

医協資 第73-6(96)

「RECORD OF DISCUSSIONS」集

昭和49年2月

海外技術協力事業団
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1. 韓 国

イ. 寄生虫対策

- (1) Record of Discussions between the Medical Survey Team of the Japanese Government and the Korean Authorities concerned regarding the Technical Cooperation for the Control of Parasitic Diseases.

The Japanese Medical Survey Team for Parasitic Diseases and the Korean authorities concerned, desiring to effect technical cooperation between the two countries in the field

of control of parasitic diseases in Korea, have reached the following understandings through discussions;

1. The Government of Japan shall cooperate with the control actions against parasitic diseases in Korea executed by the Korean Association for Parasitic Eradication (KAPE), established in April 1966 by a Korean law to be entrusted by the Government of the Republic of Korea to carry out various duties for parasitic disease control.
2. With a view to implementing the above cooperation, the Government of Japan shall, in accordance with applicable laws and regulations in force in Japan and within its budgetary limit, take necessary measures to dispatch Japanese experts as consultants and advisers to provide materials and equipments to the KAPE, upon request of the Government of the Republic of Korea.
3. The Government of Japan shall bear the necessary expenditure of the experts, such as their salaries and transportation costs between the two countries, while the Korean authorities shall bear the expenses necessary for their travel within Korea on official duty.
4. The Japanese experts shall be granted in the Republic of Korea privileges, exemptions and benefits no less favorable than those granted to the experts of third countries dispatched under the Colombo Plan.
5. The articles referred to in Paragraph 2. above shall become the property of the Government of the Republic of Korea upon being delivered c.i.f. at the port of Pusan or Incheon to the authorities concerned. These articles shall be utilized exclusively for the purpose of the technical cooperation mentioned in this record of discussions.

6. The Government of Japan shall, in accordance with applicable laws and regulations in force in Japan, accept Korean personnel engaged in the field concerned for training in Japan for two to four months at the expenses of the Government of Japan, upon request of the Government of the Republic of Korea.
7. Dispatch of the experts, acceptance of the trainees as well as providing of materials and equipments by the Government of Japan referred to above, shall be done under the scheme of the Colombo Plan.
8. The above projects shall be started as soon as possible by the Government of Japan and the Government of the Republic of Korea.

The matters recorded herein shall not be binding legally either on the Government of the Republic of Korea or on the Government of Japan, as the final decision is to be made by the two Governments after studying this Record of Discussions.

Seoul, the 5th day of July, 1968



Dr. Masamitsu Otsuru
Head of the Japanese Medical
Survey
Team for Parasitic Diseases



Taek Il Kim, M.D.
Director of the Public of
Health, the Ministry of
Health and Social Affairs,
the Republic of Korea

ロ. がん対策

(ロ)- 1 RECORD OF DISCUSSIONS BETWEEN THE MEDICAL SURVEY TEAM OF THE JAPANESE GOVERNMENT AND THE KOREAN AUTHORITIES CONCERNED REGARDING THE TECHNICAL COOPERATION IN THE FIELD OF CANCER CONTROL.

The Japanese Medical Survey Team for Cancer Control and the Korean authorities concerned, desiring to effect technical cooperation between the two countries in the field of cancer control in Korea, have reached the following understandings through their discussions:

1. The Government of Japan shall, in accordance with applicable laws and regulations in force in Japan and within its budgetary limit, take necessary measures to extend its technical cooperation to the Government of the Republic of Korea by dispatching Japanese experts to Korea, by receiving Korean specialists for training in Japan, as well as by providing materials and equipment, upon request of the Government of the Republic of Korea. The said technical cooperation shall be rendered under the Colombo Plan schemes.

2. The Japanese experts mentioned in Paragraph 1 above shall be granted in the Republic of Korea privileges, exemptions and benefits no less favourable than those granted to the experts of third countries under the Colombo Plan.

3. The providing of materials and equipment mentioned in Paragraph 1 above shall be done in such a way as to

contribute to expanding the facilities for cancer control at the Severance Hospital of the College of Medicine of the Yonsei University in Seoul.

4. The articles referred to in Paragraph 3 above shall become the property of the Government of the Republic of Korea upon being delivered c. i. f. at the port of Pusan and/or Incheon to the authorities concerned. These articles shall be utilized exclusively for the purpose of the technical cooperation mentioned in this record of discussions.

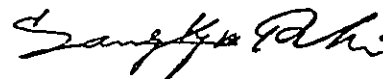
5. The technical cooperation undertakings referred to in the foregoing shall be started as soon as possible between the Government of Japan and the Government of the Republic of Korea.

The matters recorded herein shall not be binding legally either on the Government of the Republic of Korea or on the Government of Japan, as the final decision is to be made by the two Governments after studying this record of discussions.

Seoul, the 5th day of July, 1968



Dr. Tomizo Yoshida
Head of the Japanese
Medical Survey Team for
Cancer Control



Mr. Rhi, Sang Kyu
Director, Bureau of Higher
Education,
Ministry of Education,
Republic of Korea

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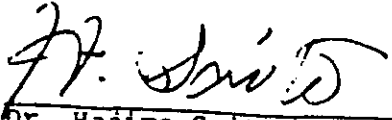
RECORD OF DISCUSSIONS BETWEEN THE MEDICAL SURVEY TEAM
OF THE JAPANESE GOVERNMENT AND THE KOREAN AUTHORITIES
CONCERNED REGARDING THE TECHNICAL COOPERATION IN THE
FIELD OF CANCER CONTROL.

The Japanese Medical Survey Team and the Korean authorities concerned, desiring further to effect technical cooperation in the field of cancer control undertaken between the two countries, have reached the following understandings through their discussions based upon the Record of Discussions signed on 5th July, 1968:

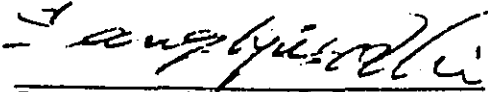
1. The Government of the Republic of Korea has requested the Team to expedite the installation of the Linear Accelerator at the Yonsei Cancer Center.
2. The Government of the Republic of Korea has requested the Team to convey to the Government of Japan that the former Government deemed an additional supply of medical equipments indispensable for effective operation of the Yonsei Cancer Center, although the formal action will be taken as soon as possible. The Japanese Medical Survey Team has taken due note of the request.

The matters recorded herein shall not be binding legally either on the Government of the Republic of Korea or on the Government of Japan, as the final decision is to be made by the two Governments after studying this record of discussions.

Seoul, the 13th Day of August, 1971



Dr. Hajime Saito
Head of the Japanese Medical
Survey Team



Sang Kyu Rhi
Director of Bureau of
Science Education
Ministry of Education
Republic of Korea

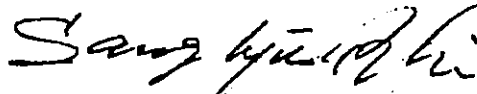
3. The equipments supplied by the Government of Japan shall become the property of the Government of the Republic of Korea upon being delivered c.i.f. at the port of entry to the Korean authorities concerned. The equipments shall be utilized exclusively for the purpose of the technical cooperation mentioned in this record of discussions.
4. The technical cooperation undertakings referred to in the foregoing shall be carried out in three years starting from 1971.
5. The Japanese Medical Survey Team takes note of the request of the Government of the Republic of Korea about the supply of equipments for the amount of US \$ 600,000.
6. With respect to the detailed schedules of the cooperation for each year, discussions will be held in Seoul between the Japanese experts and the Korean authorities concerned in principle in the first quarter months of the Japanese fiscal year.

The matters recorded herein shall not be binding legally either on the Government of the Republic of Korea or on the Government of Japan, as the final decision is to be made by the two Governments after studying this record of discussions.

Seoul, the 13th Day of August, 1971



Dr. Hajime Saito
Head of the Japanese Medical
Survey Team



Sang Kyu Rhi
Director of Bureau of
Science Education
Ministry of Education
Republic of Korea

RECORD OF DISCUSSIONS BETWEEN THE MEDICAL SURVEY TEAM OF THE JAPANESE GOVERNMENT AND THE KOREAN AUTHORITIES CONCERNED REGARDING THE TECHNICAL COOPERATION FOR THE CONTROL OF PARASITIC DISEASES.

The Japanese Medical Survey Team and the Korean authorities concerned, desiring further to effect technical cooperation between the two countries in the field of parasitic disease control in Korea, have reached the following understandings through their discussions:

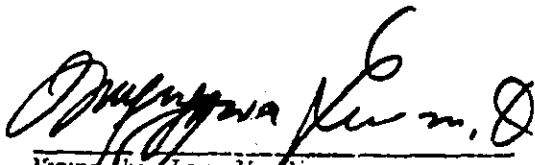
1. The Government of the Republic of Korea recognizes that the satisfactory achievement has been made through the technical cooperation for the years 1968-1970 between the two countries in the field of parasitic disease control under the Colombo Plan.
2. The Government of the Republic of Korea has requested further cooperation for the years 1971-1973, which would help the Korean Association for Parasite Eradication to expedite its long-range self-supporting plan.
3. The Japanese Medical Survey Team has taken note of the desire of the Government of the Republic of Korea for the technical cooperation of the Government of Japan in constructing buildings of laboratory center to attain more effective results in the parasitic disease control.

The matters recorded herein shall not be binding legally either on the Government of the Republic of Korea or on the Government of Japan, as the final decision is to be made by the two Governments after studying this record of discussions.

Seoul, the 13th Day of August, 1971



Dr. Hajime Saito
Head of the Japanese Medical
Survey Team



Myung Hwa Lee, M. D.
Director of Public Health Bureau
Ministry of Health & Social Affairs
The Republic of Korea

ハ. カソリック医科大学産業医学センター

- (*) RECORD OF DISCUSSIONS BETWEEN THE MEDICAL SURVEY TEAM OF THE JAPANESE GOVERNMENT AND THE KOREAN AUTHORITIES CONCERNED REGARDING TECHNICAL COOPERATION FOR RESEARCH, EDUCATION AND TREATMENT IN THE FIELD OF OCCUPATIONAL HEALTH.

Both parties, the Japanese Medical Survey Team and the authorities concerned of the Government of the Republic of Korea, desiring to effect technical cooperation for research, education and treatment in the field of occupational health in Korea, have reached the following understandings through their discussions:

1. The Government of Japan shall, in accordance with applicable laws and regulations in force in Japan and within its annual budgetary appropriations, extend the following technical cooperation under the Colombo Plan Scheme to help Catholic Industrial Medical Center, Catholic Medical College, Seoul, Korea, (hereinafter referred to as Catholic Industrial Medical Center) to carry out effectively its activities related to research, education and treatment in the field of occupational health, upon request of the Government of the Republic of Korea:
 - a. Dispatch of Japanese experts to Korea.
 - b. Receiving of Korean personnel engaged in the field concerned for training in Japan.
 - c. Providing of equipments needed by Catholic Industrial Medical Center, for research, education and treatment in the field of occupational health.
2. The Government of the Republic of Korea shall grant the Japanese experts dispatched to Korea privileges, exemptions and benefits no less favorable than those granted to the experts of third countries under the Colombo Plan.

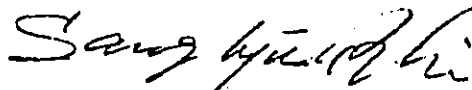
3. The equipments supplied by the Government of Japan shall become the property of the Government of the Republic of Korea upon being delivered c.i.f. at the port of entry to the Korean authorities concerned. The equipments shall be utilized exclusively for the purpose of the technical cooperation mentioned in this record of discussions.
4. The technical cooperation undertakings referred to in the foregoing shall be carried out in three years starting from 1971.
5. The Japanese Medical Survey Team takes note of the request of the Government of the Republic of Korea about the supply of equipments for the amount of US \$ 600,000.
6. With respect to the detailed schedules of the cooperation for each year, discussions will be held in Seoul between the Japanese experts and the Korean authorities concerned in principle in the first quarter months of the Japanese fiscal year.

The matters recorded herein shall not be binding legally either on the Government of the Republic of Korea or on the Government of Japan, as the final decision is to be made by the two Governments after studying this record of discussions.

Seoul, the 13th Day of August, 1971



Dr. Hajime Saito
Head of the Japanese Medical
Survey Team



Sang Kyu Rhi
Director of Bureau of
Science Education
Ministry of Education
Republic of Korea

2. フィリピン

イ. コレラ・ポリオ対策

(イ)- 1 **RECORD OF DISCUSSIONS ON THE CHOLERA AND POLIOMYELITIS
ERADICATION PROGRAM IN THE PHILIPPINES BETWEEN THE
JAPANESE SURVEY TEAM FOR THE MEDICAL COOPERATION ON
PROGRAM IN THE PHILIPPINES AND THE PHILIPPINE HEALTH
ADMINISTRATION,
1969, MANILA**

The conference was held at the Conference Hall of the Bureau of Quarantine in Manila from 10 to 24 September 1969 with the following delegates from the participating countries:

DELEGATES OF JAPAN:

1. Dr. Ken Yanagisawa -- Vice-Director, National Institute of Health
2. Dr. Shun-ichi Yamamoto -- Professor, University of Tokyo
3. Dr. Soroku Yamagata -- Director, Chiba Serum Institute

DELEGATES OF THE PHILIPPINES:

1. Dr. J. C. Azurin -- Director, Bureau of Quarantine
2. Dr. Joaquin Sumpaico -- Director, Bureau of Research & Laboratories
3. Dr. Lupo C. Carlota -- Director, Bureau of Health Services
4. Dr. Cesar Uylangco -- Director, San Lazaro Hospital
5. Dr. Felix C. Alegre -- Senior Development Project Coordinator
National Economic Council

Hon. Amadeo H. Cruz, Secretary of Health of the Philippines, opened the meeting and welcomed the delegation from Japan. Secretary Cruz stressed that the Medical Cooperation Plan between the Philippines and Japan has been successful in promoting harmonious relations between the peoples of Japan and the Philippines. He requested that the meeting should study ways of continuing the medical cooperation between the two countries along the lines expressed in the project proposals stated in the agenda.

In Dr. Ken Yanagisawa's response he expressed his thanks for the warm wel-

tory, the laboratory of the San Lazaro Hospital and provincial laboratories in Bacolod and Cebu.

- (b) 300 vaccination kits for the field use of the local health units.
 - (c) Visual instruction sets for the use of health education in the province of Negros Occidental and the Manila Metropolitan Area.
 - (d) Disinfectant for drinking water.
- b. 2nd year (1968-69)
- (a) Equipment and supplies for clinical and laboratory use of the San Lazaro Hospital including its new cholera ward, the Joint Laboratory, laboratory in the Bureau of Research and Laboratories, and provincial laboratories in Cagayan and Tacloban.
 - (b) 100 vaccination kits for field use of the local health units.
- (2) The contributions in terms of actual funds and salaries of personnel of the Philippine Government is hereby appended for ready reference.

2. Evaluation of the program.—

Invaluable knowledge gained from these researches have been applied effectively to the Cholera Eradication Program since its start. These highly gratifying results have benefited not only Philippine citizens but populations of other nations of the world as well.

3. Future Plan.—

(1) Plan in the third year (1969-70)

A. Dispatch of the following experts:

one liaison officer — one year (Aug. 1969 - Aug. 1970)
one epidemiologist — - do -
one bacteriologist — - do -
one medical technician— one year (July 1969 - July 1970)

one clinical bacteriologist — six months (Aug.1969-Feb.1970)
one clinician — six months (Aug.1969-Feb.1970)
one bacteriologist — (requested)

- B. Donation of equipment and supplies.—
- a. Equipment and supplies for use of the Joint Laboratory, laboratory in the Bureau of Research and Laboratories, and 2 provincial laboratories.
 - b. Vaccination kits
 - c. Visual instruction set
 - d. Disinfectant for drinking water
 - e. Vehicle for surveillance
- C. Training of the Philippine staffs in Japan.—
The following personnel shall be considered:
one epidemiologist
two bacteriologists
five medical technicians
- The period of training shall not be less than three months.
- D. The Cholera Eradication Program shall be expanded to cover the entire Province of Cebu. If this will be implemented, it can serve as a pilot project where new preventive measures may be tried.

(2) Plan for 4th year and fifth year (1970-71 & 1971-72)

- A. Appropriate adjustments in the Budget of the Philippine Department of Health is expected so as to cover the following:
- a. Maintenance of established laboratories,
 - b. Continuation of the cholera eradication program, and
 - c. The maintenance of surveillance work.
- B. Assistance by the Japanese Government within the limit of budgetary appropriations will be maintained until 1971.

- C. A meeting in Tokyo shall be held on or about March 1970 to decide the future plans for this program.

II. The Poliomyelitis Eradication Program.--

1. Review of the cooperative efforts -

- (1) In accordance with the agreements memorandum signed by the Japanese and Philippine delegates in May, 1967 in Tokyo, the Government of Japan rendered the following assistance under the Colombo Plan:

A. Dispatch of experts:

- 1st year (1967-68) : one virologist
two administrators
- 2nd year (1968-69) : two virologists
one administrator

B. Donation of the poliomyelitis oral vaccine

1st year (1967-68)

Five hundred thousand (500,000) doses of poliomyelitis oral vaccine with diluent and pipettes.

2nd year (1968-69)

Seven hundred thousand (700,000) doses of poliomyelitis oral vaccine with diluent and pipettes.

C. Operation of the program

1st year (1967-68)

(a) Area of operation:

Metropolitan Area, Batangas Province, Ilocos Norte Province and three (3) other cities.

(b) Target population:

Children of the age group from 4 months to below 3 years of age.

2nd year (1968-69)

(a) Areas of operation:

- a) Continuation of running program in the Manila

Metropolitan Area comprising 4 cities and 7 municipalities.

b) New program for Rizal Province, Davao City and 14 other cities.

(b) Target population:
Children of the age group from 6 months to below 3 years of age.

D. Training of the Philippine staffs in Japan.--

The following physicians were trained in Japan:

Dr. A. Ocampo (Bureau of Research and Laboratories)
one month in 1968

Dr. C. Justiniano (Bureau of Health Services)
one month in 1968

(2) The expenditures incurred by the Philippine Government in undertaking this project is herewith appended.

2. Evaluation of the project:

This program has been well accepted by the Filipino population. The implementation of the program in the local health services has been efficient. The assistance which the Japanese people is extending to the Filipino people has received wide dissemination because of this program. The objective of promoting mutual cooperative effort and harmonious understanding between our two countries has been advanced because of this program.

3. Plan for the third year (1969-1970)

(1) Dispatch of the following experts:

two virologists -- for 6 months

one administrator to assist
in the creation of surveillance

units -- for one month

(2) Donation of the vaccine, equipment and supplies:

A. Seven hundred thousand (700,000) doses of Sabin bivalent

live vaccine with diluent and pipettes. Vaccine shall be transported by air from Japan to Manila and the diluent by sea by the end of 1969.

B. Various equipment and supplies.

(3) Training of the following Philippine staffs in Japan:

two virologists — for one year

(4) Areas of operation of the program:

A. Metropolitan Area

B. Two other provinces

C. The designated surveillance areas — Caloocan, Toledo and Samal Island.

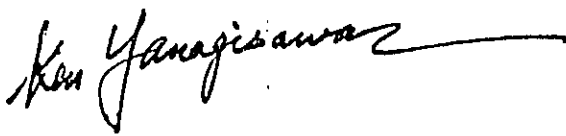
4. The Philippine Government request the Government of Japan the extension of the Poliomyelitis Eradication Program for a period of two years. This extension is only intended to immunize 200,000 newborns each year, in areas where the program has been started.
5. The Japanese Medical Cooperation Survey Team expects that the Philippine authorities shall try to continue the Poliomyelitis Eradication Program after March, 1970. However, the following-up on a long-term basis in the form of the dispatch of the experts for short-term assignment in the Philippines and the acceptance of the trainees in Japan will be considered after, March, 1970.

III. The Philippine Government requests the Government of Japan to consider a proposal to undertake a joint program to determine effective preventive measures against hemorrhagic dengue fever.

IV. The Government of the Philippines reiterated its request that the Government of Japan consider the proposal to establish an Asian Institute of Tropical Diseases as a joint project to enable nationals of different Asian countries to undertake studies on this field.

This is the record of discussions to be approved by the respective governments.

Manila, September 24, 1969

A handwritten signature in cursive script that reads "Ken Yanagisawa". The signature is written in black ink and has a long horizontal flourish extending to the right.

Dr. KEN YANAGISAWA
Leader of the Japanese Survey
Team for Medical Cooperation

A handwritten signature in cursive script that reads "J. C. Azurin". The signature is written in black ink and has a long horizontal flourish extending to the right.

DR. J. C. AZURIN
Chief Delegate
Philippines

EXPENDITURES INCURRED BY THE PHILIPPINE GOVERNMENT IN THE VARIOUS PROJECTS:

I. Joint Cholera Research Project.-

A. Funds Alloted:

		<u>PHILIPPINES</u>	<u>WHO</u>	<u>TOTAL</u>
1964 - 1965	-	P 400,000	P 54,300	P 454,300
1966	-	150,000	-	150,000
1967	-	150,000	164,301	314,301
1968	-	150,000	108,073	258,073
1969	-	150,000	57,900	207,900
Average salaries of personnel assigned to the Project on full and part time basis (P210,000 a year for 6 years)	-	<u>P1,260,000</u>	<u>-</u>	<u>P1,260,000</u>
		P2,260,000	P384,574	P2,644,574

B. Expenditures

1964 - 1965	-	P 400,000	P 54,300	P 464,228*
1966	-	93,998	-	93,998
1967	-	182,116	162,460	344,576**
1968	-	139,953	107,946	247,899
1969	-	149,918	57,872	207,790
Average salaries of personnel assigned to the Project on full and part time basis (P210,000 a year for 6 years)	-	<u>P1,260,000</u>	<u>-</u>	<u>P1,260,000</u>
		P2,225,985	P382,578	P2,618,491

* Excess of expenditures over allotment taken from other sources

** Excess of expenditures over allotment was taken unexpended balance from previous year (1966)

II. Poliomyelitis Eradication Project.-

Estimated expenditure per child administered 2 doses of polio vaccine	P0.84
Total number of children vaccinated 600,000	P504,000.00

CHOLERA ERADICATION PROJECT:

A. Areas Involved:

	<u>No. of Teams</u>
7 Towns	7
5 Cities:	
Manila	4
Quezon City	2
Caloocan City	2
Pasay City	2
Mobile Teams	6
Health Education	2
Cebu City	2
	<hr/> 25

B. Total Number of Personnel: 75 (an average of 3 personnel to a team)

C. Estimate of Expenses (for 8 months):

I. Salaries and Wages:

(a) Salaries of 75 personnel at P400 each per month for 8 months	240,000
(b) Per diems for 75 personnel at P24 a day for 8 months (at 24 working days a month)	43,200
Total cost of salaries and wages	283,200

2. Supplies and Materials:

(a) Cost of Vaccines (average of 800,000 immunizations for total eradication areas including squater areas at 16,000 bottles of 50 doses each at P5 per bottle)	80,000
---	--------

(b) Cost of Chloramphenicol (for contact carrier treatment estimated at 6 contacts per case or a total of 1,250 cases (30,000 gms. at P1 per gm.)... 30,000	
(c) Cost of 11,314 toilet units (corresponding to number of houses without toilets) at P100 per unit	1,131,400
(d) Gasoline for 25 vehicles at 20 liters a day per vehicle at P0.22 per liter for 8 months	26,400
(e) Oil and maintenance for vehicles at P50 a month per vehicle for 8 months	10,000
(f) Miscellaneous:	
(1) Peptone water and swabs	6,000
(2) Chlorine for water chlorination	200
(3) Health education (leaflets, posters, signs, radio announcements, movie slides, etc.).....	6,000
Total cost for supplies and materials	<u>1,290,000</u>
Total Cost of Expenses	<u>P 1,573,200</u>

(1) - 2 RECORD OF DISCUSSION
BETWEEN THE MEDICAL COOPERATION MISSION OF THE GOVERNMENT
OF JAPAN AND THE HEALTH AUTHORITY CONCERNED OF THE
PHILIPPINE GOVERNMENT

The Japanese Mission conferred with the Philippine Health Authorities in Manila from 11 September to 15 September 1972 regarding the Poliomyelitis and Cholera Eradication Projects which has recently completed its 5th year of implementation.

Dr. F. Alegre, the Chief Medical Officer of the National Economic Council of the Philippines, opened the meeting with an address of welcome.

Dr. H. Fukumi made the response in behalf of the Japanese Mission.

Dr. J. C. Azurin nominated Dr. Fukumi as chairman of the conference which Dr. J. Sumpaico seconded. Dr. Fukumi was unanimously elected.

I. In an opening statement, Dr. Fukumi stated that the request of the Philippine Government to undertake a follow-up program for Cholera and Poliomyelitis Eradication Projects for a period of two Fiscal Years (1972-1973) has been favorably considered by the Government of Japan, within its annual budgetary appropriation.

II. During the meeting, a review of the accomplishments of the Poliomyelitis and Cholera Eradication Projects including the Joint Philippines-Japan-WHO Cholera Research Project was discussed. It was agreed that these programs have been bene-

ficial to the Philippine health situation. There has been a significant decrease of morbidity and mortality rates of these two diseases in the Philippines. The Joint Philippines-Japan-WHO Cholera Research Project had a far-reaching effect not only to the two participating countries but also to the world in general. The results of these researches, which have been of major importance, have been disseminated to all countries and is important in adding to cholera knowledge at present. The accomplishment reports are herewith attached.

III. It was agreed that the Government of Japan will consider at the present time the dispatch of experts to the Philippines and the training of pertinent Philippine health personnel in Japan. The Philippine Panel proposed that additional equipments be favorably considered by the Government of Japan during the two (2) years follow-up program. (See enclosed Appendix)

IV. The Government of the Philippines wishes to take this opportunity to thank the Government of Japan for the invaluable help which she extended for both these projects during the past five (5) years. The accomplishments of these projects have been extensive and beneficial. The impact of these projects on the Philippines population has been far-reaching. Cholera has decreased throughout the

Philippines during the past five (5) years because of this program. A very significant decrease in the number of cases of poliomyelitis have been recorded during this period. However, to forego these projects at this time would render negative the progress made during the past five (5) years. It is therefore necessary that an extension of two years more would consolidate and solidify these accomplishments and thus make it more lasting. It is also hoped that at the end of this two-year period, the Philippines should be able to continue these projects by itself. Over and above these considerations, the Philippines-Japan Medical Cooperation Project has fostered and helped promote harmonious relations and friendship between our two countries.

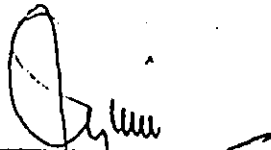
V. The proceedings of this meeting are subject to the approval of both the Government of Japan and the Philippines.

Manila, September 15, 1972

SIGNED BY:



Dr. Hideo Fukumi
Chief, Japanese Mission
Philippines-Japan Medical
Cooperation Project



Dr. J. C. Azurin
National Coordinator
Philippines-Japan Medical
Cooperation Project

□ . 住血吸虫症对策

(二) RECORD OF DISCUSSIONS AGREED UPON BETWEEN THE EXECUTIVE DIRECTOR OF THE NATIONAL SCHISTOSOMIASIS CONTROL COMMISSION, DEPARTMENT OF HEALTH, GOVERNMENT OF THE REPUBLIC OF THE PHILIPPINES AND THE HEAD OF THE JAPANESE MEDICAL MISSION SENT BY THE GOVERNMENT OF JAPAN ON THE TECHNICAL COOPERATION IN THE FIELD OF SCHISTOSOMIASIS RESEARCH.

1. Medical Cooperation between the Government of the Republic of the Philippines and the Government of Japan in the field of schistosomiasis will be promoted with main emphasis on the basic research applicable to the control of this disease.

2. In accordance with the laws and regulations in force in Japan and within annual budgetary appropriations, Japanese cooperation will be extended within the framework of Colombo Plan technical cooperation in the form of dispatch of experts, provision of training facilities in Japan and supply of equipment, upon receipt of Application Forms A.1, A.2, A.3 and A.4 from the Government of the Republic of the Philippines.

3. With respect to the field of schistosomiasis research, the cooperation will be carried out in the following forms:

- (1) Dispatch of Japanese medical experts in 1972-1974 (Japanese fiscal year)
- (2) Training of Philippine personnel in Japan in 1973-1974
- (3) Supply of the equipment for research from Japan in 1973-1974

4. The Japanese experts will be granted in the Philippines, privileges, exemptions and benefits (including provision of transportation facilities and internal travel allowances based on Philippine rules and regulations) no less favourable than those granted to the Colombo Plan experts of the third countries under similar circumstances.

5. The items of equipment supplied by the Government of Japan will become the property of the Government of the Republic of the Philippines upon being delivered c.i.f. at the Port of Manila, or the Airport Manila. Therefore, (1) customs duties, internal taxes and other similar charges, if any, imposed in respect of the equipment and (2) local expenses necessary for the transportation, installation, operation and maintenance of the equipment should be met by the Government of the Republic of the Philippines.

This is the record of discussion to be approved by the respective Governments.

Kazuo Yasuraka

KAZUO YASURAKA, Sc. D.

Head of the Japanese
Medical Cooperation
Survey Mission

Alfredo T. Santos

ALFREDO T. SANTOS, M.D., D.P.H.

Executive Director
National Schistosomiasis
Control Commission

August 22, 1972

Manila, Philippines

3. ヴィエトナム

サイゴン病院

The Minutes of Discussions
Between the Authorities Concerned of
Saigon Hospital of the Republic of Viet-Nam
and the Japanese Medical Cooperation Survey Team

The Japanese Medical Cooperation Survey Team headed by Prof. Nozomu KOSAKAI, Director of Juntendo University Hospital, visited the Republic of Viet-Nam from 25th March, 1973 to 31st March, 1973 and discussed with the Authorities Concerned of Saigon Hospital of Health Ministry headed by Prof. Nguyen Phuoc DAI, Director of Saigon Hospital, on the future medical cooperation plan related to the above-mentioned hospital.

The list of the participants for the meeting is attached as per Annex.

The parties concerned also reviewed the past medical cooperation implemented so far and it is noted with satisfaction that, as a result of constant touch and close cooperation between the Vietnamese and the Japanese sides, a remarkable progress has been made in general surgery field of Saigon Hospital.

Desiring a successful completion of the above-mentioned project, the Authorities Concerned of Saigon Hospital and the Japanese Survey Team have reached the following understanding through their discussions.

(1)

The Survey Team undertook to make a recommendation to the Government of Japan:

(1) that the present cooperation on general surgery for the hospital should be continued for another three (3) years from the Japanese fiscal year 1973 to 1975 inclusive, and expressed the hope that a self-supporting management system by the Vietnamese side would be established with regard to the general surgery field as soon as possible in order that the full management may be taken over by the Vietnamese side after the termination of the Japanese cooperation.

(2) that in order to supplement and promote the present cooperation more effectively, the Government of Japan, during the cooperation period, should extend the technical cooperation on laboratory tests concerning the following items:

- 1) - To set up toxicological examinations
- 2) - To set up pulmonary functions tests
- 3) - To enrich clinical chemistry laboratory techniques including liver functions tests
- 4) - To enrich circulatory functions tests
- 5) - To enrich blood bank techniques

(3) that the Government of Japan should dispatch an expert on laboratory tests for a period of twelve (12) months each year.

(4)

(4) that the Government of Japan should accept two (2) Vietnamese participants for training in Japan for a period of six (6) months each year.

(5) that the Government of Japan would provide the hospital with equipment and reagents to be considered necessary for laboratory tests.

The Japanese Survey Team requested the Vietnamese side to ensure that Vietnamese participants who will be trained in Japan, should resume their previous work on returning to the hospital and the Vietnamese side promised that it will take every possible measure.

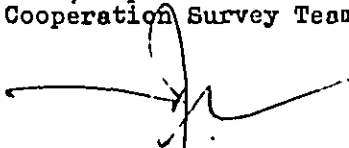
The programme of cooperation covered by this Minute will be carried out, subject to the approval by the respective governments and implemented within the budgetary appropriations, in accordance with the laws and regulations in force in the respective country.

The both parties are pleased to note that the discussions were conducted in constructive and friendly manner and achieved the objectives for which it is made.

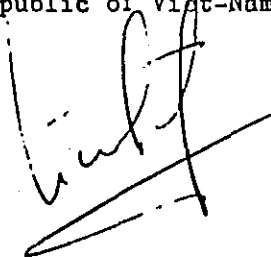
Saigon, 10th June, 1973

N. Kosakai

Prof. Nozomu KOSAKAI
Head, Japanese Medical
Cooperation Survey Team


Dr. Trương-Minh-CÁC
Director General of Health
Ministry of Health

Prof. Nguyen Phuoc DAI
Director of Saigon Hospital,
Ministry of Health,
The Republic of Viet-Nam



ANNEX

List of Participants of the meeting

Vietnamese side:

Dr. Nguyen Phuoc Dai
Director of Saigon Hospital, Ministry of Health

Dr. Nguyen Ngoc Quang
Chief of the Laboratory, Saigon Hospital,
Ministry of Health

Japanese side:

Prof. Nozomu Kosakai
Head, Japanese Medical Cooperation Survey team

Mr. Mitsuo Ishizaki
Coordinator of the mission, OTCA staff

Dr. Sakae Watanabe
Colombo Plan expert on Surgery

Dr. Minoru Kubota
Colombo Plan expert on Narcosis

Mr. Yasuharu Inoue
Colombo Plan expert on Radiology

Mr. Akihiko Hashimoto
Coordinator for Japanese Medical Cooperation

4. ラオス

タゴン医療センター

RECORD OF DISCUSSIONS

BETWEEN THE JAPANESE MEDICAL COOPERATION MISSION AND THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE KINGDOM OF LAOS

The Japanese Medical Cooperation Survey Mission headed by Dr. Yasuyuki KANOH visited the Kingdom of Laos from the 1st to 15th of March, 1972 and had discussions with the Authorities concerned of the Government of Laos on the future plan of the Tha-Ngon Dispensary project.

The following is the Record of Discussions:

1. Medical cooperation between the Japanese government and the Laotian government will be executed placing major emphasis on the cooperation in public health services and medical treatment based on the Tha-Ngon Dispensary.

The above-mentioned cooperation shall be implemented for the period of three (3) years hereafter, and at the end of the cooperation period this plan will be transferred to Laotian experts.

2. In accordance with the laws and regulations in force in Japan and within annual budgetary appropriations, Japanese cooperation will be extended within the framework of Colombo Plan technical cooperation in the form of dispatch of experts, provision of training facilities in Japan and supply of equipment upon receipt of Application Forms A. 1, A. 2, A. 3 and A. 4 from the Government of Laos.

3. The Japanese government will consider:

- (1) Consolidation of the staff of Japanese experts in the Tha-Ngon Dispensary in the future as follows;

Expert	Number
Physician	2-3
X-ray Technician	1
Health Nurse	1
Nurse	2

- (2) Provision of training and observation facilities in Japan for the Laotian personnel.
- (3) Supply of the necessary equipment.
4. The Laotian government will undertake to provide at their own expense their additional counterparts with the Dispensary.
5. The above cooperation will be carried out on the following conditions.
 - (1) The Government of Laos issues necessary permits to the Japanese experts so that they can be engaged in medical and other related activities under the present cooperation project within the framework of existing regulations in Laos.
 - (2) The Japanese staff and their families shall be granted in Laos privileges, exemptions and benefits no less favourable than those granted to experts under the similar circumstances.
 - (3) The Government of Laos undertakes to bear claims, if any arises, against the Japanese experts resulting from, occurring in the course of, or otherwise connected with the bona fide discharge of their functions in Laos covered by this Record of Discussions.
 - (4) The equipment and materials to be supplied by the Government of Japan become the property of the Government of the Kingdom of Laos upon being delivered C. I. F. at the airport of Vientiane to the Laotian authorities concerned.
 - (5) The Government of Laos will undertake to meet:
 - (a) custom duties, internal taxes and other similar charges, if any, imposed in Laos in respect of the equipment supplied by the Japanese government for this medical co-operation plan.
 - (b) expense necessary for the transportation of the equipment supplied by the Japanese government for this cooperation plan within Laos as well as for the installation, operation and maintenance thereof.
 - (c) any other running expenses necessary for the operation of the Dispensary.

This is the record of discussions to be approved by the respective governments.

Vientiane, 14th March 1972

Dr. Yasuyuki KANOH
Head of the Japanese
Medical Cooperation Mission

Dr. Phouy PHOUTTHASAK
Directour Général
Ministere de la Sante Publique
Royaume du Laos

5. マレーシア

総合病院

Record of discussion of the meeting held between the Government of the Federation of Malaysia and the Japanese Preliminary Medical Survey Team on the dispatch of the Japanese Medical Team to West Malaysia

1. The Government of Japan will dispatch a Japanese Medical Team to West Malaysia in order to extend medical services at related activities under the Colombo Plan.
2. The place where the Medical Team carries out its medical facilities is as follows:-

District Hospital,
Kuala Krai,
Kelantan

3. The Japanese Medical Team will consist of the following members:-

(a) Medical Doctor	2
(b) Laboratory Technician	1
(c) X-Ray Technician	1
(d) Nurse	2
(e) Coordinator	1

TOTAL 7

4. Functions of the Medical Team

The Japanese Medical Team will be under the overall supervision of the Medical Officer i/c., Kuala Krai District Hospital (in matters of administration and discipline) and the local staff will work closely together with the team. A coordinated programme for the hospital and the health centres will be worked out together between them.

5. The Japanese Medical Team will be sent in June, 1967 and will stay for a period of 3 months.
6. The members of the Japanese Medical Team will be sent to West Malaysia through the normal procedure of the Colombo Plan.
7. The Japanese Medical Team shall be exempted from any liability in respect of any accident that may arise with the bona fide discharge of medical treatment activities carried out by the team. The 2 doctors and the 2 nurses will have to be registered first.
8. Although the medical appliances, sanitary material and medical drugs to be used by the Japanese Medical Team will be supplied by the Government of Japan under the Colombo Plan, all the facilities and medical appliances including all drugs available in the hospital can also be used by the Japanese Medical Team.
9. The Government of Malaysia will be responsible for the storage of the medical appliances, sanitary material and medical drugs supplied by the Government of Japan.
10. After completion of the project, the medical appliances used by the team and the remainder of the sanitary material and medical drugs will be donated to the Government of Malaysia.
11. Custom duty and other similar charges on the articles mentioned above at 8 shall be exempted.

This is the record of the meeting to be approved by the Ministries concerned.

.....
(Dr. Nagatoshi Yonemura)
Head of the Japanese Preliminary
Medical Survey Team

.....
(Tan Sri Dr. Mohd. Din bin Ahmad)
Permanent Secretary,
Director of Medical Services,
Ministry of Health,
Malaysia

Date: 24th February, 1967

6. タ イ

イ. ウイルス研究所・薬品検査試験所

(4)-1 Record of Discussions

between the Thai Mission headed by Dr. Komol Pongsritong
and the Japanese authorities concerned
on the Thai Virus Research Institute Project
and the Thai Medicinal Plant Research Project

I. The Thai Virus Research Institute Project

1. In order to ensure smooth and effective cooperation on a long-term basis, the Medical Cooperation Committee for the Thai Virus Research Institute Project will be formed on the Japanese side with members representing the Ministries and Institutions concerned.
2. In accordance with the laws and regulations in force in Japan and within yearly budgetary appropriations, Japanese cooperation will be continued in the form of dispatch of experts, provision of training facilities and supply of equipment upon receipt of Colombo Plan Application Forms A1-4 from the Thai Government.
3. Regular consultation between authorities concerned of two Governments are expected to be held yearly in Tokyo and Bangkok alternately where matters concerning priority subjects, experts, participants and equipment be considered and the activities of the Institute in the past year be reviewed.
4. The priority subjects should be selected from the viewpoint of public health of the Thai people. For 1968, the following are selected as the priority subjects:
 - a) Pathogenesis of haemorrhagic fever
 - b) Activities as the WHO National Influenza Center
 - c) Epidemiological studies and control of Rubella
 - d) Control of Poliomyelitis
 - e) Epidemiological studies on Rabies, Measles and the other viral diseases.

5. In order that the Thai staff may obtain maximum benefit from the Japanese experts, the number of the Japanese experts to be stationed in the Institute should not be more than 3 at one time and the terms of their assignments are expected not to be shorter than six months in principle.

6. In this connection, each Japanese expert should have his counterpart and under-studies, and the Thai personnel trained in Japan for the Project should not be released for other purposes for a certain reasonable period of time.

7. The first Scientific Report of the Institute will be published in English incorporating its past and present activities, and the subsequent Reports will be published annually covering the period from January to December each year.

8. The Poliomyelitis Immunization Project, which will be started from December 1968 in the municipality of Bangkok and Thonburi, is based on the results of the epidemiological surveys of the Enteroviruses Section of the Thai Virus Research Institute. The Section will also play a vital part in the post-vaccination surveys.

9. The record of discussions shall be reviewed at the yearly regular consultation under paragraph 3 which shall be revised when necessary.

II. The Thai Medicinal Plant Research Project

1. In accordance with the laws and regulations in force in Japan and within yearly budgetary appropriations, Japanese cooperation will be continued in the forms of dispatch of experts, provision of training facilities and supply of equipment, within yearly budgetary appropriations, upon receipt of Colombo Plan Application Forms A1-4 from the Thai Government.
2. It is expected that more emphasis be placed on the training of the Thai staff in Japan.
3. The Thai side expects that one Japanese expert shall be sent to Thailand yearly and one or more Thai participants per year shall be sent to Japan for the Project.
4. In 1968, the Thai side expects that a pharmacognosist will be sent to Thailand to continue the Project. In addition the Japanese side will attempt to send a taxonomist for three months and pharmacologist for one year to Thailand.

Tokyo, June 28th, 1968

Dr. Komol Pengsritong,
Deputy Under-secretary
of State for Ministry of
Public Health

Seifu Aburatani
Executive Director
Overseas Technical Coopera-
tion Agency

(1)- 2 Record of Consultation
between the Japanese Mission and the Thai Authorities
on the Thai Virus Research Institute Project
and the Thai Medicinal Plant Research Project
in 1969

In June 1968 an official discussion between the Thai Mission and the Japanese authorities on these projects was held in Tokyo, and it was agreed that the Regular Consultations are expected to be held yearly.

According to this agreement, the consultation between the Japanese Mission and the Thai authorities on these projects has been held in Bangkok from 5 to 20 August 1969.

The record of this consultation is as follows:

I. The Thai Virus Research Institute Project:

1. Review of the cooperation in 1968:

The activities of the Institute in 1968 are under review. Indication of remarkable progress as compared with that of the previous years has been noted.

Report on the work of the Institute for the year 1963 - 1967 and the Annual Report for 1968 which have been published are distributed for consideration. They will be distributed to other medical institutions and agencies in Thailand and abroad accordingly.

2. Future plan:

In order to promote medical cooperation for the Thai Virus Research Institute Project effectively and to achieve the purpose of this cooperation properly, both, the Japanese Mission and the Thai authorities, agree that the Japanese authorities will consider the following-up on a long-term basis even after the establishment of self-support of the Thai Virus Research Institute in its activities and functions.

3. Technical cooperation:

3.1 Equipment:

- 3.1.1 The Japanese authorities will attempt to supply spare parts necessary for repairing the equipment already provided, and to replace the unusable or damaged equipment with the new sets.
- 3.1.2 As to special equipment which will become necessary in accordance with the development of the research work, the Japanese authorities will render their efforts within the budgetary appropriation in 1969.
- 3.1.3 The Japanese Mission expects that the equipment provided will be used effectively under the appropriate control policy.
- 3.1.4 The Japanese Mission expects that the Thai authorities will undertake proper steps in securing the budget for the necessary equipment.

3.2 Training of Thai staff in Japan:

- 3.2.1 Two fellowships for the training of Thai staff in Japan for a period of one year each will be considered for the year 1969-1970.
- 3.2.2 Three to six month training in Japan for Thai personnel in the techniques of repair and maintenance of equipment will be considered additionally by the Japanese authorities.

3.3 Experts:

The Thai Virus Research Institute will request through its official channel an additional expert in arbovirus (Japanese encephalitis virus) to be stationed in the Institute for 6 months.

Furthermore, an extension of the assignment of Mr. Mitsuo Takagi for another 3 months would be also considered.

4. Priority subjects:

For 1969 and 1970, the following are selected as the priority subjects:-

- a) Arbovirus encephalitis especially Japanese encephalitis
(An outbreak of encephalitis has occurred in Chiang Mai in June-August 1969).
- b) Haemorrhagic fever.
- c) Control and surveillance of poliomyelitis.
- d) Studies on respiratory viruses.
- e) Studies on rabies, measles and other viral diseases.

5. Mutual exchange of information on the budget:

The Japanese Mission expects that the allocation of the Thai budget in need of this project will be informed by the Thai authorities at the commencement of the fiscal year. The Japanese authorities will also give the corresponding information to the Thai authorities.

6. Role of the Virus Research Institute in Thailand

In order to promote the virus study in Thailand the important role of the Virus Research Institute should be emphasized in the education of graduate and post-graduate students under the cooperation between the Institute, medical colleges, and other institutes.

7. The Publication:

The Collected Papers of the Virus Research Institute, Vol. 1 (1967-1968) will be published and necessary financial support for this will be considered by the Japanese authorities.

8. The Regular Consultation in 1970:

The next regular consultation will be held in Tokyo for two weeks in May or June, 1970.

II. The Thai Medicinal Plant Research Project

I. Review on the cooperation of 1964 - 1968:

1.1 Introduction: The Thai Medicinal Plant Research Project commenced in 1964, when Dr. T. Kariyone, National Institute of Hygienic Sciences, Japan, visited Thailand and gave the suggestion on the development of Thai medicinal plant resources. The Thai authorities started to send the trainees to Japan in 1965 according to Dr. Kariyone's suggestion. The Japanese authorities started the dispatch of the specialists and the equipment to Thailand in 1967. A research unit composed of four sections, namely, botany, pharmacognosy, plant chemistry and pharmacology, has been established in the Department of Medical Sciences, Yod-Se, Bangkok.

1.2 The Training of Thai Staff in Japan: The trainees so far accepted and will be accepted in a near future are as follows:

year	name	subject	Period
1965	Miss Chanporn Chandhanasut	administration for the research	9 months
	Miss Panida Kanchanapee	phytochemistry	1 year 3 months
1966	Mr. Daroon Pecharaply	pharmacognosy and medicinal botany	1 year
1968	Mrs. Wantana Ngarmwatana	pharmacology	6 months
	Miss Thaweephol Dechatiwongse	phytochemistry	1 year
1969	Dr. Verapong Podimuang	chemistry of natural products	6 months
	Mr. Prayudh Satravaha	pharmacology	1 year
1970	Mrs. Passara Ngearndee	pharmacognosy	6 months

1.3 Dispatch of experts to Thailand: In 1967 Dr. T. Shimomura, National Institute of Hygienic Sciences, Japan, stayed in Bangkok for 6 months.

He made the suggestion and organization of the project and carried out the training in pharmacognosy in general. In 1968 Dr. K. Nishimoto, National Institute of Hygienic Sciences, succeeded the work. During his term of assignment in Bangkok for 14 months, the supply of the instruments from Japan was realized and the actual movement of the project commenced. He gave the training in the survey of herbal drug preparations, identification of medicinal plants, and the isolation and the characterization of the constituents. In 1969 Dr. T. Kimura succeeded the work and further development of the project is now in progress.

- 1.4 Equipment: Within yearly budgetary appropriation, the Japanese cooperation in the form of equipment chiefly for the works in pharmacognosy and phytochemistry was carried out both in 1967 and 1968 by the budgets of 1967 and 1968.
- 1.5 Progress of the cooperation: The conditions of the laboratories have been improved. The cooperation between Thai staff and Japanese experts is going on smoothly and friendly.

2. Future plan

- 2.1 The general policy: In order to promote the cooperation effectively, the Thai authorities and the Japanese Mission agree that Japanese cooperation in the forms of the provision of the equipment and the dispatch of the experts will be continued until 1970 within yearly budgetary appropriation.

The Japanese Mission expects the establishment of self-support by the Thai authorities in the research project after March 1971. However, the following-up on a long-term basis in the form of the dispatch of the experts for short-term assignment in Thailand and the acceptance of the trainees in Japan will be considered after March 1971.

- 2.2 The training of Thai staff in Japan: The Thai authorities expect that one or more Thai participants will be sent yearly to Japan and the cooperation in this form will continue after March 1971.
- 2.3 The dispatch of experts to Thailand in 1969 - 1970: Dr. T. Kimura will continue his work until April 1970. After the provision of the equipment at the beginning of 1970 by the budget of 1969, a pharmacologist will come to Thailand to help promote the work in pharmacological evaluation of the Thai medicinal plants. Further cooperation in the form of the dispatch of the experts will be considered according to the Record of Discussion of 1968 at Tokyo.
- 2.4 Equipment: Within the budgetary appropriation, the Japanese authorities will consider the provision of the equipment in 1969 and 1970. In 1969 more emphasis will be placed on the provision of the equipment necessary for the pharmacological evaluation of the Thai medicinal herbs.
- 2.5 The publication of the progress report will be discussed in the regular consultation in 1970. The Japanese Mission expects that the detailed future plan for self-support after 1970 and the selection of priority subjects will be discussed at the next consultation.

3. Regular Consultation in 1970:

The next consultation will be held in Tokyo in conjunction that of the Virus Research Institute Project.

Bangkok, August 19, 1969

Dr. Masami Kitaoka,
Head of the Japanese
Mission.

Dr. Komol Pengsritong
Deputy Under-secretary of
State for Public Health,
Thailand.

ロ. ラマチボディ医科大学

GIST OF DISCUSSION

Between

THE REPRESENTATIVE OF DEPARTMENT OF OPHTHALMOLOGY AND OTOLARYNGOLOGY

and

THE DEPARTMENT OF PATHOLOGY, FACULTY OF MEDICINE, RAMATHIBODI HOSPITAL

and

JAPANESE SURVEY MISSION FOR THAILAND

Introduction

The OTCA has begun cooperation with the Department of Ophthalmology and Otolaryngology of the Faculty of Medicine, Ramathibodi Hospital since 1968 and with the Department of Pathology of the same faculty since late 1969 in the development of their activities.

From 3rd to 13th February, 1971 the Mission, Representatives of the two departments and the dean discussed various aspects of the projects to evaluate the past, three years among five year plan for Department of Ophthalmology and Otolaryngology, one year among three year plan for Department of Pathology, and to set the plan for the remaining years to come. The mission received the progress reports of the projects from the chairmen of the two departments.

The Japanese mission understood, after the explanation given by the representatives and visits to rural hospitals, that there is in Thailand a shortage of medical personnel, especially in Pathology and in Ophthalmology and Otolaryngology. The aim of Ramathibodi Hospital is to create the personnel who will take part in the medical education which will ultimately supply enough manpower to run the adequate medical service throughout the country.

The discussions held between them are summarized in the following:

1. Project for Department of Ophthalmology and Otolaryngology

1.1 Evaluation of the past activities of cooperation. The items discussed are as follows:

1) Residency training program in basic ophthalmology: The Department sent four residents in 1968, another four residents in 1969 to Japan for training in basic ophthalmology for the period of 9 to 11 months. The result is favourable.

2) Refraction clinic: This was set up at the early phase by Dr. Konyama and is gradually being taken over by Thai counterparts at present.

The result seemed to the mission satisfactory.

- 3) Contact lens units.
- 4) Orthoptic clinics and the training of orthoptists.
- 5) Fundus fluorescein angiography and fundus photography unit.

These three units are in the process of building up their activity smoothly, and they are hoped by the mission to get to their full activity very soon.

As for 6) Biochemistry unit, it did not give expected result as originally planned. The mission, however, noted that the major equipments donated by OTCA under this item is currently serving for the research activity of the Hospital, being on loan to the Central Research Laboratory of the same hospital. The mission expressed their hope that they will continue to be useful in the activity of the Hospital, and in the near future they will serve for the research activities of the Department again.

The mission understood with deep satisfaction the appreciation of Dr. Uthai, the Chairman of the Department, for the activities of Dr. K. Konyama, the expert sent by OTCA to his department, on various aspects of the department and on his participation in rural health project in Bang-pa-in, which may give one of the basic aspects in planning the ophthalmic service for the country.

1.2 The projects requested in 1970 by Ramathibodi and under consideration by OTCA.

These items are the followings:

- 1) The fellowship to send Dr. Vijitr and Dr. Thongchai to Further their study in pathology and glaucoma for three and two months respectively and two fellowships to send nurses to Japan for three months to study the operating room's management and new technique in ophthalmic nursing.

- 2) Equipment for electrophysiology unit, dark adaptometer and small amount of equipment for setting up the ophthalmic pathology unit and for teaching.

- 3) Short term visiting professor in ocular electrophysiology and neuro-ophthalmology. Prof. S. Ishikawa is already requested in 1970 to visit the Department.

The mission expressed their hope that these being all important for the activity of the department, these requests will be met at an earliest possible date.

1.3 Future plan and requests from Ramathibodi.

The items requested by Ramathibodi in accordance with the future planning of the development of the department are as follows.

- 1) One long term expert to work at the department.
- 2) Fellowship for four first year residents to receive basic ophthalmology training in Japan.
- 3) Fellowship for teaching staff to study the retina and ophthalmic microsurgery in Japan for three months.
- 4) Two fellowship for nurses or orthoptists to study nursing in ophthalmic clinics, or to study pediatric ophthalmology, orthoptics and methods of ophthalmic examination.
- 5) Photocoagulator for retinal diseases.
- 6) Ophthalmic microsurgery unit.

The summary of discussion on these items will be given later.

2. Project for Department of Pathology

The mission understood from the explanation of Dr. Natth that the Department of Pathology is related in the activities, is not only other departments in Ramathibodi but also to other hospital throughout the country. They also understood the difficulty and shortage of manpower in pathology in this country, that is caused by the pathology operating behind the scene of clinical medicine.

2.1 Evaluation of the past activities of cooperation.

The items discussed are as follows:

- 1) Animal facilities for experimental pathology.
- 2) Electron microscopy laboratory.
- 3) Experimental pathology research development.

Dr. Natth divided the activity of his department into three: human pathology, clinical pathology and experimental pathology. The former two are for the medical service throughout the country. The last one, experimental pathology, especially, is aimed for the upgrading of the pathology researches in this country, and for the training of pathologists and technicians in pathology. The activities in experimental pathology will serve not only for the training of the personnel in advanced stage, but also will be an important basis to keep the quality of the techniques in clinical pathology and human pathology. The mission is satisfied with the progress in setting up the animal facilities and breeding pure strain animals, which will be the basis of further activity in experimental pathology. As for

electron microscopy laboratory, the mission hopes that the electron microscope which has just arrived will be installed and begin the service quickly, and the activity of the laboratory will be built up as planned. The mission also noted that Dr. Natth already has two senior staff and one technologist who have good experience in electron microscopy. The mission noted with pleasure that Dr. Miyamoto, the expert sent by OTCA, is working on animal facility, performing experiments on cancer, and is engaged in other activities of the department.

2.2 The project requested by Ramathibodi in 1970 and under consideration, including funds for super freezer, refrigerators, centrifuge and a few small equipment. The mission expressed their hope that these being all important for the activity of the department, these requests will be met at an earliest possible date.

2.3 Future plan and requests from Ramathibodi

The items requested by Ramathibodi in accordance with the future plan of the department are as follows:

- 1) One long term expert to work at the department continuing in 1972.
- 2) Two short term visiting professors for 1971 and another two in 1972.

For 1971, assistant Prof. S. Onishi in electron microscopy, and Prof. Miyaji, in liver cancer, are requested in 1971 to be at the department for the period of 3 months. For 1972, the experts in immunopathology and autoradiography are being considered for visiting professors to the department.

- 3) To send three Thai staffs of the department to Japan in 1971, four Thai staffs in 1972.

- 4) Possibility is being explored to have cooperation in clinical pathology in 1972.

Past cooperation in Pathology has conformed with the initial report and recommendation made by Dr. H. Miyaji in 1969.

Final conclusion

There were several other problems discussed about the future plan of the cooperation for The Department of Ophthalmology and Otolaryngology and the Department of Pathology. These problems will continue to be investigated until they will be taken up in more definite shape.

The mission understand that the future planning and requests by the two departments are adequate and necessary for the activity of the department in the future, and hoped that they would receive a favourable decision by OFCA. In this connection, the mission thinks it necessary to evaluate the projects again at least one year prior to the end of these projects and discuss the possible extension of the projects or the planning of the new projects which may evolve after the present ones.

As the result of discussion on these projects of cooperation, summarized above, the mission had the impression that these projects are going smoothly in general, thanks to the effort of the people in charge to overcome various kinds of obstacles which may occur in these kinds of international cooperation. Both expressed their hope that further effort should be made to complete these projects in success, under the approval of the governments.

February 12, 1971

Signature

.....
Toshio Toyama

(Dr. Toshio Toyama)

.....
Uthai Rutnin

(Dr. Uthai Rutnin)

.....
Akira Nakajima

(Dr. Akira Nakajima)

.....
Natth Bhamarapravati

(Dr. Natth Bhamarapravati)

ハ. タイ・がんセンター

(一)-1 Record of Discussion of the meeting between representatives of the Thai Departments concerned and Japanese Survey Mission on the Co-operation to the Thai National Cancer Institute

1. A Japanese Survey Mission, headed by Dr. S. Sagara, visited Thailand from July 5 until July 19 to establish the scheme of the Japanese co-operation programme for the Thai National Cancer Institute, the importance of which is stressed under the Second Five-year Plan of the National Economic Development of Thailand.

During the stay, the mission had discussions with the members of the Cancer Administrative Committee of the Institute, responsible officers of the Ministry of Public Health, Department of Technical and Economic Cooperation (DTEC) of the Ministry of National Development, and of the National Economic Development Board. The Mission also visited Siriraj Hospital, Nonburi Chest Hospital, Chulalongkorn Hospital, Prapothabaht Hospital, Cholburi Hospital, and Chiangmai Hospital.

The meeting expressed its thanks to the Government of Japan for the dispatch of the mission, and to the mission for its careful inspection, and deliberate and constructive suggestions. The mission thanked the Thai authorities concerned for their kind hospitality extended during the stay in Thailand.

2. The report of the mission will be submitted to the Government of Japan in a few months, for establishing a technical cooperation programme with the Thai National Cancer Institute. Apart from this report, suggestions and advice by the mission will be compiled and delivered to the Thai authorities concerned through the DTEC as soon as possible, to lead this project successfully.

3. The mission fully recognized the supreme significance of the establishment of the Institute, not only because of the disastrous character and popularity of this sickness in Thailand, but also because of the fact that the research in this field will stimulate the medical research generally, thus levelling up the standard of the medical science in this country.

The mission recognized the enthusiasm and efforts which has been paid by the authorities concerned for the establishment of the Institute. The mission also recognized that several hospitals are well equipped for the remedy of the cancer through the well-administered coordination among them, although, the mission admitted that there are still lacks of

equipment, personnel, fundamental statistics in this field.

4. The Mission will recommend to the Government of Japan to provide for the Institute experts in the field of detection, treatment, research, education, and administration, and also equipment and fellowships for the training of Thai doctors in Japan under the Colombo Plan. The Mission expects that some of the above assistance may be initiated in the fiscal year 1967 (which end 31 March 1968).

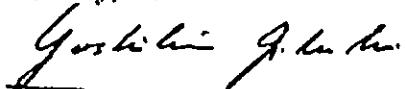
In view of the fact that the proposed assistance programme depends upon the proceeding of the project on the Thai side, the Japanese mission strongly felt that any delay of building construction, shortage of budget and staff allocation on the Thai side will decisively hinder the smooth operation of the assistance programme of the Government of Japan to this project.

5. The parties concerned unanimously admitted that the Japanese assistance is decisively important to this project. From this view points, the opinion of the Japanese experts should highly be esteemed, and Japanese experts should be recommended to take the position of advisors to the Cancer Administrative Committee for the Institute.

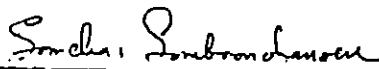
6. To lead this project successfully, the consensus emerged that there should be frequent consultations between the Thai and the Japanese authorities concerned.

Above is the record of the meeting approved by the Mission and the representative of the Thai Departments concerned.

Bangkok,
19, July, 1967



Mr. Yoshihiro Jibiki
Third Secretary
Japanese Embassy



Dr. Somchai Sombooncharoen
Secretary of National Cancer Institute



Witnessed by Mr. Pracha Chaowasilp
Chief, TCD - Colombo Plan Division
Department of Technical and Economic
Cooperation

(3)- 2 Record of Discussion
 Between the Thai Mission headed
 By Dr. Chitt Hemachudha and
 the Japanese Medical Cooperation Committee
 for the Thai National Cancer Institute Project

1. In order to ensure smooth and effective cooperation on a long term basis, the Medical Cooperation Committee for the Thai National Cancer Institute Project has been formed on the Japanese side with members representing the ministries and institutions concerned. (See Appendix 1)
2. Japanese cooperation will be extended in the forms of dispatch of experts, provision of training facilities and supply of equipment, within yearly budgetary appropriations, upon receipt of Colombo Plan Application Forms A1-4 from the Thai Government.
3. For the success of the Project, the Japanese experts should have their counterparts or understudies and the Thai personnel trained in Japan for this Project should not be released for other purposes for a certain reasonable period of time.
4. In view of the importance and urgency of having a Cancer Hospital for the patients who will be detected at the Early Cancer Detection Clinic, the Cancer Hospital is urged to be built in the 2nd year of the Project.
5. Pending the completion of the construction of the Cancer Hospital, close cooperation and coordination should be established and maintained between the Early Cancer Detection Clinic and the existing hospitals in Thailand.
6. Subject to the budgetary appropriations the Government of Japan will consider the following:
 - (1) Medical equipment to be supplied to the Early Cancer Detection Clinic whose building will be completed in June 1968. (See Appendix 2)
 - (2) Training facilities to be provided in Japan from June 1968 for six months for one radiology doctor, one cytology

doctor (or technician), one clinical pathology doctor, one clinical laboratory examination technician and two X-ray technicians who will return to Thailand in good time for the opening of the Early Cancer Detection Clinic scheduled in December 1968.

(3) A mission consisting of medical experts to be dispatched to Thailand in May 1968 for clinical survey who will also interview the candidates selected for training in Japan.

(4) The medical experts to be dispatched to the Institute. The Thai side expects that the experts will consist of one administration doctor, one radiology (stomach) doctor, one radiology (lung) doctor, two X-ray technicians, one clinical pathology doctor and one gastro-endoscopy doctor as well as one coordinator.


The Japanese side recognizes the importance of the experts in these fields for the operation of the Institute and expects that some of them will come from Thai Nationals. The Japanese side agrees that some of the Japanese experts will be dispatched in time for the opening of the Early Cancer Detection Clinic.

This is the record of discussion to be approved by the respective Governments.

Tokyo, March 23rd, 1968



Dr. Ch. Hemachudha,
Deputy Under-Secretary
of the State,
Ministry of Public Health



Seifu Aburatani
Chairman, Medical Cooperation
Committee for the Thai National
Cancer Institute Project

(*)-3 RECORD OF DISCUSSION
between the Japanese Mission and the Thai Authorities
on the Thai National Cancer Institute Project
in 1969

Preamble

Since March 1968, the Thai and the Japanese Governments have been promoting, in close cooperation, the Thai National Cancer Institute Project. From November 5 to November 19, 1969, a Japanese Mission headed by Dr. Hiroshi Konishi, Director of Administration Department, National Cancer Center of Japan, was sent to Thailand and had an exchange of views with the Thai Authorities concerned, reviewing the past performance of the cooperation for the Project and examining the future plan of the Project in connection with the construction of a hospital attached to the Thai National Cancer Institute.

The resume of the exchange of views between the Thai Authorities concerned and the Japanese Mission is as follows:

1. Review of the Work and Activities of the Institute:

1.1 Thai Activities: Since December 10, 1968, the National Cancer Institute has started activities of early cancer detection for the public in the form of establishment of departments in the Early Cancer Detection Clinic, namely, Radiology, Endoscopy, Clinical Laboratories, Statistics, Pharmacy, General Affairs and Finance. The number of out-patients had been increasing rather rapidly, although not much publication of the activities of the Clinic had been made during this period (see Appendix I).

1.2 Japanese Cooperation: Since the starting of the National Cancer Institute Project until the end of August 1969, the Japanese Government had provided the medical equipment and supplies to the Institute, which valued at US\$285,604 (see Appendix II).

Thirty six Japanese experts including two missions of 9 people, had been dispatched to the Institute in order to advise and train the Thai staff in mastering the techniques and the use of equipment (see Appendix III).

Six fellowships had been provided to the medical doctors and technicians of the Institute for training at the National Cancer Center, Tokyo (see Appendix IV).

2. Future Plan:

2.1 Thai Side:

2.1.1 New units of the Institute were expected to be opened for services in the very near future; these departments were: Nuclear Medicine, Physiology, and Cancer Registration Unit.

2.1.2 Construction of "Cancer Hospital" was expected to begin in January 1970 (see Appendix V).

2.2 Japanese Side: To have the functions of the Hospital fully operative after its completion, the Japanese side would cooperate, within the limit of budgetary allocation, in supplying equipment, dispatching Japanese experts and providing fellowships for training of Thai personnel. The dates of the dispatches of the Japanese experts and the durations of their assignments, as requested by the Thai side, would be finalized after the return to Japan of the Mission.

To cope with the expected expansion of activities of the Hospital after its opening, the Japanese side was considering to extend some more co-operation. The detailed plan would be discussed at future annual meetings.

3. Further cooperation:

3.1 Both sides were of the opinion that continuation of the cooperation of the Japanese Government in this Project should be implemented in the form of provision of Japanese experts, of fellowships for training of Thai personnel, and also of certain necessary equipment.

3.2 The scheme of dispatching Thai trainees to Japan should be arranged in a way that the Thai counterpart personnel could complete their training before the corresponding Japanese experts be dispatched to the Institute. Particularly, due consideration should be paid to the training of the Thai counterpart personnel in anticipation of the completion of the Hospital.

3.3 In addition to the equipment to be further provided by the Japanese Government, the Thai Authorities would undertake proper steps in securing the budget for the other necessary equipment.

3.4 To have a maximum efficiency of the cooperation, each side would keep the other well informed about the personnel of the Institute, the construction of the Hospital, the installation of new equipment and supplies, and their maintenance.

3.5 It was agreed that regular annual consultation of the Project would be held, in principle, once a year alternately in Thailand and Japan.

Commitments in this Record of Discussion are to be approved by the respective authorities concerned.

Bangkok, November 18, 1969.

Dr. Hiroshi Konishi
Director of Administration Department
National Cancer Center
Tokyo, Japan
Head of the Japanese Mission

Dr. Komol Pengsritong
Deputy Under-Secretary of State
for the Ministry of Public Health
Thailand

Appendix I

Thai activities:

Number of Out-Patients and Examined Cases. (From 10 December 1968 - 30 August 1969)

I. Early Cancer Department II. Department of Radiology III. Department of Clinic Lab. IV. Department of Endoscopy Clinic

No. Male	336 cases	No. - Normal	917 cases	I. Microscopy & Hematology	No. Total	105 cases
Female	493 "	Special	635 "	- C.B.C.	658 cases	Discovery of Carcinoma
Total	829 "	Total	1,552 "	- Urinalysis	727 "	Total 3 cases

Age. Male	30 - 49	Sex - Male	835 "	- Stool Examination	258 cases
Female	30 - 49	Femal	716 "	2. Biochemistry	

Discovery of Carcinoma	Child	3 "	Total	156 cases
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Male	39 cases	3. Cytology
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Female	24 "	- Vaginal, Cervical and
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Total	63 "	Endocervical Smear	352 cases
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Head & Neck - Male	20	- Others	39 "
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- Female	9
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- Total	27
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Cervix - Female	5
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Appendix II

Medical Apparatus provided by Japanese Government
(March 1968 - September 1969)

1.	Radiology Department	1	US\$ 151,125
	X-ray T.V. Unit	1	
	X-ray Unit	6	
	Automatic Processor	1	
	Other		
2.	Endoscopy Department		US\$ 17,761
	Gastro-Fiberscope	1	
	Gastro Camera	1	
	Laryngoscope	1	
	Colposcope	2	
3.	Clinical Examination Department		US\$ 75,392
	(Apparatus for General Examination Division, Pathology, Cytology, Lung Function, Haematology, Serology, Physiology, Biochemistry, Bacteriology.)		
	Spectrophotometer	1	
	Microtome	1	
	Incubator	1	
	Freezed dryer	1	
	Analyser for lung function	1	
	Electrophoresis Unit	1	
	Autoclave	1	
	Freezer	2	
	Shield room	1	
	Glasswares		
	Others		
4.	Nuclear Medicine Department		US\$ 19,306
	Scintiscanner	1	
	Renogram	1	
	Well - Scintillation	1	

5. Other		US\$ 11,781
Audio - Visual Unit		
Tape - recorder, Ricopy		
E.C.G. unit		
Stationwagon	1	
Air - conditioner	5	
English Reference		
Total		US\$ 275,762
Transportation Fee		US\$ 9,842
<u>Grand - total (C.I.F. Bangkok)</u>		<u>US\$ 285,604</u>

Appendix III

List of Japanese Experts (May 1968 - November 1969)

1.	Dr. Soroku Yamagata	Head of Mission (Administration)	}	16 days (May 28, 1968 to June 12, 1968)
2.	Dr. Kiyoji Kimura	Clinical Pathology		
3.	Dr. Takao Sakita	Endoscopy		
4.	Dr. Yoichiro Umegaki	Radiology	}	15 days (June 9, 1968 to June 23, 1968)
5.	Dr. Toshio Ogata	Surgery		
6.	Dr. Yoichiro Umegaki	Radiology	}	1 month; November 19, 1968 to December 18, 1968
7.	Mr. Yukimoto Fukuoka	Clinical Laboratory Technician		
8.	Dr. Kazuo Date	Administration		6 months November 19, 1968 to May 18, 1969
9.	Dr. Etaka Tsuboi	Radiology (lung)	}	3 months; December 3, 1968 to March 1, 1969
10.	Dr. Hisayuki Fukutomi	Endoscopy		
11.	Mr. Tadatoshi Shizano	X-ray Technician		7 months December 3, 1968 to June 2, 1969
12.	Mr. Toshiyuki Salto	X-ray Technician		4 months; December 3, 1968 to March 16, 1969
13.	Dr. Hisanobu Nitani	Clinical Laboratory (Biochemistry)		3 months; December 17, 1968 to March 16, 1969
14.	Dr. Masaru Kuru	Medical Consultation		10 days; December 5, 1968 to December 11, 1968
15.	Dr. Yoichiro Umegaki	Supervisor		10 days; February 26, 1969 to March 8, 1969
16.	Dr. Tatsuya Yamada	Radiology (Stomach)		3 months; February 26, 1969 to May 25, 1969
17.	Dr. Takeshi Miwa	Endoscopy		3 months; February 26, 1969 to May 25, 1969

18.	Mr. Kunitoshi Moroe	Coordinator	1 year; February 26, 1969 to February 25, 1970
19.	Dr. Tatsu Mukojima	Clinical Pathology (Immunology)	3 months; March 12, 1969 to June 2, 1969
20.	Mr. Katsuhiko Takasaki	X-ray Technician (Nuclear Medicine)	6 months; June 10, 1969 to December 9, 1969
21.	Dr. Hisao Sakakibara	Administration	6 months; June 10, 1969 to December 9, 1969
22.	Dr. Sachio Takasu	Endoscopy	3 months; October 17, 1969 to January 16, 1970
23.	Dr. Hiroshi Konishi	Head of Mission (Administration)	} 15 days; November 5, 1969 to November 19, 1969
24.	Dr. Yoichiro Umegaki	Supervisor	
25.	Dr. Ichiji Ito	Surgery	
26.	Mr. Hideo Ono	Coordinator	
27.	Mr. Takashi Uchiyama	Architect	22 days; November 5, 1969 to November 26, 1969
28.	Mr. Goro Iwamoto	Electric Engineering	22 days November 5, 1969 to November 1969

Eight Technicians of Installation & Repairment of Medical Apparatus.

Appendix IV

List of Participants in National Cancer Center, Tokyo

1.	Dr. Prapont Piyaratn	Clinical Pathology	3 months August 10, 1968 to November 9, 1968
2.	Dr. Phisit Phanthumachinda	Radiology	3 months August 26, 1968 to November 25, 1969
3.	Mr. Suparn Borisult	Laboratory Technician	} 4 months August 10, 1968 1968 to December 7, 1968
4.	Mr. Suwat Dangphibulsakul	X-ray Technician	
5.	Miss Arunee Chotironapat	X-ray Technician	
6.	Dr. Phisit Phanthumachinda	Consultation on Cobalt	2 weeks October 5, 1969 to October 19, 1969.

(*)- 4 RECORD OF DISCUSSION
BETWEEN THE JAPANESE ANNUAL CONSULTATION MISSION
AND THE THAI AUTHORITIES CONCERNED
ON THE NATIONAL CANCER INSTITUTE PROJECT OF THAILAND

Preamble

The Japanese Annual Consultation Mission for 1971, headed by Dr. Toshisada Ishido, Director of Administration Department of the National Cancer Center, Tokyo, Japan, visited Thailand from 7 to 19 June 1971, and exchanged views with the Thai authorities concerned on the future program of Japanese medical cooperation to the Thai National Cancer Institute.

The Japanese Mission expressed its thanks for the hospitality and cooperation extended by the Government of Thailand and the authorities concerned.

For the purpose of successful completion of the Project, Both Parties agreed that the cooperation should be extended for further three years after the end of the five year program of the cooperation, i. e., until March 31, 1975, in accordance with the laws and regulations in force in the two countries. Both Parties agreed to the Record of Discussion as follows which was signed by Dr. Komol Pengsritong, Under-Secretary of State for Public Health of Thailand, and Dr. Toshisada Ishido, Director of Administration Department of the National Cancer Center, Tokyo, Japan.

1. Review of the Activities of the Institute:

1-1. Thai Activities:

With the implementation of the five-year program of the Thai National Cancer Institute Project since 1966, the Early Cancer Detection Service has started and Department of Radiology, Endoscopy, Clinical Laboratories, Statistics, Pharmacy and Administration have been established.

The number of out-patients has been increasing and the Clinic is very actively engaged in services. The hospital attached to the Institute under construction since September 1970, will serve as a center for the cancer control in Thailand.

1-2. Japanese Co-operation:

Since the beginning of cooperation rendered to the Thai National Cancer Institute until March 1971, the Government of Japan has provided medical equipment and materials valued at approximately US\$ 546,000 (¥197,000,000) (Appendix 1). In order to advise and train Thai staff in mastering the techniques and the use of equipment, sixty-four Japanese experts have been dispatched to the Institute (Appendix 2).

Twenty two fellowships were also awarded to Thai physicians, technicians and nurses of the Institute for training at the National Cancer Center, Tokyo, Japan (Appendix 3).

2. Future Plan:

2-1. Thai Activities:

It is confirmed that the construction of the Cancer Hospital started in September 1970, (total cost: 18,350,000 BAHT, seven stories building, total floor space: 12,800 m²) will be completed in April 1972. In this regard, construction schedule of the hospital, its organization and activities were approved by Both Parties. (Appendix 4).

2-2. Japanese Co-operation:

To make the function of the hospital fully operative, the Japanese side will continue to cooperate in the form of providing equipment, dispatching experts and granting fellowships for training Thai personnel in Japan within the limit of budgetary allocation of the Japanese Government.

The Japanese side accepted the request of the Thai side to provide equipment, experts and fellowships in 1971 Japanese fiscal year (Appendix 5).

2-3. The Thai side will continue to follow the present way so that Thai personnel should complete their training at National Cancer Center, Tokyo, Japan, prior to the assignment of the corresponding Japanese experts at the Thai National Cancer Institute.

2-4. The Thai side accepted the Japanese Mission's proposal to provide experts/advisors for hospital management and construction, if necessary.

2-5. It is confirmed that the Thai side will take budgetary steps to provide the necessary equipment other than that supplied by the Government of Japan and to cover the maintenance cost of the supplied equipment after the guarantee period.

2-6. Both Parties agreed to endeavor to take budgetary steps including recruitment of personnel in order to complete the Project successfully within the extended period of three years according to the working plan attached herewith (Appendix 5, 1972 - 1974; and Appendix 6).

2-7. Both Parties agreed to have close exchange of information in order to implement the Project effectively.

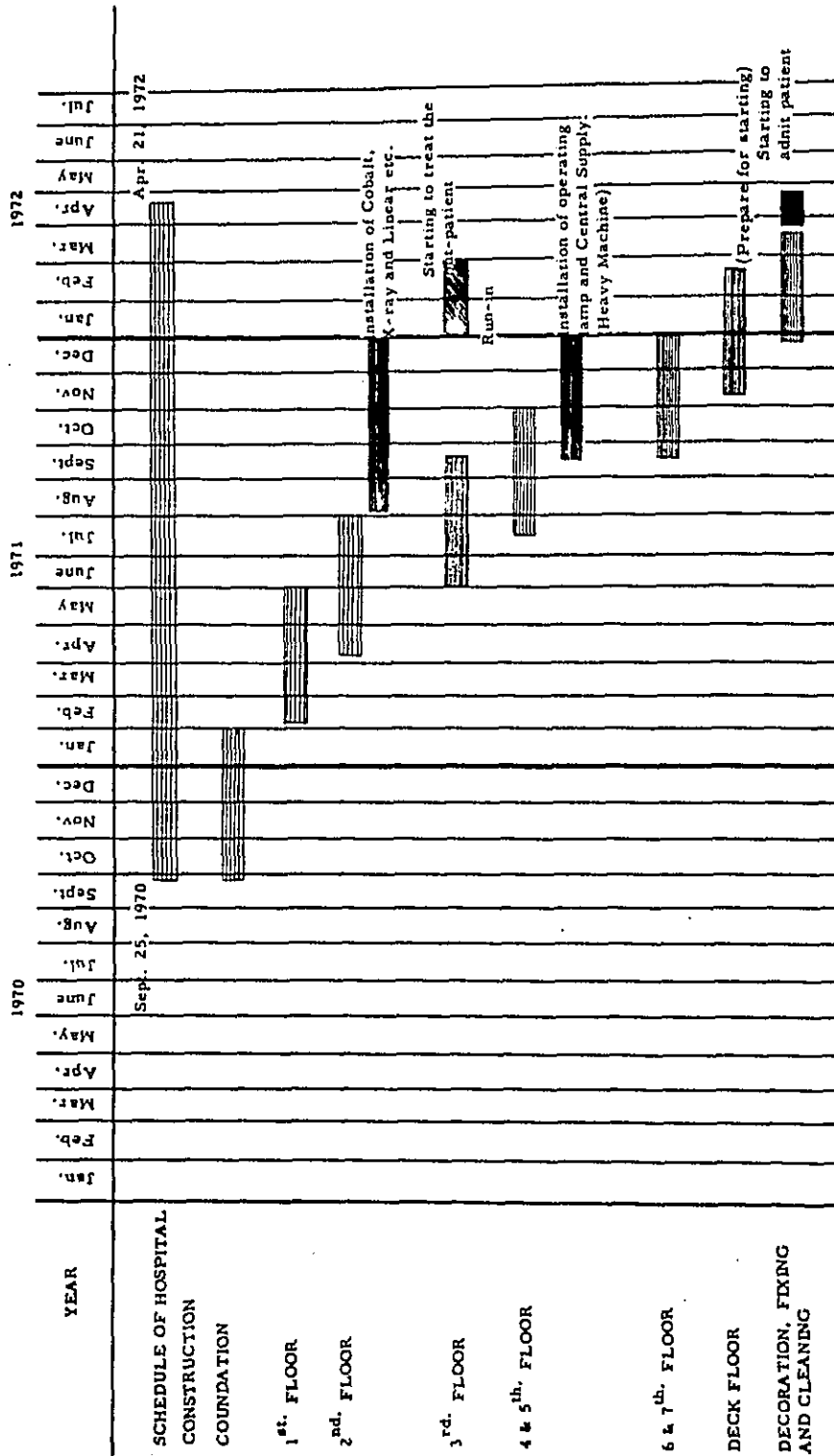
2-8. Both Parties agreed that the Annual Consultation Meeting on this Project for the year 1972 will be held in Tokyo, Japan.

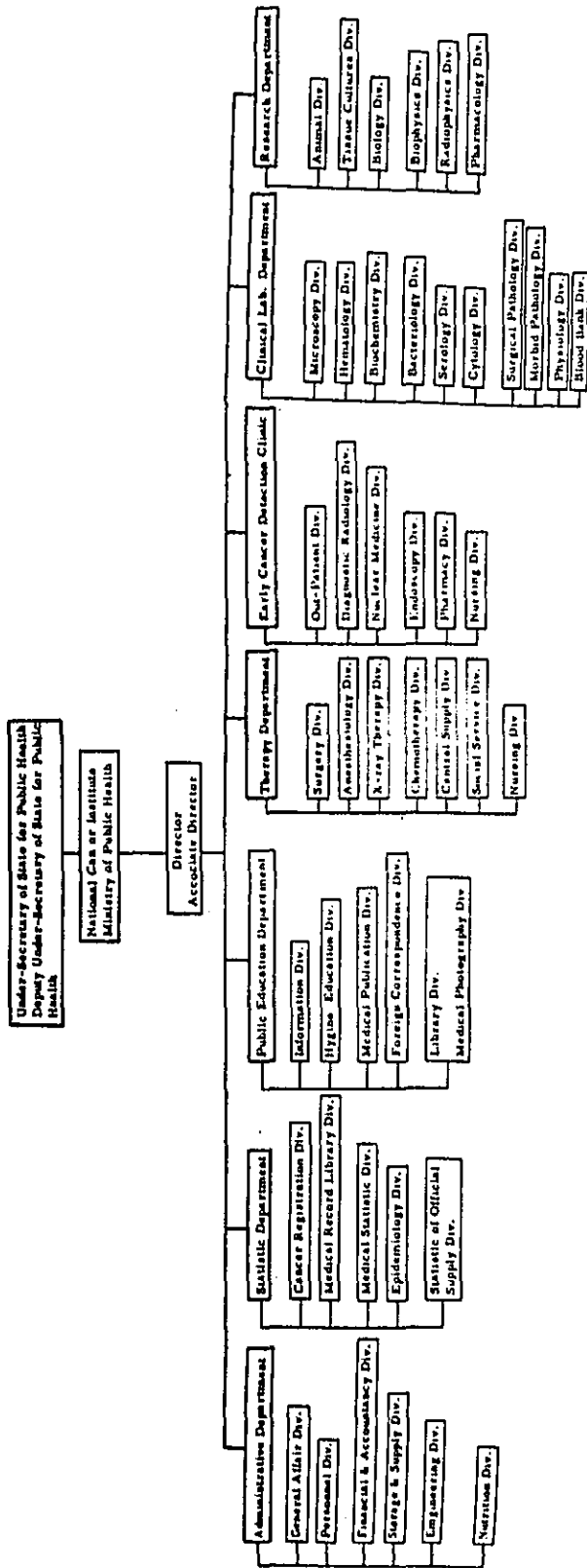
Commitments in this Record of Discussion are to be approved by the respective authorities concerned.

Bangkok, June 18, 1971.

Dr. Toshisada Ishido
Director of Administration
Department, National Cancer Center,
Japan, Head of the Japanese Mission

Dr. Komol Pengsritong
Under-Secretary of State for Public
Health, Thailand





APPENDIX I
Medical Instrument Provided for Thai National Cancer Institute

I.	Radiology Department	(Purchase Price)	Number of Item
1-1	Radiology Diagnosis Division X-ray unit, Automatic processor	US\$ 158,977.33	78
	X-ray TV	US\$ 158,977.33	78
1-2	Radiotherapy Division Cobalt 60, Simulator, Radium Safe	132,855.55	7
II.	Nuclear Medicine Department Scintiscanner, Survey- meter	39,892.52	45
III.	Clinical Laboratory Department Microscope, Shield Room, including "Liver Cancer Project"	108,013.97	464
IV.	Endoscopy Department Gastro-camera, Gastro- fiberscope	21,463.02	44
V.	Surgery Department Operation Lamps, Auto- clave	34,066.66	4
VI.	Administration Department (Audio-visual Aids, Sta- tion Wagon, English Refer- ence Books)	10,404.70	53
Total		US\$ 504,673.75	595
Transportation Fare (Freight & Insurance)		19,433.24	
Grand Total		524,107	C. I. F. Bangkok

APPENDIX 2
LIST OF JAPANESE MEDICAL EXPERT IN THAILAND
(Under The Colombo Plan Scheme)

No.	Name of Expert	Speciality	Period	Post of Expert (Present Post)
1.	Dr. Saōzō Nagata (The First Survey Mission)		15 days July 5 - July 19, '67	Director of Administration Department, National Cancer Center (Acting Director, Japan Cancer Society)
2.	Dr. Mitsuhiro Yoshimi		- do -	Deputy-Chief, National Hospital Section, Medical Affairs Bureau (Medical Officer, Ministry of Education)
3.	Mr. Hideo Oso (1968 Japanese Fiscal Year)		- do -	Medical Cooperation Department, OTCA
4.	Dr. Soroku Yamagata (The Second Mission)	Administration	15 days May 28 - June 12, '68	Director of Administration Department, NCC (Director of Health Department, Chiba Prefectural Office)
5.	Dr. Takao Sakita	Endoscopy	- do -	Chief of Out-Patient Division, National Cancer Center Hospital
6.	Dr. Kiyoji Kumano	Clinical Laboratory	- do -	Chief of Clinical Laboratory Division, NCC (Associate Director of National Cancer Center Hospital)
7.	Dr. Yoichiro Umegaki	Radiology	15 days June 9 - June 23, '68	Chief of Radiology Division, NCC (Head of Clinical Research Div. National Institute of Radiological Sciences)
8.	Dr. Yoehiro Ogata	Surgery	- do -	Chief of Health Consultation Room, NCC
9.	Mr. Zen Yamaguchi	Installation of X-ray Units	2 months June 18 - Aug. 16, '68	Toshiba Nucleonics Co., Ltd. Shimizu Co. Ltd.
10.	Mr. Morimasa Goto	- do -	- do -	
11.	Mr. Shoji Naito	- do -	46 days July 2 - Aug. 16, '68	Hitachi X-ray Co. Ltd.
12.	Mr. Teichi Sato	Installation of Automatic Processing Machines	1 month Nov. 19 - Dec. 18, '68	Konishiroku Photo Co., Ltd.
13.	Dr. Yoichiro Umegaki	Supervisor	1 month Nov. 19 - Dec. 18, '68	Chief of Radiology Division, NCC
14.	Dr. Masuo Date	Administration	6 months Nov. 19 - May 17, '69	Head of Planning Office, Administration Dept. NCC
15.	(*) Technician & Engineer for Installation of Instruments Mr. Yukimoto Fukuda	Installation of Instruments Clinical Laboratory	1 month Nov. 19 - Dec. 18, '68	Chief of Clinical Laboratory Technician, NCC
16.	Mr. Kaoru Sato	Installation of X-ray TV Unit	1 month Nov. 27 - Dec. 26, '68	Toshiba Nucleonics Co. Ltd.
17.	Mr. Zen Yamaguchi	- do -	- do -	- do -

No.	Name of Expert	Speciality	Period	Post of Expert (Present Post)
18.	Dr. Eisaku Tsuboi	Radiology (Chest)	3 months Dec. 3 - Mar. 1, '69	Chief of the First Ward Section, In-Patient Division, NCC (Physician, Tsuboi Clinic, Koriyama, Fukushima Pref.)
19.	Dr. Yukihisa Fubutomi	Gastro endoscopy	3 months Dec. 3, '68 - March 1, '69	Chief, NCC
20.	Mr. Tadatoshi Shimano	Radiology	7 months Dec. 3, '68 - July 2, '69	Chief X-ray Technician, Radiology Division, NCC
21.	Mr. Yasuhisa Saito	Radiology	3.5 months Dec. 3, '68 - Mar. 16 '69	X-ray Technician, Radiology Division, NCC
22.	Dr. Masaru Kuro	Medical Cooperation	7 days Dec. 5 - Dec. 11, '68	President of National Cancer Center
23.	Dr. Hisanobu Nishizaki	Clinical Pathology	3 months Dec. 17, '68 - Mar. 16, '69	Chief of Biochemistry Laboratory, Clinical Lab. Div. NCC
24.	Dr. Yoichiro Umegaki	Supervisor	11 days Feb. 26 - Mar. 5, '68	Chief of Radiology Dept. NCC (Head of Clinical Research Division, NIRS)
25.	Dr. Tatsuya Yamada	Radiology (Stomach)	3 months Feb. 26, '69 - May 25, '69	Chief of Radiology Section, Radiology Div. NCC
26.	Dr. Takashi Miwa	Gastro-endoscopy	3 months Feb. 26, '69 - May 25, '69	Medical Officer, In-patient Div. NCC
27.	Mr. Kimitoshi Moroe	Hospital Management	1 year Feb. 26, '69 - Mar. 17, '70	Planning Office, Administration Dept. NCC
28.	Dr. Taisa Mokujima	Clinical Pathology (Bacteriology & Immunology)	3 months Mar. 12 - Apr. 9 & May 1 - June 30, '69	Medical Officer, Bacteriology & Immunology Lab, Clinical Lab. Div. NCC
29.	(1969 Fiscal Year) Dr. Hisao Sakakibara	Administration	6 months June 10 - Dec. 16, '69	Chief of Library, Administration Dept. NCC
30.	Mr. Kazuhiko Takasaki	Radiology (Nuclear Medicine)	6 months June 10, 1969	X-ray Technician, Radiology Section 3 (Isotope), Radiology Div. NCC
31.	Mr. Morimasa Goto	Installation of Nuclear Medicine Unit	48 days Aug. 13 - Oct. 3, '69	Shimazu Co. Ltd.

No.	Name of Expert	Speciality	Period	Post of Expert (Present Post)
32.	Mr. Hiroaki Fujiwara	Repairing of X-ray TV Unit	20 days Sept. 20 - Oct. 17, '69	Tohshin Meicsionics Co., Ltd.
33.	Dr. Sachio Tabano	Gastro-Endoscopy	3 months Oct. 17, '69 - Jan. 16, '70	Chief of Chief of Gastrointestinal Clinic, Out-Patient Div. NCC
34.	(The Third Mission) Dr. Hiroaki Konishi	Administration	15 days Nov. 5 - Nov. 19, 1969	Director of Administration Dept., NCC (Concurrently Director of Health Dept. Health Department, Kanagawa Prefectural Office)
35.	Dr. Yoichiro Umegaki	Supervisor	- do -	Chief of Radiology Division, NCC
36.	Dr. Ichiji Ito	Surgery	- do -	Chief of In-patient Division, NCC
37.	Mr. Hideo Oso	Coordinator	- do -	Staff Member of Medical Cooperation Office, OTCA
38.	Mr. Tetsuji Uchiyama	Design of Cancer Hospital - Architecture	22 days Nov. 3 - Nov. 26, '69	Deputy Chief, Supply and Equipment Section of Medical Affairs Bureau, Ministry of Health & Welfare
39.	Mr. Goro Iwamoto	Design of Cancer Hospital - Electricity	- do -	Technical Officer, Supply and Equipment Section of Medical Affairs Bureau, Ministry of Health & Welfare
40.	Mr. Fumio Katayama	Radiology	3 months Nov. 25, '69 - Mar. 14, '70	Chief X-ray Technician, Radiology Division, NCC
41.	Dr. Ryu Nakayama	Physiology	3 months Dec. 4 '69 - Mar. 14 '70	Medical Officer, Physiology Laboratory, Clinical Laboratory Division, NCC
42.	Mr. Haruo Inada	Installation of Shield Room	22 days Dec. 4 - Dec. 25 '69	Chief of Design Division, Maruko Co., Ltd.
43.	Dr. Nobu Hattori	Preliminary Survey of Liver Cancer	15 days Feb. 24 - Mar. 10 '69	Chief of Ward 8 In-patient Division, NCC (Chief of Clinical Laboratory Division, NCC)
44.	Dr. Eisaku Tsuboi	- do -	- do -	Chief of Ward 1, In-patient Division, NCC (Physician, Tsuboi Clinic, Koriyama City)
45.	Mr. Kazuhiko Takasaki	Radiology	4 months Mar. 3 - June 22 '70	X-ray Technician, Radiology Section 3 (Isotope) Radiology Division, NCC
46.	Dr. Yasuoichi Sakai	Clinical Laboratory (Hematology)	3 months Mar. 9 - June 8 '70	Chief of Hematology Laboratory, Clinical Laboratory Division, NCC

No.	Name of Expert (1970 Fiscal Year)	Specialty	Period	Post of Karatai Program Panel
47.	Mr. Yukiohshi Kimura	Radiology	6 months Jan. 9 - Dec. 8 '70	X-ray Technician, Radiology Division, NCC
48.	Mr. Kunitoshi Moroe	Hospital Management (Coordinator)	6 months Jul. 10 - Jan. 9 '71	Planning Office, Administration Dept., NCC
49.	Mr. Takashi Suzuki	Clinical Laboratory (Biochemistry)	6 months Jul. 14 '70 - Jan. 13 '71	Assistant, Public Health Division, Kitazato Univ.
50.	Dr. Nobu Hattori	Liver Cancer Surgery (Internal Medicine)	38 days Jul. 14 - Aug. 20 '70	Chief of Ward 8, Clinical Laboratory Division, NCC
51.	Dr. Hisanobu Niitani	Liver Cancer Surgery (Biochemistry)	1 month Jul. 21 - Aug. 20 '70	Chief of Biochemistry Laboratory Section, Clinical Laboratory Division, NCC
52.	Mr. Tatsuhiko Miya	Liver Cancer Surgery (Biochemistry)	1 month Jul. 21 - Aug. 20 '70	Laboratory Technician, Clinical Laboratory Division, NCC
53.	Dr. Hiroko Matsuo	Radiology	3 months Jul. 21 - Oct. 20 '70	Medical Officer, Radiology Division, NCC
54.	Dr. Toshiji Kobayashi	Clinical Pathology (Physiology)	3 months Oct. 3 '70 - Jan. 5 '71	Physician, Physiology Laboratory, Clinical Laboratory Division, NCC
55.	Dr. Hanao Oguro	Gastro Endoscopy	3 months Jan. 17 - Apr. 19 '71	Chief of Gastrointestinal Clinic, Out-patient Division, NCC
56.	Mr. Yoshika Wakamiya	Radiology	6 months Jan. 17 - June 16, '71	X-ray Technician, Radiology Division, NCC
57.	(Consulting Team on Construction of National Cancer Institute Hospital) Dr. Yoichiro Umezaki	Supervisor	15 days Jan. 17 - Jan. 31 '71	Chief of Radiology Division, NCC
58.	Dr. Ichiji Ito	Surgery	- do -	Chief of In-patient Division, NCC
59.	Mr. Ken Matsumoto	Radiology	- do -	X-ray Technician, Radiology Section 2 (Therapy) Radiology Division, NCC
60.	Mr. Yoshitsugu Kudo	Installation Plan of Cobalt & Simulator	- do -	Toshiba Electric Co., Ltd.
61.	Mr. Eiyasu Maehara	Linear Accelerator	- do -	Nippon Electric Co., Ltd.
62.	Mr. Keitichi Hama	Medical Instrument for Cancer Hospital	- do -	Director, Hama Medical Instruments Co., Ltd.
63.	Dr. Shichiro Ishikawa	Medical Cooperation	10 days Feb. 2 - Feb. 11 '71	Director of National Cancer Center Hospital
64.	Mr. Shigemasa Nakanishi	Installation of Nuclear Medical Unit	10 days Mar. 12 - Mar. 20 '71	Shimazu Seisaku Co., Ltd.

APPENDIX 3
THE LIST OF THAI PARTICIPANTS ON CANCER PROGRAMME

No.	Name of Participant	Training Subject	Training Organization	45 days	Training Period	Post of Participant
1.	Dr. Somchai Sombhoosaroen	Cancer Research & Hospital Management	National Cancer Center	45 days	Nov. 16, 1963 -	Chief of Early Cancer Detection Clinic Women's Hospital, Ministry of Public Health
2.	Dr. Somchai Sombhoosaroen	Foundation of Cancer Institute	Hospital Management Institute & NCC	2 months	Aug. 3, 1965 Oct. 1, 1965	Secretary of the Administrative Committee of the Thai National Cancer Institute
3.	Mr. Praporn Charuchandir	- do -	- do -	1 month	Aug. 3, 1965 Oct. 2, 1965	Deputy Chief, Sanitary Engineering Div., Health Dept., MPH
4.	Mrs. Kaiteri Tuneri	- do -	- do -	- do -	- do -	Chief of Architectural Section, Sanitary Engineering Div., Health Dept. MPH
5.	Mr. Pannsak Charthabon	Management of Cancer Hospital	NCC, Alchi Cancer Center	4 months	Feb. 15, 1967 June 15, 1967	Senior Administrative Staff of International Health Div. MPH
6.	Dr. Chitt Hemachuda	Discussion on the Cooperation Scheme of the Thai National Cancer Institute	National Cancer Center	15 days	Mar. 11, 1968 Mar. 25, 1968	Deputy Under-Secretary of State for Public Health
7.	Dr. Somchai Sombhoosaroen	Project & Inspection of Cancer Institutes	Alchi Cancer Center	-	-	-
8.	Dr. Tongpoon Watanavit	-	-	-	-	-
9.	Mr. Pannsak Charthabon	-	-	-	-	-
10.	Mr. Praporn Charuchandir	Designing Cancer Hospital	Supply & Division Ministry of Health & Welfare	14 days	Aug. 10, 1968 Aug. 23, 1968	Sanitary Engineering Division, Health Dept. MPH
11.	Mrs. Kaiteri Tuneri	Designing Cancer Hospital	Supply & Division Ministry of Health & Welfare	14 days	Aug. 10, 1968 Aug. 23, 1968	Chief of Architectural Section Sanitary Engineering Div. MPH
12.	Dr. Prapont Piyerret	Clinical Pathology	National Cancer	3 months	Aug. 10, 1968 Nov. 9, 1968	Chief, Dept. of Clinical Laboratory, National Cancer Institute
13.	Mr. Suparn Borifault	Laboratory Technician	- do -	4 months	Aug. 10, 1968 Dec. 7, 1968	Laboratory Technician, National Cancer Institute
14.	Mr. Suwet Dangphibulsakul	X-ray Technician	- do -	4 months	- do -	X-ray Technician National Cancer Institute
15.	Miss Aruace Chaitronasat	- do -	- do -	- do -	- do -	X-ray Technician, NCI
16.	Dr. Phisit Phanthumachinda	Radiology	- do -	3 months	Aug. 26, 1968 Nov. 25, 1968	Chief, Radiology Dept. NCI
17.	Dr. Phisit Phanthumachinda	Radiology & Consultation of Cobalt Unit	- do -	2 weeks	-	-

Sl. No.	Name of Participant	Training Subject	Training Organization	Duration	Training Period	Post of Participant
17.	Dr. Phisit Phasithumachinda	Radiology & Consultation of Cobalt Unit	- do -	2 weeks	Oct. 3, 1969 Oct. 19, 1969	Chief, Radiology Dept. NCI
18.	Mrs. Prabong Rungkasiri	Nursing	- do -	6 months	Nov. 25, 1969 May 19, 1970	Chief Nurse, NCI
19.	Miss Ladarana Phumprasert	Nursing & Gastro Endoscopy	- do -	3 months	Feb. 15, 1970 May 19, 1970	Nurse, NCI
20.	Dr. (Mrs.) Sumann Nungpakdee	Cancer Statistics	NCC, Dept. of Statistics, Ministry of Health & Welfare	2 months	Oct. 12, 1970	Statistic Dept. NCI
21.	Dr. Phairaj Athanavais	Clinical Laboratory	NCC	6 months	Oct. 12, 1970	Physician, Microbiology Section Clinical Laboratory Dept. NCI
22.	Mr. Chit Unkeeres	Electric Technicians	NCC & X-ray Machine	1 year	Oct. 12, 1970	Electric Technician, NCI

The list of Experts, Fellowships and Equipment will be provided by the Japanese Government.

Table I. Experts

Table I. Experts

<u>Field of Experts</u>	<u>Duration</u>	<u>1971</u>	<u>1972</u>	<u>1973</u>	<u>1974</u>
1. <u>Therapy Department</u>					
2. <u>Surgery Division</u>					
Surgeon	3 months				

APPENDIA 4

1. Schedule of Hospital Construction and Activities of the Hospital: - Radiotherapy
- Other cancer treatment.
2. Organization chart of National Cancer Institute.

APPENDIX 5

The list of Experts, Fellowships and Equipment will be provided by the Japanese Government.

Table I. Experts

Field of Experts	Duration	1971	1972	1973	1974
1. <u>Therapy Department</u>					
a. <u>Surgery Division</u>					
Surgeon	3 months			2	2
Surgeon	2 "	1		-	
Anesthesiologist	3 months each		2	2	2
Surgical Nurse	6 months		1	1	1
			if 2 for 3 months each	"	"
Total		1	5	5	5
b. <u>X-ray Therapy Division</u>					
Radiotherapist	3-6 months	1	1	1	1
Radiotherapy (Technician)	6 months	2	2	2	2
Engineer for yearly maintenance of linac machine	2 weeks	2	2	2	2
Engineer for maintenance of Cobalt 60 and diagnostic units	3 weeks		2	2	2
Total		3	5	7	7
c. <u>Chemotherapy Division</u>					
Chemotherapist	3-6 months		1	1	1
Total			1	1	1
2. <u>Early Cancer Detection Clinic</u>					

Field of Experts	Duration	1971	1972	1973	1974
a. <u>Nuclear Medicine Div.</u>					
Nuclear medicine	1 month		1		
Total			1		
b. <u>Liver Cancer Project</u>					
Physician			1		
Technician			1		
Total			2		
3. <u>Clinical Laboratory Division</u>					
Histotechnician	3-6 months		1		
Pathologist	3-6 months		1		
Bacteriologist	3-6 months				
Physician (Blood Bank)	3-6 months			1	
Technician (Blood Bank)	3-6 months			1	
Physician (Tissue Culture)	3-6 months			1	
Technician (Tissue Culture)	3-6 months			1	
Total		2	2	4	
Grand Total		4	16	17	12

Table II. Fellowships

Field of Training	Duration	1971	1972	1973	1974
1. <u>Therapy Department</u>					
a. <u>Surgery Division</u>					
Gynecology	6 months	1			
Anesthesiology	6 "	1			
Social Worker	1 month		1		
Surgery	2 months		1		
Surgical Nurse	6 "		1		
Central Supply Nurse	3 "		1		
Total		2	4		
b. <u>X-ray Therapy Division</u>					
Radiotherapist	6 months		1	1	1
Radio-Therapy Technician (r yrs. Edu.)	6 "		1	1	1
Radio-Therapy Technician (2 yrs. Edu.)	1 year		1	2	2
Registered Nurse	6 months		1	1	1
Total			4	5	5
c. <u>Chemotherapy Division</u>					
Chemotherapy	6 months				
	or				
	1 year	1			1
Total		1			1
2. <u>Early Cancer Detection Clinic</u>					
<u>Nuclear Medicine Division</u>					
Nuclear Medicine Nurse	2 months	1			
	6 "	1			
Total		2			
3. <u>Clinical Laboratory</u>					
Surgical Pathology (Physician)	3-6 months	1	1		
Cytology (Technician)	6-12 months		1	1	
Bacteriology (Technician)	6-12 months		1		
Pathology (Technician)	6-12 months			1	
Hematology (Technician)	6-12 months			1	
Total			3	3	
Grand Total		15	11	8	6

Table III. Equipment Therapy Department Surgery Division

Description of Equipment	1971	1972-1974
1. Operating lamp (for Dome)	1	0
2. Operating table	4	0 3
3. Electrosurgical unit	4	0
4. X-ray machine (Image intensifying mobile)	1	0
5. Mobile suction unit	4	
6. Cardioscope	2	
7. Oxygen tent	4	
8. Respirator (with IPPB - Mark 4 + 7 (Each) - Mark 8	1 3	
9. Pace maker	1	
10. Anesthetic machine	4	
11. Laryngoscope	5	
12. Endotracheal tube	6 doz.	
13. Infusion pump (portable)	2	
14. Suction and nebulizer unit	3	
15. Continuous low pressure suction unit	5	
16. Outlet apparatus of oxygen	4	
17. Outlet apparatus of suction	4	
18. Gastrectomy instrument set	1	
19. Esophagectomy instrument set	1	
20. Lobectomy instrument set	1	
21. Maxillary sinus operation set	1	
22. Hysterectomy instrument set	1	
23. Urinary bladder operation set	2	
24. Cooler	2	
25. Anesthetic apparatus	2	
26. Irrigation stand	2	
27. Complementing table		
- Large	2	
- Small	4	
28. Double table Sterilizing tray set	2	
29. Triple table Sterilizing tray set	2	
30. Working table	4	
31. Cart for carrying the apparatus	2	
32. Ice box (for specimen)	2	
33. Instrument cabinet	3	
A. <u>Operating Room</u>		
1. <u>Several operation instrument</u>		
Radical esophagectomy (Laparotomy)		1 set
Rectal amputation		1 set
Breast amputation		1 set
Nepharectomy instrument		1 set
Kuntscher intramedullary nailing instrument		1 set
Upper or lower extremity amputation		1 set

Description of Equipment	1971	1972-1974
Laminectomy (special cord) operating instrument		1 set
Craniotomy instrument		1 set
Cone resection operating instrument		1 set
Paranasal sinus operating instrument		1 set
Laryngectomy (the pharynx) instrument		1 set
Struma operating instrument		1 set
Jaw and tongue resection operating instrument		1 set
Cystectomy and artificial vesicular replacement instrument		1 set
Ureterostomy operation instrument		1 set
Prostatectomy operation instrument		1 set
Nakayama's blood vessel suture instrument		1 set
2. <u>Surgical endoscope</u>		
Colofiberscope		1 set
Bronchofibroscope		1 set
Peritoncoscope (Laparoscope) with automatic pneumoperitoneum set		1 set
Cystoscope complete set for ureteric catheterization and electric cauterization		1 set
Choledochofibroscope		1 set
3. <u>Others</u>		
Irrigator stand	6	
Double table	2	
Complementing table		
- Large	2	
- Small	4	
Cart for carrying apparatus	3	
Instrument cabinet	12	
Working table	8	
Ice box	3	
Suction Unit	4	
Kick bucket rack	10	
Bucket	10	
Linen cabinet	10	
Brush sterilizer container	10	
Plaster cart	1	
Plaster cutter	1	
Balance (for measuring hemorrhage)	5	
Surgical stop watch	5	
B. <u>Anesthesia</u>		
Infant circle		2

Description of Equipment	1971	1972-1974
Multichannel type of E. K. G.		2
Tube connector		12
Air way (various size)		12
Table		5
Others		
C. <u>Recovery Room</u>		
1. <u>Bed</u>		5 sets
2. <u>Travelling system spotlight</u>		1 set
3. <u>Others</u>		
Oxygen tent		1 set
Electric clinical Thermometer		2 sets
Instrument table		1 set
Suction bottle (Incase there is piping)		5 bottles
Oxymeter		1 set
D. <u>Central Supply</u>		
1. Needle washer		2 sets
2. Various tray to set		in sets
3. Other		
Nebulizer		7 sets
Wheel stretcher		5 sets
Seal machine		1 set

Radiation Therapy Division

Description of Equipment	1971	1972	1973	1974
1. Linac 13 or 15 Mev.				
2. Cobalt 6, 500 Rhm.				
3. Lead shield for radium ward	8 sets			
4. Flatness recorder	1			
5. Film scanner			1	
6. Mobile radium container	1			
7. Fluoroluminescence dosimeter			1	
8. Nasopharyngofiberscope				1
9. 500 Ma. Uro - X-ray unit		1		
10. Orthopantomographic unit				1
11. Lathe	1			
12. Milling machine	1			
13. Body phantom				1
14. 100 - 250 KVP X-ray therapy machine			1	
15. Transverse tomography unit		1		
16. Controlled temperature X-ray processing tank			1	

Chemotherapy Division

Description of Equipment	1971		1972-1974	
1. Bleomycine	20x6x15	mg.	20x6x15	mg. x 3yrs.
2. Mitomycine C.	20x8x10	mg.	40x8x10	mg. x 3yrs.
3. 5 - FU	10x8x500	mg.	10x8x500	mg. x 3yrs.
4. Cyclophosphamide	20x10x100	mg.	40x10x100	mg. x 3yrs.
5. Vincristine	20x10x1	mg.	30x10x1	mg. x 3yrs.
6. Vinblastine	10x10x5	mg.	10x10x5	mg. x 3yrs.
7. Cytocine arabinoside	0		20x10x20	mg. x 3yrs.
8.	0		5x10x1	mg. x 3yrs.
9. Methetrexateo	0		5x10x15	mg. x 3yrs.
10. Urokinase	10x10x2000	u.	20x10x2000	mg. x 3yrs.
11. Dextran Sulfate	10x10x3000	mg.	20x10x3000	mg. x 3yrs.
12. 5 % Five carbon sugar (Klinit)	20x10x500	ml	20x10x500	mg. x 3yrs.
13. Cyclophosphamide tablet	20x60x50	mg.	20x60x50	mg. x 3yrs.
14. Mitomycin tablet	10x60x5	mg.	10x60x5	mg. x 3yrs.
15. 6 - MP tablet	20x60x100	mg.	20x60x100	mg. x 3yrs.

Early Cancer Detection Clinic
Diagnostic Radiology Division

Description of Equipment	1971	1972	1973	1974
1. T.V. unit to be coupled with the present 500 Ma. Toshiba fluoroscopic unit		1		
2. X-ray grids size				
10 x 12		1		
11 x 14		1		
12 x 15		1		
14 x 17		1		
3. Cassettes with medium speed screen 12" x 15"		10		
4. Mobile X-ray unit 300 Ma. capacitor discharge type			1	
5. Remote control fluoroscopic unit, roll film magazines			1	
6. Matsuki vertical serial film changer with two roll film magazines				1
7. Additional Toshiba tube and tube hanger for lateral exposure				1
8. Angiographic table or angiographic table top				1
9. Sakura automatic film processing machine 90 sec.				1

Early Cancer Detection Clinic
Nuclear Medicine Division

Description of Equipment	1972	Remark
1. Colour Scanner	request	For attachment with
2. Radio-Isotope Dose Calibrator.	in 1972	Scinti-Scanner
3. Liquid Scintillation Counter.		SCC-150S
4. Scinti-Camera.		

Liver Cancer Project

Description of Equipment	Year	Remarks
1. Re-agents for 9 tests of Liver Function. - Total Protein. - A/G Ratio. - Icterus Index. - Thymol Turbidity. - Zine Turbidity. - S-Alkaline Phosphatase. - S-GCT. - S-GPT. - Blood Cholesterol.	All request in 1971	For 350-400 cases of study. All of these re-agents is supplied by the budget of Clinical Laboratory Department, the amount of ¥260,000
2. Alpha - Fetoglobulin Immunoplate.		
3. Australian Antigen Immunoplate.		
4. Uristix.		
5. Urobilistix.		
6. Ictostix.		
7. Reagents for heroglobin		
8. Sat. Sodium chloride solution.		
9. Hematest.		
1. Re-agents for 9 tests of Liver Function. - Total Protein. - A/G Ratio. - Icterus Index. - Thymol Turbidity. - Zinc Turbidity. - S-Alkaline Phosphatase. - S-GOT. - S-GPT. - Blood Cholesterol.	All request in 1972	For 500 cases of study.
2. Alpha - 1 Fetoglobulin Immunoplate.		
3. Australian Antigen Immunoplate.		
4. Uristix.		
5. Urobilistix.		
6. Ictostix.		
7. Reagents for hemoglobin.		
8. Sat. Sodium chloride solution.		
9. Hematest.		
10. Sterile Centrifuge Tubes.		
11. Sterile Disposable Syringes (12 cc.) with Needles.		
12. Test Tubes (normal size).		
13. Slides and Cover glass (18 x 18 mm).		For 500 cases of study.
14. White Cell Pipette.		
15. Hemoglobin Pipette.		
16. Micro-Hematocrit Tubes.		
17. Urine Cups.		
18. Fecal Container.		

Endoscopy Division

Description of Equipment	1971	1972	1973	1974
1. GTF type S new type gastrofiberscope	1	-	-	-
2. CLE accessories of the above it	1 set	-	-	-
3. Gastrocamera film viewer	2	-	-	-
4. Bronchofiberscope	-	1	-	-
5. Laparoscope	-	1	-	-
6. Esophagoscope	-	1	-	-
7. Endoscopic color television	-	-	1	-
8. GT type PA new type gastrocamera	-	-	1	-
9. Body of GT type gastrocamera	-	-	1	-
10. FTF type B new type gastrofiberscope	-	-	1	-
11. JF type B Duodenofiberscope	-	-	1	-
12. CF type SB Colon fiberscope (short)	-	-	1	-
13. CF type SB Colon fiberscope (long)	-	-	1	-
14. GLE transformer for gastrocamera	-	-	1	-
15. CLX transformer for fiberoscope (large size)	-	-	1	-

Clinical Laboratory Department

Description of Equipment	1971	1972	1973
1. Spectrophometer Type 139	1 set		
2. Blood Bank Refrigerator	2 sets		
3. Blood transfusion set	100 sets		
4. Centifuge special type (fix speed) to separate plasma	1 set		
Speed 3, 000-4, 000 r. p. m.	1 set		
Hanger of test tube			
15 x 100 m. m.	1 set		
13 x 100 m. m.	1 set		
12 x 75 m. m.	1 set		
5. Incubator 37°C constant temperature	1 set		
6. Recording paper E. E. G.	20 packs		
7. Recording paper E. K. G.	20 packs		
8. Biochemical reagent and equipment for Liver Cancer Project	¥500, 000		
<u>Autopsy Service</u>			
*1. Autopsy table with complete accessories (including scissors, knives, etc.)		1 set	1 set
*2. Body weighing balance, floor type		1 set	
*3. Balance hanging type (for weighing organs)		1 set	1 set
*4. Photographic table for autopsy material including flash, etc.		1 set	
*5. Camera with built in light meter (latest model) and lens that can be used to close up specimen up to 1:1		1 set	
*6. Refrigerator for 4 cadavers		1 set	
*7. Electric bone saw, hand type		1 set	
*8. Tissue processing machine (Auto-technicon) large size		2 sets	
*9. Toyoda microprojector XM-500 IIM (Zoom type) or latest model.		1 set	
*10. Refrigerator for 4 cadavers		1 set	
11. Refrigerator with automatic defrost freezer 14 cu. ft.			1 set
12. Electric bone saw, table type			1 set
13. Dictaphone with foot-switch and hand control complete with microphone			4 sets

Description of Equipment	1971	1972	1973
14. a. In the autopsy room with microphone hanging down from the roof			2 sets
b. For secretary to type			1 set
c. To circulate in the autopsy service for dictation, clinical summary autopsy findings, etc.			1 set
15. Earphone to use with dictaphone for secretary			1 set
16. Pumping unit for embalmed the bodies			1 set
17. Tissue embedding combination (Cryo-term, complete with vacuum infiltrator and paraffin dispenser)			1 set
18. Photomax Auto-expose recording photomicroscope			1 set
19. Microscope with Duo-observation attachment (Discussion microscope)			1 set
20. Binocular microscope with built in light source			2 sets
<u>Blood Bank</u>			
1. Deep Freezer		1 set	
2. Binocular Microscope with built in light source		1 set	
3. Water bath (control constant temperature 37°C)		1 set	
<u>Serology</u>			
1. Mini-pipette, Layagaki Co. (Manual dispenser)		1 set	
2. Auto-titer for serological test			1 set
3. Pipette washer			1 set
<u>Physiology</u>			
1. E. K. G. recording paper		50 packages	
2. E. E. G. recording paper		50 packages	
<u>Biochemistry</u>			
1. Auto-dispensor (Hirasawa)		3 sets	
2. Mini-pipette, Kayagaki Co. (Manual dispenser)		5 sets	

Description of Equipment	1971	1972	1973
3. Syringe Pipette		2 sets	
4. Thomas Seligon Pipette		10 sets	
5. Coloman - Junior Photometer			1 set
6. Thermo-mixer			1 set
7. Pipette washer			1 set
8. Auto-analyzer			1 set
9. pH meter			1 set
<u>Washing Room</u>			
Electric Dryer (Oven)		2 sets	
<u>Hematology</u>			
1. Pipette shaker (for blood melanjour)		2 sets	
2. Blood cell counting chamber		2 sets	
3. Inverted microscope (Nikon) with camera		1 set	
4. Automatic Blood Cell counter (colter-counter type D)			1 set
5. Auto-dispensor (To A. To Kushu Co.)			1 set
6. Pipette washer			1 set
7. Electrophoresis with acces- saries for Hemoglobin			1 set
8. Nikon microscope with acces- saries and camera			1 set
<u>General Clinical Lab.</u>			
1. Electric Balance, Me'tra		1 set	
2. Electric Calculator			1 set
<u>Cytology</u>			
1. Binocular microscope with built in light source			2 sets
2. Slide projector for 35 mm. photomicrograph, by Nikon with automatic focus			1 set

NOTE: * Emergency request for Autopsy Service in 1972
Japanese fiscal year

APPENDIX 6
THE EXPECTED BUDGET OF JAPANESE
SIDE FROM 1972 - 1974

Estimated cost of equipment screened in response to the
request by Thai side

		(Unit : Japanese Yen)
1.	Clinical Laboratory Division	¥ 30,000,000
2.	Chemotherapy Division	20,000,000
3.	Surgery Division	20,000,000
4.	Radiology Division	110,000,000
5.	Endoscopy Division	<u>30,000,000</u>
Total		¥ 210,000,000

THE EXPECTED BUDGET OF THAI SIDE
FROM 1972 - 1974

		(Unit : 1 Baht = ¥17.4)
1.	Personnel Expenses (Salary)	10,628,600 (¥184,937,640)
2.	Expenses for Public Utilities	1,250,000 (¥ 71,750,000)
3.	Expenses for consuming goods	3,642,000 (¥ 63,370,800)
4.	Equipment	3,800,000 (¥ 66,120,000)
5.	Land Purchase and Construction cost	3,490,000 (¥ 60,726,000)
6.	Subsidies (Scholaship for Nurses)	180,000 (¥ 3,132,000)
TOTAL		22,990,600 Baht (¥400,036,440)

Index of Record of Individual
Discussion of the Annual Meeting
June 7 - June 19, 1971

- R - 1 X-ray Diagnosis and Radiation Therapy on June 10, 1971.
- R - 2 Radiation Therapy on June 11, 1971.
- R - 3 Radiation Therapy on June 14, 1971.
- R - 4 Nuclear Medicine on June 14, 1971.
- R - 5 Endoscopy on June 15, 1971.

二. 年次協議

(二) - 1 The Minutes of Discussions between the Thai Medical Missions and the Japanese Authorities Concerned

It was pointed out during the consultation that the progress of the current programmes of cooperation should be taken into account in discussing new programmes of cooperation.

The participants are pleased to note that the consultation was successful and achieved the objectives for which it is made, and that consultation for 1971 will be held in Thailand.

Recorded hereunder in three separate parts are the review and exchange of opinions mentioned above.

The programmes of cooperation covered by this record will be carried out on approval by the two Governments and implemented in accordance with laws and regulations in force in the two countries.

Dr. Sombun Phongsakara
Deputy Minister
of
Public Health
Thailand

Mr. Keiichi Tatsuke
Director-General
Overseas Technical
Cooperation Agency
Japan

I Minutes of Discussions on Cooperation for the Thai National Cancer Institute Project

General

1) The Japanese National Cancer Center stated that eradication of cancer is one of man's cherished dreams and that it is happy to engage in cooperation in this purpose. The Thai Mission stated in reply that cancer is one of the major public health problems in Thailand, and that the Thai side would continue to make all possible efforts, with the help of the Japanese Government, to control over this disease, especially to speed up the completion of the new cancer hospital, and expressed the gratitude for the Japanese cooperation extended for this project and the desire for Japanese cooperation in future.

The two parties noted that the programme of co-operation for the project that has been under way since 1967 has achieved a measure of success. It was pointed out, however, that a happy consummation of the Japanese cooperation for the project now under way still awaits the following basic questions to be answered.

- (1) Completions of the new cancer hospital construction which is expected to start in September, this year;
- (2) Obtaining and retaining of the necessary number of qualified personnel.

The assurance was given by the Thai Mission that the prospect is good for securing good for securing the budgetary provision necessary for the hospital construction and that the personnel programme is in fair progress for all the difficulties involved.

2) The wish was expressed by the Thai Mission that the current five year period of cooperation be extended by one year to consummate the current cooperation and it was understood by the two parties that this matter will in due course be discussed and decided on through the official channel between the two countries.

3) It is recorded that the Mission expressed the strong desire to have cooperation extended by Japan after 1971 for a new project including cancer treatment and the study on liver cancer, and that the Japanese side stated that what is most important in discussing a new project will be bound to have in sight a happy consummation of the current cooperation and, that in any case, the matter should be a future subject of talk between the two Governments.

Experts

4) It was announced by the Thai Mission that the annual quota system has been adopted (15 for 1970 and 8 for 1971) for the expeditious process of receiving Japanese experts. The breakdown of the quotas for these two years are given in Annex 1.

The Japanese side stated that the Center will have to make further efforts for the release of the three people (the names with *mark on) listed in Annex I-1 and that the decision on their release will be taken at its earliest opportunity. It was also taken note of that the dispatch of the experts in Annex I-1 will have to be implemented by September this year for the budgetary reason on the Thai side.

It was explained and understood that the quotas mentioned above do not include the number of Japanese experts to be dispatched for annual consultation or in the form of survey missions or the experts sent for the installation, and maintenance operation, of equipment and machinery donated.

Equipment

5) It was made clear for confirmation that the equipment donation in connection with the hospital construction will virtually be completed in 1971 (Japanese fiscal year) and accordingly this is the final occasion for consultation as far as it is concerned.

It was consented to that the Mission will revise the list of equipment and machinery it presented on table, so that it will not exceed U.S. \$220,000 in value and put the list of items in order of their priorities. The final list Annex II thus composed will be sent to the National Cancer Center in a week or so after the Mission return home, and it will constitute Annex II.

It was also suggested and consented to that the equipment and machinery should be sent in accordance with the actual progress of the construction.

Participation in Training in Japan

6) A schedule for the dispatch of Thai participants in the necessary technical training in Japan was presented by the Mission as shown in Annex III. Assurance was given by the Japanese side that the best will be done for receiving Thai participants for training in Japan and accordingly request was made that Thai side proceed on the dispatch programme as scheduled. The Japanese side is willing to accept more Thai trainees in various fields for completion of working of Thai National Cancer Institute.

Maintenance service

7) In connection with the equipment and machinery donated or to be donated, especially those for cooperation in radiology, it was pointed out and understood as important that the Thai side will make efforts to prepare for maintenance service in personnel and budget for replacement or parts.

In this regard, assurance was given by the Japanese side that it will consider the training of Thai personnel in the necessary techniques of maintenance and repairing

of the equipment and machinery donated and that Japanese experts will, in some cases, be sent on Japan's Colombo Plan technical cooperation programme for such maintenance in case the technical service required is not locally available.

Others

8) It was stressed by the Center as vitally important for a liver cancer survey to come in succession to the preliminary survey made in March this year to collect specimens of serum from one thousand healthy Thai people during the six months from July this year, and inquiry was made into the practicability of the collection on such schedule. The Thai Mission gave to the inquiry an affirmative answer and assurance for necessary cooperation.

9) The Thai Mission explained, on request, the schedule for the improvement of the Clinical Laboratory Section (See the Annex IV).

Dr. Komol Pengsritong
Deputy Under Secretary
of
State for Public Health

Dr. Toshidada Ishido
Director
Administration Department
National Cancer Center

Annex (I-1)

Plan of Dispatching Japanese Experts
to
The National Cancer Institute in 1970

Division	Post Title of Experts	No. of Experts Required	Duration	Qualification	Remarks
	Survey team of Liver Cancer		6 weeks	Physician	Dr. Hattori
			1 month	Physician	Dr. Niitani
			6 months	Technician	Mr. Suzuki
			1 month	Technician	Mr. Miya
	Preliminary survey of Liver Cancer	(2)	2 weeks	Physician	Dr. Hattori Dr. Tsuboi
Nuclear Medicine Division	Nuclear Medicine	* 1	1 month	Physician	Dr. Oyamada
	Nuclear Medicine Technician	(1)	9 months	Technician	Mr. Takasaki
Radiology Division	Radiologist	1	3 months	Physician	Dr. Matsue
	X-ray Technician	(1)	6 months	Technician	Mr. Kimura
Clinical Lab. Division	Pathologist	* 1	3 months	Physician	
	Hematologist	(1)	3 months	Physician	Dr. Sakai
	Physiologist	* 1	3 months	Physician	Dr. Nakayama
	"	(1)	3 months	Physician	
Administration Division	Co-ordinator	1	6 months		Mr. Moroe
<u>Total</u>		<u>15</u>			

Annex (1-2)

Plan of Dispatching Japanese Experts
in 1971

Division	Post Title of Experts	No. of Experts Required	Duration	Qualification	Remarks
Endoscopy Division	Endoscopist	1	3 months	Physician	
Clinical Lab. Division	Microbiologist	1	3 months	Physician	
	Clinical Lab. Technician	1	6 months	Technician	
Surgery Division	Surgeon	1	3 months		
Radiology Division	Radiologist	1	3 months	Physician	
	Radiology Technician	1	12 months (2 person each 6 months)		
Supervisor	Supervisor	1	1 month		
Cancer Administrator		1	12 months		
<u>Total</u>		<u>8</u>			

Reference to Annex II

THE TENTATIVE LIST OF MEDICAL APPARATUS

scheduled in 1970 Japanese fiscal year

I. Radiology Department

a) For Diagnosis

1.	Roll Film Magazine	14"	1	194.	194.
				<u>Total</u>	<u>194.5</u>

b) For Treatment

2.	Linear Accelerator		1	180,555.	180,555.
3.	Examination Set for Otorhynolaryngology				
	a)	Treatment Unit both side (SN Type)	1	2,417.	2,417.
	b)	Treatment Unit (New Plain side SN)	1	861.	861.
	c)	Treatment Chair SN	3	416.	1,248.
	d)	Flushing Cupholder	2	167.	334.
4.	Densitometer	PD-9R	1	1,611.	1,611.
5.	Stabilized Power Supply	7326	2	211.	211.
		7335	2	217.	434.
		725 C	1	250.	250.
		665 A	1	356.	356.
6.	X-Y Recorder One set	3073, 3075, 3076.	1	1,500.	1,500.
7.	"	F 33	1	556.	556.
8.	D C-V meter	2012	1	58.	58.
9.	"	2011 0.3-10V	1	28.	28.
10.	"	" 3-1000V	1	33.	33.
11.	D C-A meter	" 3-100 μ A	1	36.	36.
12.	"	" 0.1-30mA	1	28.	28.
13.	"	" 1-30 μ A	1	28.	28.
14.	"	" 10-300mA	1	28.	28.
15.	"	" 1-30A	1	31.	31.
16.	A C-V meter	2014	1	61.	61.
17.	A C-A meter	2013 20-200mA	1	28.	28.
18.	"	" 0.1-1A	1	28.	28.

19.	A C-A meter	2013 0.5-5A	1	28.	28.
20.	"	" 2-20A	1	28.	28.
21.	Universal Circuit Tester	MT 200	1	36.	36.
22.	"	380 CD	1	17.	17.
23.	V.T.V.M	115	1	222.	222.
24.	Test Oscillator	Synelator	1	319.	319.
25.	Battery Charger	12V (NF Blbch)	1	83.	83.
26.	Grinder	200mm	1	100.	100.
27.	Hand Saw for Metal and Blade	250m/m 4"	2	9.	18.
28.	Magnet Base		1	28.	28.
29.	Gas welder		1	15.	15.
30.	Micron Micrometer	25m/m	1	44.	44.
31.	Fraise	PTM-2	1	5,500.	5,500.
32.	Drilling Machine	NBD-400	1	244.	244.
33.	Drill, Short Size	1m/m-15m/m, 0.5m/m Step 3 each	60	4.	240.
34.	Drill, Long Size	3m/m-6m/m, 10m/m 3 each	9	3.	27.
35.	Band Saw	1000m/m	1	333.	333.
36.	Center Punch		1	5.	5.
37.	Electrical Hand Drill	10m/m	1	69.	69.
38.	"	20m/m	1	89.	89.
39.	Slide Calipers (with vernier)	200m/m	1	13.	13.
40.	Home Carpenter Set	MT-1	1	242.	242.
41.	Tap and Dies Set	OK-40	1	56.	56.
42.	File Set	for precision	1	2.	2.
43.	"	for iron 8 pcs.	2	2.	4.
44.	File (slim-circular)	for coars mesh 300m/m	3	1.	3.
45.	Wire Brush for File	4" 100 pcs.	1	4.	4.
46.	"	5" "	1	4.	4.
47.	Socket Wrench Set	16 pcs. Millimeter size	1	19.	19.
48.	"	" Inch size	1	19.	19.
49.	Pipe Wrench	465m/m	1	10.	10.
50.	"C" Clamp	100m/m	3	4.	4.
51.	"	50m/m	3	3.	9.
52.	Adjustable Angle Wrench		2	2.	4.

53.	Adjustable Angle Wrench	150m/m	2	2.	4.
54.	"	300m/m	2	4.	8.
55.	Opened Wrench Set	6 pcs.	2	4.	8.
56.	Insulated Cutting Plier	200m/m	2	3.	6.
57.	Thin Bent Nose Plier	200m/m	2	2.	4.
58.	Universal Plier	200m/m	2	2.	4.
59.	Diagonal Cutting Nipper	150m/m	2	2.	4.
60.	Radio Plier (Pin nose plier)	125m/m	2	2.	4.
61.	Combination Vise Plier	250m/m	1	6.	6.
62.	Allen Wrench (hexagonal)	Inch Size 6 pcs.	2	2.	4.
63.	"	" 10 pcs.	2	4.	8.
64.	"	Millimeter Size 10 pcs.	2	4.	8.
65.	Hammer with puller	450g	1	3.	3.
66.	" (Black Smith)	2 kg	1	4.	4.
67.	Plastic Hammer	0.3 kg	1	4.	4.
68.	Leadon Hammer	1 kg	1	3.	3.
69.	Cape Chisel	6, 13, 175 m/m	3	1.	3.
70.	" (Cold Chisel)	16, 16, 175 m/m	3		1.
71.	Cold Chisel	6, 9, 125m/m	3		1.
72.	Chisel	90m/m	3		2.
73.	"	60m/m	3		2.
74.	Parallel Vise	125m/m	1	6.	6.
75.	Anvil	90, 300, 120m/m	1	28.	28.
76.	Stubby Driver		3		1.
77.	Spark Testing Screw Driver	125m/m	2		2.
78.	Combination Exchange Screw Driver		2	2.	4.
79.	Screw Driver Set	No. 1900	2		2.
80.	"	No. 1000	2	4.	8.
81.	Whet-stone	4-CBR	2	3.	6.
82.	Chisel & Punch Set	12 pcs.	1	7.	7.
83.	Lead Block	100, 100, 200m/m	50	8.	400.
84.	Materials	Mylar Sheet			2,222.
		Polycarbonate			
		Vinyl Chloride Bar			
		Vinyl Chloride Plate			

				<u>Total</u>	<u>201,335.\$</u>
		Lewd Plate			
		Acrylite Plate			
		Others			
				<u>Total</u>	<u>201,335.\$</u>
II. Nuclear Medicine Department					
85.	Photo scan unit		1	3,611.	3,611.
86.	Level scanner		1	444.	444.
87.	Well counter	Up Tex	1	1,111.	1,111.
88.	Hood Box		1	1,944.	1,944.
				<u>Total</u>	<u>7,110.\$</u>
III. Endoscopy Department					
89.	Gastro-camera	GT-Type with accessory	1	1,111.	1,111.
				<u>Total</u>	<u>1,111.\$</u>
IV. Surgical Department					
90.	Infusion Plum (Portable)		1	333.	333.
91.	Instrument set for Gastrectomy		1	1,333.	1,333.
92.	Mobile suction unit		2	222.	444.
				<u>Total</u>	<u>2,110.\$</u>
V. Clinical Examination Department					
a) Section of Clinical Pathology					
93.	Paraffin spreading Unit	Type PS-SB, 220V		222.	222.
b) Section of Hematology					
94.	Electric Centrifuge	Slow speed Type 90S-1	1	172.	172.
95.	Auto-Dispenser		1	500.	500.
96.	DO. micro		1	355.	355.
97.	Ocular Micrometer		1	15.	15.
98.	Timer	60" Table Type	2	11.	22.
99.	Blood Corpuscles Counting Chamber	Fuchs-Rosental Type	3	14.	420.
c) Section of Diagnostic Cytology					
100.	Auto stainer for papnicolow staining	220V, RSP-40 Type	1	1,555.	1,555.
101.	Electric Centrifuge	Slow speed Type 220V CD-50-5	1	208.	208.

d) Section of Bacteriology & Serology

102.	Electric Incubator	Low temperature Type	1	1,389.	1,389.
103.	Fluorescent microscope	SUR-FT set	1	1,247.	1,247.
104.	Multi-channel recorder		1	2,583.	2,583.

e) Section of Biochemistry

105.	Pulsatic cleaning machine	W-2-12	1	7,361.	7,361.
106.	Electric incubator	970, 530, 670 mm	1	500.	500.
107.	Deminerallizer		1	1,388.	1,388.
108.	Water still (Type Tokyo Univ.)	220V 1 H 301	1	2,500.	2,500.
109.	Flame Photometer	220V No. 205	1	2,000.	2,000.
110.	U V. lamp		2	12.	24.
111.	Photo-Electric Spectrophotometer	One set	1	2,778.	2,778.
112.	Magnetic stirrer		2	117.	117.
113.	Electric calculator		1	389.	389.
				<u>Total</u>	<u>25,862.\$</u>

VI. Others

a) For Administration

114.	Amplifier and Speaker	One set	1	833.	833.
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b) For Primary Liver Cancer Survey

115.	Medical Equipments			13,888.	13,888.
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				<u>Grand Total</u>	<u>252,443.\$</u>
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Reference to Annex II

THE LIST OF MEDICAL APPARATUS
transferred from 1969

I.	Surgical Department			<u>55,206.\$</u>
	1) Operating Lamps	Large size & Small,	5	6,833.
	2) Multichannel type of Electrocardioscope		1	6,388.
	3) X-ray machine (Image intensifying, mobile)		1	17,186.
	4) Autoclave	Big size & Small	2	16,527.
	5) Water sterilizer for hand washing		2	3,333.
	6) Ultrasonic cleaner		1	4,222.
	7) Others			717.
II.	Clinical Examination Department			<u>2,503.\$</u>
	1) Sphygmomanometer			
	2) Stethoscope			
	3) Others			
III.	Radiology Department			
	a. Diagnosis			<u>4,736.\$</u>
	1) X-ray film viewer,	70 x 70 mm		
	2) X-ray film viewer,	100 x 100 mm		
	3) Mammography X-ray tube			
	4) Others			
	b. Therapy			<u>10,083.\$</u>
	1) Radium safe		1	8,333.
	2) Gamma meter		1	1,750.
	c. Nuclear medicine			<u>13,731.\$</u>
	1) Bed for linear scanner		1	4,027.
	2) Thyroid uptake measurement set		1	4,583.
	3) Scintillation detectors for the renogram		1	2,778.
		A couple of 2 inches NaI crystals		
	4) Others			2,343.
		<u>Grand Total</u>		<u>86,260.\$</u>

Reference to Appendix II

VARIOUS EQUIPMENT FOR DEPARTMENTS OF SURGERY

(Listed in order of importance)

<u>Operating Suite</u>						
1.	Operating Lamp					
	large	X 4	550,000	Yen	2,200,000	Yen
	small	X 1	70,000		70,000	
2.	Operating table				2,600,000	
	general	X 1	650,000			
	theracic	X 1	650,000			
	Gynecologic	X 1	650,000			
	Neurologic	X 1	650,000			
3.	Electrosurgical unit	X 4	500,000	Yen	2,000,000	Yen
4.	Multichannel type of electrocardioscope	X 1	2,000,000		2,000,000	
5.	Water sterilizer for hand washing	X 1	600,000		600,000	
6.	X-ray machine (Image intensifying, mobile)	X 1	5,000,000		5,000,000	
7.	Mobile suction unit	X 1	80,000		80,000	
<u>Recovery Room</u>						
1.	Oxygen tent	X 6	400,000		2,400,000	
2.	Mobile suction unit	X 2	80,000		160,000	
<u>Intensive care unit</u>						
1.	Respirator (IPPB)	X 2	500,000		1,000,000	
2.	Pace maker	X 1	500,000 ?		500,000 ?	
<u>Anesthesiology</u>						
1.	Anesthetic machine	X 5	600,000		3,000,000	
2.	Laryngoscope	X 5	3,000		15,000	
3.	Respirator	X 1				
4.	Endotracheal tube	X 6 dozens	12,000		72,000	

Central Supply

1. Autoclave			
big size	X 2	3,000,000	6,000,000
small (high speed)	X 1	1,800,000	1,800,000
2. Ultrasonic cleaner	X 1	3,000,000	3,000,000
3. Infusion Pump (portable)	X 2	120,000	240,000
4. Instrument set for Gastrectomy	X 1	415,710	<u>415,710</u>
			Total 33,152,710 Yen

Note: About the other surgical instruments may be discussed later in the next occasion.

Doctors: Dr. Ito & Dr. Manop and Dr. Chuladoj

November 11, 1969

Annex III
Plan of Dispatching Trainees to Japan
of
The National Cancer Institute in 1970

Type of Training Required	Duration of training	Approximate date of training required	Remarks
*Nurse	6 months	from Nov. 1970	Mrs. Prakong Rungkasiri
*Nurse	3 months	" Feb. 1970	Miss. Ladaratana Phutaprasert
#Cancer Statistics	3 months	" Mar. 1970	Dr. Sumana Nunpakdee
#Electronic Engineer	1 year	" Apr. 1970	Mr. Chitt Unkeeros
#Microbiology	6 months	" Apr. 1970	Dr. Phatraj Athanavanis
Cancer Hospital Administration	2 months	" Aug. 1970	Mr. Permsak Charbthanorm
Nursing Services of Nuclear Medicine	6 months	" Dec. 1970	Miss Sripathra Sirivejabandhu
Clinical Pathology	6 months	" Dec. 1970	Dr. Ithee Chonmaltree

(Reference)

Tentative Plan of Dispatching Trainees to Japan in 1971

1. Dr. Phabul Sa-ngobwarchar (Nuclear Medicine Dept.)
April 1971
2. Mr. Sunthorn Rungkasiri (Clinical Laboratory)
April 1971
3. Dr. Orawan Kumpholpharn (Physiology Section)
April 1971
4. Dr. Nallipundh Chivanond (Clinical Hematology Section)

Reference to Annex III

The plan of Thal trainee requested by Dr. Kimura

Section	No. & Qualification
Microbiology	1 Technician
Surgical pathology	1 Technician
Biochemistry	1 Physician

Annex IV

Future Plan of Clinical Laboratory Section

by Dr. Somchai

	Doctor	Tech	Ass. Tech	Clerk
1. Microscopy Section (General Examination)	1	1	1	1
2. Hematology Section	1	1	1	1
3. Biochemistry Section		1	1	
4. Serology Section	1	1		
5. Microbiology Section	1	1		
6. Surgical Pathology Section	1	1		
7. Morbid Pathology Section				
8. Cytology Section	1	2	1	
9. Physiology Section	1			1
10. Blood Bank				

THE LIST OF MEDICAL APPRATUS

schedule in 1970 Japanese fiscal year
(Final List)

I. Radiology Department

a) For Diagnosis

1.	Roll Film Magazine	14"	1	194.	194
				<u>Total</u>	194.\$

b) For Treatment

2.	Linear Accelerator		1	180,555.	180,555
3.	Examination Set for Otorhynolaryngology	a) Treatment Unit both side (SN Type)	1	2,417.	2,417.
		b) Treatment Unit (New Plain side SN)	1	861.	861.
		c) Treatment Chair SN	3	416.	1,248.
		d) Flushing Cupaidr	2	167.	334.
4.	Densitometer	PD-9R	1	1,611.	1,611.
5.	Stabilised Power Supply	7326	2	211.	422.
		7335	2	217.	434.
		725 C	1	250.	250.
		665 A	1	356.	356.
6.	X-Y Recorder One set	3073, 3075, 3076	1	1,500	1,500.
7.	"	F 33	1	556.	556.
8.	D C-V meter	2012	1	58.	58.
9.	"	2011 0.3-10V	1	28.	28.
10.	"	" 3-1000V	1	33.	33.
11.	D C-A meter	" 3-100 A	1	36.	36.
12.	"	" 0.1-30mA	1	28.	28.
13.	"	" 1-30 A	1	28.	28.
14.	"	" 10-300mA	1	28.	28.
15.	"	" 1-30A	1	31.	31.
16.	A C-V meter	2014	1	61	61.
17.	A C-A meter	2013 20-200mA	1	28.	28.
18.	"	" 0.1-1A	1	28.	28.
19.	"	" 0.5-5A	1	28.	28.
20.	"	" 2-20A	1	28.	28.

21.	Universal Circuit Test	MT 200	1	36.	36.
22.	Universal Circuit Tester	380 CD	1	17.	17.
23.	V.T.V.M.	115	1	222.	222.
26.	Grinder	200 mm	1	100.	100.
28.	Magnet Base		1	28.	28.
29.	Gas welder		1	15.	15.
30.	Micron Micrometer	25m/m	1	44.	44.
32.	Drilling Machine	NBD-400	1	244.	244.
35.	Band Saw	100m/m	1	333.	333
37.	Electrical Hand Drill	10m/m	1	69.	69.
38.	"	20m/m	1	89.	89.
84.	Materials	Mylar Sheet			2,222.
		Polycarbonate			
		Vinyl Chloride Plate			
		Vinyl Chloride Plate			
		Lewed Plate			
		Acryllyte Plate			
		Others			
				<u>Total</u>	<u>194,406.\$</u>
II.	Nuclear Medicine Department				
85.	Photo scan unit		1	3,611.	3,611.
86.	Level scanner		1	444.	444.
87.	Well counter	Up Tex	1	1,111.	1,111.
88.	Hood Box		1	1,944.	1,944.
				<u>Total</u>	<u>7,110.\$</u>
III.	Endoscopy Department				
89.	Gastro-camera	GT-Type with accessory	1	1,111.	1,111.
				<u>Total</u>	<u>1,111.\$</u>
V.	Clinical Laboratory Department				
	a) Section of Clinical Pathology				
93.	Paraffin spreading Unit	Type PS-SB, 220V	1	222.	222.
	b) Section of Hematology				

94.	Electric Centrifuge	Slow speed Type 90S-1	1	172.	172.
95.	Auto-Dispenser		1	500.	500.
96.	DO. micro		1	355.	355.
97.	Ocular Micrometer		1	15.	15.
99.	Blood Corpuscles Counting Chamber	Fuche-Rosental Type	3	14.	42.
c) Section of Diagnostic Cytology					
100.	Auto stainer for papanicolou staining	220V. RSP-40 Type	1	1,555.	1,555.
101.	Electric Centrifuge	Slow speed Type 220V CD-50-S	1	208.	208.
d) Section of Bacteriology & Serology					
102.	Electric Incubator	Low temperture Type	1	1,389	1,389.
103.	Fluorescent microscope	SUR=Pt set	1	1,247.	1,247.
104.	Multi-channel recorder		1	2,583.	2,583.
e) Section of Biochemistry					
105.	Pulsatic cleaning machine	W-2-12	1	7,361.	7,361.
106.	Electric Incubator	970, 530, 670mm	1	500.	500.
107.	Deminerallizer		1	1,388.	1,388.
108.	Water still (Type Tokyo Univ.)	220V I H 301	1	2,500.	2,500.
109.	Flame Photometer	220V No. 205	1	2,000.	2,000.
111.	Photo-Electric Spectrophotometer	One set	1	2,778	2,778.
112.	Magnetic stirrer		2	117.	234.
113.	Electric calculator		1	389.	389.
				<u>Total</u>	<u>25,555.\$</u>
<u>GRAND TOTAL</u>					<u>228,376.\$</u>

(=) - 2 Record of discussion of the Annual Meeting
X-ray Diagnosis and Radiation Therapy Divisions
on
June 10, 1971

Participants:

1. Dr. T. Kitagawa
2. Dr. Phisit Phanthumachinda

Dr. Kitagawa informed about the equipment supplied by the Japanese Government for both the X-ray Diagnosis and Radiotherapy Divisions of the National Cancer Institute of Thailand. These equipment are supplied by the budget of the year 1970 and 1971. These equipment are already decided, some are under shipment and others will be ready for shipment soon. The list of the equipment is attached to this record.

Dr. Kitagawa and Dr. Phisit discussed about the necessary additional diagnostic X-ray equipment and both agreed that they should be also requested in the three years period of extension of the cooperation. The detail of the equipment is attached to this record.

Dr. Phisit explained to Dr. Kitagawa about the gap of the energy range of the therapy machines due to installation of the 4 Mev. Linac as the first machine in which its electron beam would not give enough penetration. A medium range therapy machine is necessary to fill in the gap but there is no space being provided in the new building. The party expect to find some space after studying the construction plan in the following day.

Dr. Kitagawa explained about the usefulness of the transverse tomographic unit in the treatment planning of the patient to which Dr. Phisit agree. If such an equipment is to be installed it needs some modification of the present room that may be available due to the excessive height of the machine. Studying the detail of the submitted future plan by the Thai side both agree in the principle of requesting for the second cobalt machine during the year 1972 - 1973 before the second high energy machine which could be either Linac (13 - 15 Mev.) or Betatron.

Dr. Phisit informed Dr. Kitagawa that at present, there are 4 graduated technicians preparing to work in the Radiation Therapy Division. These technicians are now working in the Diagnostic Radiology Division and within next month they will be sent for therapy training work in other institutions. The Radiation Therapy Division is preparing to enroll more technician each year up to the minimum necessary number of two technicians for each machine. There are three diagnostic technicians at present and the Division is planning to receive more each year at least one technician for each machine with one chief technician.

Dr. Phisit also explain to Dr. Kitagawa about the principle of having radiotherapist from other institutions who will work for the Division in its early phase of operation and the plan to receive well trained therapist in the future.

According to the submitted future plan of the Thai side for Radiotherapist for National Cancer Center of 6 months each and the total number of two therapists for each year. Dr. Kitagawa explained that since

there is also shortage of experts of this field in Japan, the duration of each radiotherapist will be one person each year and his term will be within the range of 3 months to 6 months each. The duration for each technician will be 6 months.

Dr. Kitagawa informed that Automatic isodose curve plotter and Victoreen dosimeter (Radocon type) is supplied by the 1971, fiscal year budget.

Diagnostic equipment to be requested to Japanese Government.

Equipment	1972	1973	1974	Total
1. T.V. unit to be coupled with the present 500 ma. Toshiba fluoroscopic unit.	1	-	-	1
2. X-ray grids size 10 x 12	1	-	-	1
11 x 14	1	-	-	1
12 x 15	1	-	-	1
14 x 17	1	-	-	1
3. Cassettes with medium speed screen 10" x 12"	10	-	-	10
4. Mobile X-ray unit 300 Ma. capacitor discharge type	-	1	-	1
5. Remote control fluoroscopic unit, roll film type	-	1	-	1
6. Matsuki vertical serial film changer with two roll film magazines	-	-	1	1
7. Additional Toshiba tube and tube hanger for lateral exposure	-	-	1	1
8. Angiographic table or angiographic table top	-	-	1	1
9. Sakura automatic film processing machine 90 sec.	-	-	1	1

List of Medical Instruments to be provided for Thai National Cancer Institute in 1971 Japanese Fiscal Year

(*)

1.	Radiology Department Linear Accelerator, etc.	21 items	¥ 69,240,910
2.	Nuclear Medicine Department Scintillation Counter, -----	4 items	¥ 1,670,000
3.	Endoscopy Department Gastro Camera		¥ 400,000
4.	Clinical Laboratory Department Paraffin Dispenser, etc.	18 items	¥ 5,459,600
5.	Others (emergency request) Clean Water Supply Apparatus	3 items	¥ 7,797,000
		Total	¥ 84,567,910
	Transportation Fee (10 %)		()
	Grand Total		¥ 92,924,000

(*) The budget transferred from 1970 Fiscal Year to
1971 Fiscal Year

OVERSEAS TECHNICAL COOPERATION AGENCY (1)
 No. 42, Honmura-cho, Ichigaya, Shinjuku-ku, Tokyo, Japan.

Identifying Marks & Nos.	Description of Goods	Quantity	Unit Price	Amount in yen
(1. RADIOLOGY DEPARTMENT)				
a) for diagnosis				
1.	Roll Film Magazine "Matsuki" 14" x 11"	1		70,000
2.	Densitometer "Konishiroku" PDA- 60	1		480,000
b) for Treatment				
1.	Examination Set for Otorhynolaryngology "Nagashima"			
(1)	Treatment Unit, both side SN Peeless	1		815,000
(2)	Treatment chair, SN	2	159,000	318,000
(3)	Flushing Cupsider	1		62,000
(4)	Spare Parts	1		30,000
2.	Fixing Set for Linear & simulator "Hama"	2	150,000	300,000
3.	Linear Accelerator "NEC" NELAC-1004 A, 4 MEV			60,660,500
(1)	Gantry	1		
(2)	Controller	1		
(3)	Local Controller	1		
(4)	System	1		
(5)	Auto Vottage Stabilizer	1		
(6)	ITV System	1		
(7)	Accessory			
	Front Pointer	1		
	Wedge Filter 15, 30, 45, 60	1		
	Shadow Tray	2		
	Gassette Holder	1		
(8)	Spare Parts for Main- tenance "two uear"	1		
(9)	Tools	1		
(10)	Air Condition in Unit "Daikin"	1		
(11)	Transformer	1		
4.	Instruments for Linear Accelerator			
(1)	Synchroscope SS-5302	1		959,400
(2)	Galvano - voltmeter DC 2012	1		30,680
(3)	Galvano - voltmeter AC 2014	1		30,680

(2)				
Identifying Marks & Nos.	Description of Goods	Quantity	Unit Price	Amount in Yen
(4)	XY Recorder D 72	1		666,900
(5)	Water Phantom	1		52,000
(6)	Scanner	1		520,000
(7)	Manometer	1		11,700
(8)	Thermometer	1		650
(9)	Desiccator D-1	1		48,100
(10)	Stopwatch	1		13,000
(11)	Buid and Cap for "Ionex"	1		65,000
(12)	Adjustment Phantom for "Ionex"	1		195,000
(13)	Magic Cast	1		91,000
(14)	Cassett	5	6,500	32,500
(15)	Sensitive Paper GS	5	10,400	52,000
(16)	Mix D 40 kg	1		
5.	Electric Instruments for Radiotherapy Department			
(1)	Stabilized Power Supply "Kikusui" 7335	2	78,000	156,000
(2)	"Kikusui"7335 725C	1		90,000
(3)	"Kikusui"7335 665A	1		128,000
(4)	Volt-galvanometer DC "Yokokawa" 2011 0.3 V - 10 V	1		10,000
(5)	Volt-galvanometer DC "Yokokawa" 2011 3 - 100 MA	1		13,000
(6)	Universal Tester "Shimazu" MT 200	1		13,000
(7)	Universal Tester "Sanwa" 380 CD	1		6,000
(8)	Voltmeter for Vacuum Tube "Kikusui" 115	1		80,000
(9)	XY Recorder "Yokokawa" 3073, 3075, 3076	1		550,000
6.	Milling Machine "Rikens seiko" PTM-2	1		1,198,000
7.	Lathe Machine "Riken Seiko" 1000 m/m	1		700,000
8.	"Sakai" BS 200 with spare blade	1		150,000
9.	Boring Machine "Namiki" NB 0-400	1		87,800
10.	Grinder 150 m/m	1		36,000

Identifying Marks & Nos.	Description of Goods	Quantity	Unit Price	Amount in Yen
11.	Hand Drill 20 m/m	1		32,000
12.	Micrometer 200 m/m	1		4,500
13.	Tap Dais Set	1		20,000
14.	Micron Micrometer 25 m/m	1		16,000
15.	C Clamp 10 cm	3	1,000	3,000
16.	C Clamp 30 cm	3	1,500	4,500
17.	Tool Set "Matsushita" MT-1	1		87,000
18.		1		2,000
19.	Materials			
	(1) Acrylite plate 200 cm x 100cm x 0.5cm	2	20,000	40,000
	(2) " 200cm x 100cm x 1.0cm	2	40,000	80,000
	(3) " 200cm x 100cm x 2.0cm	1		80,000
	(4) Lead Plate 0.5 m/m, 1.0 m/m, 3.0 m/m	1		200,000
	Sub Total			

(2. NUCLEAR MEDICINE DEPARTMENT)

1.	Photo re-scanning attachment for Scomtoscammer sec - 150 S "Shimazu"	11		230,000
2.	Level Scanner "Shimazu" EM-10	1		200,000
3.	Scintilation counter, Well Type "Shimazu"	1		900,000
	(1) Scintilation Detector DS-Z			
	(2) Scintilator GC-301			
	(3) Stand, Well Type FS-3A			
	(4) Scaller, Tr EC-34			
	(5) Transformer			
4.	Hood Box Shimazu H ³	1		340,000
	Sub Total			1,670,000

(3. ENDOSCOPY DEPARTMENT)

1.	Gastro Camera "Olympus" GT-PA with accessories	1		400,000
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(To replace Table 6 in Future Plan of Radiation Therapy Division)

Table 6
Therapy equipment will be requested to
Japanese Government

Equipment	1970	1971	1972	1973	1974	Total
1. Linac 13 or 15 Mev.	-	-	-	1	-	1
2. Cobalt 6, 500 Rhm.	-	-	1	-	-	1
3. Lead shield for radium ward	-	8 sets	-	-	-	8 sets
4. Flatness recorder	-	1	-	-	-	1
5. Film scanner	-	-	-	1	-	1
6. Mobile radium container	-	1	-	-	-	1
7. Fluoroluminescence dosimeter	-	-	-	1	-	1
8. Nasopharyngofiberscope	-	-	-	-	1	1
9. 500 Ma. Uro - X-ray unit	-	-	1	-	-	1
10. Orthopantomographic unit	-	-	-	-	1	1
11. Lathe	-	1	-	-	-	1
12. Milling machine	-	1	-	-	-	1
13. Body phantom	-	-	-	-	1	1
14. 100-250 KVP x-ray therapy machine	-	-	1	-	-	1
15. Transverse tomography unit	-	-	1	-	-	1
16. Controlled temperature x-ray processing tank	-	-	1	-	-	1

Record of discussion of the Annual Meeting
Radiation Therapy Division
On
June 11, 1971

Participants:

1. Dr. T. Kitagawa
2. Dr. Phisit Phanthumachinda
3. Mr. Phaibul (Civil Engineer Dept. Ministry of Public Health)
4. Mr. Manoo (Supervisor of the S. K. S. Construction Ltd. Partnership)

The major part of to day discussion concerned about the hospital construction particularly of the radiation therapy center. There are many factors to be checked and discussed before the dicision for the schedule of the heavy machines installation could be made.

1. The iron structural work of the roof of the radiation therapy center was finished for almost 90 %.
2. Conduct for the electrical wiring and piping systems for the Daikin air conditioner are completed.
3. The water piping system of the second floor through that part is about 50 % completed.
4. The concrete work could be started on June 14, and will take 41 days until removing of the frame work support or about July 26, 1971.
5. Room for the radium safe will be ready to put in through the ceiling on July 20, 1971.
6. The steel door of the Cobalt and Linac rooms will be ready by the end of August, 1971.
7. Temporary electrical supply for the dehumidifier supplied by the Japanese Government for the cobalt and the control room shall be provided in middle of August, 1971.
8. Permanent electrical wiring for the cobalt, linac machines and the Daikin air conditioner will be done near the end of August, 1971.
9. The recommended minor correction of the Linac room according to Mr. Maehara inspection will take about 7 days after removal of the frame work of the ceiling.
10. Installation of the cobalt and T.V. simulator will start from middle of September to the end of October 1971.
11. Installation of the Daikin air conditioner will be from the end of September to the end of October, 1971.
12. Shipping of the Linac and Daikin air conditioner will start at the end of August and expected to arrive N.C.I. about middle of October 1971.
13. Installation of the Linear Accelerator will start near the end of October 1971, and complete at the end of December and 2 -3 months duration is necessary for the running test.

14. The interior finishing of the Cobalt and the Linac rooms including the necessary surrounding area could be started after the installation of those machines and will take approximately one month after the beginning.
15. Clearing of the entrance to the radiation therapy center from the construction material and the beginning of the treatment to the patient on out patient basis would be possible at approximately the end of January 1972.
16. Dr. Kitagawa informed that Mr. Matsumoto term will start on the beginning of October 1971, to the end of March 1972, and Dr. Hamada from the beginning of December 1971, to the end of February 1972.

For the matter of training Thai doctor and technician Dr. Wanpen will be sent to Japan after the beginning of September 1971, for 6 months and Mr. Chalerm from the beginning of April 1972, also for 6 months because he has to observe the installation of the therapy machine and preparation of the data.

17. Dr. Phisit will be responsible for storage of the spare part of the cobalt and linac machines and all the X-ray diagnostic accessories.
18. After studying the construction plan, both agree that the planning and dosimetry room may be used for the transverse tomographic unit and it needs modification of that room to install the machine.

Part of the water closet next to linac control room may be necessary for modification to accommodate the 100-250 KVP or superficial machine. Dr. Kitagawa will study in detail about this subject and inform Dr. Phisit as early as possible and the modification of this rooms will be awaiting for his information.

Record of discussion of the Annual Meeting
Radiation Therapy Division
on
June 14, 1971

R-3

Participants

Dr. T. Kitagawa
Dr. Phisit Phanthumachinda

1. Discussion about the radium safe, it was realized that the safe is not included in the recent shipment that had arrived a few weeks ago, therefore it must be delayed for at least 2 months. Since it was planned to put the safe into the radium storage room through the ceiling, this plan must be changed and a side wall opening is necessary for moving in. This will avoid the delay of the construction because the ceiling of the radium storage room is actually the floor of the operating theater. Discussion about this problem with the construction supervisors (Mr. Paiboon and Mr. Manoo) and the original plan of moving in through the side wall was submitted and they had the opinion that it could be done without difficulty.
2. Concerning the reray equipment, Dr. Kitagawa stressed his opinion that handling and operation of these equipment should be done only by the authorized person to avoid damage and duplication of the working system that might happen in the future. The Diagnostic Radiology Division must be responsible for all the diagnostic radiology equipment of the N. C. I..
1. Dr. Phisit said that since the fluoroscopic x-ray unit of the Endoscopy Division has rarely been in use since its installation for almost two years ago. He is considering of moving this machine into one of the available x-ray room in the new building for its regular daily use and this matter is to be done when new building construction will be completed, according to agreement of Dr. Ito who is responsible in discussion about the Endoscopic Division and Dr. Somchai.

RECORD OF DISCUSSION OF ANNUAL MEETING
NUCLEAR MEDICINE DIVISION
ON
14 JUNE 1971

R - 4

PARTICIPANTS:

1. Dr. T. Kitagawa
2. Dr. Phaibul Sa-ngobwarchar

The two items have been discussed.

1. Some Radio-Isotope Equipment should be requested in 1972.
2. When Nuclear Medicine Expert of N. C. C. should be come to National Cancer Institute, Bangkok?

The discussion has been concluded that:

1. The Radio-Isotope Equipment should be requested.

No.	Description	Remark
1.	Colour Scanner	For attachment with Scinti-scanner SCC-150S
2.	Radio-Isotope Dose Calibrator	
3.	Liquid Scintillation Counter	
4.	Scinti-Camera	

- II. The Nuclear Medicine Expert of N. C. C., Tokyo, should be come to National Cancer Institute, Bangkok, after the completion of Dr. Phaibul's Training at N. C. C., Tokyo.

Record of discussion of the Annual Meeting
Endoscopy Division on June 15, 1971
on
June 15, 1971

R-5

Participants:

1. Dr. I. Ito
 2. Dr. Phisit Phanthumachinda
1. Dr. Ito gave the list of equipment already decided for the budget of 1971
 - 1.1 GTF type S new type gastrofiberscope 1 set
 - 1.2 CLE accessories of the above item.
 - 1.3 Gastrocamera film viewer 2.
 2. The following items may be supplied during the year 1972 to 1974.
 - 2.1 GT type PA new type gastrocamera 1 set
 - 2.2 Body of G. T. type gastrocamera 1 set
 - 2.3 GTF type B new type gastrofiberscope for biopsy 1 set
 - 2.4 JF type B Duodenofiberscope 1 set
 - 2.5 CF type SB Colon fiberscope (short) 1 set
 - 2.6 CF type SB Colon fiberscope (long) 1 set
 - 2.7 GLE transformer for gastrocamera 1 set
 - 2.8 CLX transformer for fiberscope (large size) 1 set
 3. The following items will be supplied according to the year specified.
 - 3.1 Bronchofiberscope (1972) 1 set
 - 3.2 Laparoscope (1972 - 3) 1 set
 - 3.3 Esophagoscope (1972 - 3) 1 set
 - 3.4 Endoscopic color television (1973) 1 set
 4. Dr. Phisit explained to Dr. Ito that according to the N. C. I. staff meeting on June 10, 1970, there is agreement on the type of instruments which will belong to the following departments.
 - 4.1 Endoscopy Division
 - 4.1.1 All kinds of Esophagoscope
 - 4.1.2 All kinds of gastroscope
 - 4.1.3 All kinds of sigmoidoscope
 - 4.2 Surgical Division
 - 4.2.1 All kinds of bronchoscopes
 - 4.2.2 Laryngoscope
 - 4.2.3 Nasopharyngoscope
 - 4.2.4 Laparoscope
 - 4.2.5 Cystoscope
 - 4.3 Out Patient Division
 - 4.3.1 Proctoscope
 - 4.3.2 Colposcope and colpomicroscope
 - 4.3.3 Nasopharyngofiberscope

Index of Record of Individual Discussion
of the Annual Meeting
on June 7 - 19, 1971
(SURGERY)

- S - 1 Discussion on the starting of the surgical treatment
Equipment requested in 1969 - 1970

- S - 2 Discussion of the equipment in 1971

- S - 3 Approve the record of discussion on June 10-11, 1971
Discussion of the equipment in 1972 - 1974
Discussion on Working Plan
Discussion on Dispatching Japanese experts
Discussion on sending N. C. I. 's staff to Japan for training

Individual Meeting
Operating Room, Central Supply
and Recovery Room

June 10, 1971 at 3.30 p.m.

PARTICIPANTS

Dr. I. Ito
Dr. Manop

The brief outline of the meeting are as follow:-

1. Dr. Ito raised the problem about the correct time schedule of Hospital Construction that the surgical treatment can start especially for Operating Room, Central Supply and Recovery Room.

Dr. Manop informed that because of the Hospital Construction is delayed, it effects the installation of surgical equipment and the surgical activity will start after the completion of the hospital.

2. Dr. Ito show the list of equipment for the budget 1969 Japanese fiscal year:

1. Operating Lamp
 - Large 3
 - Small 1
2. Water sterilizer for hand washing 2
3. Ultrasonic cleaner 1
4. Autoclave
 - Large 2
 - Small (high speed) 1

All of those equipment already arrived at Bangkok

1. The list of equipment of 1970 budget of the Japanese fiscal year are shown by Dr. Ito:-

1. Clean water apparatus
 - Carbon filter 1
 - Wash pump 1
 - Automatic Clean Water 2
 - Chemical Feeder Pump 1
 - Transformer 1
 - Chemicals for Boiler Water

2. Steam boiler Unit

These all equipment should be sent to Bangkok at the beginning of August 1971.

After Thai side have the blue print from Ogano Company, Thai side will inform the Japanese side that when the definite time for engineer to come to Bangkok for installation.

4. Equipment of surgical in 1971 budget fiscal year, Dr. Ito planned to discuss on the individual meeting on June 11, 1971, at 9.00 a.m. Those equipment for Surgery Division and Anesthesiology Division cost about 27 million yen (1.5 million Baht).
5. Equipment of surgery in 1972 budget fiscal year will be discussed on Monday, June 14, 1971 at 9.00 a.m.
Dr. Ito informed that Japanese side will send 2 engineers for water cleaner apparatus and boiler to N.C.I. after the Thai side already get the blue print from N.C.C. and the Thai side will let them know the definite time. And after that during January to February 1972, N.C.C. will send Dr. Ogata and three engineers to come to N.C.I. for advice and installation of some machine.
6. About the Japanese expert from N.C.C. and the N.C.I.'s staff will be sent to Japan for training. Dr. Ito suggested to Dr. Manop to discuss about them on Monday, June 14, 1971 at 2:00 p.m.
7. For the final of the individual meeting should be reconfirm on Tuesday, June 15, 1971 at 9.00 a.m.

Individual Meeting
Operating Room

S - 2

June 11, 1971 at 9.30 A.M.

PARTICIPANTS

Dr. Ito
Dr. Manop

The brief outlines of discussion:-

1. Dr. Manop (Thai side) informed about the equipment which had allocated from Budget Bureau for 1971 Thai fiscal year (See appendix 1).
2. Dr. Ito (Japanese side) informed the list of the equipment for Operating Room, Central Supply and Recovery Room that to be sent by the Japanese Government, possibly 1971 (see appendix 2).

Individual Meeting
Operating Room, Central Supply
and Recovery Room

S - 3

June 14, 1971

Participant

Dr. Ito
Dr. Manop

The brief outline of the discussion:-

1. Approval of The Record of Discussion on June 10 - 11, 1971

The individual meeting of Operating Room, Central supply and Recovery Room about The equipment of 1971 Japanese fiscal year both side are approved.

2. Thai side requested some of equipment for Operating Room, Central supply and Recovery Room (see appendix 3A) Japanese side approved generally under the cadre of the apparatus consider to be necessary after 1972 (see appendix 3B).

2.1 The list of Anesthetic equipment will be selected and prepared by Japanese Anesthesiologist, N. C. C.

2.2 About the surgical instrument sets, Dr. Ito will consider to select them in category such as:- knife, needle, holder, etc.

2.3 The list of content of the operating set will translate and send to the Surgical Division of National Cancer Institute. And when the hospital is opened, the N. C. I's nurses will prepare the operating instrument following the translating list.

3. Discussion on Working Plan (Item 6)

3.1 Before completion of Cancer Hospital building

A) Water softener and the boiler are expected to arrive at Bangkok in the end of September 1971.

B) The last operating lamp of the first of Operating Room, and the surgical equipment will arrive at Bangkok in November or December 1971.

3.2 After completion of Cancer Hospital building, the surgical activity has to start as soon as possible.

A) Operation - Operating Room.
B) Surgical Ward

4. Discussion on Dispatching Japanese Experts (Item 5)

According to the working plan.

- 4.1 Before the completion of Cancer Hospital Building. Dr. Ito (Japanese side) informed at the meeting that the Japanese Government will send the engineer for installation the water cleaner system (see appendix 4A) and the surgical instrument, Dr. Ogata, N.C.C.'s surgeon, is the supervisor for the surgical installation. They will come to National Cancer Institute in January 1972 (see appendix 4B).

Dr. Manop (Thai side) suggested that at the beginning of 1972, many of the Japanese Experts and engineers will be dispatched to National Cancer Institute and the Cancer Hospital Construction will be completed. So Dr. Ito has to come to National Cancer Institute to supervise the Japanese team and to cooperate closely with the Thai side.

4.2 After the completion of the Cancer Hospital building.

The Japanese Government will send the Japanese experts to National Cancer Institute after sending the N.C.I.'s staffs to Japan for training and come back to N.C.I. to be the counterparts of the Japanese experts.

Dr. Ito (Japanese side) informed that the Japanese Government approved the future plan about the Japanese expert for the Surgery Division and Anesthesiology Division. Thai side had submitted this request to the Japanese Government at the conference in Bangkok on January 17 - 28, 1971.

At this time Dr. Ito informed about the Japanese experts to come to N.C.I. only 1972. (see appendix 5).

Dr. Manop requested 4 teams (Surgeon, Anesthesiologist and Nurse) to cover the whole year after 1972.

5. Training of N.C.I.'s Staffs (Item 4)

Thai side requested the Japanese Government to sending the N.C.I.'s staffs to Japan for training at N.C.C. (see appendix 6).

6. About the dispatching of Japanese experts and sending N.C.I.'s staff for training in Japan after 1972 will be decided at the next annual meeting.

Appendix 1

Equipment allocation from Budget 1971 Thai fiscal year

Equipment	Quantity
<u>Surgery Division</u>	
1. Operating table	1
2. Operating lamp	1
3. Instrument cart	1
4. Instrument sterilizer	2
<u>Anesthesiology Division</u>	
1. Anesthetic machine	1
2. Ventilator, respirator	1
3. Cardiac resuscitator	1
- pace maker	
- defibrillator	
- Synchronizer cathode tube mir mornitor	
4. Laryngoscope	3

Sppendix 2

Various equipment apparatus consider to be sent by Japanese Government, possibly 1971.

Equipment	Quantity
1. Operating lamp (for Dome)	1
2. Operating table	4
3. Electrosurgical unit	4
4. X-ray machine (Image intensifying mobile)	1
5. Mobile suction unit	4
6. Cardioscope	2
7. Oxygent tent	4
8. Respirator (with IPPB)	
- Mark 4 + 7 (each)	1
- Mark 8	3
9. Pace maker	1
10. Anesthetic machine	4
11. Laryngoscope	5
12. Endotracheal tube	6
	dozens
13. Infusion pump (portable)	2
14. Suction and nebulizer unit	3
15. Continuous low pressure suction unit	5
16. Outlet apparatus of oxygen	4
17. Outlet apparatus of suction	4
18. Gastrectomy instrument set	1
19. Esophagectomy instrument set	1
20. Lobectomy instrument set	1
21. Maxillary sinus operation set	1
22. Hysterectomy instrument set	1
23. Urinary bladder operation set	2
24. Cooler	2
25. Anesthetic apparatus	2
26. Irrigation stand	2
27. Complementing table	
- Large	2
- Small	4
28. Double table Sterlizing tray set	2
29. Triple table Sterilizing tray set	2
30. Working table	4
31. Cart for carrying the apparatus	2
32. Ice box (for specimen)	2
33. Instrument cabinet	3

Appendix 3 A
Surgical apparatus requested to Japanese Government
in 1972 - 1974

Instrument	Quantity
A. <u>Operating Room</u>	
1. <u>Serveral operation instrument</u>	
Radical esophagectomy (Laparotomy)	1 set
Rectal amputation	1 set
Breast amputation	1 set
Nepharectomy instrument	1 set
Kuntscher intramedullary nailing instrument	1 set
Upper or lower extremity amputation	1 set
Laminectomy (special cord) operating instrument	1 set
Craniotomy instrument	1 set
Conc resection operating instrument	1 set
Paranasal sinus operating instrument	1 set
Laryngectomy (the pharynx) instrument	1 set
Struma operating instrument	1 set
Jaw and tonque resection operating instrument	1 set
Cystectomy and artificial vesicular replacement instrument	1 set
Ureterostomy operation instrument	1 set
Prostatectomy operation instrument	1 set
Nakayama's blood vessel suture instrument	1 set
2. <u>Surgical endoscope</u>	
Colofiberscope	1 set
Bronchofibroscope	1 set
Peritoneoscope (Laparoscope) with automatic pneumoperitoneum set	1 set
Cystoscope complete set for ureteric catheterization and electric cauterization	1 set
Choledocho-fibroscope	1 set
3. <u>Others</u>	
Irrigator stand	6
Double table	2
Complementing table	
Large	2
Small	4
Cart for carrying apparatus	3
Instrument cabinet	12
Working table	8
Ice box	3
Suction Unit	4

Appendix 3 A (Cont'd)

<u>Instrument</u>	<u>Quantity</u>
Kick bucket rack	10
Bucket	10
Linen cabinet	10
Brush sterilizer container	10
Plaster cart	1
Plaster cutter	1
Balance (for measuring memorrhage)	5
Surgical stop watch	5
<u>B. Recovery Room</u>	
1. <u>Bed</u>	5 sets
2. <u>Travelling system spotlight</u>	1 set
3. <u>Others</u>	
Oxygen tent	1 set
Electric clinical Thermometer	2 sets
Instrument table	1 set
Suction bottle (Incase there is piping)	5 bottles
Oxymeter	1 set
<u>C. Central Supply</u>	
1. Needle washer	2 sets
2. Various tray to set	in sets
3. Other	
Nebulizer	7 sets
Wheel stretcher	5 sets
Seal machine	1 set

Appendix 3 B
Apparatus considered to be necessary between 1972 - 1974

Equipment	Quantity
1. <u>Operating Room</u>	
Several operation instrument set	14
Colofiberscope	1
Others	
2. <u>Anesthesia</u>	
Infant circle	2
Multichannel type of E. K. G.	2
Tube connector	12
Air way (various size)	12
Table	5
Others	
3. <u>Recovery Room</u>	
Bed	5
Travelling system spotlight	1
Others	
4. <u>Central Supply</u>	
Needle washer and others	
Various trays to set	

Appendix 4A

Japanese engineer for Water Cleaner System

Field of experts	No. of expert	Duration	Expert from
1. Boiler engineer	1	1 month (Oct. 1971)	Fuji Co.
2. Clean Water Softener	2	1 month (Oct. 1971)	Ogano Co.

Appendix 4 B
Japanese expert and engineer for the surgical installation

Field of experts	Number of expert	Duration
1. Supervisor for installation (Dr. Ogata, NCC's surgeon)	1	2 month (Jan. - Feb. 1972)
2. Operating lamp engineer	2	2 weeks (Jan. - Feb. 1972)
3. Autoclave engineer	1	1 month (Jan. - Feb. 1972)
4. Water sterilizer for hand washing and other surgical instrument engineer	1	2 weeks (Jan. - Feb. 1972)
5. Ultrasonic cleaner and Anesthetic machine engineer	1	2 weeks (Jan. - Feb. 1972)

Appendix 5

Japanese expert dispatching to NCI in 1972

Expert	No. of expert	Duration
1. General surgeon	1	3 months (July - Sept. 1972)
2. Gynecologist	1	3 months (Oct. - Dec. 1972)
3. Anesthesiologist	2	3 months each (July - Dec. 1972)
4. Surgical Nurse	1 or 2	1 for 6 months or 2 for 6 months each (July - Dec. 1972)

Appendix 6

Number of personnel for training in Japan

Personnel	No. of Personnel	Duration
1. Gynecologist (Dr. P. Penkae)	1	6 months (as soon as possible)
2. Anesthesiologist (Dr. L. Sathaporn)	1	6 month (The end of 1971)
3. Surgeon (Dr. Y. Chuladej)	1	2 months (Oct. - Nov. 1972)
4. Surgical Nurse	1	6 months (From Oct. 1972)
5. Registered Nurse for Central Supply	1	3 months (From Oct. 1972)
6. Social Worker	1	1 month (Sept. 1972)

(=) - 3 Record of Consultation
between the Thai Authorities Concerned
and the Japanese Medical Mission

.....

The Annual Meeting for the consultation on the implementation of technical cooperation in medical fields between Thailand and Japan was held in Bangkok from 6 December to 18 December 1972.

The list of participants in the meeting is attached in Annex.

The participants in the meeting reviewed the cooperation as it has been implemented and the progress that has been achieved since the beginning of the Virus Disease Control Project and the Medicinal Plant Research Project.

Both parties agreed that the Japanese cooperation for these two Projects in the form of dispatch of experts on long-term assignment and supply of equipment will be terminated in 1973 and enter the stage of Follow-up. Accordingly this will be the final Annual Meeting for these two Projects.

The parties concerned are pleased to note that the consultation was successful and achieved the objectives for which it is made.

The Meeting also noted that Dr. Susumu EBIHARA, Chief of the planning Office, National Cancer Center, Japan, while attending the above-mentioned meeting, inspected the general activities of the National Cancer Institute in Bangkok and gave technical advices to the staff of the Institute.

The Record of Consultation is attached hereunder. The programme of cooperation covered by this record will be carried out on approval by the two Governments and implemented in accordance with laws and regulations in force in the respective country.

Bangkok, December 18, 1972

Dr. Konosuke Fukui
Professor of Research Institute
for Microbial Diseases
Osaka University
Head of the Japanese Mission.

Dr. Komol Pengsritong
Under-Secretary of State
for Public Health, Thailand.

I. The Record of Consultation on Virus Disease Control Project

1. It is noted with satisfaction by the parties concerned that the Virus Disease Control Project has made a steady progress since the beginning of the Project as a result of close contact and cooperation between the Thai and the Japanese authorities concerned for its implementation.

The Meeting observed the actual results achieved by the Project in the past years. The activities of the Virus Research Institute during the period of 1971 to 1972 were reviewed and the Annual Report of the Virus Research Institute for 1971 was distributed for consideration.

The field trials of Japanese Encephalitis Vaccine (purified, inactivated and lyophilized) in Chiang Mai and some live vaccines (measles, rubella, etc.) in Bangkok, supplied from the Research Institute for Microbial Diseases, Osaka University, had been undertaken successfully in 1971-1972 and further sero-epidemiological follow-up of vaccinated population is being continued.

The establishment and the activities of the two (2) surveillance stations in Khon Kaen and Songkhla were reported by the Thai side. While the Japanese side expressed their regret for the difficulties in functioning the stations owing to the delayed shipment of the equipment, the Thai side requested the Japanese side to consider the supply of necessary equipment for the establishment of two more surveillance stations in Lam Pang (Northern Thailand) and Chantaburi (Eastern Thailand), as discussed in the Annual Meeting in 1971.

The participants concerned also agreed to publish "Collected Papers of the Virus Research Institute, Volume 2" and to distribute them to the related research organizations.

2. The Japanese cooperation for the Project will be terminated by December in 1973. Till then the Japanese side will continue cooperation for the Project as follows.

1) Dispatch of Experts

Dr. Toasihiko FUKUNAGA will continue his work at the Virus Research Institute until 19 October 1973 and Dr. Tadayoshi SHIBATA will complete his assignment on 14 February 1973.

The Japanese side will consider the dispatch of one expert in the field of Arbovirus for about six (6) months around March, 1973 and another expert for about three (3) months around June, 1973 upon request of the Thai side.

In addition, one more expert will be dispatched around October, 1973 for about one or two (2) months for the purpose of the completion of the research work.

2) Training of Thai Personnel

In accordance with Record of Consultation in 1971, one Thai participant, Mrs. Suranga SRIMARUT, has been accepted in Japan and one more fellowship for a period of one year will be additionally granted within the Japanese Fiscal Year 1972.

In Japanese Fiscal Year 1973 the Japanese side will consider within the budgetary appropriations to offer two (2) fellowships for the training of Thai personnel for a period of about one year each.

Both the Thai and Japanese side agreed that, even after the termination of the present project, Japanese cooperation in the training of Thai personnel in Japan will be continued along with the dispatch of experts as a Follow-up plan. (cf. 3. Follow-up Plan)

3) Supply of Equipment

The equipment and materials valued at about Y 4,500,000 including the shipment charges will be provided to the Institute in Japanese Fiscal Year 1972. However, shipment of the equipment is expected to be made in 1973.

3. Follow-up Plan

It is recommended that after the termination of Japanese cooperation for the Virus Disease Control Project in 1973, a Follow-up plan for the term of two (2) years will be considered within the budgetary appropriations as follows :

1) Dispatch of Experts

The dispatch of one or two (2) experts for a period of not more than three (3) months will be considered upon request of the Thai side each year.

2) Acceptance of Thai Personnel for Training

One fellowship for the training of the Thai personnel in Japan on the specialized subject for a period of one year will be considered by the Japanese side each year. The Thai side requested the further support of short-term training programme of the Thai personnel so that they can learn the recent advanced techniques on appropriate subjects as adopted in Japan. Under this programme one fellowship of approximately three (3) months duration should be granted each year.

The Japanese side will consider the provision of spare parts necessary for the maintenance and repair of the provided equipment and the supply of newly-developed attachments with which are expected to keep the function of such an equipment up-to-date will be considered as well.

II. The record of Consultation on Medicinal Plant Research Project

1. The Meeting noted with satisfaction that the Medicinal Plant Research Project had made a steady progress in the past six (6) years and the research unit is now working actively on botanical, pharmacognostical, chemical and pharmacological studies on the Thai medicinal plants, contributing directly or indirectly to the development of medicinal resources and to the legal control of herbal drugs in Thailand.

2. The Japanese cooperation in the form of long-term assignment of experts and supply of equipment is due to terminate in Japanese Fiscal Year 1972, as was agreed at the Annual Meeting in 1971 at Bangkok.

Till then the Japanese side will continue cooperation for the Project as follows :-

1) Dispatch of Experts

Dr. Kazumitsu NISHIKOTO, expert in pharmacognosy and plant chemistry, now in Bangkok, will continue his work untill 26 May 1973.

Mr. Motokichi SATAKE, expert on taxonomy, will be dispatched in February, 1973 for a period of about two (2) months.

2) Acceptance of Thai Personnel for Training

The Japanese side will consider the acceptance of one Thai personnel in Japanese Fiscal Year 1973, which will be regarded as a part of the Follow-up Plan shown below.

3) Supply of Equipment

The Japanese side regrets the delay of the supply of equipment valued about Y 4,078,000 including the shipping charges which is due to be provided before March, 1973.

3. Follow-up Plan

It is recommended that after the termination of the Japanese cooperation in Japanese Fiscal Year 1972, a follow-up Plan for a term of two (2) years, including dispatch of short-term experts, acceptance of Thai personnel for training, and maintenance and repairing of the provided equipment will be considered within the budget appropriations on the same conditions as shown in the Virus Disease Control Project.

4. The second issue of the Progress Report of the Project covering the period of 1971-1973 will be prepared by the end of 1973.

Bangkok, December 18, 1972

Dr. Konosuke Fukui
Professor of Research Institute
for Microbial Diseases
Osaka University
Head of the Japanese Mission

Dr. Prakorb Tuchinda
Director-General
Department of Medical Sciences
Ministry of Public Health

Dr. Kazumitsu Nishimoto
Chief, Division of Pharmacognosy
Department of Vegetable Drugs
National Institute of Hygienic Sciences
Japanese Mission

Annex

LIST OF PARTICIPANTS

Japanese side

- Dr. Konozuke Fukai
Professor of Research Institute
for Microbial Diseases
Osaka University
Head of the Japanese Mission
- Dr. Susumu Ebihara
Chief of the Planning Office
National Cancer Center
Member of the Japanese Mission
- Dr. Kazumitsu Hishimoto
Chief, Division of Pharmacognosy
Department of Vegetable Drugs
National Institute of Hygienic Sciences
Member of the Japanese Mission
- Mr. Mitauo Ishizaki
Medical cooperation Department
Overseas Technical Cooperation Agency
Member of the Japanese Mission
- Mr. Moriya Miyamoto
Chief of OTCA Bangkok Office
- Mr. Kenji Kumagishi
OTCA Bangkok Office
- Mr. Masaru Morimoto
OTCA Bangkok Office
- Dr. Toshihiko Fukunaga
Japanese Expert in Arboviruses
Thai Virus Research Institute
- Dr. Tadayoshi Shibata
Japanese Expert in Arboviruses
Thai Virus Research Institute
- Mr. Kiyoshi Oda
Coordinator for the National
Cancer Institute Project

ANNEX

LIST OF PARTICIPANTS (Continued).

This side

Dr. Komol Pengaritong
Under-Secretary of State for Public Health
Ministry of Public Health

Dr. Prakorb Tuchinda
Director-General
Department of Medical Sciences
Ministry of Public Health

Dr. Nadhira Sangkawibha
Chief of Enteroviruses Section
Virus Research Institute
Department of Medical Sciences
Ministry of Public Health

Miss Thanomwang Anantayakul
Special Grade Scientist
Division of Medical Research
Department of Medical Sciences
Ministry of Public Health

7. インドネシア

イ. アンボン結核対策

(4) Record of Discussion between the Authorities Concerned of the Government of the Republic of Indonesia and the Japanese Medical Cooperation Survey Team on Medical Cooperation for the Province of Maluku

1. The Government of the Republic of Indonesia and the Government of Japan will further promote medical cooperation between the two countries. The Government of Japan will extend medical cooperation for medical facilities in the Province of Maluku, Indonesia.
2. In accordance with the laws and regulations in force in Japan and within annual budgetary appropriations, Japanese cooperation will be extended at the expense of the Government of Japan, under the Colombo Plan.
3. The above medical cooperation will be mainly carried out in the fields of malaria eradication and T.B. control, and also in upgrading the facilities of hospitals and laboratories.
4. The cooperation will be carried out in the following forms:
 - (1) Supply of medical equipment and materials.
 - (2) Training in Japan of Indonesian medical Staffs.
 - (3) Dispatch of Japanese medical experts.
5. The terms and conditions of the Japanese medical cooperation will be as follows:
 - (a) The Government of the Republic of Indonesia will provide necessary permit to the Japanese experts for carrying out medical activities under this particular medical cooperation.

- (b) The Japanese experts will be exempted from any liabilities in respect of any accident that may arise from the bonafide discharge of medical activities carried out by them under the supervisions and upon the responsibility of the Department of Health and/or Provincial Health Service.
- (c) The Japanese experts will be granted in the Republic of Indonesia the privileges, exemptions and benefits (including accommodation and transportation facilities) no less favourable than those granted to the experts of the third countries under similar circumstances.
- (d) The equipment and materials to be supplied by the Government of Japan will become the property of the Government of the Republic of Indonesia upon delivery c.i.f. at a port or an airport of entry into the Republic of Indonesia.
- Therefore, (1) customs duties, internal taxes and other similar charges, if any, imposed on the equipment and materials and (2) local expenses necessary for the transportation, installation, operation and maintenance of the equipment and materials will be met by the Government of the Republic of Indonesia.

The above is to be approved by the respective Governments.

Djakarta, February 20 1969

Dr. K. A. STAA
Director General of
Medical Care
Department of Health

Dr. KUNIO OWADA
Head of the Japanese
Medical Cooperation
Survey Team

□ . 家族計画

- (四) CONCLUSION OF DISCUSSIONS BETWEEN THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE REPUBLIC OF INDONESIA AND THE POPULATION AND FAMILY PLANNING CO-OPERATION SURVEY TEAM OF THE GOVERNMENT OF JAPAN.

The Population and Family Planning Co-operation Survey Team of the Government of Japan visited the Republic of Indonesia from 4 to 18 October 1969 and had discussions with the authorities concerned of the Government of the Republic of Indonesia concerning the co-operation between the Government of Japan and the Government of the Republic of Indonesia in the field of family planning.

The team and the authorities concerned agreed to record the following:

1. Subject to the approval of the respective governments, the team and the authorities concerned agreed that medical cooperation between the Government of the Republic of Indonesia and the Government of Japan in the field of family planning should be carried out in the way specified in the following paragraphs.
2. In accordance with the laws and regulations in force in Japan, Japanese co-operation is to be extended within the framework of the Colombo Plan, in the form of dispatch of experts, receiving of trainees and supply of equipments and materials, upon receipt of Application Forms A1, A2, A3 and A4 from the Government of the Republic of Indonesia.
3. The individual programs are to be implemented between the Overseas Technical Co-operation Agency (OTCA) of Japan and the National Family Planning Institute (NFPI) of Indonesia.

4. The first year of the co-operation, the following programs are recommended.

1. That Japan receives a group of 4-6 Indonesian national leaders of the family planning programs for an observation tour in Japan in March, 1970.

That Japan receives another group of 4-6 leaders for a group training course in Japan in March, 1970.

2. That the first Japanese experts team arrives in the Republic of Indonesia as soon as possible after the necessary equipments and materials have reached the Republic of Indonesia.

That the Government of the Republic of Indonesia provides necessary facilities and qualified counterparts to the experts team.

3. That the following equipments and materials are supplied in connection with the said trainees and experts team.

(a) Light types of vehicles (e. g. , motorcycles, bicycles)

(b) 16 mm films and materials for processing the films.

(c) Projectors for slides and 16 mm films

(d) Pelvic models

(e) Contraceptive commodities

(f) Medical instruments

(g) Other materials for educational and training purposes

4. The above-mentioned co-operation programs are to be carried out subject to the following conditions:

1. The Government of the Republic of Indonesia issues necessary permits to the Japanese experts to engage in medical and other related activities under the present co-operation program, within the framework of existing regulations in the Republic of Indonesia.

2. The Japanese experts are granted in the Republic of Indonesia privileges, exemptions and benefits no less favorable than those granted to the experts of any of the third countries and international organizations under similar circumstances.
3. The Japanese experts are exempted from any liabilities in respect of any accident that may arise with the bonafide discharge of medical activities carried out by the team as they are under supervision and responsibility of the Indonesian authorities.
4. The equipments and materials to be supplied by the Government of Japan will become the property of the Government of the Republic of Indonesia upon delivery c. i. f. at a port or an airport of entry into the Republic of Indonesia.

Therefore, (i) customs duties, internal taxes and other similar charges, if any, to be imposed on the equipments and materials and (ii) local expenses necessary for the transportation, installation, operation and maintenance of the equipments and materials are met by the Government of the Republic of Indonesia.

Djakarta, October 14, 1969.

H. Nj. Roesiah Sardjono, S. H.
Chairman, National Family
Planning Institute,
Indonesia.

Dr. Minoru Tachi
Head of the Population and
Family Planning Co-operation
Survey Team of the Government
of Japan.

ハ. 西部ジャワ中央病院

(*)
RECORD OF DISCUSSIONS
BETWEEN THE JAPANESE MEDICAL COOPERATION TEAM TO THE
CENTRAL GENERAL HOSPITAL IN BANDUNG AND AUTHORITIES
CONCERNED OF THE GOVERNMENT OF THE REPUBLIC OF
INDONESIA

The Japanese Medical Cooperation Team of the Government of Japan (hereinafter called "the Japanese Team") visited the Republic of Indonesia January 1970 and had an exchange of views with the authorities concerned of the Government of the Republic of Indonesia (hereinafter called "Indonesian authorities concerned") evaluating the past medical cooperation project to the Central General Hospital in Bandung and examining the future plan.

The summary of the exchange of views between the Japanese team and Indonesian authorities concerned is as follows:

1. Review of Cooperation

(1) In accordance with the Record of Discussions signed in Djakarta on July 11, 1967 Japanese Government rendered the following assistance under the Colombo Plan.

a. Dispatch of the experts

1st year (1968-1969) two internists
two clinical laboratory
technicians
one coordinator

2nd year (1969-1970) one internist
two clinical laboratory
technicians.

These experts assisted to set up the Central Clinical Laboratory, conducted the biochemical, hematological, microbiological, physiological examination and trained the Indonesian staff.

- b. Training of the Indonesian staff in Japan
The fellowships provided for training at Kobe University:

- one observation tour
- one clinical biochemist
- one pathologist
- one cardiologist

- c. Donation of equipment and supplies

The Japanese Government provided the medical equipment and supplies to the said hospital valued at U.S. \$120,000. and equipment and reagents valued at U.S. \$80,000. are scheduled to arrive here soon.

- (2) The Indonesian Government provided:

- a. The building for the Central Clinical Laboratory with incidental facilities
- b. Counterparts
- c. Running expenses for the operation of the laboratory

2. Future Plan

Recognizing that medical cooperation to the Central General Hospital in Bandung has been achieving a remarkable success and the initial program will terminate in June 1970, the Indonesian Government will continue to make efforts for attainment of technical independence

as to clinical laboratory work and for securing laboratory supplies.

The Japanese Government will extend to cooperate within the limit of budgetary allocation, in dispatching Japanese experts for periods of two or three months, in providing certain reagents which are necessary for laboratory work with Japanese experts until 1971, and in acceptance of Indonesian staffs for training in Japan until 1973.

Japanese cooperation is to be extended within the framework of the Colombo plan upon receipt of Application Forms A1, A2, A3 and A4 from the Government of the Republic of Indonesia.

Consultation of the further program would be held as the necessity arises.

This is the record of discussions to be approved by the respective Governments.

Bandung, January 21, 1970

Dr. Shozo Tsuji

Leader of the Japanese Medical
Cooperation Team to the
Central General Hospital in
Bandung.

Dr. R. Adjidarmo

Director Central General
Hospital "Dr. Hasan Sadikin"
Bandung.

ニ. ジャカルタ中央病院胸部外科

(=) Record of Discussions

Between the Medical Cooperation Survey Team of the Government of Japan and the authorities concerned of the Government of the Republic of Indonesia on Medical Cooperation.

The Medical Cooperation Survey Team of the Government of Japan visited the Republic of Indonesia July 1971 and had an exchange of views with the authorities concerned of the Government of the Republic of Indonesia for the purpose of evaluating the past medical cooperation projects and discussing the future plan.

The Government of Japan and the Government of the Republic of Indonesia came to the agreement to promote further medical cooperation between the two countries.

The summary of the exchange of views between the Japanese Survey Team and the Indonesian authorities concerned is as follows:

1. The Central Clinical Laboratory of the Dr. Tjipto Mangunkusumo Hospital.
 1. The Government of Japan will extend medical cooperation for the Central Clinical Laboratory of the Dr. Tjipto Mangunkusumo Hospital.
 2. In accordance with the laws and regulations in force in Japan and within annual budgetary appropriations,

Japanese cooperation will be extended within the framework of Colombo Plan technical cooperation in form of dispatch of experts, provision of training facilities in Japan and supply of equipments upon receipt of Application Forms A. 1, A. 2, A. 3 and A. 4 from the Government of the Republic of Indonesia.

Government of Japan will cooperate with the Government of the Republic of Indonesia in providing medical equipments for clinical examinations and specially biochemical examinations in the fiscal year 1973 in dispatching Japanese experts and in acceptance of Indonesian staff for training in Japan until 1973.

Government of the Republic of Indonesia will provide :

Counterparts.

Articles of consumption as reagents and glass wares.

On arrival of the equipments in Tandjung Priok Port, immediate action for custom clearance and domestic transportation from the Port of Tandjung Priok to the Central Laboratory of the Dr. Tjipto Mangunkusumo Hospital.

Running expenses for the operation of the laboratory.

Privileges, exemptions and benefits no less favorable than those granted to the experts of third countries dispatched under the Colombo Plan.

- II. The Lung-surgery Cooperation with the Persahabatan Hospital. It was decided to donate medical equipments including X-ray units, instruments for microbiologic examinations and pathological examinations, etc., in the fiscal year 1971 from the Government of Japan to the Persahabatan Hospital.
- III. The Project in the Dr. Hassan Sadikin Hospital in Bandung. The medical cooperation project to the Central Laboratory of the Dr. Hassan Sadikin Hospital in Bandung will terminate by the end of December, 1971, except the acceptance of Indonesian staff for training in Japan until 1973.
- IV. The Project to the Padjadjaran University in Oral Surgery. The project will terminate by November, 1971.
- V. Accommodation for Japanese Experts.
The Japanese Survey Team conveyed to the Indonesian authorities the strong desire of the Government of Japan that the Government of the Republic of Indonesia provide Japanese experts for on-going and future projects with necessary accommodation.
The Indonesian authorities took note of the desire and will see to it that favorable considerations be given to this question by the Government of the Republic of Indonesia.
- VI. Future Plan.
The future plan of medical cooperation was discussed between the Japanese Survey Team and the authorities

concerned of the Republic of Indonesia.

This is the record of discussions to be approved by the respective Governments.

Djakarta, August 9, 1971

Dr. Tatsuya Tomomatsu

Leader of the Japanese
Medical Cooperation
Survey Team

Prof. Dradjat D. Prawiranegara

Director General of Medical Care
Department of Health
Republic of Indonesia

8. ビルマ

イ. ウイルス研究所

(1) THE RECORD OF PANEL DISCUSSION AGREED UPON BETWEEN SECRETARY, MINISTRY OF HEALTH, REVOLUTIONARY GOVERNMENT OF THE UNION OF BURMA, AND THE HEAD OF JAPANESE MEDICAL TEAM ON THE MEDICAL COOPERATION BETWEEN THE UNION OF BURMA AND JAPAN, ON THE 28TH OF JULY, 1967

1. The Japanese medical co-operation will be extended to the Burma Medical Research Institute, under the Colombo Plan in such a way as stated below.
2. The principal aim of the above-mentioned medical co-operation is to execute the following functions.
 - (1) Survey and Research on viral diseases in the Union of Burma
 - (2) Laboratory diagnosis of viral diseases
 - (3) Practical and theoretical training of Burmese medical and technical staff in virus works.
3. The co-operation on the part of Japan will be conducted in the following field of activities.
 - (1) To dispatch experts in the field of virology (including at least one doctor) after January 1968.
 - (2) To provide some of the equipments and chemicals which are necessary for viral diseases survey, research, diagnosis, training etc.
 - (3) The Revolutionary Government of the Union of Burma will send researchers and technicians as trainees to Japan and they will be provided with such facilities as are deemed to be necessary for the researchers and technicians to pursue their studies in the field of virology.
4. The Burma Medical Research Institute will take full responsibility for the management and the operation of research of Virology Laboratory to be set up with the Japanese co-operation.

5. The Japanese experts will give instructions on the use of instruments provided to the Burma Medical Research Institute and act as advisers to the Virology Laboratory.
6. Being sent as the experts under the Colombo Plan, the Japanese experts will be entitled to every respect to the privileges and exemptions accorded to any such experts. The Burma Medical Research Institute will be responsible for providing necessary accommodation and transportation facilities for the Japanese experts.
7. The Revolutionary Government of the Union of Burma will bear all the expenses arising in connection with customs clearances, local transportation and installation of those equipments and chemicals to be supplied to the Burma Medical Research Institute.
8. This is the record of panel discussion on the medical cooperation, between the Ministry of Health, Revolutionary Government of the Union of Burma, and the Japanese Medical Team.
9. The contents in this record will be implemented after they are approved by the appropriate authorities of the Revolutionary Government of the Union of Burma and of the Government of Japan.

(Lieutenant-Colonel Thein Aung)
Secretary, Ministry of Health,
Revolutionary Government of the
Union of Burma.

(Dr. Noboru Higashi)
Head of the Japanese Medical
Team (Professor, Institute
for Virus Research, Kyoto
University)

口. 歯科大学

- (口) RECORD OF DISCUSSIONS BETWEEN THE MEDICAL COOPERATION SURVEY TEAM OF THE GOVERNMENT OF JAPAN AND THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE UNION OF BURMA REGARDING TECHNICAL COOPERATION IN THE FIELD OF DENTAL MEDICINE.
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Both Parties, viz: the Medical Cooperation Survey Team of the Government of Japan and the authorities concerned of the Government of the Union of Burma, have reached the following understanding through their discussions:

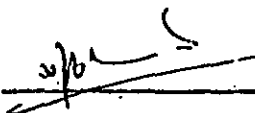
1. Medical cooperation between the Government of Japan and the Government of the Union of Burma in the field of dental medicine shall be promoted with main emphasis on dental education at the College of Dental Medicine and the Dental Auxiliary School, Rangoon.
2. The period of cooperation shall be three (3) years, starting from the Japanese fiscal year 1972, viz: April 1st, 1972 - March 31st, 1975.
3. In accordance with the laws and regulations in force in Japan and within annual budgetary appropriations, Japanese cooperation shall be extended within the framework of Colombo Plan technical cooperation in the form of dispatch of experts, provision of training facilities in Japan and supply of equipment, upon receipt of Application Forms A.1, A.2, A.3 and A.4 from the Government of the Union of Burma.
4. The cooperation on the part of Japanese Government shall be carried out in the following way:
 - a. Dispatch of Japanese experts in the field of Oral Pathology and Oral Bacteriology to the College of Dental Medicine.
 - b. Acceptance of Burmese personnel for training in Japan.
 - c. Provision of dental equipment necessary for the above-mentioned cooperation scheme.
As an initial supply, the equipment as listed in the Appendix shall be provided.

5. The Japanese experts shall be granted in Burma privileges, exemptions and benefits no less favourable than those granted to the experts of the other countries under the Colombo Plan.
6. The equipment to be supplied by the Government of Japan shall become the property of the Government of the Union of Burma upon being delivered c.i.f. at the Port of Rangoon, or the Airport of Rangoon to the Burmese authorities concerned. Therefore, (a) custom duties, internal taxes and other similar charges, if any, imposed in respect of the equipment and (b) local expenses necessary for the transportation, installation, operation and maintenance of the equipment shall be borne by the Government of the Union of Burma.
7. The number of Japanese experts to be sent by the Government of Japan, detailed arrangements for the training of Burmese personnel in Japan and equipment to be supplied under this co-operation scheme will be determined by mutual consultation.

The matters recorded herein shall be implemented after they are duly approved by the respective Governments.

Rangoon, the 3rd Day of March, 1973.


Dr. Toshio Hayashi
Head of the Japanese Medical
Survey Team


Dr. Thein Aung
Deputy Minister for Health
Government of the Union of
Burma

APPENDIX
THE LIST OF EQUIPMENT

Item No.	Description	Q'ty	Unit Price(Yen)
1.	Wall Mounting X-ray Unit	2	64,000
2.	Air Bearing Handpiece Unit	2	59,000
3.	Dental Air Compressor	2	94,900
4.	Air Bearing Handpiece Unit, Mobile type	2	136,500
5.	Mobile type Dental Evacuator	2	50,000
6.	Electric Sterilizer	4	23,750
7.	High Pressured Steam Sterilizer	2	68,000
8.	Foot Pump Chair	16	101,400
9.	Dental Unit (1)	8	143,000
10.	Dental Unit (2)	8	507,000
11.	Compressor for Air Bearing Handpiece	8	94,900
12.	Compressor for Dental Unit (1)	8	83,200
13.	Ultrasonic Scaling Machine	1	28,000
14.	Set of Extracting Forceps	4	28,100
15.	Set of Extracting Forceps for Children	4	9,450
16.	Set of 10 pieces of Elevators	4	4,300
17.	Set of two Periosteal Elevators	4	1,500
18.	Set of 5 pieces Curettes	4	2,300
19.	Set of 24 pieces of Cutting Instruments, one Surgical Dressing Scissors, one Wooden Mallet, two Gum Scissors and two Lancets	4	8,000
20.	Set of one Haemostatic Forcep, two Instrument Trays (glass & metal), one doz. of 2cc Dental Syringe 36 doz. of Syringe Needles (1/3, 1/4 & 1/5)	4	6,800
21.	Dental Steel Cabinet, Mobile type	4	27,000
22.	Film Viewer with Chart Board	2	3,900
23.	Set of three pieces of Bone Cutting Forceps, 3 of Root Tip Picks, 2 of Bone Chisels, 2 of Bone Files and 2 of Gum Raspatorium	4	8,400
24.	Set of Orthodontic Instruments, with articulator	2	8,800
25.	Set of Anesthesia materials	2	6,900
26.	Articulator	2	36,700
27.	Hemodynamometer	1	3,900
28.	Set of 9 pieces of F.G. Diamond Points, Nos.800	30	2,500
	Set of 14 pieces of F.G. Diamond Points, Nos.600	30	2,800
	Set of 4 pieces of F.G. Diamond Points, Nos.100	30	1,400

29.	Set of 22 pieces of Carbide Burs	30	3,900
30.	Set of 8 pieces of Steel Burs for Hand-	30	1,320
	piece		
	Set of 2 pieces of Steel Burs for Hand-	30	440
	piece		
	Set of 6 pieces of Steel Burs for Contra	30	990
	Angle		
	Set of 2 pieces of Steel Burs for Contra	30	440
	Angle		
31.	Set of 72 pieces of Engine Burs,	30	3,430
	assorted		
32.	Dental Engine for 10,000 RPM. Mobile	2	29,250
	Stand type		

GRAND TOTAL PRICE	10,390,000
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9. ネパール

イ. 結核対策

(1) Record of Discussions between the Japanese Medical Cooperation Survey Team and the Authorities Concerned of His Majesty's Government of Nepal on Medical Cooperation in Nepal

1. Medical cooperation between the Government of Japan and His Majesty's Government of Nepal will be further promoted by the following cooperation with the main emphasis on the cooperation for tuberculosis control and smallpox eradication in collaboration with the activities of the World Health Organization in Nepal.
2. In accordance with the laws and regulations in force in Japan and within annual budgetary appropriations, Japanese cooperation will be extended within the framework of Colombo Plan technical cooperation scheme in the forms of dispatch of Japanese experts, provision of training facilities in Japan and supply of equipment and materials upon receipt of Application Forms A.1, A.2, A.3 and A.4 from His Majesty's Government of Nepal.
3. With respect to tuberculosis control, taking into consideration the importance and urgency of the expansion of general hospitals and laboratories, the cooperation will be carried out in the following forms:
 - (1) Dispatch of Japanese medical team (one physician and one X-ray technician) for the period of three months in 1969.
 - (2) Dispatch of one engineer as soon as possible to repair the X-ray van which was donated by the Government of Japan to the Central Chest Clinic in 1965 and give the training of X-ray maintenance and repair to Nepalese technicians for the period of one month.

- (3) Supply of the following equipment and materials in 1969.
 - (i) One diagnostic X-ray unit for Bir Hospital, Kathmandu
 - (ii) One diagnostic X-ray unit with accessories and one generator for Janakpur Hospital, Janakpur
 - (iii) Microscopes and AFB staining sets for training facilities
 - (iv) Medicine for tuberculosis treatment
 - (4) Training in Japan of Nepalese personnel (three X-ray technicians).
4. With respect to smallpox eradication the cooperation will be carried out in the following forms:
- (1) Dispatch of Japanese medical expert (epidemiologist or virologist) for the period of three months in 1969.
 - (2) Supply of approximately five hundred thousand doses of freeze-dried smallpox vaccine with necessary equipment in 1969.
 - (3) Training in Japan of Nepalese personnel.
5. Provision of training and observation facilities in Japan for the Nepalese personnel in the following fields will also be considered by the Government of Japan.
- (1) Administration of national and local health services
 - (2) Surgery (at Kurume University Medical School)
6. Possibilities of further medical cooperation on 3. and 4. above and on other projects will also be studied as the necessity arises
7. The terms and constitutions of the Japanese medical cooperation will be as follows:
- (1) It is not necessary for the Japanese doctors to obtain medical licenses of Nepal for their activities related

with this particular medical cooperation.

- (2) The Japanese experts will be exempted from any liabilities in respect of any accident that may arise from the bona fide discharge of medical activities carried out by them.
- (3) The Japanese Experts will be granted in Nepal privileges, exemptions and benefits (including provision of housing accommodations and transportation facilities) no less favourable than those granted to the Colombo Plan experts of third countries under similar circumstances.
- (4) The equipment and materials to be supplied by the Government of Japan will become the property of His Majesty's Government of Nepal upon being delivered in Nepal.

Therefore, (i) customs duties, internal taxes and other similar charges, if any, imposed on the equipment and materials and (ii) local expenses necessary for the transportation, installation, operation and maintenance of the equipment and materials will be met by His Majesty's Government of Nepal.

The above is to be approved by the respective Governments.

Kathmandu, 2nd March 1969

Dr. Wataru Jitsukawa
Leader of the Japanese
Medical Cooperation
Survey Team

Dr. G, S, L, Das
Director of Health Services,
Ministry of Health

ロ. 地域診療業務のレベルアップ

(ロ)

Record of Discussions

Between the Authorities Concerned of the Ministry of Health of His Majesty's Government of Nepal and the Japanese Medical Cooperation Survey Team

The Japanese Medical Cooperation Survey Team headed by Dr. Isamu Tagaya visited the Kingdom of Nepal from 14th October 1973 and discussed with the authorities concerned of His Majesty's Government of Nepal on the future medical cooperation plan related to the public health services in Nepal.

The list of the participants for the meetings is attached.

Based on the discussions held in November/December 1972 between the Ministry of Health of His Majesty's Government of Nepal and the Medical Cooperation Survey Team headed by Dr. Seiya Yamaguchi, the Japanese cooperation on the development of basic health services in the Western Region of Nepal, consisting of Gandaki, Lumbini and Dhaulagiri zones, was considered desirable, and projects proposed have been investigated by the authorities concerned of both Governments.

In order to put the projects into operation, the Ministry of Health of His Majesty's Government of Nepal and the present Survey Team have reached the following understanding through their discussions.

1. The Government of Japan will cooperate with His Majesty's Government of Nepal on the development of basic health services in the Western Region of Nepal, which comprises of Gandaki, Lumbini and Dhaulagiri zones.
2. The Government of Japan will support the development of anti-tuberculosis programme in the region as well as the development of the regional health laboratory.
3. His Majesty's Government of Nepal will set up a base at Pokhara available for this project and the Government of Japan will cooperate with His Majesty's Government of Nepal in constructing the laboratories and the residences for the experts in the base.

4. On request by His Majesty's Government of Nepal, the Government of Japan will send experts concerned through OTCA.
5. Vehicles, equipments and expendables necessary for the operation will be provided by the Government of Japan on request by His Majesty's Government of Nepal.
6. His Majesty's Government will designate a medical officer as an administrative coordinator, who will be responsible for the liaison between His Majesty's Government of Nepal and the Japanese experts concerned.
7. The Government of Japan will accept Nepalese participants for training in Japan.
8. This project will be continued 5 years starting 1973/74.

It was expressed that His Majesty's Government of Nepal would be very much interested in constructing and equipping the health posts in the region with the cooperation of the Government of Japan.

The both parties are pleased to note that the discussions were conducted in constructive and friendly manner and achieved the objectives for which it is made.

The programme of cooperation covered by this Record will be carried out on approval by the respective Governments and implemented within the budgetary appropriations in accordance with the law and regulations in force in the respective countries, and within the framework of Colombo Plan technical cooperation.

Kathmandu, 28th, October, 1973

Dr. Isamu Tagaya
Head, Japanese Medical
Cooperation Survey Team

Dr. H.D. Pradhan
International Health and
Training Division
Directorate of Health Services
His Majesty's Government of
Nepal

10. インド

救ライセンター
EXCHANGE OF MEMORANDUM

Between the Japanese Medical Cooperation Survey Mission and the Authorities concerned of the Government of the Republic of India

The Japanese Medical Cooperation Survey Mission headed by Dr. Yoshi Yoshie visited the Republic of India from 20th February to 7th March 1972 and had discussions with the Authorities concerned of the Government of the Republic of India concerning the medical cooperation in the field of Leprosy Research between the two countries under the Colombo Plan.

1. Medical cooperation between the Japanese Government and the Indian Government will be promoted with main emphasis on the cooperation concerning the plan of India for "Leprosy Research" at JALMA India Centre (here in after referred to as the Centre) Agra mainly. This cooperation Scheme shall remain in force for a period of three (3) years from its entry in to force, and at the end of the cooperation period this scheme will be transferred to Indian experts completely.
2. In accordance with the laws and regulations in force in Japan, Japanese cooperation will be extended in the form of dispatch of experts, receiving of Indian Counterparts as trainees in Japan and supply of equipment upon receipt of Application Forms A.1, A.2, A.3 and A.4 under the Colombo Plan from the Indian Government.
3. Following number of experts for "Leprosy Research" will be dispatched to the Centre by the Japanese Government.

1st fiscal year	2 experts (Leprosy 1, Technician 1)
2nd fiscal year	3 experts (Leprosy 1, Technician 2)
3rd fiscal year	3 experts (Leprosy 1, Technician 2)
4. If necessary, at least one expert will be dispatched to the Centre for installing equipment to be donated by the Japanese government for a few weeks after arriving of the equipment to the Centre.
5. Following number of counterparts, as trainees, will be accepted in Japan at the expenses of the Japanese government under the "Colombo Plan".

for the purpose of technical training and they will succeed the works of Japanese experts after coming back to the Centre.

1st fiscal year	1 trainee
2nd fiscal year	1 trainee
3rd fiscal year	1 trainee

6. The government of India will undertake to bear claims, if any arise, against the Japanese experts resulting from, occurring in the course of or otherwise connected with the bona fide discharge of their functions in India covered by this "Memorandum".

7. The Japanese experts will be granted privileges, exemptions and benefits as admissible to experts assigned to India under the Colombo Plan.

8. Equipment necessary for "Leprosy Research" excluding dangerous chemical goods indicated in the list of IATA regulations will be supplied by the Japanese Government to the Centre.

9. The equipment referred to above will become the property of the Government of India upon being delivered c. i. f. at the port of Bombay to the Indian Authorities concerned.

10. The Government of India will undertake to provide at their own expense;

(a) Following number of Indian counterparts at the Centre

at least	1st fiscal year	3 counterparts	Medical Officer 1 Para-medical worker 2
at least	2nd fiscal year	4 counterparts additional	Medical Officer 2 Para-medical worker 2
at least	3rd fiscal year	5 counterparts additional	Medical Officer 4 Para-medical worker 1

(b) Replacements of machinery, equipment and tools and any other materials necessary for the operation of the Centre.

II. The government of India will undertake to meet:

(a) Custom duties, internal taxes and other similar charges, if any, imposed in India in respect of the equipment supplied by the Japanese government for this medical cooperation scheme.

(b) Expenses necessary for the transportation of the equipment supplied by the Japanese government for this cooperation scheme within India as well as for the installation, operation and maintenance thereof:

(c) The running expenses necessary for the operation of the Centre by Colombo Plan Experts under the rules and regulations of Indian Government.

The contents in this record will be implemented after they are duly approved by the Respective Governments.

Dr. Yoshio Yoshie
Head of the Japanese Medical
Cooperation Survey Mission

Ministry of Health

11. スリランカ

イ. 薬品検査試験所

(1) - 1 Record of Discussions
between the Medical Cooperation Survey Team
of the Government of Japan and the authorities
concerned of the Government of Ceylon on
Medical Cooperation

1. Medical cooperation between the Government
of Japan and the Government of Ceylon will be
further promoted with the main emphasis on the
following projects:

- (1) Cooperation for the establishment of a
Drug Quality Control Laboratory
- (2) Cooperation for the eradication of malaria
- (3) Cooperation for the General Hospital,
Colombo
(including Lady Ridgeway Hospital and the
Government Cancer Institute, Maharagama)

2. In accordance with the laws and regulations
in force in Japan and within annual budgetary
appropriations, Japanese cooperation will be
extended within the framework of Colombo Plan
technical cooperation in the form of dispatch of
experts, provision of training facilities in Japan
and supply of equipment, upon receipt of Application
Forms A.1, A.2, A.3 and A.4 from the Government of

Ceylon.

3. With respect to the Drug Quality Control Laboratory, the following will be considered :

- (1) Provision of training facilities in Japan for the Ceylonese personnel while the construction of the Laboratory building is in progress and, if necessary, after the completion thereof.
- (2) Dispatch of Japanese experts and supply of the necessary equipment from time to time as the construction of the laboratory building progresses.

4. With respect to Malaria Eradication the following will be considered :

Dispatch of an entomologist and/or a parasitologist with the necessary equipment to cooperate with the Anti-Malaria Campaign for several months in 1969.

5. With respect to the General Hospital, Colombo, and other institutions, the following will be considered :

- (1) Dispatch of an expert with the equipment necessary for endoscopic diagnosis in digestive tract at the General Hospital, Colombo, from February, 1969, for three months.
- (2) Dispatch of an expert with the necessary equipment in chemotherapy for malignancies in rhino-oro-pharyngeal cavities for the Government Cancer Institute, Maharagama,

from January 1969 for one year.

- (3) Dispatch of an expert with the equipment necessary for investigation and treatment of malnutrition at the Lady Ridgeway Hospital, from February, 1969, for six months.
- (4) Provision of training facilities in Japan for Ceylonese doctors and technicians in specialized fields mentioned in (1) and (3) above when considered necessary.

6. Possibilities of further medical cooperation on 4. and 5. above and also on other allied subjects will be studied as the necessity arises.

This is the record of discussions to be approved by the respective governments.

Colombo, August 28, 1968.

Dr. Toshio Takai
Leader of the Japanese
Medical Cooperation
Survey Team

Mr. C. Balasingham
Permanent Secretary
of the Ministry
of Health

RECORD OF DISCUSSIONS

On Technical Cooperation between the Government of Japan and the Government of Ceylon for the Project of establishing a Drug Quality Control Laboratory in the Pharmacy Laboratory, General Hospital, Colombo.

In order to expedite the implementation of the cooperation in the field of drug quality control as agreed in the Record of Discussions of August, 1968, the Survey Mission headed by Dr. I. KAWASHIRO visited Ceylon from 3rd to 15th December 1969, and had discussions with the authorities concerned of the Government of Ceylon on the Establishment of a Drug Quality Control Laboratory in the Pharmacy Laboratory, General Hospital, Colombo.

The following is the Record of Discussions:

1. Opening of the Laboratory:

Pending the completion of a building specifically designed for drug quality control laboratory works, five rooms on the second floor of the building of the Pharmacy Laboratory in the General Hospital, Colombo, will be used temporarily as a Drug Quality Control Laboratory of Ceylon.

2. Priority Subject:

The Priority in drug tests to be conducted at the Drug Quality Control Laboratory in the Pharmacy Laboratory, General Hospital, Colombo, will be placed on chemical analysis.

The chemical analysis will mainly be based on the Pharmacopoeia of Japan.

3. Technical Cooperation:

(1) Equipment

(a) The equipment as listed in Appendix I will be supplied with the Japanese budgetary appropriations, after completion of training for the Ceylonese personnel in Japan as mentioned below 3. (2).

(b) The Ceylonese Authorities concerned are expected to secure funds for the equipment as listed in Appendix II, and will provide the equipment till November 1970.

(2) Training of Ceylonese personnel in Japan

Nine month training in Japan for the following Ceylonese scientists in the techniques of chemical analysis of drugs will be considered.

Name	Subject	Term
Mr. W.K.M.T.L. Wijesekera	Biochemistry	From Feb: to Oct: 1970
Mr. L.J. Perera	Biochemistry	From Feb: to Oct: 1970

(3) Experts

The following experts will be despatched to Ceylon after the arrival and complete arrangement of the equipment as listed in Appendix I and II.

Subject	Number of Experts	Term of Despatch
Supervision	1	two weeks to one month
Administration	1	one month to two months
Instrumental Analysis	1	one year
Chemical Analysis	1	three months
Installation	1	three weeks

(4) Construction of the building for the Drug Quality Control Laboratory:

In order to promote cooperation for the Drug Quality Control Laboratory project effectively, it is expected that the Ceylonese authorities will take necessary steps in securing the budget for the completion of the Drug Quality Control Laboratory, De Saram Place, Colombo.

The equipment to be supplied by the Government of Japan to the Drug Quality Control Laboratory in the Pharmacy Laboratory, General Hospital, Colombo, will be transferred to the Drug Quality Control Laboratory, De Saram Place, Colombo, after completion of the latter building.

The contents of this Record of Discussions will be implemented after they are duly approved by the authorities concerned of the respective Governments.

Colombo, 14th December, 1969.

Dr. Iwao Kawashiro
Head of the Japanese
Survey Mission

For the Government of Japan

Mr. C. Balasingham
Permanent Secretary
of the Ministry of Health

For the Government of Ceylon

APPENDIX I

1.	Gas Chromatograph	1
2.	Automatic Recording Spectrophotometer	1
3.	Manual Double beam Spectrophotometer	1
4.	Automatic Polarizer	1
5.	Fluorophotometer	1
6.	Infrared Spectrophotometer	1
7.	Fraction Collector	1
8.	pHmeter	2
9.	Spectronic Colorimeter	1
10-1.	Direct reading balance (LU - T1100)	2
10-2.	Direct reading balance (LU - T3000)	1
10-3.	Direct reading balance (Semimicro, LD)	1
11.	Microscope (Binocular)	1
12-1.	Package type cooler (Cabinet of air conditioner)	2
12-2.	Window type cooler	1
12-3.	Dehumidifier	1
13.	Ice-making machine	1
14.	Refrigerator	2
15.	Deep freezer	1

APPENDIX II

1. Equipment for General Test described in the Japanese Pharmacopoeia - as shown P. 1
2. Glass Ware and its accessory - as shown P.1 - P.6
3. Glass Working Tools - as shown P.6 - P.7
4. Rubbers - as shown P.7
- 5.. Miscellaneous - as shown P.7 - P.9
6. Reagents

The reagents are listed in the Japanese Pharmacopoeia Part I P.723 - P.754 and Part II P. X - XI

The amount of subject listed in Appendix II will be provided with proper quantity as the scientist consider necessary.

FOR GENERAL TEST - JAPANESE PHARMACOPOEIA

- Thin Layer Chromatograph Sets
- Paper Chromatograph Sets
- Melting Point Apparatus
 - J.P.
 - Micro
- Thermometers of every kind
- Centrifuges
- Refractometer
- Reagent Titrator, Karl Fischer
- Potentiometric Titrator, Automatic
- Standard Hydrometer Set, 19 pieces
- Solvility Tester for Disintegration of Tablets (Collapse Testers, Tablets)
- Arsenic Apparatus (Gutzeit Apparatus)
- Viscosimeters, Ubbelohde
- Cassia Flasks
- Freezing Point Determination Apparatus
- Distillating Temperature Tester, Boiling Point
- Alcohol Content Determination Apparatus

GRASS WARE

- | | |
|--|--|
| 1. Beakers, Griffin Low Form | 10, 20, 50, 100
200, 300, 500 ml
1 l, 2 l, 3 l, 5 l, |
| 2. Conical Beakers, Phillips Form | 100, 200, 300, 500 ml |
| 3. Erlenmeyer Flasks | 50, 100, 200, 300, 500 ml
1 l, 2 l, 3 l, 5 l |
| 4. Erlenmeyer Flasks with interchangeable stopper | 50, 100, 200, 300 ml |
| 5. Iodine Flasks | 500 ml |
| 6. Kjeldahl Flasks, long neck | 100, 300, 500 ml |
| 7. Test Tubes | |
| inside mm | outside mm |
| 12 | 105 |
| 15 | 150 |
| 16.5 | 160 |
| 18 | 165 |
| 8. Graduated Test Tubes with interchangeable stopper | 10, 20, 25 ml |

9.	Test Tubes with Screw Cap	Inside mm 18 25	Outside mm 180 200
10.	Graduated Color Comparison Tubes (Nessler tube)	50 ml	
11.	Test Tube Support for No.7 for No.10		
12.	Tubes for Centrifugation, Graduated, with interchangeable stopper	20, 50, 100 ml	
13.	Dishes, Crystallizing	Diameter mm 30, 45, 60, 90, 150	
14.	Dishes Evaporating	Diameter mm 45, 60, 90, 150	
15.	Petri Dishes	Diameter mm 75, 100	
16.	Volumetric Flasks with interchangeable Polyethylene Stopper	ml 10, 25, 50, 100 200, 250, 300, 500, 1000, 2000	
17.	Cassia Flasks, for Japanese Pharmacopoeia	100 ml	
18.	Burets, Blue Line with Teflon Stopper	ml 25 (0.1 ml) 50 (0.1 ml) 5 (0.02 ml) 10 (0.02 ml)	
19.	Automatic Burets, with Teflon Stopcock, Plain Joint, Complete sets	volume bottle 10 ml 1ℓ 25 ml 2ℓ 50 ml 2ℓ	
20.	Measuring Pipets	ml 0.05 0.1 0.2 0.3 0.5 1 2 5 10 20	
21.	Volumetric Pipets	ml 0.5, 1, 2, 5, 10, 15, 20, 25, 50, 100	

22.	Pipets Boxes for No.20 and No.21			
23.	Glass Tubing	Diameter mm		
		4 to 5		
		6 to 9		
24.	Glass Rod	Diameter mm		
		4 to 5		
		6 to 9		
		10 to 19		
25.	Graduated Cylinders		ml	
			10	
			20	
			50	
26.	Graduated Cylinders with interchangeable stopper		ml - 10, 20, 25, 50, 100, 200, 250, 500	
27.	Liebig Condensers		length mm	
			200	
			300	
			500	
28.	Dimroth Condensers		length mm	
			200	
			300	
			500	
29.	Tube Condensers		length mm	
			300	
			500	
30.	Funnels, Buchner Types, with Fitted Disc	diameter mm,	ml	No.
		30	30	3
		30	30	4
		40	60	3
		40	60	4
		65	140	3
		65	140	4
31.	Filtering Flasks with Side Tube, heavy wall		ml	
			250	
			500	
			1000	
32.	Separating Funnels with Teflon Stopcock		ml	
			50	
			100	
			200	
			250	
			500	
			1000	
			2000	
33.	Two Way Stopcocks with Teflon Plug	diameter mm		
		7.5		
		9.0		

34.	Funnels, Ribbed	diameter mm	
		60	
		75	
		90	
		110	
35.	Gas Washing Bottle with Filter (G 3) Interchangeable 34/32	250 ml	
36.	Weighing Bottles	diameter	height
		mm	mm
		18	30
		25	45
		30	45
		30	60
		60	40
		60	75
37.	Filter Pump (Aspirator)		
38.	Rubber Tubing, Vacuum	diameter inside	outside
		(mm)	(mm)
		6	21
		<hr/>	<hr/>
		12	30
39.	Specific Gravity Bottles (Pycnometer)	-	
40.	Drying Apparatus (Abderharden)	-	
41.	Cylindrical Dewar	1 ℓ	
		5 ℓ	
42.	Dewar Flasks	1 ℓ	
		5 ℓ	
43.	Supports for Dewar Wooden and Metal		
44.	Interchangeable glass ware set	7	
45.	Reagent Bottles, Narrow Mouth with Interchangeable Polyethylene Stopper	ml	
		30, 60, 120, 250,	
		600, 1000	
46.	Bottles with Screw Cap, every kind of		
47.	Dropping Bottles, Resistant Glass	ml	
		30	
		60	
		120	
48.	Nebulizer for Chromatogramms	60 ml	
		120 ml	
49.	Desiccators, Scheibler	Diameter mm	
		210	
		300	

50.	Desiccators, but Brown Glass	Diameter mm	
		210	
		300	
51.	Gas Generators, Kipp	250 ml	
		1000 ml	
52.	PRG Filtering bell		
	VKB 200		
	500		
53.	PRG KIRIYAMA Funnels	VB 8	
		VB 21	
		SB 40	
		SB 60	
54.	PRG Filtering paper	8 mm	
		21 mm	
		40 mm	
		60 mm	
55.	Chromatographic Tubes with Teflon Stopcock	length	diameter inside
		mm	mm
		300	12
		300	20
56.	Chromatographic Tubes with Teflon Stopcock Interchangeable Joint 19/38	length	diameter
		mm	mm
		300	12
		300	20
57.	Erlenmeyer Flasks with Suction Mouth Joint 19/38	200 ml	
58.	Glass Cylinder for Paper Chromatography	diameter	height
		mm	mm
		120	450
59.	Water Baths		
	Copper 15 cm, 21 cm, 30 cm		
	Constant Temperature		
	18 cm	0.5 KW	
	30 cm	1.5 KW	
	For 6 Flasks	1.5 KW	
	Cubic type, thermister		
	max. temp. 60°C		
	Width depth		
	45 x 35 x 30 cm		
	Round type, thermister		
	diameter height		
	30 x 30 cm		
	Constant Low Temperature		
	4 to 5°C		
	45 x 35 x 30 cm		

- | | | |
|-----|--|-------------------|
| 60. | Extraction Apparatus,
Soxhlet six spaces,
six support rods
(SHIBATA) | |
| 61. | Heating Mantles of every kind with
automatic regulator
Flask
Beaker | 250 W, 500 W |
| 62. | Furnaces, Crucible | |
| 63. | Furnaces, Muffle | |
| 64. | Transformers | |
| 65. | Crucible 5 x 4 cm
4 x 3.5 cm

Crucible, Platinum 4 x 3.5 cm | |
| 66. | Semi-Micro Kjeldahl
Distillation Apparatus
(SHIBATA) | |
| 67. | Semi-Micro Kjeldahl
Digesting Apparatus,
Six Unit, Electric Heating
(SHIBATA) | |
| 68. | Scheoniger Flasks | 500 ml |
| 69. | Oxygen bomb with gauge 1500 ml
vehicle | |
| 70. | Carrying Vehicle for oxygen bomb | 10 |
| 71. | Rotary Evaporators
(SHIBATA S - KR) | |
| 72. | Water Bath with
Jack | |
| 73. | Flasks of every kind for Rotary
Evaporators | |
| 74. | Drying Apparatus,
Vacuum, constant Temperature
Adberhalden | |
| 75. | Distilled Water Apparatus

All glass
Ion exchange resin
Barnstead | 10 l/hr.
5/hr. |
| 76. | Pipet Washer Sets | |

Glass Working Tools

Glass Tube Cutter
1/4 HP 400 x 400 x 600 mm
(SHIBATA)

Glass Working Tools 1 Set

Forceps for Glass Working

Burner, Glass Blowers,
Hand Torch, Model SD

Vacuum Pump, Rotary,
Model G-1 10-2 mm Hg,
(SHIBATA) 1/16 HP 5 l/min

Rubber Tubing, Vacuum, 1m
Diameter, inside 10 mm
outside 25 mm

Windbreaks

Files for Cutting glass tube

Glass Plate Cutter with Diamond

Diamond Pencil.

Rubbers

Rubber Stoppers

Rubber Tubing
diameter, inside 6 mm, 8 mm, 11 mm
outside 8,4 mm, 11 mm, 16 mm

black and Amber

Rubber Blowers

Rubber Bulbs ml, 1, 2, 3, 5, 10

Rubber Gloves 6, 7, 8

MISCELLANEOUS

Brushes of every kind
(for test tube
(for buret
(for flask
(for pipet
(for beaker

A handle is covered with vinyl
plastic or is wooden.

Cork Stoppers No. 1 to 20

Cork Rings diameter 6, 9, 12, 18 cm

Cork Press
 Cork Borers, 24 pieces
 Pinch Cocks of every kind
 Mohr type
 Hoffman type
 Asbestos Plates, thickness 1.5 mm
 Asbestos Cords diameter 3 mm.
 Asbestos Wire Gauze 15 cm 30 cm
 Triangles of every kind
 Crucible Muffles of every kind
 Sand Bath, Iron diameter 15 cm
 Pencils, Non-Run for glass,
 red, blue, yellow
 Forceps, stainless 12 cm, 15 cm, 30 cm
 Tongs for Crucible stainless
 24 cm 60 cm
 Spoons, stainless
 Spatulas
 Magnifiers diameter 45 cm
 { Mortars, with Pestle,
 { Porcelain of every kind
 {
 { , Agate
 { , glass
 {
 Supports, funnel
 Wooden
 Metal
 Condenser
 Buret
 Buret Holder
 Clamp, Versatile covered with Vinyl
 Buret
 Flask
 Tripods
 Jack, Laboratory Use 20 x 20 cm, 13 x 13 cm
 Support, Platform for funnels
 with two holes - diameter 40 x 50 mm
 (SHIBATA)
 Stands, Rising Table,
 with food
 (SHIBATA)
 diameter 60 mm, 90 mm, 125 mm

Sieves, Standard,
Brass Frame
Mesh 3.5 to 400
and Receiver

Magnetic Stirrer

Stirring Bar

Shaker, Automatic of every kind

Table Tap Plug with code

Vacuum Gauge

Bennet Type

Vacuum Pumps

Rotary, Model C

10-2 mm Hg 50 l/min

Vapour Trap Set

STOP WATCH 30 minute, minimum graduation 0.2 seconds
SEIKO Darkroom Clock with bell.

ロ. セイロン大学(ペラデニア医学部電子顕微鏡)

(ロ) RECORD OF DISCUSSIONS

Between the Japanese Medical Mission and the Authorities concerned of the Government of Ceylon on the Medical Cooperation of the Electron Microscopic Research Project.

In response to the application form (A-4) of the electron microscope which the government of Ceylon sent to the government of Japan in November 1970, the Japanese Medical Mission headed by Dr. Hideo Tanaka visited Ceylon from December 24th, 1970 to January 6th, 1971 and had discussions with the authorities concerned of the government of Ceylon on the Electron Microscopic Research Project.

The following is the Record of Discussions.

The both side recognized the urgent requirement of an electron microscope in Ceylon in which has been important role in the fields of medical research.

For the setting up of the electron microscope, the Japanese side advised the Ceylon side in the technical viewpoints in detail.

The Ceylon side explained that the electron microscope will be used for biomedical research, diagnostic medical procedures and teaching at Faculty of Medicine, University of Ceylon, Peradeniya.

And the instrument is to be under the responsibility of the Department of Anatomy, University of Ceylon, Peradeniya in collaboration with the Department of Health Service.

The house for the electron microscope has been already constructed and the air-conditioning unit will be installed for adjustment of suitable room temperature and humidity by the Ceylon side.

The Japanese side requested that it will be taken an immediate procedure for custom clearances and domestic transportation from the port of Colombo to the University of Ceylon, Peradeniya, in order to keep the electron microscope and other instruments in good condition.

The Medical Cooperation of the Electron Microscopic Research

Project by the Japanese side will be carried out as follows within budgetary appropriations under the Colombo Plan Technical Cooperation Scheme.

(1) Provision of the Instruments

The Japanese side will provide an electron microscope and the other necessary instruments. The specialists of the both side in electron microscope discussed about the list for working of electron microscope at the first stage. (see Appendix)

(2) Provision of Training Facilities

So that the electron microscope will be well used and maintained smoothly, it is hoped that a Ceylonese participant mentioned below will master the techniques of electron microscope for several months before the installation.

Mr. S.P. Rajeswaran, Senior Laboratory Technician,
University of Ceylon,
Peradeniya.

(3) Dispatch of Expert

At the time of installation, a Japanese Expert in electron microscope will be dispatched for a few months with a technician.

In order to study the medical research effectively, the both side agreed that the available information about the Electron Microscopic Research Project will be mutually exchanged in the due channel.

Colombo, January 2, 1971.

Dr. Hisao Tanaka,
Head of the Japanese
Medical Mission.

Dr. C.E.S. Weeratunge,
Permanent Secretary of
the Ministry of Health.

APPENDIX

THE LIST OF ELECTRON MICROSCOPE

1	HITACHI MODEL HU-12 Electron Microscope for operation on 230V, 50 Hz. Specification are as per Hitachi brochure, Details as per attached sheet. Page 3	One set	US\$36,400.00
2	Recommended spare parts for 2 years operation of the Model HU-12. Details as per attached sheet. Page 4-5	One set	US\$ 2,488.39
3	Hitachi Model HUS-4 Vacuum Evaporator for operation on 230V, 50 Hz. Specifications are as per Hitachi brochure.	One set	US\$ 2,200.00
4	Porter-Blum Model MT-1 Ultra Microtome	One set	US\$ 2,780.00
5	Cooling water circulating apparatus Details as per attached sheet. Page 6	One set	US\$ 3,258.33
6	Equipments and miscellaneous for dark room Details as per attached sheet. Page 7-9	One set	US\$ 2,403.34
7	Chemical reagents for Specimen preparation Details as per attached sheet. Page 10	One set	US\$ 499.66
8	Tools for Specimen preparation. Details as per attached sheet. Page 11-12	One set	US\$ 4,965.00
9	Repairing tools Details as per attached sheet. Page 13.	One set	US\$ 138.02
			<u>TOTAL: US\$55,132.74</u>

A	Hitachi Model HU-12 Electron Microscope (Component parts)		US\$36,400.00
1	Electron Microscope	1	
2	Power Supply Cabinet	1	
3	Reference Resistor Unit	1	
4	Fore Pumps	2	
5	Cassette	48	
6	Magazines	2	
7	Plate Receivers	2	
8	Specimen Grid Holders	6	
9	Power Cable	1 set	
10	Consumable Kit (including case) includes: Aperture plate, etc.	1	
11	Vacuum Accessories includes: Blind lid, etc.	1 set	
12	Tools (including case) includes: Wrenches, screw drivers, etc.	1 set	
13	Spare Parts includes: Fuses, pilot lamps, etc.	1 set	
14	Test Report Chart	1	
15	Instruction Manual	1	
			<u>SUB-TOTAL: US\$36,400.00</u>

Recommended Spare Parts For Model
HU-12 Electron Microscope

1	Filament (Pre-centered) 10pcs/Box	100	US\$44.17	US\$441.70
2	Cassette for cut film	48	9.16	440.00
3	Cassette Receiver	1		58.90
4	Cassette Magazine	2	58.90	117.80
5	Fluorecent Screen (120 ϕ)	3	14.50	43.50
6	Fluorecent Screen (200 ϕ) 2 pcs/1 set	1		26,80
7	Fluorecent Aligment Screen 75 x 100 mm	1		20.90
8	(1st. Con.) Fixed Aperture	2	23.07	46.14
9	(Intermediate) Ditto	2	23.70	47.40
10	(1st. Proj.) Ditto	2	23.70	47.40
11	(2nd. Proj.) Ditto	2	23.70	47.40
12	(2nd. Con.) Aperture Plate	2	44.75	89.50
13	(Obj.) Ditto	2	48.10	96.20
14	(Field Limitting) Ditto	2	44.75	89.50
15	(2nd. Con.) Aperture Supporter	1		9.80
16	(Obj.) Ditto	1		9.80
17	(Field Limitting) Ditto	1		9.80
18	Specimen Grid Holder	1		59.20
19	Specimen Grid Holder Cap	5	2.77	13.85
20	Bronze plate	1		10.30
21	Bronze plate spring	2	2.50	5.00
22	Cover	1		8.40

21	Steel Ball (3/16')	2	US\$ 0.15	US\$ 0.30
22	Photo Cell 4 pcs/1 set	1		2.80
23	Heater for DPF-4NH	1		41.70
24	Heater for DPF-2	1		18.65
27	D. P. Oil (150 cc)	1		216.70
29	V-Belt for F.P.	4	1.70	6.80
29	Wison Seal 6 ϕ	2	0.05	0.10
30	Ditto 8 ϕ	2	0.05	0.10
31	Packing (P.R.)	1		15.55
32	Ditto(C.C.)	1		18.65
33	Ditto(C.C.)	1		9.20
34	Ditto(C.C.)	1		11.70
35	Pilot Lamp (A)	1		20.00
36	Ditto (B)	1		20.00
37	Ditto (C)	1		20.00
38	Fuse 0.2A	20	1.05	21.10
39	Ditto 0.3A	20	1.05	21.10
40	Ditto 0.5A	20	1.05	21.10
41	Ditto 1 A	20	1.05	21.10
42	Ditto 3 A	20	1.05	21.10
43	Ditto 4 A	20	1.05	21.10
44	Ditto 5 A	20	1.05	21.10
45	Ditto 6 A	20	1.05	21.10
46	Ditto 10A	20	1.05	21.10

47	Ditto 15A	20	1.05	21.10
48	Ditto 20A	20	1.05	21.10
49	Ditto 8A	20	1.05	21.10
50	Ditto L-1	20	0.19	3.90
51	Ditto F104, 4A	20	0.19	3.90
52	Ditto P413	30	1.14	34.20
53	Electron tube 6CA7	5	5.14	25.70
54	Ditto 12AU7-C	5	2.09	10.45
55	Ditto 12AX7-C	5	3.10	15.50

SUB-TOTAL: US\$2,488.39

Cooling Water Circulating Apparatus

1	Cooling Water circulator for Electron Microscope, Vacuum Evaporator and D.P.E.	One set	US\$2,800.00
2	Water Filter apparatus Model RAC-25 for Electron Microscope	One set	333.33
3	Water Filter Model C-7	One set	125.00

SUB-TOTAL: US\$3,258.33

Equipment and Miscellaneous for Dark Room

1	Fuji enlarger Model 45-S with 4 x 5 carrier, Fujinar 50, 75, 90, and 105 mm	1	US\$ 416.40
2	Master superlooks Model III	1	130.55
3	F C Autograzing machine Model D	1	500.00
4	F C Autoprint washer	1	175.00

4	F C Film Dryer	Model PW-27-40	1		US\$183.33
5	Hansa Auto washer	Model K-500	1		119.50
6	Hansa metal cutter	11" x 12"	1		18.10
7	Ditto	8.1/2" x 9"	1		11.20
8	Hansa easel mask	10" x 12"	1		5.30
9	Ditto	14" x 17"	1		7.80
10	Hansa fixed mask		1		2.30
11	Hansa safelight lamp-Rouse		1		6.90
	3 windows				
12	Hansa safelight filter	No. 4	1		0.83
13	Ditto	No. 2	1		0.83
14	Ditto	No. 5	1		0.83
15	Felocon No. 1, No. 2 each	1	2		2.00
16	Hansa hizex tray	6" x 7"	1		0.41
17	Ditto	8" x 10"	1		0.70
18	Ditto	10" x 12"	1		1.20
19	Hansa hizex deep tray	14"x11"x4 3/4"	1		3.05
20	Hansa roll-film developing tank		1		2.80
	Model D				
21	Hard rubber tank for 4" x 5" film		2	US\$ 5.60	11.20
22	Stainless hunger No. 6		24	32.50	65.00
	12 Sheets/1 Box				
23	Bambooo tongo with rubber		2	0.16	0.32
24	Chemical bottle 1,000 cc, Color		2	0.55	1.10
	in white				
25	Ditto	2,000 cc	2	0.88	1.76

27	Ditto	20,000 cc	2	US\$ 5.55	US\$ 11.10
28	Ditto	10,000 cc	2	2.77	5.54
29	Plate holder for 12 sheets		3	0.83	2.49
30	Roll film clip		10 sets	0.30	3.00
31	Photographic enlarging lamp		3	0.50	1.50
	100V-150W				
32	Photographic lamp for projection paper		3	0.65	1.95
33	Dupon sponge Model 6A-F		3	0.95	2.85
34	Grass negative carrier for film less than 6 x 9 cm		2	0.45	0.90
35	Metal negative carrier for 35 m/m film		2	0.85	1.70
36	Silicone treatment cloth 56x56 cm		3	1.30	3.90
37	Ditto	28x28 cm	3	0.30	0.90
38	Wiper for feretype plate		2	0.85	1.70
39	Dark room timer		1		7.25
40	Photographic projection paper GEKKO Cabine V2 (250 sheets)		10	6.65	66.50
41	Ditto	V3 (Ditto)	10	6.65	66.50
42	Ditto	V4 (Ditto)	10	6.65	66.50
43	GEKKO 8" x 10" V2 (100 sheets)		10	7.10	71.00
44	Ditto	V3 (Ditto)	10	7.10	71.00
45	Ditto	V4 (Ditto)	10	7.10	71.00
46	Elescoap film FG 8.2 x 16.3 cm (24 sheets)		100	2.15	215.00
47	Fuji fix 2,000 cc		20	0.55	11.80

39	Copinal	1,000 cc	20	US\$ 0.40	US\$ 8.00
40	Korectol	1,000 cc	40	0.15	6.00
41	Driwell	2,000 cc	2	4.90	9.80
42	Neopan F film	35 m/m 100 ft	2	8.50	17.00
43	Fuji Color bond	20 pcs/pckg	1		2.80
44	Fuji Color light box	100 V	1		8.05

SUB-TOTAL: US\$2,403.34

Chemical reagents for specimen preparation

1	Waseline white	500 gr	2	US\$ 0.85	US\$ 1.70
2	Capsule No. 00	1,000 cps	3	18.15	54.45
3	Ditto No. 0	1,000 cps	2	15.30	30.60
4	Epon 815	500 gr	2	3.90	7.80
5	Ditto 812	500 gr	2	5.60	11.20
6	D.D.S.A. (Hardener)	500 gr	2	3.90	7.80
7	M.N.A.	200 gr	2	3.10	6.20
8	D.M.P. 30	25 gr	2	0.42	0.84
9	Osmic acid	1 gr	4	38.90	155.60
10	Uranyl acetate (special grade)	2.5gr	2	8.40	16.80
11	Lead nitrate (Ditto)	2.5gr	2	0.50	1.00
12	Lead acetate (Ditto)	500 gr	2	1.50	3.00
13	Sodium potassium tartate (Ditto)	500 gr	2	2.00	4.00
14	Potassium permanganate (Ditto)	500 gr	2	2.00	4.00

15	Potassium dichromate(special grade)	500 gr	2	US\$ 1.66	US\$ 2.32
16	Isoamyl dichromate (Ditto)	500 gr	2	2.38	4.76
17	Paraffin (64-66°C)	500 gr	2	1.20	2.40
18	Copper sulfate (crystal)	500 gr	2	2.00	4.00
19	Glutaraldehyde 25%	2.5gr	2	0.60	1.20
20	Corozion 2%	100 gr	2	0.97	1.95
21	Propylene Oxide	500 gr	2	8.35	16.70
22	Acetone (special grade)	500 gr	10	6.40	64.00
23	Silicagel	500 gr	4	1.00	4.00
24	Toluigine blue	25 gr			3.61
25	Ethanol	500 gr	10	2.22	22.22
26	Ether	500 gr	5	2.22	11.11
27	Sodium phosphate Monobasic	500 gr	1		1.25
28	Sodium phosphate Dibasic	500 gr	1		0.83
29	2, 4, 6 Trimethyl pyridine	25 gr	10	3.61	36.11
30	Sodium Cacodirate	25 gr	1		6.94
31	HCl, In	500 gr	1		1.00
32	Saccharose	500 gr	1		3.33

SUB-TOTAL: US\$499.66

Tools for Specimen preparation

1	Micro plastic grids kit (6 pcs)		1 set		5.00
2	Carbon rode for vacuum evaporation (20 pcs)		1		16.70
3	Chromium metal 99.99% 25 gr		1		4.50

4	Mesh storage box (Mesh case)	3	US\$ 4.17	US\$ 12.51
5	Grids, 150 meshes	30	1.39	41.70
6	Ditto, 3 slits	5	2.78	13.90
7	Ditto, 5 slits	5	2.78	13.90
8	Ditto, VECO 200 meshes	10	6.95	69.50
9	Ditto, VECO 400 meshes	10	6.95	69.50
10	Tungsten wire for Basket 0.5mm ϕ	10m	0.84	8.40
11	Glass cutter No. 1	2	3.62	7.24
12	Glass (100 x 100 x 5 cm)	500		133.33
13	Sharpened tweezers (G-type)	5	2.10	10.50
14	Ditto ("Giko")	5	1.87	9.35
15	Ditto (Tokei)	5	1.10	5.50
16	Flat tweezers for holding slide glass	10	2.80	28.00
17	Filter paper No. 7	1		4.20
18	Injection 1 cc	10	0.56	5.60
19	Schale 20 cm ϕ	1		13.00
20	Ditto 9 cm ϕ	10	0.69	6.90
21	Triangle Flask	10	0.19	1.90
22	Mess Flask 200 cc	2	2.22	4.44
23	Ditto 100 cc	2	1.94	3.88
24	Alcohol lamp	2	1.11	2.22
25	Mess Cylinder 100 cc	3	2.25	6.75
26	Ditto 20 cc	3	1.25	3.75
27	Mess. Bottle 5 cc	20	1.20	24.00

28	Blazer	10	US\$ 0.28	US\$ 2.80
29	Brass plate 30 x 60 x 0.1 mmt	1	US\$	8.35
30	Iron mesh 30 x 60 cm	1		4.10
31	Plyer I.S. No. 16812	1		25.00
32	Shock absorber (rubber) for Electron Microscope	10	9.72	97.25
33	Glass knife maker Model C	1		250.00
34	Pipette 10 cc	5	0.69	3.45
35	Ditto 5 cc	5	0.69	3.45
36	Ditto 1 cc	5	0.55	2.75
37	Desk lamp Hitachi Model "moon light 231"	1		7.80
38	Heater 600 W Hitachi Model HS-641	2	3.90	7.80
39	Optical microscope "Olympus" Model ECE-Bi-1	1 set		334.50
40	Slide glass 50 pcs/1 set	500	1.66	16.66
41	Cover glass 100 pcs/1 set	500	1.11	5.55
42	Air constant oven for Electron Microscope-use Slide preparation Model EM-200T	3 sets		1,750.00
43	Refrigerator Hitachi Model R-2126	1		152.80
44	Freezer Hitachi Model RS-2509	1		500.00
45	Cleaner Hitachi Model C-V270	1		80.50
46	Pure water maker Model B-10	1		97.22
47	Stain Resin	5	30.55	152.75
48	PH meter Model M-5			269.44

49	HITACHI Room Air conditioner Model RA-183C window type	2	US\$333.33	US\$666.66
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SUB-TOTAL: US\$4,965.00

Repairing tools

1	Circuit tester ("SANWA") Model 501 ETR	1		US\$ 26.10
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2	Tools sets, Model S-5	1 set		14.70
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3	Electrical Tools Model DL-10D	1 set		97.22
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SUB-TOTAL: US\$138.02

12. アフガニスタン

WAK病院整形外科

RECORD OF DISCUSSIONS

BETWEEN THE MEDICAL COOPERATION MISSION OF THE GOVERNMENT OF JAPAN AND THE AUTHORITIES CONCERNED OF THE ROYAL GOVERNMENT OF AFGHANISTAN

The Medical Cooperation Mission of the Government of Japan visited Afghanistan from 5th to 15th March in 1972 and had discussions with the authorities concerned of the Royal Government of Afghanistan for the purpose of working out the details for the implementation of the Japanese medical co-operation project in Afghanistan.

The remarkable progress of the Orthopedic Department of Wazir Akbar Khan Hospital in Kabul shows the successful cooperation that has been developed by Overseas Technical Cooperation Agency since 1967, which both the Government of Japan and the Government of Afghanistan greatly appreciate.

As the result of the above discussions, the Japanese mission and the authorities concerned of the Government of Afghanistan have reached the understanding hereunder with the view of training Afghan medical and para-medical personnel as the main purpose.

1. Japanese Medical Cooperation will be extended from the Japanese fiscal year 1972-73 to 1973-74 (two years), and further assistance may be discussed later, with main emphasis on the advancement of medical care in Afghanistan.

The Japanese mission expects that the Government of Afghanistan will be able to take over the project two years hence.

2. In consideration of the Application Forms A.1, A.2, A.3, and A.4 submitted by the Government of Afghanistan, the Government of Japan will extend its medical cooperation in the form of dispatching experts, accepting Afghan medical and paramedical personnel for their trainings in Japan (the number and duration of which will be decided in Tokyo and will be announced to the Government of Afghanistan as soon as possible) and supplying necessary equipment and materials for training within the limit of Japanese budgetary appropriations and in accordance with the laws and regulations in force in Japan.

3. The cooperation in the Department of Orthopedic Surgery and Rehabilitation Service will be further continued in Wazir Akbar Khan Hospital. In addition, the Orthotic Service will be created in order to make the function of the above-mentioned Department much more effective.

In executing the cooperation mentioned above, the Government of Japan will take necessary measures on the following items:

A. Department of Orthopedic Surgery

- (1) Dispatch of Japanese experts
 - (a) two doctors
 - (b) two nurses
- (2) Acceptance of Afghan personnel for training in Japan in accordance with Article 2 above
- (3) Supply of equipment and materials which both governments consider necessary

B. Orthotic Section

- (1) Dispatch of one Japanese expert (for a period of 6-12 months after the arrival of equipment and materials)
- (2) Acceptance of Afghan personnel in accordance with Article 2 above
- (3) Supply of necessary equipment and materials including such as listed in Appendix 1

4. The above cooperation will be carried out under the following conditions:

- (1) The Government of Afghanistan issue all necessary permits to the Japanese experts so that they can be engaged in medical and other related activities in Wazir Akbar Khan Hospital under the present cooperation project within the framework of existing regulations in Afghanistan.

- (2) The Japanese experts and their families be granted in Afghanistan privileges, exemptions and benefits no less favourable than those granted to the experts previously dispatched to Wazir Khan Hospital. The Ministry of Public Health of Afghanistan will take care of the experts in this connection without delay.
- (3) The Government of Afghanistan undertake to indemnify the Japanese experts in respect of damages awarded against them for action performed in the course of their official duties, under the existing laws and regulations in Afghanistan.
- (4) The equipment and materials to be supplied by the Government of Japan become the property of the Government of Afghanistan upon being delivered C.I.F., at a port or an airport of entry into Afghanistan (as previously provided to Wazir Akbar Khan Hospital).
- (5) Customs duties, internal taxes and other similar charges, if any, to be imposed on the equipment and materials and expenses necessary for their transportation, installation, operation and maintenance be met by the Government of Afghanistan.
- (6) The Japanese and Afghan experts be responsible for any technical matters related to the Department of Orthopedic Surgery and the Orthotic Section in Wazir Akbar Khan Hospital, while the Afghan authorities for their administration and management.

The contents of the present record will be implemented after they are approved by the respective governments.

Signed by:
Professor Hisao MANABE
Head of the Japanese Medical
Cooperation Mission

At Kabul

Date: 14 March, 1972

Signed by:
Professor A. KHOSHBEEN
Deputy Minister of Public Health

At Kabul

Date: 14 March, 1972

APPENDIX 1

Instruments for Orthotic Section

Item No.	Description	Q'ty	Unit Price
1	Drying Oven, electric	1 ea.	
2	Variation Sewing Machine	1 ea.	
3	Electric Sewing Machine	1 ea.	
4	Cutting Machine, for Metal, LC-3 Mizuho	1 ea.	
5	Drilling Machine, YBD-360, Yoshida	1 ea.	
6	Grinder, table type 250	1 ea.	
7	Hand-Sheare, 20 LUC-RN	1 ea.	
8	Tap Wrench, electric, 7m/m LUT-DM, Hitachi	1 ea.	
9	Jig Machine, electric, HUI-RN, Hitachi	1 ea.	
10	Vise, 2/rotary stand, 12.5	1 ea.	
11	Socket-Wrench Set, No. 1500	1 set	
12	Welding Machine, for gas, No.3 5-tips	1 set	
13	Metal Hammer, w/handle, medium	1 dz.	
14	Metal Hammer, w/handle, 19	1 dz.	
15	Drill, for Drilling Machine, 3 m/m	10 pcs.	
16	Spare parts necessary for the above items and other instruments		

Remark: The above is the tear-and-wear instruments which are essential in Orthotic Section.

In the course of the discussions the authorities concerned of the Government of Afghanistan hoped that the Government of Japan would further cooperate on the following fields which are not referred to in the present Record of Discussions. Therefore, the Japanese Cooperation Mission will convey the following requests to the Government of Japan.

At Wazir Akbar Khan Hospital in the fields:

1. General Surgery
2. Internal Medicine
3. Laboratories of histopathology and clinical pathology
4. ENT

Preventive Care :

1. Family health including public health education
2. Tuberculosis control, BCG, and other medicine for TB
3. Intestinal parastic control

Public Health Institute

Audio-visual equipments

Malaria Control Programme

Anti-malarial drugs

Pharmaceutical Production

Joint venture for production of generic medicine in Afghanistan

Chest Clinic

Surgical wards.

13. イラン

イ. ポリオ撲滅対策

(1)- 1 Record of Discussions

between the Medical Survey Team of the Government of Japan and the Ministry of Health of Imperial Government of Iran on Medical Cooperation

1. Medical cooperation between the Imperial Government of Iran and the Government of Japan will be promoted with main emphases on the following two projects:
 - (1) Polio vaccination programme.
 - (2) Cooperation for establishment of the Department of Occupational Health at the Institute of Public Health Research and the School of Public Health, Teheran University for the training and education.

2. Polio vaccination programme:
 - (1) The Government of Japan will donate to the Imperial Government of Iran five hundred thousand doses of oral live poliovirus vaccine for two hundred and fifty thousand children.
 - (2) Two top level experts will be dispatched by the Government of Japan to Iran as soon as possible for the purpose of giving advice on the Polio vaccination programme which will be carried out by the Imperial Government of Iran. They will stay for one month for the first instance, and come again for another month after the interval of six months. The Imperial Government of Iran requests dispatch of the said experts by the middle of September, 1967.
 - (3) The concentrated vaccine will be sent as soon as possible by air, and the Diluent solution by sea.
 - (4) The concentrated vaccine, Diluent solution, Antigen and other necessary materials and equipment will be sent by air for the pilot study of Polio vaccination which will be carried out in the four designated areas for the three hundred children each.
 - (5) The Imperial Government of Iran will be furnished with the information on the cost of oral live Poliovirus vaccine as soon as possible.

3. Cooperation for the establishment of the Department of Occupational Health at the Institute of Public Health Research and the School of Public Health, Teheran University in line with the WHO Recommendations of 1966:
 - (1) The Government of Japan will donate to the Institute of Public Health Research and the School of Public Health, Teheran University the basic industrial hygiene equipment necessary for the establishment of the Department of Occupational Health.
 - (2) As consultants, two occupational physicians with the duration of six months each and an industrial hygienist with the duration of one year will be dispatched to the Institute by the Government of Japan.
 - (3) One physician and a chemist of the Institute will be accepted at the expenses of the Government of Japan for training in Japan for two or three weeks.
 - (4) Joint research will be carried out in the specified fields of Occupational Health.
4. Training facilities will also be provided in Japan to the Iranian researchers in such fields as follows:
 - (1) Tissue culture (for School of Medicine, Teheran University).
 - (2) Gastrophotography (for Firouzgar Medical Center).
 - (3) Nurse training (for Firouzgar Medical Center.)
5. Services of the experts, articles and training facilities referred to above will be provided at the expense of the Government of Japan through the normal channels under the Colombo Plan.
6. Technical advice of experts from Japan in the following fields is requested by the Imperial Government of Iran as the items of future medical cooperation:
 - (1) Production of dried BCG vaccine.
 - (2) Drug control laboratory.
 - (3) Production of Virus vaccine and especially training of staff
7. Study of probability of establishing eventual scientific affiliation between the Firouzgar Medical Center and Gifu University is requested by the Imperial Government of Iran.

- 8 The Imperial Government of Iran proposes to send experts and advisers in Health Corps to Japan at the expenses of the Imperial Government of Iran on short term basis, if requested by the Government of Japan.
9. The Japanese experts shall enjoy the privileges and exemptions as described in the note No.37 of the Annual Budget of 1344 and the Regulations of Privileges and Exemptions of the Foreign Experts ratified by the Finance Committees of the two Houses.
- 10 The Japanese experts dispatched under the present programme will work as adviser to the Ministry of Health, Imperial Government of Iran.
11. The articles referred to above shall become the property of the Imperial Government of Iran upon being delivered C.I.F. at Teheran Airport, or Khorramshahr or Bandar Shahpur Port to the Iranian authorities concerned.
12. The Imperial Government of Iran undertakes to meet;
 - (a) Custom duties, internal taxes and other similar charges, if any, imposed in Iran in respect of the articles referred to above,
 - (b) Expenses necessary for the transportation, installation, operation and maintenance thereof.

This is the record of discussions to be approved by the respective governments.

Shuzo ISHIGUCHI
Head of Japanese Medical
Survey Team

Mohammad Assar
Under - Secretary
for Planning & Programmes,
Ministry of Health.

(1)- 2 Record of Discussions

between Dr. I. Tagaya, Chief, Department of Enteroviruses, National Institute of Health, Ministry of Health of Japan and Dr. M. Shahriari, Director General, Department of C.D.C. Imperial Iranian Ministry of Health

In connection with item 2 of the Record of Discussions between the Medical Survey Team of the Government of Japan and the Ministry of Health of Imperial Government of Iran on Medical Cooperation concerning Polio Vaccination programme, the following understanding has been reached.

Five hundred thousand doses of trivalent live oral polio vaccine donated from the Government of Japan to the Government of Iran under the Colombo Plan will be given to infants under 7 years old in Khuzistan and Khorasan Districts of Iran. Each infant will receive 3 doses of the vaccine at an interval of 6 - 8 weeks under the consideration of local climates and environmental hygienic conditions. To evaluate the effect of the vaccination as well as the factors affecting the effect of the vaccine, it was agreed that the following studies are to be carried out in the Reference Laboratory of the Ministry of Health of Iran.

- 1) Study on the prevalence of enteroviruses before vaccination
- 2) Study on the excretion of poliovirus after vaccination
- 3) Study on the antibody level of target infants before vaccination
- 4) Study on the conversion of polio-antibody after vaccination
- 5) Study on the antibody level against poliomyelitis virus in age groups above 7 years
- 6) Study on the prevalence of poliovirus among infants at a certain period (not less than 2 months) after the last dose of the vaccine
- 7) Organization of a special Surveillance Committee for the study of suspected poliomyelitis cases after vaccination.

To carry out the above-stated studies it was agreed that the Government of Iran will take every effort to improve the facilities in the Virus Section of the Reference Laboratory and make enough personnel available, and that the Government of Japan will send one specialized virologist to collaborate in the study in the Reference Laboratory.

As regards necessary materials and equipment mentioned in (4) of 2 of the above record of Discussions, they will be given due consideration by the Government of Japan.

Detailed indications on the collection of specimens and methods of laboratory works will be given later by Dr. I. Tagaya to Dr. A. Manteghi, the Deputy of General Director of CDC.

February 25th, 1968

Dr. I. Tagaya,
Chief, Department of
Enteroviruses
The National Institute of Health
JAPAN.

Dr. N. Shahriari,
Director General,
Department of C.D.C.
Imperial Iranian Ministry
of Health.

Mass vaccination units program from March 21, 1966 to March 21, 1969 in Iran

Ser. No.	Type of vaccination	Start of	End of program	Operational area	Pop. exposed to danger		Population protected
					Age-group	Number	
1	* Cholera El Tor	May 5	June 5	Borderline of Pakistan and Afghanistan with the Baluchestan & Sistan Province to a depth of 150 km.	All age groups	375,000'	300,000 80%
2	* Cholera El Tor	May 22	June 20	Borderline of Afghanistan with the Khorasan province, to a depth of 150 km.	"	750,000	600,000
3	Measles	April 21	Aug. 21	All rural localities	9 months 7 years	4,355,000	23% 1,000,000 rural children
4	B.C.G.	Aug. 23	Dec. 21	All rural localities & urban communities.	All age-groups	115,500,000	1,000,000 8.5%
5	* Smallpox	Aug. 23	Dec. 21	"	"	27,000,000	2,000,000
6	Polio	Dec. 22	March 20	All provincial capitals and cities of high health standards with increasing incidence of the disease.	0-14 years	3,800,000	1,000,000 children of towns and cities.

* This program is changeable according to the current exigencies and recommendations of the Technical Committee.

** Inasmuch as the vaccination coverage against smallpox in rural communities in the last three years has reached 90% more consideration will be given to the urban communities.

Note: B.C.G. and Smallpox vaccination will be performed in combined form

ロ. テヘラン大学医学部

Record of Discussions

(iv) Between the Medical Survey Team of the Government of Japan and the University of Teheran

1. Medical Cooperation between the Imperial Government of Iran and the Government of Japan will be promoted with main emphases on the following two projects:
 - (1) Cooperation for improvement on the technics and facilities in the field of radiology in Teheran University School of Medicine.
 - (2) Cooperation for research activities of abnormal hemoglobinemia and other related diseases in Teheran University School of Medicine.
2. In accordance with the laws and regulations in force in Japan and within in annual budgetary appropriation, Japanese cooperation will consist of supplying medical equipments, dispatching experts from Japan and receiving trainees from Iran, which will be implemented within three years.
3. With respect to the improvement on the technics and facilities relating to the radioisotopic section in Pahlavi Medical Center of School of Medicine, the cooperation will be carried out in the following forms:
 - (1) Supply of universal scintillation scanner in 1971.
 - (2) Training of Iranian personnel in Japan in 1971.
 - (3) Dispatch of Japanese medical expert in 1971.
 - (4) The Imperial Government of Iran expects gamma camera and others concerned, as the equipments supplied from Japan in 1972 and 1973.
4. With respect to the research activities of abnormal hemoglobinemia and other related diseases in the department of immunology and bacteriology of School of Medicine, the cooperation will be carried out in the following forms:
 - (1) Supply of the following equipments within three years.
 - (a) Amino acid analyzer
 - (b) Separative ultracentrifuge
 - (c) Analytical ultra-centrifuge
 - (d) GV-VIS Spectrophotometer
 - (e) Landy aspirater
 - (f) Other equipments can be supplied according to the further discussions

- (2) Training of Iranian personnel in Japan in 1971.
- (3) Dispatch of Japanese expert in 1971.
- 5. The articles referred to above shall become the property of the Imperial Government of Iran upon being delivered C.I.F. at Teheran Airport, or Khorramshahr or Bandar Shahpur Port to the Iranian authorities concerned.
- 6. Service of the experts, articles and training facilities referred to the above will be provided at the expenses of the Government of Japan through the normal channels under the Colombo Plan.
- 7. The Japanese experts will be granted in Iran privileges, exemptions and benefits (including provision of housing accommodations and transportation facilities) no less favourable than those granted to the Colombo Plan experts of the third countries under the similar circumstances.
- 8. The Imperial Government of Iran undertakes to meet;
 - (1) Custom duties, internal taxes and other similar charges, if any, imposed in Iran in respect of the articles referred to above.
 - (2) Local expenses necessary for the transportation, installation, operation and maintenance of the equipments.
 - (3) Alteration of the central block of Pahlavie Medical Center for preparation of radioisotope section.

This is the record of discussions to be approved by the respective Governments:

YUKI ITO

Head of Japanese Medical
Survey Team

N.M. Mojdehi, M.D.

Dean of Toheran
Medical School

14. ケニア

イ. ケニヤツタ病院

(1) RECORD OF DISCUSSIONS

BETWEEN THE JAPANESE MEDICAL COOPERATION SURVEY TEAM AND THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE REPUBLIC OF KENYA

The Japanese Medical Cooperation Survey Team visited the Republic of Kenya from 5 to 17 January, 1970 and had discussions with the authorities concerned of the Government of the Republic of Kenya concerning the medical cooperation between the two countries.

The team and the authorities concerned record the following points reached between the two parties:

1. Medical cooperation between the Japanese Government and the Kenyan Government will be promoted with main emphasis on the cooperation for the establishment of the Intensive Care Unit at Kenyatta National Hospital.
 2. In accordance with the laws and regulations in force in Japan, Japanese cooperation will be extended in the form of dispatch of experts, receiving of trainees and supply of equipment, upon receipt of Application Forms A.1, A.2, A.3 and A.4 from the Kenyan Government.
 3. Following experts will be dispatched to the ICU by the Japanese Government:
 - (1) A team for consulting with the Kenyan authorities on the actual plan of cooperation for the ICU for the period of fifteen days three to six months before the opening of the ICU, namely,
 - two medical doctors,
 - one engineer and
 - one officer of OTCA.
 - (2) One engineer for installing equipment to be donated by the Japanese Government for the period of two or three weeks after arrival of the equipment to the ICU.
- (Administration of the ICU, especially the participation of Japanese medical staff in the administrative affairs of the ICU should be decided through the discussion between the Japanese team and Kenyan authorities. However, it is strongly suggested that the leader of Japanese Staff should be a member of the Hospital Medical Advisory Committee.)

(3) A team of technical experts,

specialities	period
two surgeons	one or one year a half
one anaesthetic doctor	one year
one orthopaedic surgeon	one year
one physician	one year
one medical engineer	one year
one coordinator	three months

(4) Two surgeons, an orthopaedic surgeon and a physician who will serve in the ICU will also serve in Embu taking turns respectively in such a manner that two of them are in Embu District Hospital and the other two in the ICU to help the anaesthetic doctor. This service in Embu District Hospital will terminate at the end of the second year after the opening of the ICU.

4. Following Kenyan staffs will be accepted at the expenses of the Japanese Government for the purpose of technical training in Japan:

- (1) two doctors with more than three years of training in general surgery for two years,
- (2) one anaesthetic doctor with more than one year of training in anaesthesia for one year and
- (3) one medical electronic technician for six months.

The training will start in 1970.

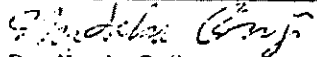
5. The main necessary equipment for the establishment of the ICU on the attached list will be donated by the Japanese Government.

6. The above-mentioned cooperation will be carried out subject to the following conditions:

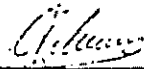
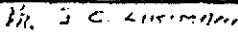
- (1) The Kenyan Government issue necessary permits to the Japanese experts to engage in medical and other related activities under the present cooperation project within the framework of existing regulations in Kenya;
- (2) The Japanese experts be granted in the Republic of Kenya privileges, exemptions and benefits (including accommodation and transportation facilities) no less favourable than those granted to the experts of any of the third countries under similar circumstances;
- (3) The Japanese experts be exempted from any liabilities in respect of any accident that may arise with the bona-fide discharge of their duties, as they are under supervision and responsibility of the Kenyan authorities;

- (4) The equipment to be supplied by the Japanese Government become the property of the Kenyan Government upon delivery C.I.F. at a port or an airport of entry into Kenya. Therefore, (i) customs duties, internal taxes and other similar charges, if any, to be imposed on the equipment and (ii) local expenses necessary for the transportation, installation, operation and maintenance of the equipment be met by the Kenyan Government.
7. The contents in this record will be implemented after they are duly approved by the respective Governments.

NAIROBI, January, 17, 1970

恩地裕


Dr. Yutaka Onji
Head of the Japanese
Medical Cooperation
Survey Team

Dr. J. C. Likimani
Director of Medical Services
Ministry of Health

LIST OF EQUIPMENT

1	X-ray Set, mobile	1
2	Microscope, binocular	1
3	Hyperbaric Chamber	1
4	Electrocardiograph (1 ch.)	5
5	Biophysigraph (2 ch.)	2
6	Cardiac Monitor	5
7	Cardiac Monitor with recorder	2
8	Dilution Computer	1
9	ICU Patient Monitoring System (for 9 patients)	2
10	ICU Patient Monitoring System (for 4 patients)	1
11	Cardiac Monitor Defibrillator Pace-maker Set	2
12	Electroencephnograph	1
13	Hemodialyser, automatic controller	1
14	Flame Photometer	1
15	Bed with Weight Measuring Device	1
16	Respirator	8
17	Echoencephalograph	1
18	Ophthalmoscope	2
19	Ultrasonic Nebulizer	5
20	Suction Unit with pump	1
21	Suction Bottle, mobile	2
22	Suction Bottle with wall attachment	22
23	Cast Cutter	2
24	Cast Kit	1
25	Magic Cast	1
26	Ultrasonic Cleaner	1
27	Centrifugator	1
28	Protein Refractometer	1
29	Anesthetic Machine	1
30	Infant Circle for Anesthetic Machine	1
31	Hyper and Hypothermic Equipment	2
32	Vessel Saturing Apparatus	1
33	Bed	25
34	Tool for Cardiac Massage	3
35	Operating Table	1
36	Incubator	4
37	Micro Cell Counter	1
38	X-ray Film Viewer	4
39	Thermometer	6
40	Emergency Cart	1
41	Blood Gas Analyser	2
42	Laryngoscope	9
43	Bronchoscope	2
44	Surgical Lamp	1
45	Surgical Lamp, mobile	2
46	Polygraph (4 ch.)	2
47	Van Slyke Gas Analyser	1
48	Carlens Tube	5
49	Hematorite Tube	1000
50	Hemoglobinometer	2
51	Refrigerator	2
52	Peritoneal Dializer Coil	30
53	Low Pressure Suction	10
54	Central Venous Pressure Set	50 - 100
55	3 Way Stop Cock (plastic)	100
56	Magil Forcep	5
57	Stethoscope	20
58	Sphyguomanometer	25
59	Spectrophotometer	1
60	Chrolide Meter	1
61	Cut down Set	12
62	Tracheostomy Set	6
63	Thoracotomy Set	3
64	Vacuum Cleaner	2
65	Ice-making Machine	1
66	Floor Washer	2

RECORD OF DISCUSSIONS BETWEEN
THE JAPANESE MEDICAL COOPERATION
SURVEY TEAM AND THE AUTHORITIES
CONCERNED OF THE GOVERNMENT OF
THE REPUBLIC OF KENYA.

The Japanese Medical Cooperation Survey Team visited the Republic of Kenya from the 12th day to the 26th day of November 1972 to evaluate the medical cooperation projects between the two countries now in progress in the latter country and had discussions with the authorities concerned of the Government of the Republic of Kenya regarding the future prospect of these projects.

The team and the authorities concerned desiring further to effect the medical cooperation between the two countries have reached the following understandings:

1. Both parties recognize that satisfactory achievement has been made through the medical cooperation projects between the two countries which were launched in 1966 at the Rift Valley Provincial General Hospital Nakuru, in 1967 at the District Hospital Embu and in 1971 at the Kenyatta National Hospital I.C.U. (Intensive Care Unit) Nairobi with up to the present dispatching medical experts totaling 53 persons, donating medical equipments equivalent 135,000,000 Japanese Yen (approximately 2,7000,000 Kenyan Shilling) from Japan and accepting two Kenyan trainees in Japan.
2. The medical cooperation project at the Rift Valley Provincial General Hospital Nakuru has been successfully implemented in accordance with "Gist of Discussions" signed by Dr. Hideo Fukuzi and Dr. J. C. Likimani on the 10th day of July 1968 and "Gist of Discussions" signed by Prof. Shiro Osajima and Dr. J. M. Gokonyo in December 1970.

The present form of cooperation project at this hospital will be completed within a few years. It is desired, however, that an Institute for tropical medicine in Nakuru which was requested in the latter "Gist of Discussions" be built as soon as possible without any interruption regarding the dispatch of experts from Japan between the completion of the present cooperation project and the commencement of activities of this Institute.

3. The medical cooperation project at the District Hospital Embu has been effectively achieved in accordance with "Gist of Discussions" signed by Dr. Hideo Fukumi and Dr. J. C. Likimani on the 10th day of July 1968 and "Record of Discussions" signed by Dr. Yutaka Onji and Dr. J. C. Likimani on the 17th day of January 1970.

This cooperation project shall be continued in the form of a follow-up project by supplying spare parts necessary for maintenance and repairing of the existing equipments after this project will be completed within one year.

4. The medical cooperation project at the Kenyatta National Hospital I.C.U. has been steadily developed in accordance with "Record of Discussions" signed by Dr. Yutaka Onji and Dr. J. C. Likimani on the 17th day of January 1970.

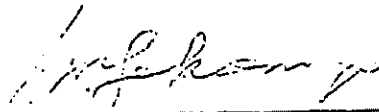
This cooperation project regarding the I.C.U. shall be continued in the form of a follow-up project by dispatching experts on a short term assignment and supplying spare parts necessary for maintenance and repairing of the existing equipments after the activities of the Japanese experts participating in the present cooperation project are phased out and be succeeded by the Kenyan counterparts after three years.

The matters recorded herein shall not be binding legally either on the Government of Japan or on the Government of the Republic of Kenya as the final decision is to be made by the two Governments after studying this Record of Discussions.

Nairobi, the 24th day of November 1972.



Dr. Itauzo Shigenatsu
Head of the Japanese Medical
Cooperation Survey Team.



Dr. J. K. Gekonyo
Senior Deputy Director of Medical Services
Ministry of Health
Nairobi, Kenya.

ロ . エンブ病院

Gist of Discussions

between the Medical Cooperation Survey Team
of the Government of Japan
and
the Ministry of Health
of the Government of Kenya
on Medical Cooperation

1. Medical Cooperation between the Government of Kenya and the Government of Japan will be further promoted with the main emphasis presently on the activities of the teams of Japanese specialists at the following hospitals:
 - (i) Rift Valley Provincial General Hospital Nakuru
 - (ii) District Hospital Embu
2. In accordance with the laws and regulations in force in Japan and within yearly budgetary appropriations, Japanese cooperation will be extended in the forms of dispatch of experts, provision of training facilities and supply of equipment, upon receipt of Application Forms A1 - 4 from the Kenyan Government.
3. As the clinical laboratory and mortuary facilities are indispensable to the effective activities of the teams of Japanese specialists, it is expected that their buildings will be made available as soon as possible. When the buildings are completed, the Government of Japan will provide the necessary experts and equipment. Training facilities will also be provided in Japan for Kenyan doctors and technicians in the fields concerned.
4. With respect to the Rift Valley Provincial General Hospital, Nakuru, the following will be considered:
 - (1) Additional dispatch of a specialist surgeon
 - (2) Dispatch of an X-Ray doctor or a technician
 - (3) Supply of an X-Ray apparatus
5. With respect to the District Hospital, Embu, dispatch of the following will be considered:

- (1) Supply of an X-Ray apparatus
 - (2) Supply of a mobile medical vehicle
 - (3) Additional dispatch of specialists needed
6. Facilities will be provided for Kenyan senior officers, doctors and technicians to observe the medical conditions in Japan as well as to undergo advanced training in specialised fields.
 7. Necessary measures are expected to be taken to further expedite the customs clearance and local transportation of the equipment to be supplied by the Japanese Government.
 8. In view of the limited availability of suitable Japanese experts, it is expected from the long range point of view that the services of Japanese experts will be utilised more for the teaching, training and research purposes. In this sense, possibilities of Japanese cooperation to central institutions such as Kenyatta National Hospital, Medical Training Centre, Medical School etc., will be studied further as subjects for future cooperation.

This is the gist of discussions to be approved by the respective Governments.

Nairobi July 10th 1968



Dr. J.C. Likimani
Permanent Secretary
Ministry of Health
Kenya



Dr. Hideo Fukumi
Leader of the Japanese
Medical Cooperation
Survey Team

(ハ) ナクール病院

GIST OF DISCUSSIONS
BETWEEN THE MEDICAL COOPERATION SURVEY TEAM
OF THE GOVERNMENT OF JAPAN
AND
THE MINISTRY OF HEALTH
OF THE GOVERNMENT OF KENYA
ON MEDICAL COOPERATION

1. Medical co-operation between the Government of Kenya and the Government of Japan has successfully finished its five years' activities in the Rift Valley General Hospital, Nakuru, and has entered into a new era, where more considerations will be paid to the teaching, training and research purposes.
2. In this sense, and in accordance with the agreements signed on July 10th 1968 between Dr. J.C. Likimani and Dr. H. Fukumi, a specialist surgeon, an X-ray doctor and a pathologist, will additionally be immediately dispatched. Equipment for pathology, bacteriology and bio-chemistry, in the sum of three hundred thousand Kenyan shillings (15,000,000 Japanese Yen) will be donated in the initial first year (from April 1971 to March 1972) the part of which is attached hereto. Duty-free entry of this equipment will be arranged and the cost for transportation from Mombasa to Nakuru Hospital, fitting them into a specified place, including electric and water supply facilities, shall be borne by the Government of Kenya. Just before the arrival of the equipment in Kenya, two specialist technicians one for bacteriology and one for bio-chemistry will be dispatched.
3. The clinical laboratory in the War Memorial Hospital in Nakuru shall be made available for this purpose.
4. The accommodation for additional doctors and technicians will also be provided by the Government of Kenya.
5. Facilities will be provided for Kenyan doctors and technicians, whereby they observe the medical conditions in Japan as well as undergo advanced training in specialised fields.
6. It was agreed that Kenyan doctors and technicians sent for further training in Japan, in connection with this project, would benefit by being attached to the Institute in Nakuru for about a year on their return to Kenya.
7. In view of the central position of the Nakuru Hospital in the vast endemic-diseases-infected Province and in view also of the fact that Nagasaki University is the only University with the "Institute for Tropical Medicine" in Japan, it is requested by the Government of

Kenya as well as the Provincial Rift Valley General Hospital, Nakuru that an Institute for tropical medicine with an annexed special ward be built in the near future by the Government of Japan in the campus of the Hospital, so that scientific basis for an effective control of infectious, and other diseases may be laid. It was agreed, however, by both the Government of Kenya and the Government of Japan that the research works to be done in this Institute should be guided by the spirit, "research from routine works"; that is to say, "Research works only, cut off from routine works" are not advisable under the present medical and sanitary conditions of this country.

8. Furthermore, since our intention is nothing but co-operation in promoting the welfare of Kenyan people in general, possibilities of Japanese co-operation with central medical institutions in Nairobi will also be studied for future co-operation, while maintaining a closer relationship between District Hospitals, Health Centres and dispensaries.
9. The contents in this record will be implemented after they are duly approved by the respective governments.

NAIROBI, Kenya

December, 1970

Professor Shiro Osajima,
Head of the Japanese
Medical Co-operation
SURVEY TEAM

Dr. J.M. Gekonyo,
Deputy Director of
Medical Services,
Ministry of Health,
Government of Kenya

15. タンザニア

ダレスサラム大学医学部

LIST OF EQUIPMENT

<u>Description of Goods</u>	<u>Quantity</u>
I. Equipment and Miscellaneous for Electron Microscope Room	
1. Electron Microscope (Component Parts)	1 set
(1) Electron Microscope	1
(2) Power Supply (Cabinet)	1
(3) Reference Resister Unit	1
(4) High Voltage Transformer Unit	1
(5) Fore Pump	2
2. Vacuum Evaporator	1
3. Ultramicrotome	1 set
(1) Microtome	1
(2) Light source	1
(3) Binocular Light Microscope	1
4. Filter for Water Supply	1
5. Automatic Voltage Stabilizer	1
6. Direct Reading Balance	1
7. Others	
8. Spare Parts for Electron Microscope	1 set
(1) Filament	
(2) Cassette	
(3) Magazine	
(4) Diffusion Pump Oil	
(5) Apperture Plates for Electron Lens	
(6) Others	

15. The contents in this record will be implemented after they are duly approved by the respective Governments.

Dar es Salaam

February 15, 1971

Dr. Masaatsu Koike
Head of the Japanese Medical
Cooperation Survey Mission

Pius Msekwa
Vice-Chancellor
University of Dar es Salaam

- (2) The Japanese experts be granted in the Republic of Tanzania privileges, exemptions and benefits (including accommodation and transportation facilities) no less favourable than those granted to the experts of any of the third countries under similar circumstances.
 - (3) The Japanese experts be exempted from any liabilities in respect of any accident that may arise with the bona-fide discharge of their duties, as they are under the supervision and responsibility of the Tanzanian authorities.
13. In order to carry out the medical research effectively, both sides agreed to the exchange of available information and collaboration in the electron microscopic research project.
14. The supply of spare parts and after-service shall be guaranteed by the Japanese Government for the first 2 years. Spare parts when needed, necessary steps to supply them shall be taken promptly by Japan, and a Japanese Engineer will be made available to install the spare parts or repair the machine. After that the University will be fully responsible.

8. Faculty of Medicine, The University of Dar es Salaam will take full responsibility for the management and the operation of the instruments.
9. The Tanzania side explained that the electron microscope will be used for the plan of educational and research work of the University of Dar es Salaam especially, for anatomic research, biomedical research and teaching at the Faculty of Medicine.
10. The house for the electron microscope has been already constructed and the air conditioning unit will be installed for adjustment of suitable room temperature and humidity by the Tanzania side.
11. The Japanese side requested that on arrival of the Electron Microscope in Dar es Salaam, immediate action should be taken for custom clearances and domestic transportation from the port of Dar es Salaam to the University, in order to keep the electron microscope and other instruments in good condition.
12. The above-mentioned cooperation will be carried out subject to the following conditions:
 - (1) The Tanzanian Government issue necessary permits to the Japanese experts to engage in medical and other related activities under the present cooperation project within the frame work of existing regulations in Tanzania.

RECORD OF DISCUSSIONS
BETWEEN THE JAPANESE MEDICAL COOPERATION SURVEY MISSION
AND THE AUTHORITIES CONCERNED OF THE GOVERNMENT
OF THE REPUBLIC OF TANZANIA

The Japanese Medical Cooperation Survey Mission headed by Dr. Masaatsu Koike visited the Republic of Tanzania from 2nd to 17th February 1971 and had discussions with the authorities concerned of the Government of the Republic of Tanzania concerning the medical cooperation between the two countries.

The following is the Record of Discussions.

1. Medical cooperation between the Japanese Government and the Tanzanian Government will be promoted with main emphasis on the cooperation concerning the plan for educational and research work utilizing an electron microscope at the University of Dar es Salaam.

2. In accordance with the laws and regulations in force in Japan, Japanese cooperation will be extended in the form of dispatch of experts, receiving of trainees and supply of equipment upon receipt of Application Forms A.1, A.2, A.3 and A.4 from the Tanzanian Government.

3. Following experts will be dispatched to the University of Dar es Salaam by the Japanese Government.
 - (1) One engineer for installing equipment to be donated by the Japanese Government and one expert in electron microscopy for a few months after arrival of the equipment to the University of Dar es Salaam.

- (2) Such other academic experts, (Anatomist, Microbiologist, etc.), as may be requested by the University of Dar es Salaam over a protracted period, initially for two years subject to extension by mutual agreement.
4. For the setting of the electron microscope and the other necessary instruments, the Japanese experts will give instructions to Tanzanian technicians selected by the University of Dar es Salaam on the use of instruments provided to the University.
 5. The Tanzanian researchers and technicians will be accepted at the expenses of the Japanese Government for the purpose of technical training in Japan and they will be provided with such facilities as are deemed to be necessary for the researchers and technicians to pursue their studies in the field of electron microscopic research scheme.
 6. So that the electron microscope will be well used and maintained smoothly, it is hoped that the Japanese experts will ensure that a Tanzanian participant will master the techniques of electron microscope in the shortest possible time.
 7. The main necessary equipment for educational and research work utilizing and electron microscope on the attached list will be donated by the Japanese Government at the first stage.

16. エティオピア

イ. 中央衛生試験所

(1) RECORD OF DISCUSSIONS

between the Medical Cooperation Survey Team
of the Government of Japan
and the Ministry of Public Health
of the Imperial Government of Ethiopia
on Medical Cooperation

1. Medical cooperation between the Imperial Government of Ethiopia and the Government of Japan will be further promoted with the main emphasis on the cooperation for the Imperial Central Laboratory and Research Institute.
2. In accordance with the laws and regulations in force in Japan and within yearly budgetary appropriations, Japanese cooperation will be extended in the forms of dispatch of experts, provision of training facilities in Japan and supply of equipments, at the expenses of the Japanese Government, upon receipt of Application Forms A1, 2, 3 and 4 from the Ethiopian Government. The Application Forms in triplicate are expected to be forwarded through the Japanese Embassy well in advance.
3. In order to ensure the smooth and effective cooperation on a long term basis, the National Institute of Health will be the Japanese cooperating counterpart institution.

4. To help to establish the new Departments of Parasitology and Medical Zoology at the I.C.L.R.I., the following experts, in addition to Dr. Ohae, will be dispatched from November 1968 who will be replaced by their successors after their terms of assignments:
 - (1) Two parasitologists
 - (2) Two medical zoologists

5. To help the reinforcement of the existing Departments of Pathology and Bacteriology, the appointment of a pathologist and bacteriologists will be considered in the future.

6. Observation as well as training facilities will be provided in Japan for the Ethiopian staff in the following fields:
 - (1) Administration of the national health laboratory services
 - (2) Administration of national and provincial public health services
 - (3) Parasitology
 - (4) Medical Zoology
 - (5) Other specialized fields that may be considered necessary.

7. As the first shipment of the laboratory equipment for the Parasitology and Medical Zoology Departments of the I.C.L.R.I has arrived to be followed by further shipments,

it is expected that the rooms be made available as soon as possible with necessary alterations for its proper installation.

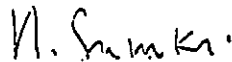
8. Necessary measures are expected to be taken to further expedite the customs clearance and local transportation of the equipment to be supplied by the Japanese Government.
9. The Japanese Government expects the Japanese experts to be granted privileges, exemptions and benefits no less favourable than those granted to the experts of the third countries under similar circumstances.

This is the record of discussions to be approved by the respective Governments.

Addis Ababa, July 18, 1968



.....
Mr. Makonnen Habtemariam
Director-General of
Medical Services



.....
Dr. Noriji Suzuki
Leader of the Japanese
Medical Cooperation
Survey Team

□ . 痘瘡対策

(四) RECORD OF DISCUSSIONS BETWEEN MEDICAL COOPERATION SURVEY
MISSION OF THE GOVERNMENT OF JAPAN AND THE MINISTRY OF
PUBLIC HEALTH OF THE IMPERIAL ETHIOPIAN GOVERNMENT
CONCERNING COOPERATION IN THE FIELD OF PUBLIC HEALTH.

The Third Medical Cooperation Survey Mission of the Government of Japan investigated the present situation of the smallpox eradication campaign in Ethiopia, being carried out by the Imperial Ethiopian Government in collaboration with the World Health Organization (WHO). The Mission also observed the present conditions of the Medical Cooperation between the two Governments in the Imperial Central Laboratory and Research Institute (ICLRI) in Addis Ababa. And thereafter a series of discussions in these fields were made between the Mission and the Ministry of Public Health of the Imperial Ethiopian Government (See Annex I). It is understood that any part of the contents of the present Record of Discussions will be implemented subject to the provisions of the laws and regulations in force in Japan and within yearly budgetary appropriations.

1. Japanese Cooperation will be extended to reinforce the on-going Smallpox Eradication Programme (SEP) in the form of despatching an epidemiologist and volunteers for smallpox surveillance activities and supplying vehicles and radio-communication equipments at the expense of the Japanese Government, upon receipt of the formal application from the Ethiopian Government (See Annex II).

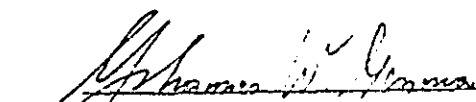
2. The research activities of the Departments of Parasitology and Medical Zoology, which were initiated and established in the ICLRI with the technical cooperation of the Japanese Government since 1962, were greatly appreciated by the Ethiopian officials and the continuation of the support to improve the activities of these Departments in the form of despatch of experts as well as training of the staff including acceptance of fellows was considered necessary.

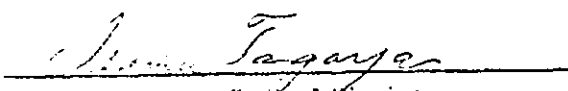
3. Further cooperation in the strengthening of the existing departments and initiation of new departments within the said Institute with the aim of developing a strong National Health Laboratory was also discussed. The despatch of experts, supply of equipments as well as acceptance of fellows concerned will be considered according to the future plan of the Institute (See Annex III) at the expense of the Japanese Government within yearly budgetary appropriations. It is understood that in this respect Japanese assistance will be coordinated with the international assistance provided by UNDP/AEC.

4. Technical cooperation in the development of provincial public health services including laboratory services was discussed and its necessity in the future was taken note of.

5. The Volunteers required for the above-mentioned medical cooperation as well as for other fields of public health will be provided as much as possible, upon request of the Imperial Ethiopian Government, in accordance with the agreement on the despatch of members of the Japan Overseas Cooperation Volunteers which was concluded between both the Governments on the 9th of November, 1971.

Addis Ababa, 17th December, 1971.


H.E. Ato Yohannes Wolde Gerima
Vice-Minister
Ministry of Public Health


Dr. Isamu Tagaya, Head of Mission
Director-~~xxxxxx~~, Department of Enteroviruses
National Institute of Health, Japan

Annex I

Officials of the Ministry of Public Health

H.E. Ato Yohannes W. Gerima,
Vice Minister, Ministry of Public Health

Weisero Sophia Abraham
Assistant Minister, Ministry of Public Health

Dr. Widad Kidane Mariam,
Ministry of Public Health

Dr. Assefa Tekle,
Director of Central Laboratory

Members of the Japanese Mission

Dr. Isamu Tagaya, Head of Mission,
Director, Department of Enteroviruses,
National Institute of Health, Japan

Dr. Goro Goto, Head, Department
of Medical Cooperation, OTCA

Dr. Natsumi Tsuchiya, Deputy
Director, Research Institute
of Kyoto City

Mr. Osamu Kuro, Chief, Office
of Planning and Coordination,
JOCV

Observers

Mr. Tatsuo Aikawa, Counsellor,
Embassy of Japan in Ethiopia

Mr. Shigeru Ise, Third Secretary,
Embassy of Japan in Ethiopia

Dr. Takateru Ohse, Expert of
OTCA

Mr Takashi Nagakura, Member
staff, Domestic Activities
Division, JOCV

Annex II

Request by the Ethiopian Government for the Smallpox Eradication Programme.

1. Personnel

One epidemiologist
Eight surveillance officers (volunteers)
Four motor mechanics (")
Two radio technicians (")

2. Equipments

Five Toyota Land Cruisers, with spareparts and tyres
Two vehicle-repair vans
Forteen sets of radio-communication equipments, with spareparts for the Provincial Health Departments.

Annex III

Request by the Ethiopian Government for the ICL & RI

1/ EXPERTS

<u>Department</u>	<u>Type of Expert</u>	<u>No.</u>
Chemistry	a. Toxicologist.....	1
	b. Hydrology Expert (Water pollution oriented)	1
	c. Food and Beverage control (fraud and falsification).....	1
Drug Quality Control	Biological Control of drugs.....	1
Medical Zoology		
a. Parasitology	Senior Helminthologist.....	1
	Helminthologist.....	1
b. Entomology	Senior Entomologist.....	1
	Entomologist.....	1
	Limnologist.....	1
Bacteriology	Bacteriologist (Anaerobic bacteriologist oriented).....	1
Veterinary Public Health	Sera production expert.....	1
Provincial Health Laboratory	All round Public Health Laboratory expert.....	1
Pathology	Histo-pathologist.....	1

2/ FELLOWSHIP

1. Medical Zoology
2. Clinical Chemistry
3. Food sanitation
4. Hydrology technique
5. Serum production
6. Vaccine Production
7. Food and water Microbiology
8. Quality control of Drugs

The list of equipment to be provided will be submitted later by the ICL & RI.

17. ナイジェリア

基礎医学教育
(イフエ大学医学部, ナイジェリア大学医学部)

Record of Discussions

The Japanese Medical Cooperation Survey Mission headed by Dr. Fumihiko Shimizu, visited Nigeria from 27th November to 9th December, 1972 and after a series of consultations with the Faculty of Medicine, University of Nigeria, the attached Record of Discussions has been worked out.

Mr. Akira Shigemitsu, Ambassador of Japan in Nigeria and Dr. Fumihiko Shimizu, leader of the Japanese Medical Cooperation Survey Mission on the Japanese side and Dr. Adebayo Adedeji, Commissioner of Economic Development and Construction of the Federal Republic of Nigeria, Prof. H. C. Kodilinye, Vice-Chancellor, University of Nigeria on the Nigerian side have agreed to endeavour, within the scope of their respective responsibility, to carry out the provisions of the above-mentioned Record of Discussions.

RECORD OF DISCUSSIONS BETWEEN THE MEDICAL COOPERATION SURVEY
MISSION OF THE GOVERNMENT OF JAPAN AND THE FACULTY OF MEDI-
CINE, UNIVERSITY OF NIGERIA ON MEDICAL COOPERATION

The Japanese Medical Cooperation Survey Mission headed by Dr. F. Shimizu and the Faculty of Medicine, University of Nigeria headed by Dr. C. Nwokolo have agreed as follows:

1. Both parties shall cooperate in the field of basic medical education. The period of cooperation will be five (5) years, starting from December, 1972 in staff exchange and training as well as supply of equipment.
2. The Government of Japan will dispatch two or three Japanese experts in the field of basic medical sciences from 1973.
The Government of Japan will supply annually to the Faculty of Medicine, the University of Nigeria, the equipment for the basic medical education. As the first supply, the above-mentioned equipment equivalent to Ten million Yen (¥10,000,000 or approximately N£10,680) (including transportation fees) will be provided in 1973.
Training facilities will also be provided in Japan for up to ten Nigerian doctors and technicians from the University of Nigeria in the field of basic medical sciences during the period of this cooperation. The period of training for each doctor or technician will be from three (3) to twelve (12) months. The Government of Japan will finance these training facilities.
3. In accordance with the laws and regulations in force in Japan and within annual budgetary appropriations, Japanese cooperation will be extended in the form of dispatch of experts, provision of training facilities and supply of equipment at the expense of the Government of Japan, upon receipt of Application Forms A1, A2, A3 and A4, through the Government of the Federal Republic of Nigeria.

4. The Japanese experts shall be granted in Nigeria privileges, exemptions and benefits (including provision of suitably furnished accommodation and transportation facilities for official duties) no less favourable than those granted to the experts of the other countries under similar circumstances.
5. The equipment to be supplied by the Government of Japan will become the property of the Nigerian side upon being delivered.
Therefore, (a) customs duties, internal taxes and other similar charges, if any, imposed in respect of the equipment and (b) local expenses necessary for the transportation, installation, operation and maintenance of the equipment shall be met by the Nigerian side.
6. The parties concerned shall consult with each other in the course of the implementation of the programme agreed upon in this Record of Discussions and make modifications agreed upon by both parties, if necessary.

Done at Lagos, on this 8th day of December, 1972

Fumihiko Shimizu

Dr. Fumihiko Shimizu
Leader of the Japanese
Medical Cooperation
Survey Mission

H. C. Kodilinye

Prof. H. C. Kodilinye
Vice-Chancellor
University of Nigeria

A. Shigemitsu

Mr. Akira Shigemitsu
Ambassador of Japan

E. A. Adedeji

Dr. Adebayo Adedeji
Commissioner of Economic
Development & Construction
of the Federal Republic of Nigeria

The Japanese Medical Cooperation Survey Mission headed by Dr. Fumihiko Shimizu, visited Nigeria from 27th November to 9th December, 1972 and after a series of consultations with the Faculty of Health Sciences, University of Ife, the attached Record of Discussions has been worked out.

Mr. Akira Shigemitsu, Ambassador of Japan in Nigeria and Dr. Fumihiko Shimizu, leader of the Japanese Medical Cooperation Survey Mission on the Japanese side and Dr. Adebayo Adedeji, Commissioner of Economic Development and Construction of the Federal Republic of Nigeria, Prof. H. A. Oluwasanmi, Vice-Chancellor, University of Ife on the Nigerian side have agreed to endeavour, within the scope of their respective responsibility, to carry out the provisions of the above-mentioned Record of Discussions.

RECORD OF DISCUSSIONS BETWEEN THE MEDICAL COOPERATION SURVEY
MISSION OF THE GOVERNMENT OF JAPAN AND THE FACULTY OF HEALTH
SCIENCES, UNIVERSITY OF IFE ON MEDICAL COOPERATION

The Japanese Medical Cooperation Survey Mission headed by Dr. F. Shimizu and the Faculty of Health Sciences, University of Ife headed by Dr. T. Adesanya Ige Grillo have agreed as follows:

1. Both parties shall cooperate in the field of basic medical education. The period of cooperation will be five (5) years, starting from December, 1972 in staff exchange and training as well as supply of equipment.
2. The Government of Japan will dispatch Japanese experts in the field of physiology, parasitology and public health science (including microbiology) from 1973. After two (2) years, the above-mentioned fields will be reviewed to include other fields, if necessary.

The Government of Japan will supply annually to the Faculty of Health Sciences, the University of Ife, the equipment for the basic medical education. As the first supply, the above-mentioned equipment equivalent to Ten million Yen (¥10,000,000 or approximately N£10,680) (including transportation fees) will be provided in 1973.

Training facilities will also be provided in Japan for up to ten Nigerian doctors and technicians from the University of Ife in the field of basic medical sciences during the period of this cooperation. The period of training for each doctor or technician will be from three (3) to twelve (12) months. The Government of Japan will finance these training facilities.

3. In accordance with the laws and regulations in force in Japan and within annual budgetary appropriations, Japanese cooperation will be extended in the form of dispatch of experts, provision of training facilities and supply of equipment at the expense of the Government of Japan, upon receipt of Application Forms A1, A2, A3 and A4, through the Government of the Federal Republic of Nigeria.

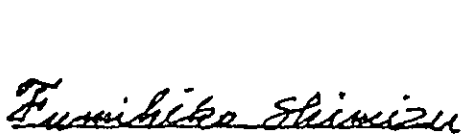
4. The Japanese experts shall be granted in Nigeria privileges, exemptions and benefits (including provision of furnished accommodation, not including air-conditioners, and transportation facilities for official duties) no less favourable than those granted to the experts of the other countries under similar circumstances.

5. The equipment to be supplied by the Government of Japan will become the property of the Nigerian side upon being delivered.

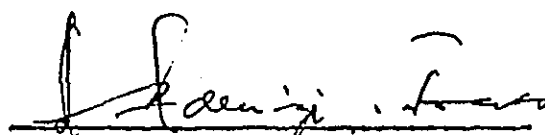
Therefore, (a) customs duties, internal taxes and other similar charges, if any, imposed in respect of the equipment and (b) local expenses necessary for the transportation, installation, operation and maintenance of the equipment shall be met by the Nigerian side.

6. The parties concerned shall consult with each other in the course of the implementation of the programme agreed upon in this Record of Discussions and make modifications agreed upon by both parties, if necessary.

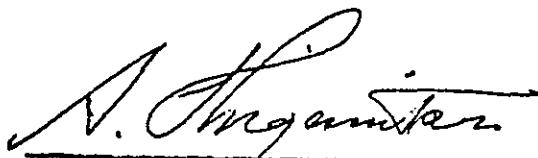
Done at Lagos, on this 8th day of December, 1972



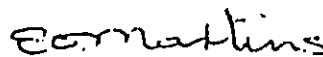
Dr. Fumihiko Shimizu
Leader of the Japanese
Medical Cooperation
Survey Mission



Prof. H. A. Oluwasanmi
Vice-Chancellor
University of Ife



Mr. Akira Higemitsu
Ambassador of Japan



Dr. Adebayo Adedeji
Commissioner of Economic
Development & Construction
of the Federal Republic of Nigeria

18. ガ ー ナ

ガーナ大学医学部

Record of Discussions
between the Medical Cooperation Survey Team
of the Government of Japan and the authorities
concerned of the Government of the Republic of
Ghana on Medical Cooperation

1. Medical Cooperation between the Government of the Republic of Ghana and the Government of Japan will be promoted with main emphases on (1) the training and research at the University of Ghana Medical School, and (2) the improvement of public health activities.
2. In accordance with the laws and regulations in force in Japan and within yearly budgetary appropriations, Japanese cooperation will be extended in the combined forms of dispatch of experts or teaching staff, provision of training facilities and supply of equipment, at the expenses of the Government of Japan, upon receipt of Application Forms A1.4 from the Ghanaian Government.
3. The priority fields that the Ghana side expects will be decided by the Ghana Government based on the attached lists provided by the Ghana Medical School and the Ghana Ministry of Health.
(Appendices I and II)

Possibilities of taking up any of the items will be examined in connection with the availability of suitable Japanese personnel. When specific fields of cooperation are decided, short term consultants may be dispatched to Ghana, to be followed by experts for longer stay.

4. Training facilities will be provided in Japan for Ghanaian personnel in specialized field that may be needed.

5. The equipment to be supplied by the Government of Japan will become the property of the Government of the Republic of Ghana upon being delivered c.i.f. at the Port of Tema, or the Airport of Accra.

Therefore, (a) customs duties, internal taxes and other similar charges, if any, imposed in respect of the equipment and (b) local expenses necessary for the transportation, installation, operation and maintenance of the equipment should be met by the Government of the Republic of Ghana.

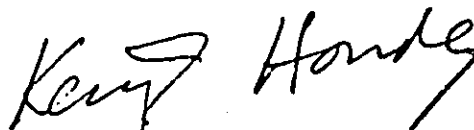
6. The Japanese experts shall be granted in Ghana privileges, exemptions and benefits no less favourable than those granted to the experts of the third countries under similar circumstances. The privileges include provision of furnished accommodation and transportation facilities.

This is the record of discussions to be considered further by the respective governments.

Accra, July 4, 1968



.....
Dr. A.A. Akiwumi
Ag. Director,
Medical Services,
Ghana.



.....
Dr. Kenji Honda
Leader of the Japanese
Medical Cooperation
Survey Team



.....
Prof. C.O. Easmon,
Dean,
Ghana Medical School.

MEDICAL CO-OPERATION WITH THE
UNIVERSITY OF GHANA MEDICAL SCHOOL

Appendix 1

A. ACADEMIC

To develop working relationship with a Medical School
in Japan.

I. STAFF

- (1) Assignment of Japanese Teachers and Technical Staff to the Medical School (see attached list).
- (2) Conditions of Secondment.
- (3) Period of assignment to be 2 years but if not possible, one year is acceptable on rotation basis.

II. FELLOWSHIP TRAINING

- (1) For Ghanaian Technicians to acquire specialised techniques e.g. Animal Care.
- (2) For Ghanaian Teachers to be attached to various departments and projects for short periods.

III. EQUIPMENT SUPPLY

- (1) Equipment for teaching and research e.g.
 - (a) Electron Microscope
 - (b) Continuous Monitoring equipment
 - (c) Gas analyser and Centrifuges
 - (d) Data Processing and Closed Circuit Television
 - (e) Artificial Kidney
 - (f) Hypothermia
 - (g) Heart-Lung Machine
 - (h) Chemicals and sera
- (2) Teaching Aids-films, slides, projectors, tape recorders, microscopes, teaching machines, dictaphones, microphones etc, photographic equipment etc
- (3) Books and Journals
- (4) Animal Care and Experiments

- (5) Transport - Jeeps and Cars for rural work.

IV. SPECIAL PROJECTS

- (1) Radiotherapy Centre
Construction, Equipment, Staff.
- (2) Pathology - Teaching Museum - equipment
- (3) Rural Health Training Centre
Equipment and Staff
- (4) Cancer Survey/Research

V. TEAMS

- (1) Cardio -Vascular Surgery
- (2) Neurosurgery
- (3) Paediatric surgery

B. TEACHING HOSPITAL

EQUIPMENT

- (a) General Surgical Instruments and Appliances e.g. Endoscopic instruments with camera, diathermy, Sphygmomanometers, Diagnostic Sets, Expendable medical supplies.
- (b) Special instruments - thoracic, cardio-vascular, plastic, paediatric and neurosurgery.
- (c) Intensive Care Unit.

C. MEDICAL CENTRE (see attached memo)

Financing and construction of Medical School i.e. (Basic Sciences - Anatomy, Physiology, Biochemistry, Pathology and Microbiology Laboratories).

Requirements - by Ghana Ministry of Health

Appendix I

1. (Consultant
(Clinicians - for the training of Housemen
4 Physicians
3 Surgeons
3 Gynaecologists
3 Anaesthetists
TAMALE
2. Pathologists (Morbid Anatomists) 4
2 Haematologists
2 Bacteriologists
3. Transport and Public Health Engineer
4. Public Health Doctors
 - (a) Communicable Disease Control
 - (i) Tuberculosis Control
 - (ii) Leprosy Control
 - (b) Maternal and Child Health Services
5. Epidemiologist
Medical Officer for Serology
Entomologist - Onchocerciasis
General Duty Medical Officers - 25
6. Vaccines - for
Tuberculosis (B.C.G.)
Diphtheria
Whooping Cough
Tetanus
Typhoid.

A RECORD OF DISCUSSIONS
BETWEEN THE MEDICAL CO-OPERATION SURVEY TEAM
FOR THE GOVERNMENT OF JAPAN AND THE UNIVERSITY
OF GHANA MEDICAL SCHOOL FOR THE GOVERNMENT OF
GHANA, ON MEDICAL CO-OPERATION

Since the first visit of the Japanese Medical Co-operation Survey Team in 1968, the Ghana Medical School has been integrated into the University of Ghana and has been re-named the University of Ghana Medical School.

The following is a record of discussions that have taken place between the Japanese deligation representing the Government of Japan and the authorities of the University of Ghano Medical School, on behalf of the University of Ghana for the Ghano Government.

I. FIRST PROJECT - Virology and Electron Microscopy

The parties noted with gratitude and satisfaction that as a result of the co-operation in Medical Research between the Government of Japan and the Government of Ghona, which started in 1968, remarkable progress has been achieved in the field of Virology ond Electron-Microscopy at the University of Ghano Medical School.

The co-operation has been very fruitful and the virology unit is able to undertake laboratory research activities for the University of Ghana Medical School and diagnostic investigations for the Ministry of Health. However, there still remain important studies into Clinical Virology and we therefore RECOMMEND that, notwithstanding the Record of Discussions signed in 1968, the co-operation of the two governments in the field should continue in the form of (1) a follow-up and evaluation of the project by an expert dispatched on a short term assignment ond (2) supplies of spare parts necessary for the maintenance and repair of existing equipment.

II. SECOND PROJECT

In order to expand and re-inforce the first project that has proceeded successfully over the past three years, we RECOMMEND that the co-operation in medical research between the Government of Japan and the Government of Ghana should now establish a second project based on the theme "The Relationship of Viral and other Parasitic Diseases to Malnutrition - A Biochemical, Pathological and Clinical Approach".

It is further RECOMMENDED that the second project should start with the following, in the order indicated:-

- (1) The Biochemical responses of malnourished patients against viral and other parasitic diseases.
- (2) The Biochemical, Pathological and Clinical aspects of viral and other parasitic diseases of the eye.
- (3) Any other related subjects (e.g. the role of gastro-intestinal secretion and absorption in malnourished states due to parasitic disease) that may be suggested from (1) or (2).

III. ADMINISTRATIVE ARRANGEMENTS

- (1) The foregoing recommendations, if accepted, will promote co-operation between Japanese Medical Scientists and their Ghanaian counterparts in several departments of the University of Ghana Medical School. It is therefore proposed to set up a Committee under the chairmanship of the Dean consisting of representatives of both the Japanese resident scientists and the University of Ghana Medical School for the purpose of organising, co-ordinating and facilitating the implementation of the Research Projects agreed to by the parties concerned and keeping the programmes under constant review.

(2) The Japanese Co-operation will be carried out in the combined forms of dispatch of experts and teaching staff, provision of training facilities and supply of equipment at the expense of the Government of Japan within the budgetary appropriation, laws and regulations in force in Japan, upon receipt of Application Forms A1. 4 from the Government of Ghana.

IV. CONDITIONS FOR RESIDENT JAPANESE SCIENTISTS

(1) The Government of Ghana will provide temporary registration for the Japanese doctors participating in the Co-operative Research Programme during their stay in Ghana, provided that such doctors are registered to practice medicine in Japan.

(2) The Japanese experts shall be granted in Ghana, privileges, exemptions and benefits no less favourable than those granted to the experts of the third country (i.e. other countries) under similar circumstances. The privileges include provision of furnished accommodation facilities.

(3) The items of equipment supplied by the Government of Japan will become the property of the Government of Ghana upon being delivered c.i.f. at the Port of Tema, or the Airport of Accra.

Therefore,, (a) customs duties, internal taxes and other similar charges, if any, imposed in respect of the equipments and (b) local expenses necessary for the transportation, installation, operation and maintenance of the equipment should be met by the Government of Ghana.

CONCLUSION

1. This record embodies recommendations to be considered further by our respective governments.
2. The programmes of co-operation covered by this record will be carried out on approval by the two Governments and implemented in accordance with laws and regulations in force in the two countries.

3. The Research Protocols and other details of implementation will be negotiated further between the University of Ghana Medical School acting on behalf of the University of Ghana for the Government of Ghana and the Overseas Technical Co-operation Agency of Japan acting on behalf of the Government of Japan.
4. This Record of Discussions supercedes the Record signed in 1968 by the leader of the Japanese Medical Co-operation Survey Team, the Acting Director of Medical Services, Ghana and the Dean of the Ghana Medical School.

A.A. Kwapong
07/07/72

Professor A.A. Kwapong
Vice-Chancellor
University of Ghana

K. Honda

Professor K. Honda
Leader of the Japanese Medical Co-operation
Survey Team

S.R.A. Dodu
12th July, 1972.

Professor S.R.A. Dodu,
Dean,
University of Ghana Medical School.

cc: Director of Medical Services,
Ministry of Health, Ghana.

19. ブラジル

イ. カソリック大学成人病研究所

(1) RECORD OF DISCUSSIONS BETWEEN THE JAPANESE
MEDICAL COOPERATION IMPLEMENTATION SURVEY MISSION
AND THE AUTHORITIES CONCERNED OF THE FEDERATIVE
REPUBLIC OF BRAZIL ON MEDICAL COOPERATION

The Japanese Medical Cooperation Implementation Survey Mission organized by the Overseas Technical Cooperation Agency which is entrusted by the Government of Japan with the execution of its overseas technical cooperation schemes, and headed by Dr. Toshio Toyama, Professor of Keio University, visited the Federative Republic of Brazil and discussed with the authorities concerned on the implementation of technical cooperation for the establishment of "O Instituto de Geriatria da Pontificia Universidade Católica do Rio Grande do Sul".


As a result of their discussions, the Japanese Medical Cooperation Implementation Survey Mission and the authorities concerned of the Federative Republic of Brazil have reached the understanding that they will recommend to their governments the adoption of necessary measures to implement the following:

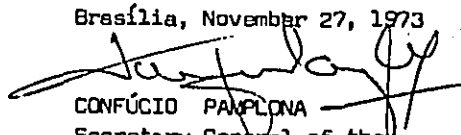
1. Medical cooperation between the two countries of the establishment of "O Instituto de Geriatria da Pontificia Universidade Católica do Rio Grande do Sul" be carried out under the Basic Agreement of



Technical Cooperation between the Government of Japan and the Government of the Federative Republic of Brazil, signed at Brasília, on September 22, 1970 and in force from July 15, 1971.

2. The field of the cooperation be of:
 - (1) Cardiology and Angiology
 - (a) Cardiovascular system
 - (b) Cerebrovascular system
 - (2) Gastroenterology.
3. The period of the cooperation be for 3 (three) calendar years, 1974, 1975 and 1976.
4. In accordance with the laws and regulations in force in Japan and within its budgetary appropriations, the Japanese Government, at its expense, extend the following cooperation, upon receipt of Application Forms A1, A2, A3 and A4 from the Government of the Federative Republic of Brazil.
 - (1) Provisions of training facilities in Japan.
 - (2) Supply of the equipments necessary for the establishment of "O Instituto de Geriatria".
 - (3) Dispatch of Japanese experts, including engineers for the installation of the equipments which will be provided by the Government of Japan.
5. The benefits resulting from this cooperation be extended to other institutions.
6. The Government of the Federative Republic of Brazil make necessary arrangements under the provisions of the Basic Agreement mentioned in Paragraph 1 for the smooth implementation of the present medical cooperation.


Dr. TOSHIO TOYAMA
Head of the Japanese
Medical Cooperation
Implementation Survey Mission

Brasília, November 27, 1973

CONFÚCIO PAMPLONA
Secretary-General of the
Ministry of Education and
Culture

ロ . ペルナンブコ大学熱帯医学

(ロ) THE RECORD OF DISCUSSION AGREED UPON
BETWEEN THE PRESIDENT OF THE NATIONAL UNIVERSITY OF PERNAMBUCO
AND THE HEAD OF JAPANESE MEDICAL SURVEY TEAM
ON THE MEDICAL COOPERATION
BETWEEN THE GOVERNMENTS OF BRAZIL AND JAPAN
ON THE 13th OF OCTOBER, 1967.

1. The Japanese medical cooperation will be extended to the Institute of Tropical Medicine, National University of Pernambuco Medical School, under the Cooperation Plan for Latin American countries in such a way as stated below.
2. The principal aim of the above-mentioned medical cooperation is to execute the following functions.
 - (1) Survey and research on parasitic diseases in Brazil.
 - (2) Laboratory-diagnosis of parasitic diseases.
 - (3) Practical and theoretical training of Brazilian medical and technical staff members in parasitological researches.
3. The cooperation on the part of Japan will be conducted in the following field of activities:
 - (1) To dispatch experts in the field of parasitology after March 1968.
 - (2) To provide some of the equipments and chemicals which are necessary for survey, research, diagnosis, training etc., on parasitic diseases within the budgetary limit of the Government of Japan.
 - (3) The National University of Pernambuco, when approved by the Government of Brazil, will send researchers and technicians as trainees to Japan and they will be provided with such facilities as are deemed to be necessary for the researchers and technicians to pursue their studies in the field of parasitology.
4. The Institute of Tropical Medicine will take full responsibility for the management and the operation of research of the laboratory of parasitology.

5. The Japanese experts will give instructions on the use of instruments provided to the Institute of Tropical Medicine and act as advisers to the laboratory of parasitology.
6. The Institute of Tropical Medicine (the National University of Pernambuco) will be responsible for providing necessary accommodations and transportation facilities for the Japanese experts, and for bearing the expenses arising in connection with custom clearances, domestic transportation and installation of the equipments and chemicals to be supplied to the Institute of Tropical Medicine.

The National University of Pernambuco will take necessary measures to accord to the Japanese experts free medical care, including hospitalization, in case of illness or accidents resulting from the normal exercise of their functions and/or from conditons of local life.

7. The National University of Pernambuco will make strong recommendations to the Government of Brazil to take all necessary measures to exempt the Japanese experts from payment of Brazilian income-tax and to accord to the Japanese experts and their family members, privileges, exemptions, and benefits including duty-free import of their personal effects, and a personal automobile per family.
8. This agreement must be held in accordance with the Council of the National University of Pernambuco.
9. The contents in this record will be implemented after they are approved by the appropriate authorities of the Government of Brazil and of the Government of Japan.
10. This is the record of discussion on the medical cooperation between the National University of Pernambuco and the Japanese Medical Cooperation Survey Team.

白 澄 仁 吉

Nikichi Shirahama

Dr. Nikichi Shirahama
Head of the Japanese Medical
Cooperation Survey Team

Murilo Humberto de Barros Guimarães

Prof. Murilo Humberto de Barros Guimarães
President of the National University of
Pernambuco

Date: 13th October, 1967
Recife, Pernambuco
Brazil.

20. コスタリカ

コスタリカ大学医学部

RECORD OF DISCUSSIONS BETWEEN
THE JAPANESE MEDICAL COOPERATION IMPLEMENTATION SURVEY
MISSION AND THE AUTHORITIES CONCERNED OF
THE REPUBLIC OF COSTA RICA ON MEDICAL COOPERATION

The Japanese Medical Cooperation Implementation Survey Mission organized by the Overseas Technical Cooperation Agency which is entrusted by the Government of Japan with the execution of its overseas technical cooperation schemes, and headed by Dr. Konosuke Fukai, Professor of Research Institute for Microbial Diseases, Osaka University, visited the Republic of Costa Rica from 29th October to 11th November, 1973 and discussed with the Authorities concerned of the Republic of Costa Rica on the implementation of technical cooperation in the field of medicine between the two countries.

As a result of their discussions, the Japanese Medical Cooperation Implementation Survey Mission and the Authorities concerned of the Republic of Costa Rica have reached the understanding that they will recommend to their respective governments the adoption of necessary measures to implement the following:

1. Medical cooperation between the two countries will be promoted with main emphasis on the advancement of basic

medical

medical education and bio-medical research works by the use of an electron microscope at the Faculty of Medicine, University of Costa Rica.

2. The period of the cooperation will be from November, 1973, to March, 1976 (the end of 1975 Japanese Fiscal Year).

3. In accordance with the laws and regulations in force in Japan and within its annual budgetary appropriations, the Japanese cooperation will be extended in the forms of supply of equipments, dispatch of experts, and provision of training facilities in Japan at the expense of the Government of Japan, upon receipt of application forms A1, A2, A3, and A4 from the Government of the Republic of Costa Rica.

4. In accordance with paragraph 3 above, the cooperation of the Japanese side will be carried out in the following way.

(1) Supply of the equipments;

One electron microscope and necessary equipments for electron microscopy be provided at the first stage.

(2) Dispatch of Japanese experts;

One engineer for the installation of the electron microscope and for the elementary training of electron microscope manipulation and maintenance be dispatched for a few months, after the arrival of the equipments in Costa Rica.

(ii)

- ((ii) One expert of electron microscopy in bio-medical field be dispatched as a consultant for several months to give advise on research work using the microscope.
- (iii) Such other academic experts in some specified fields as may be requested by the University of Costa Rica, be dispatched at a suitable time during the period of the cooperation.

(3) Provision of training facilities in Japan;

In Japanese Fiscal Year 1973, in advance of the arrival of the equipments, two (2) fellowships be offered for training of Costa Rican personnel for a period of several months each:

One for the candidate for microscope operator and the other for the candidate for an adviser on researches in bio-medical fields.

5. In the course of the cooperation, following measures will be taken by the Costa Rican side;

(1) The equipments and materials to be supplied by the Government of Japan will become the property of the Government of the Republic of Costa Rica upon being delivered C.I.F. at a port or an airport of Costa Rica.

Therefore,

Therefore, (a) custom duties, internal taxes and other similar charges, if any, imposed in respect of the equipments and (b) local expenses necessary for the transportation, installation, operation, and maintenance of the equipments be met by the Costa Rican side.

Appropriate actions be taken for custom clearance and domestic transportation from port of entry to the place of installation in the University of Costa Rica, in order to keep the electron microscope and other equipments in good condition.

(2) The Faculty of Medicine, University of Costa Rica, will be responsible for the management of the equipments to be supplied and for the assignment of Costa Rican counterparts for Japanese experts.

Laboratories for the electron microscope and specimen preparation and a dark room with necessary facilities such as plumbing, wiring, air-conditioning, etc., will be prepared in the University by the Costa Rican side.

The Government of the Republic of Costa Rica secure annually adequate budgetary appropriations to meet running expenses for the equipments.

(3) (i) The Japanese experts (including their families) be granted in Costa Rica privileges, exemption and benefits (including provision of suitable furnished

furnished living accommodations and transportation facilities for official duties) no less favourable than those granted to experts of third countries or of international organizations such as the United Nations serving under similar circumstances

- (ii) The Japanese experts be exempted from any liabilities in respect of any accident that may arise out of bona-fide discharge of their official duties.

6. In order to ensure effective cooperation between the two countries, it is understood by both sides that necessary information in the fields related to the cooperation be mutually exchanged through appropriate channels.

San José, November 2nd, 1973

Konosuke Fukai

Dr. Konosuke Fukai
Head of the Japanese
Medical Cooperation
Implementation Survey
Mission

Eugenio Rodríguez

Lic. Eugenio Rodríguez
Rector
University of Costa Rica

