even more strategically. These policies are such as the followings: 1) *Supporting self-help efforts of developing countries*, 2) *Perspective of "Human Security"*, 3) *Assurance of fairness*, 4) *Utilization of Japan's experience and expertise*, and 5) *Partnership and collaboration with the international community* (MoFA, 2003: 2-3). Among those 5 basic policies, Japan included the perspective of human security in the second policy, which is taken in order to address direct threats to individuals such as conflicts, disasters, infectious diseases (MoFA, 2003: 2-3).

Japan also set some *priority issues* to highlight, such as: 1) *Poverty reduction*; 2) *sustainable growth*; 3) *addressing global issues*; and 4) *peace-building* (MoFA, 2003: 3-4). Seeing from the three important points of *objectives, basic policies and priorities* in the 2003 revision of its ODA, Japan, more or less, has shown willingness to highlight the important issues mentioned in UNDP Report 1994 as a basis of its policy in Human Security. As also stated in the 'Diplomatic Blue Book', Japan emphasizes in international cooperation and assistance in development involving

governments, organizations, and civil societies of the global nations.

### **Japan's Assistance in Human Security**

Foreign aid in Japan is mainly organized by JICA (Japan International Cooperation Agency), a special public institution until reorganized as an independent administrative institution on 2003, following the changing in Japan's ODA (MoFA, 2003: 8). One of the influential actors of human security in JICA is Sadako Ogata, who acted as the president of JICA until 2012, and also took part on initiating the Committee of Human Security (CHS) in the early 2000, along with Amartya Sen (Hubbard & Suzuki, 2008: 6).

One of the JICA's annual reports launched on 2012 was discussing about various roles and actions regarding development assistance taken by Japan in 2011. That year Japan contributed approximately US\$6,262.4 million in bilateral ODA such as loans, grant, and technical cooperation (not including the aid to Eastern Europe and graduate nations) and contributed and donated approximately US\$ 4,342.0 million to international organizations. These contributions make it into a total of approximately US\$ 10,604.4 million. With this amount, Japan ranked fifth among the member countries of the Development Assistance Committee (DAC) of the Organization for Economic Co-operation and Development (OECD), after the United States, Germany, United Kingdom and France (JICA, 2012: 20).

The 2012 JICA's annual report also provided the data on the total value of the aid programs by Japan in each country assisted in every region, including Technical Cooperation, ODA Loans (Disbursements) and Grant Aid. Based on the data, the top three with highest number of aid received are: *Southeast Asia* with 286,285 million JPY, *South Asia* with 245,044 million JPY, and *Africa* with 120,762 million JPY (JICA, 2012: 26-65).

**Case Study on Countries with Health Projects from Japan’s Aid-Giving**

Based on the data in the previous section, there are three regions which received the highest amount of aid from Japan: Southeast Asia, South Asia, and Africa. The countries for the case study in this section will be selected from these top three regions. To limit the research, each region will provide two countries, which will make it six countries in total. To help determining the selection of case study, this research has set two prerequisites to select these six countries.

First, the given country should be in the top rank of the amount received amongst all other countries in its region. However, this first requirement will not be relevant if in the said country there are no available health projects. Therefore, the second requirement is

necessary, which is the availability of health projects in the country selected. If the projects and activities in health or the data related to them are unavailable, then the next recipient country with lower amount of fund that has significant activities in health will be selected. Based on these two points of requirements, the countries selected are: Vietnam and Indonesia (Southeast Asia), Pakistan and Bangladesh (South Asia), and Kenya and Tanzania (Africa) (JICA, n.d.). The countries will be measured in the number of aid received, particularly in grant aid, and the improvement based on WHO health statistics in order to discover the influence of Japan’s foreign aid to the selected countries. Below is the summary of grant aid received by the six countries selected from 2008 to 2012.

**Japan’s Grant Aid Fiscal Year 2008-2012 (Unit: 100 Million JPY)**

Countries Year	Vietnam	Indonesia	Pakistan	Bangladesh	Kenya	Tanzania
2008	21.86	21.51	73.64	33.17	31.45	61.70
2009	21.69	50.83	75.47	N/A <sup>1</sup>	60.53	27.67
2010	34.60	21.27	60.61	30.51	69.31	123.68
2011	44.17	19.85	26.50	10.47	26.89	20.47
2012	18.92	26.73	39.00	40.56	25.92	16.28

Source: <http://www.mofa.go.jp/policy/oda/note/>

Observing from the grant aid of 2008-2012 in the six countries, the tendency that occurred is that a significant increase took place in one year yet followed by a decline in the following year. This phenomenon is likely related to the fact that the amount of Japan’s fiscal budget in the last two years is also lower than before (JICA, 2012: 25). After taking a look at the data above, the next step is to find out how these activities would influence the health condition in the six selected countries. To determine the improvement of the selected countries, this research is using the Health Statistics from WHO in 2011 as well as in 2012

for comparison. The Health Statistics from both 2011 and 2012 provided a number of indicators, yet only six indicators will be selected.

The six indicators from WHO Health Statistics are: 1) *Measles immunization coverage among 1-year-olds*; 2) *Births attended by skilled personnel*; 3) *Antenatal care coverage*; 4) *Unmet need for family planning*; 5) *Antiretroviral therapy coverage among people with advanced HIV infection*; and 6) *Children under 5 years old with fever who received treatment with any antimalarial* (WHO, 2012: 19-28). To simplify the

<sup>1</sup>The abbreviation ‘N/A’ stands for ‘Not Available’. From the data provided by MoFA, the amount of aid to Bangladesh in 2009 is not provided.

comparison, the measurement for each indicator is in the form of *percentage* for the ranks of each country. Meaning, the higher the percentage in an indicator, the higher the rank of the country in each region. Conversely, the

lower the percentage, the lower the rank of the country in the region. The details regarding the improvement and the deterioration are summed up below:

#### Overall Summary of Health Indicators

No.	Country	Indicators					
		1	2	3	4	5	6
1.	Vietnam	-	+	-	X	+	-
2.	Indonesia	+	o	o	+	-	+
3.	Pakistan	+	+	+	o	+	-
4.	Bangladesh	o	o	-	+	o	X
5.	Kenya	+	-	-	-	+	-
6.	Tanzania	-	-	-	+	+	+

- (+) = higher percentage than previous year (improvement)
- (-) = lower percentage than previous year (deterioration)
- (o) = both years have similar percentage
- (x) = data is unavailable

According to the data provided in the table above, the number of percentage that shows improvement in the six indicators appears the most. Improvement percentage occurs fifteen (15) times, followed by deterioration percentage which occurs thirteen (13) times. Similar percentage appears six (6) times, while the other two (indicator 4 for Vietnam and indicator 6 for Bangladesh) experience an unavailability of data.

Based on this data, it is sufficed to say that a moderate improvement happened to these selected countries which received fair amount of aid from Japan in 2011. This is supported by the fifteen times of increased percentage regarding the countries' ranks in their respective regions. On the other hand, the improvement that takes place is rather 'moderate', because several indicators also show a deteriorated percentage in some countries, although the number of decreased percentage is less than the increased ones.

It is appropriate to implement a cautious note regarding this data and the results it obtained. The improvement argued above does not necessarily reflect the overall quality regarding health sector in the selected countries, nor it represent direct influence

from Japan's aid. Instead, the health indicators chosen merely to show that there are indeed improvements in the period where Japan conducted health projects and activities in the selected countries. There are possibilities that improvement also happens in other indicators which are not chosen for this research. That being said, results may vary and differ if alterations are done to the indicators as well as the variables, and further research are required to find out such results in details.

#### Japan's Assistance In 2011 and The Priority

Based on JICA annual report on 2012, Japan's has three types in its aid-giving. These types have already been mentioned previously as well. They are: *technical cooperation*, *loan aid*, and *grant aid*. In relation to the focus of this research which is health sector, based on the data provided by JICA's 2012 annual report, health and medical care appears two times, which is in *technical cooperation* and *grant aid*. For the *technical cooperation*, Japan has contributed 7.2% of its fund to 'health and medical care', or equal to JP¥ 13.7 billion. While for the *grant aid*, Japan contributed 7.5% of its overall fund in foreign aid, which is



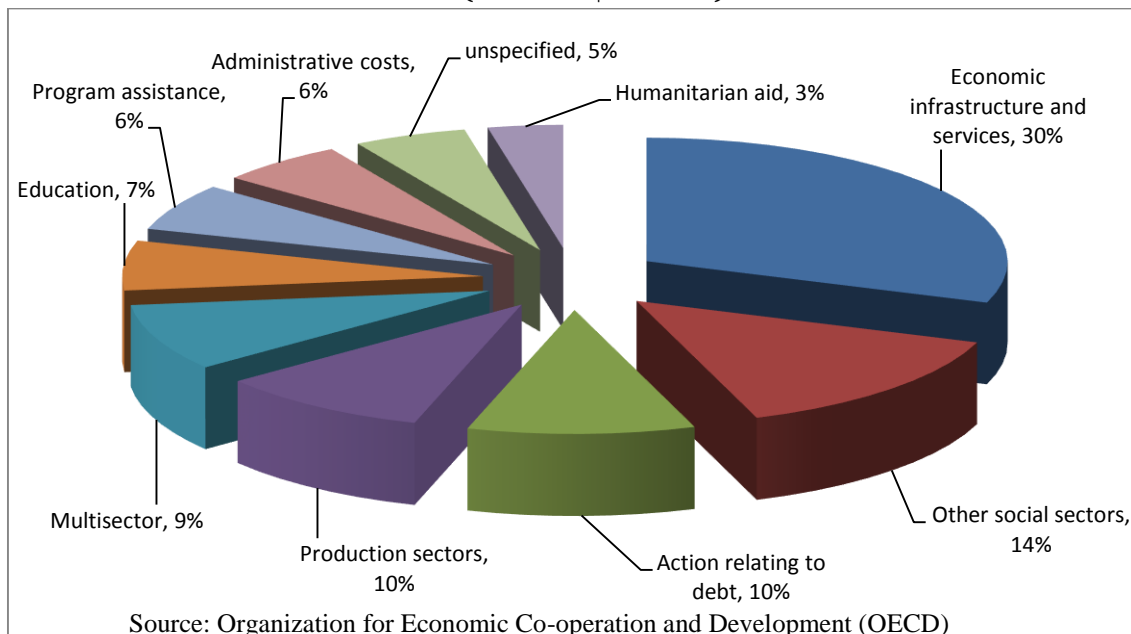
equal to JPY 8.0 billion. While in *ODA Loans*, the annual report did not provide any data regarding 'health and medical care'.

After seeing the data of Japan's aid-giving expenditure on 2011, it is rather clear that 'health and medical care' does not obtain the highest percentage both for *technical cooperation* as well as *grant aid*. For the *technical cooperation*, 'health and medical care' is in the fifth highest of ten categories, with percentage below 10% of the entire aid in the type of assistance. While for the *grant aid*, 'health and medical care' is in the third place,

out of six categories, with percentage below 10% as well.

It is adequate to argue that health sector is not quite a main priority for Japan's aid funding in 2011. It is evidenced by the fact that other categories of assistance mentioned in the data percentage have received more aid than health. Aside from that, it is also important to observe Japan's disbursement of ODA in the past few years to learn about Japan's priority on the foreign aid. Chart below will provide the data on the disbursement of ODA based on every field of Japan's aid focus.

**Japan's Gross ODA Disbursement 5-Year Average 2007-2011**  
(Unit: US\$ Million)



The ideal expectation is if Japan attempted to bind to its statements on the shift of the foreign policy, then the number of aid directed to humanitarian should be higher. However, based on the data above, the average percentage of the amount of ODA disbursement directed to humanitarian aid is not in the top priority. Instead, economy has been on the top for the 2007-2011 periods. The second important point to notice in order to learn about Japan's priority on ODA policy as well as to strengthen the argument regarding to what the data reflects (which is 'health is not

the main focus of Japan's aid'), is to take another look on the focus, as well as themes and key strategies of the selected regions.

For instance, the key strategies mentioned in JICA annual report for South Asia in 2011 is 'Assistance for Sustainable Growth, Peace-building and Reconstruction Assistance, Environmental and Climate Change Measures, Vitalizing of Private Sector Economy'. Also, the theme of JICA activities and initiatives and Japan's aid in Africa focused on 'Strong Economic Growth Presents an Excellent Opportunity for Poverty

*Reduction*'. Last but not least, the key strategies in JICA annual report in 2011 for Southeast Asia is '*Promotion of Regional Economic Growth and the New Growth Strategy, Inclusive Development and a Regional Approach*' (JICA, 2012: 26; 36; 46).

Not only it is important to acknowledge the fact that health sector is not a high-enough priority in Japan's aid-giving in 2011, it is also paramount to discuss the economy sector that has a significant portion in aid focus. It is quite noticeable through the themes and key strategies for the three selected regions above that the focus of Japan's aid-giving, particularly for the selected regions, is economy.

### **The Focus of Japan's Aid as an Instrument in Foreign Policy**

The fact that Japan's focus of ODA is on economy development has been well-known for a while, especially its enthusiasm of cooperation in this term with Asian countries (Drifte, 1998: 116). Economy was a focus even before Japan decided to shift its foreign policy and include human security in it. Even in the late 1990s, Japan's influence on aid policy and economic development strategies is the strongest in Asia (Drifte, 1998: 125). What is actually expected by this research is that the significant shift of the focus to certain issues other than economy will take place following the shift of Japan's ODA policy, as officially mentioned in several occasion such as its 'Diplomatic Blue Book' and ODA revision.

Nonetheless, economy still seems to be the main focus of Japan's ODA and other form of assistance. This is supported by some important data. The *first* is the 5-year average of ODA disbursement percentage which showed that economy has been in the top priority for 2007-2011. The *second* is the themes and key strategies for the three regions whose countries received the highest amount of aid. Whether in the themes or in the strategies, 'economy' is always mentioned in the regions mentioned in the previous section: Southeast Asia, South Asia, and Africa.

While Asia has always been the continent who received the biggest amount of aid since the early days of Japan's ODA, Africa

is relatively new on becoming the region of Japan's aid focus. Africa has started to become a recipient with significant amount of aid since the urge of the UN policy that called for increased aid to Africa in the late 1980s (Wild et al., 2011: 16).

Responding to the pressure about expanding aid to areas other than Asia, one of the earliest policies done by Japan about it is giving \$860 million aid to Africa in 1992. Since then, Japan soon becomes the fourth biggest ODA providers in Africa (Drifte, 1998: 117). This explains the reason on why the three regions (Southeast Asia, South Asia, and Africa) received the biggest amount of aid in Japan's fiscal year 2011.

Into some extent, Japan is on the same page with the argument that health is particularly important. This is proven by several activities and projects done by Japan regarding health sector in Vietnam, Indonesia, Pakistan, Bangladesh, Kenya and Tanzania as the countries of case study to examine Japan's activities in foreign-aid in 2011. In relation to this, it has also been examined in this research about the data of an improvement appeared in several terms of health indicators to the mentioned countries. It is also important to add that the number of improvement in the health indicators appears a little higher than the deteriorations as well as the stagnant condition of an indicator.

Nevertheless, it is impossible to ignore the fact that health is not necessarily the first priority nor it is the main focus of Japan's foreign aid. It does not mean that health *has to be* the first priority, yet the importance of health deserves to get more focus in terms of foreign aid, especially when Japan has officially stated its commitment in the issue of human security, in which health becomes one of the important aspects.

Several points mentioned above emphasized on the argument that health has a significant role in the interconnection of human security and policy making. In addition, Kofi Annan (former secretary-general of UN) also gave an urge about threats of human security, specifically in health, by stating his concern of the high rate of children

mortality and the spread of AIDS (Thakur, 2007: 85).

In spite of this, the improvement which appears is not as significant as expected. On one hand, the improved percentage has appeared in several health indicators chosen to measure the health sector of the selected countries. On the other hand, it is probably wise to consider the fact that the number where the deterioration percentage appears is also high, although not similarly high to the improvement percentage. Therefore, this research decided to classify this improved percentage into a 'moderate' improvement, and not 'significant'.

On the subject of the improvement in health, the author of this research argues that it is highly plausible, that if Japan dedicated more aid to health sector, the improvement in indicators mentioned in the selected countries (or even in other countries which are not selected) will be more significant than what it currently is. For instance, Kenya probably will have more improved indicators had Japan contributed more regarding medical care coverage and other assistance in health sector. Instead, according to WHO health statistics in 2011 and 2012, Kenya only has two improved percentage out of six health indicators.

Japan has indeed officially stated its commitment to the issues in human security, and has also contributed a certain number of aids to overcome threats in international level regarding these issues, including health. Responding to the urge from the international world and the dynamic of international politics which are leaning toward the issue of human security, Japan has ever since attempted on taking a role in this issue, to strengthen its position as a country with an emerging power.

However, based on the data provided in this research, Japan, in practicing its foreign aid, has not yet showed the significant shift following its statement on committing to the issue of humanitarian. Especially in health sector, as one of important parts in human security, which has not received the large-enough portion in Japan's foreign aid. Instead, it is still focusing largely in the economic issue, which has been the focus of the earlier Japan's ODA even before the shift to human security.

If we look at the data on the ODA disbursement, health is not the only sector which is not a high-enough priority, but even the humanitarian aid as a whole does not either. That being said, Japan's statements regarding the decision to shift focus on human security have not been significantly followed by the practical policy. So far, it is largely still about Japan's image in the global society, as also stated specifically in its ODA revision: *'manifesting in the efforts of ODA is the most suitable policy for gaining sympathy and support from the international community for Japan's position. Therefore, Japan's ODA will continue to play an important role in the years to come.'* (MoFA, 2003: 1)

This mainly supports the assumption that Japan attempted to keep up with the other competitors on the world economy such as South Korea and China. In order to accomplish this, Japan uses the humanitarian issues as part of the strategies to secure its position in the developing countries, since this could be potential for the future cooperation in terms of economy development. Hence, despite the official statement of the shift, Japan's foreign policy is still not yet fully committed to the concept, because economy is still the actual concern of its foreign policy. That said, Japan's practice of foreign policy in terms of foreign aid for human security has not yet lived up to its official statement of commitment.

### Conclusion

This research highlights the topic of human security and tries to conduct research in order to examine the implementation in Japan's foreign policy, particularly in its foreign aid. This research selected 'health' and certain countries to be the case study in the sector and has come to conclusion regarding the influence of Japan's foreign aid to the recipient countries in terms of Human Security.

Based on the findings in this research, it is believed that the shift in Japan's foreign policy has influenced a moderate improvement which appears in several indicators of health in the selected recipient countries. Following this argumentation, there are some important points that need to be underlined.

First, the findings are indeed showing an improvement. However, this improvement is not yet significant, because the deteriorations also appear just as high, and has a rather close-enough range to the improvement percentage.

Second, the shift in Japan's foreign aid is not significantly followed by the shift in its practice. This is proven by the focus in certain regions selected for the research which is still mainly about economy, and it is widely known that economy has been the focus of Japan's foreign aid before the shift in its policy.

Third, the findings in this research support the argument of the improvement and at the same time show that human security, particularly health, has not yet been a main focus of Japan's foreign aid. In other words, Japan's official statement on the shift of focus of the foreign aid is mainly an attempt to promote Japan's position in the global politics. In which Japan also would like to secure its relationships with potential countries to stay competitive in international market.

As this research's focus is specifically on health sector, it does not represent the overall influence of Japan's foreign aid in human security to the selected countries nor to other countries all over the world. It is rather representing an influence occurs in a particular aspect among many of Japan's focuses in human security. On a side note, it opens an opportunity for further research in many other indicators, countries, or aspects of human security, and might lead to various results and conclusions which differ with what this research obtains.

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