医協資第73－6(96)
改　定　版

「Record of Discussions」集〔II〕

昭和50年度協力実施中の
医療協力プロジェクト

昭和50年10月

国際協力事業団
医療協力部

ま　え　が　き

本資料は，昭和４９年２月に作成した第一回Ｒ／Ｄ集を整備補充して改訂したものである。

今回は，(I)昭和４９年度までに完全終了したプロジェクト分と(II)昭和５０年度実施中のプロジェクトに分けて２分冊とし使用上効率的に利用できるよう配慮した。

本資料は，上記の(II)に当たるものであり特に実際の事務処理上に直接役立つように集成したもので，医療協力業務関係者の執務上参考となれば幸甚です。

尚，医療協力部において，プロジェクト事業として明確化したのは，昭和４５年度以降であるので参考までに申し添えます。

昭和５０年１０月

医　療　協　力　部
部長　後　藤　伍　郎

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Ⅰ．医療協力プロジェクト事業

1．継続プロジェクト事業

(1) 継続Project事業（R／D等に基づくもの）

計画名	区分 国名	区分 プロジェクト名	着手年度	終了年度	フォローアップ協力終了年度	昭和41年度	〃42年度	〃43年度	〃44年度	〃45年度	〃46年度	〃47年度	〃48年度	〃49年度	〃50年度	〃51年度	〃52年度	〃53年度	〃54年度	〃55年度	備考
コロンボ	フィリピン	①住血吸虫症研究対策	47	52	未定						（第一回R／D）△実施		（第二回R／D）△計画打合せ								
	南ヴィエトナム	②新チョーライ病院	49	53	未定		（第一回R／D）△実施	（第一回R／D）△年次協議					（第一回R／D）△実施								
	タイ	③国立癌センター	41	51	未定			（第三回R／D）△実施			（第四回R／D）△計画打合せ	（第五回R／D）△計画打合せ	（第六回R／D）△計画打合せ								
	ネパール	④西部地域公衆衛生対策	48	52	未定							（第一回R／D）×基礎	△実施								
	アフガニスタン	⑤結核対策	49	53	未定								（第一回R／D）×基礎	△							
	アフガニスタン	⑥マラリア対策	49	50	51								（第一回R／D）×基礎	△							
中近東・アフリカ	ナイジェリア	⑦ナイジェリア大学医学部	47	51	未定						（第一回R／D）×基礎	△実施		△計画打合せ							
	ナイジェリア	⑧イフエ大学医学部	47	51	未定						（第一回R／D）×基礎	△実施	△	△計画打合せ							
	ガーナ	⑨ガーナ大学医学部	43	50	51		（第一回R／D）△実施	△計画打合せ			（第二回R／D）△実施	△計画打合せ									
	タンザニア	⑩結核対策	49	53	未定								（第一回R／D）×基礎	△実施							
中南米	コスタリカ	⑪コスタリカ大学医学部	48	50	52							（第一回R／D）△実施									
	ブラジル	⑫ポルトアレグレカソリック大学成人病研究所	48	50	52							（第一回R／D）×基礎	△実施								
	パラグアイ	⑬癩病対策	45	51	未定					△計画打合せ											

(1) フィリピン

住血吸虫症研究対策

第一回R／D

住血吸虫症研究対策

団　長　安羅岡 一男

調査期間　47. 8. 5～8. 24（10日間）

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 schistosomissis 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 schistosomissis research, the cooperation will be carried out in the following forms:

(1) Dispatch of Japanese medical exports 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 bf 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.

(Signed)	(Signed)
KAZUO YASURAOKA, Sc. D.	ALFREDO T. SANTOS, M.D., D.P.H.
Head of the Japanese Medical Cooperation Survey Mission	Executive Director National Schistosomiasis Control Commission

August 22, 1972
Manila, Phillipines

第二回R／D

住血吸包症研究対策

調 印 者　安羅岡一男（筑波大学医学部教授）

調印日日　50. 2. 24

(注) 同プロジェクトに対する医療協力エバリエーション調査団（団長横川宗雄千葉大学，医学部長）調査期間49. 10. 8～11. 1（15日間）の調査結果に基づき，検討の結果，安羅岡専門家が3ケ年間協力期間を延長する旨のRecord of Discussions を取交わす。

ON THE RECORD OF DISCUSSIONS

The Japanese expert Dr. Kazuo YASURAOKA, Professor of Tsukuba University, Japan, was sent to the Philippines by Japan International Cooperation Agency in February 1975, for the purpose of evaluating the achievements of the technical cooperation between the Government of the Republic of the Philippines and the Government of Japan which has been undertaken in the field of Schistosomiasis Research for the year 1972-1974.

He had a series of talks with Dr. Alfredo T. Santos, Jr., Executive Director, National Schistosomiasis Control Commission, Department of Health of the Government of the Republic of the Philippines and other authorities concerned, and both parties reached the following understandings which should be conveyed to the respective governments as a recommendation.

The Government of the Republic of the Philippines highly appreciate the technical cooperation between the two countries in the field of Schistosomiasis Research.

However, in view of the fact that further cooperation would certainly help to implement the initial objective of the cooperation, the Government of the Republic of the Philippines expressed its strong desire that the present cooperation should be extended until 1977 (Japanese fiscal year).

The Japanese side also recognized the necessity to strengthen the present cooperation between the two countries and, therefore, expressed its sympathy to the aforementioned Philippine desire.

Manila, February 24th 1975

(Signed)
Dr. Kazuo YASURAOKA

Japanese expert for
Japan International
Cooperation Agency

(Signed)
Dr. Alfredo T. Santos, Jr.

Executive Director
National Schistosomiasis
Control Commission,
Department of Health,
Republic of the Philippines

(2) 南ヴイエトナム

新チョーライ病院

第一回R／D

南ヴィエトナム　新チョーライ病院

団　長　竹内　正（日本大学医学部教授）

調査期間　50. 2. 23－3. 4（10日間）

ON THE RECORD OF DISCUSSIONS BETWEEN THE JAPANESE IMPLEMENTATION SURVEY TEAM AND THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE REPUBLIC OF VIETNAM OF THE CO-OPERATION FOR CHO-RAY HOSPITAL

The Japan International Co-operation Agency organized the Implementation Survey Team (hereafter referred to as "the Team"), headed by Prof. Tadashi TAKEUCHI, Professor, Faculty of Medicine, NIHON University, which visited Vietnam from February 23, to March 4, 1975, for the purpose of working out the details of the co-operation project for Cho-Ray Hospital (hereafter referred as "the Project").

The Team exchanged views and had a series of discussions with the authorities concerned of the Government of the Republic of Vietnam concerning the desirable measures to be undertaken by the two Governments to carry out the aforementioned Project. As a result of the survey and discussions, the two parties agreed to recommend to their respective Governments to carry out the matters referred to in the Record of Discussions including its Annexes attached herewith.

Saigon, March 1st, 1975

For the Japan International co-operation Agency:	For the Ministry of Health of the Republic of Vietnam:
(Signed)	(Signed)
Prof. Tadashi TAKEUCHI	Dr. TRAN VAN NHIEU
Head of the Japanese Survey Team	Assistant Minister of Health

The following were present at the discussion cessions:

MOH Staff:

-Dr. TRAN VAN NHIEU, Assistant Minister of Health	Head of Vietnamese Team
-Dr. TRAN MINH LINH, Assistant Minister of Health	Member
-Dr. TRUONG MINH CAC, Secretary General	-
-Dr. TRAN QUY NHU, Director General	-
-Dr. NGUYEN KIEN NGOC, Director of Planning and Programming	-
-Dr. HO THANH BA, Director of Curative Medicine Directorate	-
-Mr. LY VAN DANH, Director of Personnel and Finance	-
-Pharmaciat TRANG KIEN, Deputy Director of Medical Logistics	-
-Pharmaciat CAO VAN HONG, Chief, the Service of Hosp. Management	-
-Dr. NGUYEN XUAN TRINH, Chief, the Service of Training	-
-Mrs. TRAN THI SON. BSN, Chief, the Service of Nursing	-

CHORAY Staff:

-Dr. TRUONG MINH TIEN, Director of Cho-Ray Hospital	-
-Mr. NGUYEN NGOC MAN, Administrative Assistant Director	-
-Mrs. HO THI PHUONG LAN. BSN, Chief of Nursing	-

Japanese Survey Team:

-Prof. Tadashi TAKEUCHI, Nihon University	Head of the Team
-Prof. Toru YAMAMOTO, Nihon University	Member
-Dr. Goroo GOTO, J.I.C.A., Tokyo	-
-Mr. Akihiko HASHIMOTO, J.I.C.A., Tokyo	-
-Mr. Kazuhiro HIKICHI, -	-
-Mr. Nobuaki TANAKA, Ministry of Foreign Affairs	-
-Mr. Yoshito TANAKA, Ministry of Foreign Affairs	-
-Mr. Tomio UCHIDA, Embassy of Japan, Saigon	-
-Mr. Kazuo MINAGAWA, -	-
-Mr. Tokukiyo HIRAI, J.I.C.A., -	-
-Mr. MICHIYORI AOKI, - -	Observer

RECORD OF DISCUSSIONS

1. Background:

Recognizing the importance of Cho-Ray Hospital which was reconstructed by the financial aid of the Government of Japan with the financial participation of the Government of Vietnam in respect of improving the welfare of the people in the Republic of Vietnam, the Government of Japan will co-operate with the Government of the Republic of Vietnam on the implementation of the Project.

2. The outline of the Technical Co-operation Programme of the Project is as follows:

(1) Co-operation in establishing the Centralized System in the administration and management of the Hospital.

(2) Co-operation (a) in consolidating quality of technique in such medical and therapeutic departments as X-Ray Dept., Central Laboratory, Central Supply Dept., Operating Rooms, Rehabilitation Rooms and other related departments, and (b) in improving and raising the technical standard of the clinical medicine.

3. (1) In accordance with laws and regulations in force in Japan, the Government of Japan will take necessary measures to provide, at its own expense, the requisite services of Japanese experts as listed in Annex I upon the request of the Government of the Republic of Vietnam through the normal procedures under the Technical Co-operation Scheme.

(2) The Japanese exparts mentioned above and their families will be granted, in the Republic of Vietnam, privileges, exemptions and benefits as listed in Annex II no less favourable than those granted to the experts of any third country or the United Nations under similar circumstances.

4. In accordance with laws and regulations in force in Japan, the Government of Japan will take necessary measures to receive, at its own expense, the Vietnamese personnel engaged in the Project for the seminars and training courses organized in Japan as listed in Annex III, through the normal procedures under the Technical Co-operation Scheme.

5. The matters concerning the necessity of providing medical equipments and other materials pertaining to the technical co-operation programme of the Project by the Government of Japan will be discussed at the annual meetings of the parties concerned of the two Governments.

6. The Government of the Republic of Vietnam will take necessary measures to ensure that:

(1) The Vietnamese counterpart personnel as listed in Annex IV will be recruited at its own expense.

(2) Knowledge and experience acquired by the Vietnamese counterpart personnel referred to above through technical training in Japan will be utilized effectively for the implementation of the Project.

(3) Due consideration will be paid by the Vietnamese side to the advices of the Japanese experts through the Joint Committee referred to in Article 8 (2) on the working out the Vietnamese implementation plan of Japanese Government's assistance to the Project.

7. The Government of the Republic of Vietnam undertakes to bear claims, if any arises, against the Japanese experts engaged in the Project resulting from, occuring in the

course of, or otherwise connected with the discharge of their official functions in the Republic of Vietnam except for those claims arising from the wilful misconducts or gross negligence of the Japanese experts.

8. (1) The Japanese experts will provide to the Vietnamese staff necessary guidance and advice for the implementation of the Project.

The Government of the Republic of Vietnam will be responsible for the administration and implementation of the Project.

(2) There will be established the Joint Committee for the successful implementation of the Project. The composition of the Committee is specified in Annex V.

9. The duration of the Japanese co-operation of the Project will be three (3) years, from April 1st, 1975 to March 31st, 1978.

Annex I: Japanese Experts

For 1975 Japanese Fiscal Year

1. At the time of the opening of the Hospital:

Type of experts	No. of experts	Tentative length of stay
(1) Japanese Experts Team Leader	1	1 year
(2) X-Ray Technician	1	1 -
(3) X-Ray maintenance Engineer	1	1 -
(4) Laboratory Technician	2	1 -
(5) Nurse	3	1 -
(6) Pathologist	1	1 -

2. After the opening of the Hospital:

Some experts will be sent, as necessary, in the following fields:

(1) Anesthesiologist
(2) Medical Equipment Maintenance (Engineer)
(3) Building facilities Maintenance
(4) Urologist
(5) Some additional experts (depending on the suggestion of the Joint Committee).

The experts to be sent after 1973 Japanese fiscal year will be discussed and decided at the annual meetings based on the list proposed by the Vietnamese side.

The list proposed by the Vietnamese side:

	1976		1977	
Type of experts	No. of experts	Length of stay	No. of experts	Length of stay
Physician	3	1 year	3	1 year
Anesthesiologist	1	2 yrs		
OR Nurse	2	1 yr	2	1 -
General Nurse	3	1 -	3	1 -

Annex II:

1. Exemption from custom duties, internal taxes and other fiscal levies to be imposed with respect to personal effects within the limits of personal requirements and salaries or emolument paid to them.

2. Issuance of necessary entrance, residence and exit visas without fees or charges.

3. Issuance of documents identifying them and assuring them of the necessary assistance by the appropriate authorities in the performance of duties assigned to them.

4. Exemption from custom duties, internal taxes and other fiscal levies to be imposed with respect to equipments and other materials imported for the project.

5. Housing accomodation provided within the campus of Cho-Ray Hospital.

6. The other privileges, exemptions and benefits to be mutually agreed upon.

Annex III: Scholarships for Training in Japan

For 1975: Listed as priority

Type of personal	No. of participants	Length of Training
Group I (without language training)		
-Pathologist	1	1 year
-Assistant Director (Technical)	1	1 month
-Physician Chief of OR	1	1 m
-Physician Chief of Internal Medicine	1	1 m
-Physician Chief of General Surgery	1	1 m
-Physician in charge of Para-Medical	1	1 m
-Physician in charge of In-patients	1	1 m
-Medical Equipment (Engineer)	1	3 months
-Anesthesiologist	1	1 year
Group II (with language training in Tokyo)		
-Nurse	8	6 months
-Pharmacist (Bacteriology)	1	6 -
(Biochemistry)	1	6 -
-Lab Technician (Blood bank)	1	6 -
(Pathology)	1	6 -
-Physical therapist	1	6 -
-X Ray Technician	1	6 -
-Dental prosthetist	1	6 -
Total number of participants:	24	

The trainees to be accepted after 1975 will be discussed and decided at annual meetings based on the list proposed by the Vietnamese side.

The list proposed by the Vietnamese side:

Type of personnel	1976 Number	1976 Length of Training	1977 Number	1977 Length of Training
Physician	3		3	
Pharmacist (Laboratory)	1	6 months		
(Pharmacy)	1	6 -		
Nurse	9	6 -	10	6 months
Lab Technician				
(Serology)	1	6 -	1	6 -
(Fathology)	1	6 -		
Hospital Manager	2	6 -		
X-Ray Technician	1	6 -	1	6 -
Physical therapist			1	6 -
Medical Equipment			1	6 -
Building maintenance	1	6 -	1	6 -

Annex IV: Vietnamese counterparts to Japanese experts

For 1975 at the time of opening of the Hospital:

1. The Hospital Director (as counterparts of the Japanese Expert Team Leader)
2. Chief of X-Ray Technician
3. Chief Electronic Equipment Maintenance Engineer
4. Director of Nursing
5. Head Nurse in OR
6. Head Nurse in Central Supply
7. Chief Laboratory Technician
8. Pathologist

Relevant Counterparts shall be assigned to each of the Japanese experts to be sent afterwards.

Annex V: Composition of the Joint Committee

Japanese side:

1. Japanese Expert Team Leader
2. Resident Representative of JICA

Vietnamese side:

1. Representative of the Ministry of Health
2. Director of Cho-Ray Hospital

*Other personnel concerned with the Project will be able to be present as observers.

(3) タ　　イ

国立癌センター(N.C.I)

第一回R／D

タイ　国立癌センター

団　長　相良真直（国立癌センター）

調査期間　42. 7. 5 - 7. 20（15日間）

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, Prapoothabaht Hospital, Cholburi Hospital, and Chiengmai 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 disasterous 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

(Signed)
Mr. Yoshihiro Jibiki
Third Secretary
Japanese Embassy

(Signed)
Dr. Somchai Sombooncharoen
Secretary of National Cancer
Institute

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

第二回R／D　　タイ　国立癌センター

団　長　（総長）池谷精夫（海外技術協力事業団）専務理事

調査期間　43. 3 月

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 I)

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

(Signed)	(Signed)
Dr. Chiff Hemachudha Depun Under-Secretary of the State, Ministry of Public Health	Seifu Aburatani Chairman, Medical Cooperation Committee for the Thai National Cancer Institute Project

第三回R／D

タイ　国立癌センター

団　長　小西　宏（国立癌センター運営部長）

調査期間　44. 11. 5～11. 19（15日間）

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.

(Signed)	(Signed)
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 Clinic

No.	Male	336	cases
	Female	493	"
	Total	829	"
Age.	Male	30 - 49	
	Female	30 - 49	

Discovery of Carcinoma

	Male	39	cases
	Female	24	"
	Total	63	"
Head & Neck	- Male	20	
	- Female	9	
	- Total	27	
Cervix	- Female	5	

II. Department of Radiology

No.	-Normal	917	cases
	Special	635	"
	Total	1,552	"
Sex	-Male	835	"
	Femal	716	"
	Child	3	"

III. Department of Clinic Lab.

1. Microscopy & Hematology

-C.B.C.	658	cases
-Urinalysis	727	"
-Stool Examination	258	cases

2. Biochemistry
   Total 156 cases

3. Cytology

-Vaginal, Cervical and Endocervical Smear	352	cases
-Others	39	"

IV. Department of Endoscopy
No. Total 105 cases
Discovery of Carcinoma
Total 3 cases

Appendix II

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

1.	Radiology Department		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
	Grand - total (C.I.F. Bangkok)		US$ 285,604

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		
6. Dr. Yoichiro Umegaki	Radiology	1 month; Nov. 19, 1968 to Dec. 18, 1968
7. Mr. Yukimoto Fukuoka	Clinical Laboratory Technician	
8. Dr. Kazuo Date	Administration	6 months; Nov. 19, 1968 to May 18, 1969
9. Dr. Eitaka Tsuboi	Radiology (lung)	3 months; Dec. 3, 1968 to Mar. 1, 1969
10. Dr. Hisayuki Fukutomi	Endoscopy	
11. Mr. Tadatoshi Shimano	X-ray Technician	7 months; Dec. 3, 1968 to June 2, 1969
12. Mr. Toshiyuki Saito	X-ray Technician	4 months; Dec. 3, 1968 to Mar. 16, 1969
13. Dr. Hisanobu Niitani	Clinical Laboratory (Biochemistry)	3 months; Dec. 17, 1968 to Mar. 16, 1969
14. Dr. Masaru Kuru	Medical Consultation	10 days; Dec. 5, 1968 to Dec. 11, 1968
15. Dr. Yoichiro Umegaki	Supervisor	10 days; Feb. 26, 1969 to Mar. 8, 1969
16. Dr. Tatsuya Yamada	Radiology (Stomach)	3 months; Feb. 26, 1969 to May 25, 1969

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

Eight Technicians of Installation & Repairment of Medical Apparatus.

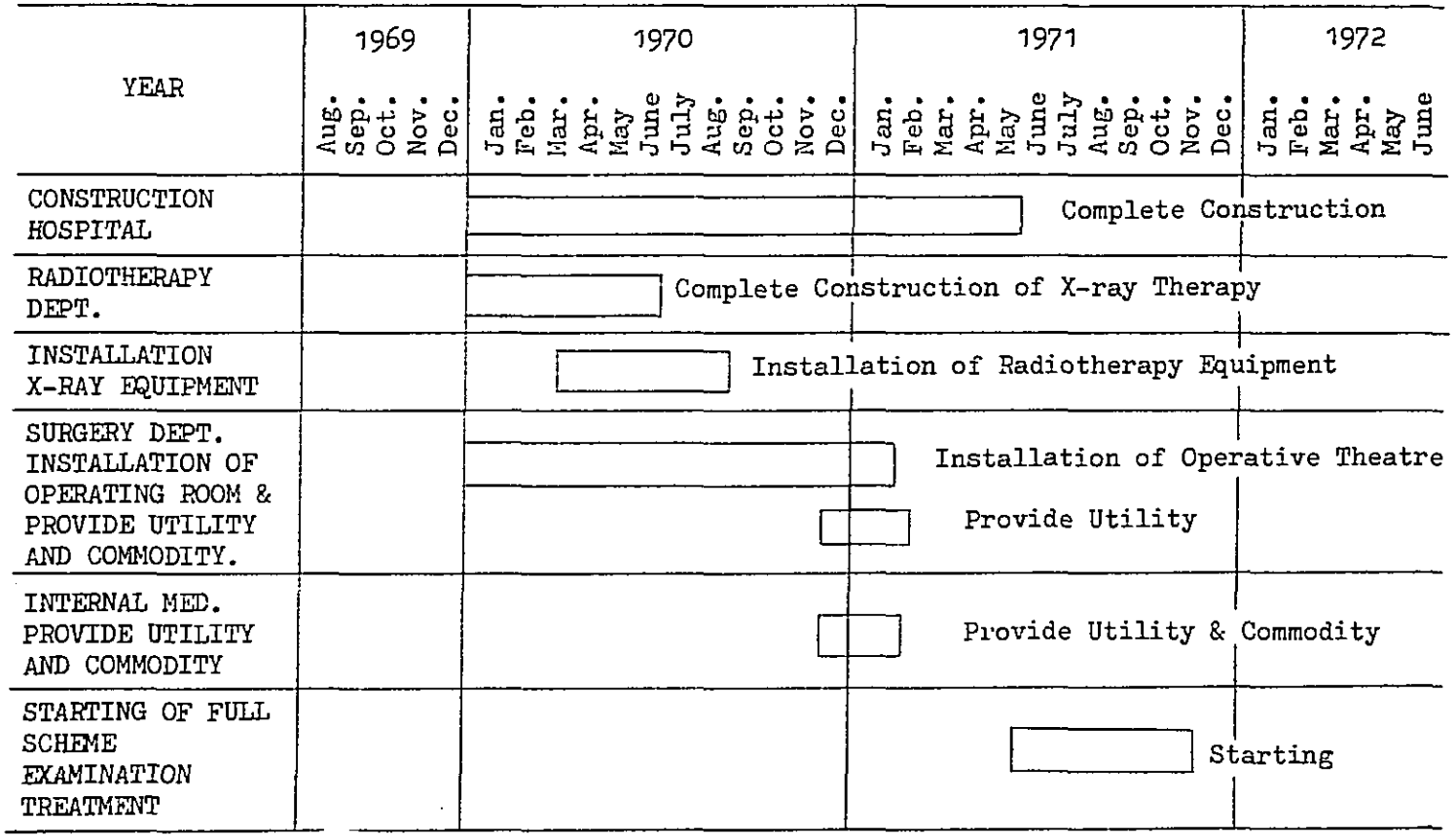
Appendix IV

List of Participants in National Cancer Center, Tokyo

1. Dr. Prapont Piyaratn	Clinical Pathology	3 months; Aug. 10, 1968 to Nov. 9, 1968
2. Dr. Phisit Phanthunmachinda	Radiology	3 months; Aug. 26, 1968 to Nov. 25, 1969
3. Mr. Suparn Borisuit	Laboratory Technician	4 months; Aug. 10, 1968 to Dec. 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; Oct. 5, 1969 to Oct. 19, 1969

Appendix V

Schedule of Construction of "Cancer Hospital"



〔参 考〕

第四回R／D事前打合わせ協議事項

タイ 国立癌センター

年次協議

議 長 田付 景一（海外技術協力事業団理事長）

同 石戸 利貞（国立癌センター運営部長）

協議年月日 昭和46年4月

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.

(Signed)	(Signed)
Dr. Sombun Phongsksara Deputy Minister of Public Health Thailand	Mr. Keiichi Tatsuke Director-General Overseas Technical Cooperation Agency Japan

1. 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 happly 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 cooperation 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 the budgetary provision necessary for the hospital construction and that the personnel programme is in fair progress for all the difficulties involed.

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 I.

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 consulation 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 occation 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 and 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).

(Signed)	(Signed)
Dr. Komol Pengsritong Deputy Under Secretary of State for Public Health	Dr. Toshisada Ishido Director Administration Department National Cancer Center

第四回R／D

タイ　国立癌センター

団　長　石戸　利貞（国立癌センター運営部長）

調査期間　46. 6. 7～6. 19（13日間）

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 m^2) 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 recruitement 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).

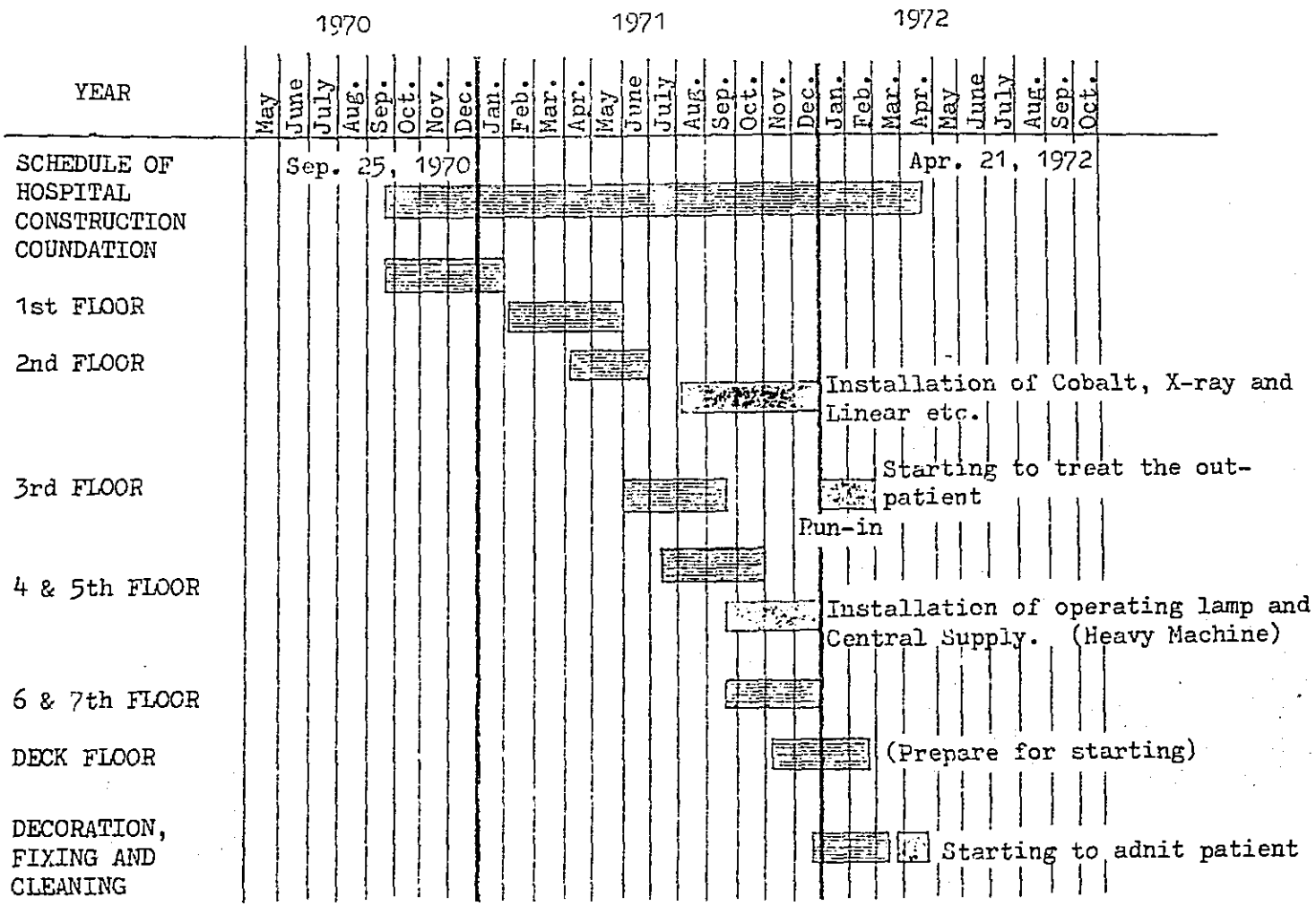
2-7. Both Parties agreed to have close exchange of information in order to implement the Project effectively.

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.

(Signed)	(Signed)
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


1970
1971
1972
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SCHEDULE OF HOSPITAL CONSTRUCTION
Sep. 25, 1970
Apr. 21, 1972
COUNDATION
1st FLOOR
2nd FLOOR
Installation of Cobalt, X-ray and Linear etc.
3rd FLOOR
Starting to treat the out-patient
Run-in
4 & 5th FLOOR
Installation of operating lamp and Central Supply. (Heavy Machine)
6 & 7th FLOOR
DECK FLOOR
(Prepare for starting)
DECORATION, FIXING AND CLEANING
Starting to adnit patient

第五回R／D

タイ　国立癌センター

団　長　山田　昇（国立癌センター運営部次長）

調査期間　47. 10. 29～47. 11. 12（15日間）

(注)　昭和47年12月に医療協力計画打合わせ調査団（団長　深井孝之助（大阪大学医学部教授）並びに団員海老原進（国立癌センター運営部企画室長）が派遣され，既に専門家として派遣した伊藤一二（国立癌センター病棟部長），北川俊夫（国立癌センター放射線診療部長），山田昇（国立癌センター運営部次長）が取りかわした議事決定事項を追認した（調査団としての形態は表面上現われないが，実際は国立癌センターに係わる調査団である）

MINUTES OF CONSULTATION BETWEEN THE JAPANESE SURV SURVEY TEAM AND THE THAI AUTHORITIES CONCERNED ON THE NATIONAL CANCER INSTITUTE PROJECT OF THAILAND BANGKOK, NOVEMBER 10, 1972

Preamble

The Japanese Survey Team headed by Mr. Noboru Yamada, Vice Director of Administration Department, the National Cancer Center, Tokyo, Japan visited the National Cancer Institute, Bangkok, Thailand from 29 October to 11 November 1972 in order to render guidance and technical advice about construction, pre-opening and post-opening of the Clinical Research for Cancer Thereapy Division.

The Survey Team has recognized that the National Cancer Institute is in progress and discussed closely with the Thai authorities concerned on the problems related to the building construction. The Survey Team expressed its thanks for the cooperation by the National Cancer Institute of Thailand and Thai Authorities concerned.

1. Activities of N.C.I.

The Survey Team has recognized that

1) The management of the Institute is being strengthened as seen in the increase of the budget and staff over the previous year.

2) As far as clinical activities are concerned, the Thai side is endeavouring to elevate the function of the Clinical Research for Cancer Therapy Division as a cancer institute judging from the fact that radiation and chemotherapy activities are started with the activation of the Early Cancer Detection Clinic.

3) Nursing and Training Divisions were made independent as compared with the activities of the Institute in June 1971 and the Institute is being organized as a cancer institute in Thailand.

2. Clinical Research for Cancer Therapy's building construction and its related problems.

The building construction is approximately one year behind the schedule and it is expected to be completed by March 1973.

In view of the above fact, it is regretted that the functioning of the Clinical Research for Cancer Therapy Division will be several months delayed considering the preparatory period of the opening of the Division.

The Survey Team requested the Thai side to endeavour to expedite the construction of the building in order to complete the Project successfully by March 1975 and serve the welfare of the Thai people at the earliest possible date.

3. Clinical activities of Japanese experts.

The Japanese experts assigned by N.C.I. can engage in clinical activities necessary for guidance of the Thai staff under the Thai medical law and regulations.

4. Supply of equipment.

The Survey Team explained the present position of request of equipment in FY 1971 of the Japanese Government to the Thai side and both parties agreed to a tentative plan of equipment supply in FY 1972 of the Japanese Government, approximately 40,000,000 Yen including shipping charges.

Further both parties discussed and studied a new request of equipment supply in FY 1973 of Japanese Government submitted by the Thai side and finalized the draft list of equipment, which will be furhter studied by the Japanese authorities concerned (See Annex I).

5. Experts and Fellowships.

With the completion of the building construction, it is expected that in addition to the present diagnostic activities, scopes of clinical activities as a modern institute will be enlarged. Therefore, both parties agreed that they will make efforts to increase the number of experts and fellowships (See Annex II), in view of the fact that experts services and trainings of Thai staff in Japan are an important factor in introducing modern medical technology.

6. Individual meetings (See annex III, IV, V, VI and VII) were held division by division and details of the implementation of the project were discussed during the stay of the Survey Team.

7. Both parties wish that the annual meeting on the project for 1973 will be held in Tokyo, Japan.

Bangkok, November 10, 1972.

(Signed)	(Signed)
Mr. Noboru Yamada Vice Director of Administration Department, National Cancer Center, Japan, Head of the Japanese Survey Team	Dr. Cherd Donavanik Director-General Department of Medical and Health Services Bangkok, Thailand.

第六回R／D

タイ　国立癌センター

団　長　林　弘（国立癌センター運営部長）

調査期間　49. 2. 18～2. 27（10日間）

THE RECORD OF DISCUSSION FOR THE NATIONAL CANCER INSTITUTE PROJECT IN THAILAND

Preamble

The Japanese Consultation 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. Hiroshi HAYASHI, Director of Administration Department, National Cancer Center, Tokyo, Japan, visited Thailand from 18 February to 27 February, 1974 and discussed with the Thai Authorities concerned about the future cooperation plan of the project while being engaged in reviewing the past performance of the cooperation.

It is noted with satisfaction that both parties exchanged creative opinions quite frankly and the meeting has been proceeded always in friendly as well as enthusiastic atmosphere.

At the meeting, the Thai side expressed the gratitude for the Japanese cooperation extended so far and the Japanese Mission expressed its thanks for the hospitalities shown by the Thai side during their stay in Bangkok.

The Japanese Mission also paid its respect to the Thai Authorities concerned for their strenuous efforts to develope the project effectively conquering difficult problems occurred in the stage of construction of the building for clinical research for cancer therapy.

The participants were pleased to note that the meeting was quite fruitful and successful and achieved the objectives.

Recorded hereunder in three separate parts are the review and exchange of opinions concerning the future cooperation plan of the project.

I. Review of the activities of the project

1. Since the cooperation to the National Cancer Institute for setting up the Early Cancer Detection Clinic was started in 1968, it is gratifying to note that the services of the clinic have been increased rapidly.

2. Among the activities in the Clinical Research for Cancer Therapy Division, functions such as Radiation Therapy, Chemotherapy and Minor Surgery have been started. However, inpatient services have not yet been implemented because of the delay of the construction of the new building due to the unexpected troubles.

It was noted however that both parties were happy to see the building construction nearing completion.

II. Future plan

1. Judging from the fact that two-thirds of the whole cooperation period in the Second Three Year Programme of National Cancer Institute has elapsed, while new building construction is still left incomplete, both parties acknowledged that it was virtually impossible to carry out the original plan of the project within the remaining period.

2. From this viewpoint, the Japanese Mission accepted the Thai side's request of extending the current cooperation period for two years starting from April 1, 1975 to March 31, 1977 in the form of dispatching experts, granting fellowships and providing equipment.

The Japanese Mission requested the Thai side to do their best for the earliest possible commencement of the activities for inpatient services and it was stated by the Thai side that they would make every possible effort to do so.

3. It was confirmed by both parties that the outline of the cooperation programme would be worked out through mutual consultations in advance each year. However, the estimated detailed programme provided under Annex I, II and III should be fixed with due consideration of the actual progress at the National Cancer Institute so that the cooperation should be executed timely and effectively. This is specially so in the stage of pre-opening and post-opening of the Clinical Research for Cancer Therapy.

4. It was agreed by both parties that Japanese experts would be dispatched to consult with the Thai Authorities concerned and settle a problem on the spot whenever the need arises.

5. It was confirmed that the Thai side would provide the necessary equipment other than that supplied by the Japanese Government and cover the maintenance cost of the equipment.

6. Both parties agreed to have close exchange of informations in future in order to carry out the project effectively.

III. Cooperation plan in 1974 (Japanese fiscal year)

It was agreed by both parties that the main emphasis of the cooperation plan in 1974 would be put on the opening of the Clinical Research for Cancer Therapy Division.

1. Thai side

It was confirmed that the Thai side would do their best to complete the new building construction and secure budget and obtain the necessary number of personnel in order to make the functions in Cancer Therapy Division fully operative.

2. Japanese side

1) Dispatch of expert

It was agreed in principle by both parties that the experts would be dispatched after the activities for the inpatient services were actually started. (See Annex I)

2) Acceptance of Thai personnel for training

Upon request of the Thai Government, the Japanese side is prepared to provide fellowships to Thai personnel for training at National Cancer Center, Tokyo, Japan. (See Annex II)

3) Provision of equipment

Both parties discussed and studied the request lists of equipment supply in 1974 (Japanese fiscal year) submitted by the Thai side. The lists will be further studied by the Japanese side. (See Annex III)

The Japanese Mission and the Thai Authorities concerned have reached the understanding that they

recommend to their respective Governments the adoption of necessary measures to implement the above-mentioned programme.

Bangkok, February 26, 1974.

(Signed)
Dr. Hiroshi Hayashi
Director,
Administration Department,
National Cancer Center,
Tokyo, Japan,
Head of the Japanese
Consultation Mission.

(Signed)
Dr. Kong Suwarnarat
Deputy Director-General,
Department of Medical and
Health Services,
Bangkok, Thailand.

(Signed)
Mr. Apilas Osatananda
Deputy Director-General,
Department of Technical and
Economic Cooperation,
Bangkok, Thailand.

(4) ネ パ ー ル

西部地域公衆衛生対策

第一回R／D

ネパール　西部地域公衆衛生対策

団　長　多ケ谷　勇（国立予防衛生研究所胞内ウイルス部長）

調査期間　48. 10. 12～11. 1

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 antituberculosis 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

(Signed)	(Signed)
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

(5) アフガニスタン

マラリア対策

結　核　対　策

第一回R／D

アフガニスタン　マラリア対策　結核対策

団　長　岩崎　龍郎　財団法人結核予防会所長

調査期間　49. 11. 2～11. 16（15日間）

RECORD OF DISCUSSIONS

On the Record of Discussions between the Japanese Implementation Survey Mission and the Authorities concerned of the Republic of Afghanistan on the Technical Cooperation in the Field of Malaria and Tuberculosis Control.

The Japan International Cooperation Agency organized an Implementation Survey Mission (hereinafter referred to as the Mission), headed by Dr. Tatsuro Iwasaki, Director of Research Institute of Tuberculosis, Japan Anti-Tuberculosis Association which visited Afghanistan from 3 to 16 November, 1974 for the purpose of working out the details of a cooperation project in the field of malaria and tuberculosis control in the Republic of Afghanistan.

The Mission exchanged views and had a series of discussions with the authorities concerned of the Government of the Republic of Afghanistan concerning the desirable measures to be undertaken by the two Governments to realize the said project. As a result of the survey and discussions, the two parties agreed to recommend to their respective Governments to carry out the matters referred to in the Record of Discussions attached herewith concerning the technical cooperation project in the field of malaria and tuberculosis control.

Kabul, November 14, 1974

(Signed)	(Signed)
Dr. Tatsuro Iwasaki Head of the Japanese Implementation Survey Mission	Dr. Mohammad Ibrahim Azeem Deputy Minister Ministry of Public Health Republic of Afghanistan

RECORD OF DISCUSSIONS

Recognizing that to improve malaria and tuberculosis problems is one of the important tasks for promoting the welfare of people and for achieving greater social stability, the Government of the Republic of Afghanistan and the Government of Japan will jointly endeavor to carry out the malaria and tuberculosis control cooperation project in the Republic of Afghanistan (hereinafter referred to as the Project)

1. (1) In accordance with laws and regulations in force in Japan, the Government of Japan will take necessary measures to provide at its own expenses the requisite services of Japanese experts upon the request of the Government of the Republic of Afghanistan in the field of malaria and tuberbulosis control through the normal procedures under the Colombo Plan Technical Cooperation Scheme.

   (2) The Afghan side undertakes to grant to the Japanese experts and their families, the same immunity and priviliges, normally granted to foreign experts working in the field of bilateral technical cooperation.

2. (1) In accordance with laws and regulations in force in Japan, the Government of Japan will take necessary measures to provide at its own expenses, upon the request of the Government of the Republic of Afghanistan, the necessary and relevant equipment, vehicles and materials as listed annex (1) for the successful implementation of the Project. According to changes of situations in the National Malaria and Tuberculosis Programmes, items of the equipment and supplies can be reconsidered for years after the first year of the Project on request of the Government of the Republic of Afghanistan.

   (2) The equipment, vehicles and materials referred to above will become the property of the Government of the Republic of Afghanistan upon being delivered c.i.f. at the port of disembarkation to the Government of the Republic of Afghanistan.

   (3) The maintenance of the goods as listed will be responsibility of the Government of the Republic of Afghanistan for the performance of the Project efficiently

3. In accordance with laws and regulations in force in Japan, the Government of Japan will take necessary measures to receive at its own expenses Afghan staff engaged in the Project for the seminars and training courses in Japan through the normal procedures under the Colombo Plan Technical Cooperation Scheme.

4. The Government of the Republic of Afghanistan will undertake to meet:

(1) expenses necessary for the transportation of the equipment, vehicles and materials within the Republic of Afghanistan as well as for their installation, operation, maintenance and other running expenses necessary for the implementation of the Project.

(2) within the terms of this record of discussions, the Government of the Republic of Afghanistan undertakes to exempt the equipment, vehicles and materials granted by the Government of Japan, required for the implementation of the Project, from any custom duties, taxes and other charges on import.

5. Japanese experts will give technical guidance and advice to Afghan staff engaged in the Project pertaining to the implementation of the Project and the Afghan Authorities concerned will be responsible for the administrative and managerial matters pertaining to the Project. There will be a close cooperation between the Japanese experts and the Afghan Authorities concerned in connection with the implementation of the Project.

6. The two Governments will consult with each other from time to time to ensure the successful implementation of the Project.

7. The duration of the Japanese cooperation will be two (2) years for malaria control and five (5) years for tuberculosis control commencing from 1974 Japanese Fiscal Year.

ANNEX (1)

	1974	Total number
Malaria Control Programe		
Bicycles with spare parts	150	526
Motor cycles with spare parts	30	110
Monocular Microscope with spare parts	40	150
Tuberculosis Control Programe		
X-ray apparatus, high voltage condenser discharge system	1	7
70 mm Odelca mirror camera	1	7
X-ray film, 70 mm role film 3 m for 40 persons	500	
X-ray tube spare, rotating anode	1	6
Incubator, 220V 50 Hz 80 x 60 x 40 cm	1	3
Autoclave, middle size	1	2
Dryheat sterilizer, small size	1	2
Serum coagulator, for 140 test tubes	1	2
Afghan character typewriter	2	7
Duplicating machine with belongings	1	1
Slide projector	1	2
Overhead projector	1	1
Teaching head	1	1
Electric lamp stand, for microscope with transformer and spare of lamp	10	10
Ultraviolet ray lamp, tube with set	50	50
X-ray film viewer, for larger film	2	7
for 70 mm film	2	7
Hand loudspeaker, with electric cell	20	20
Land Cruisor	1	6
Microbus 15 persons	1	1
Anti-tbc drugs, EB		
TH 20 persons		
KM for one year		
Cassette with intensifying screen		
35 x 35 cm	5	30
35 x 28 cm	5	30
35 x 25 cm	5	30
Microscope for teaching head	1	1
Large X-ray film, 35 c 35 cm 25 sheet	30	
35 x 28 cm 25 sheet	30	
35 x 25 cm 25 sheet	30	
Calculating machine Set for taking photogram for slide		

(6) ナイジェリア

ナイジェリア大学　医学部

イフエ大学　医学部

第一回R／D

ナイジェリア　ナイジェリア大学医学部

団　長　清水　文彦（東京医科歯科大学学長）

調査期間　47. 11. 25～12. 11（17日間）

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 MEDICINE, 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

(Signed)
Dr. Fumihiko Shimizu
Leader of the Japanese
Medical Cooperation
Survey Mission

(Signed)
Prof. H.C. Kodilinye
Vice-Chancellor
University of Nigeria

(Signed)
Mr. Akira Shigemitsu
Ambassador of Japan

(Signed)
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.

第一回R／D

ナイジェリア イフエ大学医学部

団　長　清水 文彦（東京医科歯科大学学長）

調査期間　47. 11. 25～12. 11（17日間）

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

(Signed)
Dr. Fumihiko Shimizu
Leader of the Japanese
Medical Cooperation
Survey Mission

(Signed)
Prof. H.A. Oluwasanmi
Vice-Chancellor
University of Ife

(Signed)
Mr. Akira Shigemitsu
Ambassador of Japan

(Signed)
Dr. Adebayo Adedeji
Commissioner of Economic
Development & Construction
of the Federal Republic of
Nigeria

(7) ガ　ー　ナ

ガーナ大学　医学部

第一回R／D

ガーナ　ガーナ大学医学部

団　長　本多　憲児（福島県立医科大学教授）

調査期間　43. 6. 23～7. 6（17日間）

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

(Signed)
Dr. A.A. Akiwumi
Ag. Director,
Medical Services,
Ghana.

(Signed)
Dr. Kenji Honda
Leader of the Japanese
Medical Cooperation
Survey Team

(Signed)
Prof. C.O. Easmon,
Dean,
Ghana Medical School.

Appendix I

MEDICAL CO-OPERATION WITH THE UNIVERSITY OF GHANA MEDICAL SCHOOL

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 specialized 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).

Appendix II

Requirements - by Ghana Ministry of Health

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.

第二回R／D

ガーナ　ガーナ大学医学部

団　長　本多　憲児（福島県立医科大学教授）

調査期間　47. 6. 28～7. 16（18日間）

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 renamed 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 Ghana Medical School, on behalf of the University of Ghana for the Ghana Government.

1. 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 Ghana, which started in 1968, remarkable progress has been achieved in the field of Virology and Electron-Microscopy at the University of Ghana 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 and (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.

(Signed)

Professor A.A. Kwapong
Vice-Chancellor
University of Ghana

(Signed)

Professor K. Honda
Leader of the Japanese
Medical Co-operation
Survey Team

(Signed)

Professor S.R.A. Dodu
Dean,
University of Ghana Medical
School

cc: Director of Medical Services,
Ministry of Health, Ghana.

(8) タンザニア

結核対策

第一回R／D

タンザニア　結核対策

団　長　岩崎　龍郎　財団法人結核予防会研所長

調査期間　49. 11. 26～12. 13（18日間）

ON THE RECORD OF DISCUSSIONS BETWEEN THE JAPANESE IMPLEMENTATION SURVEY MISSION AND THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE UNITED REPUBLIC OF TANZANIA ON THE TECHNICAL CO-OPERATION IN THE FIELD OF TUBERCULOSIS CONTROL

The Japan International Co-operation Agency organized an Implementation Survey Mission (hereinafter referred to as the Mission), headed by Dr. Tadao SHIMAO, Vice Director, Research Institute of Tuberculosis, Japan Anti-Tuberculosis Association which visited Tanzania from November 28 to December 12, 1974, for the purpose of working out details of the co-operation project in the field of Tuberculosis Control in Tanzania.

The Mission exchanged views and had a series of discussions with the authorities concerned of the Government of Tanzania concerning the desirable measures to be undertaken by the two Governments to realize the said Project. As a result of the survey and discussions, the two parties agreed to recommend to their respective Governments to carry out the matters referred to in the Record of Discussions attached herewith concerning the technical co-operation project in the field of Tuberculosis Control.

Dar es Salaam, December 11th, 1974.

(Signed)	(Signed)
Dr. Tadao Shimao Head of the Japanese Implementation Survey Mission	J.B. Mwenda for Principal Secretary of the Ministry of Finance

RECORD OF DISCUSSIONS

1. Background

Recognizing that to find solution to Tuberculosis problem is one of the important tasks for improving the welfare of people in Tanzania, the Government of Japan and the Government of Tanzania will jointly carry out the Tuberculosis Control Co-operation Project in Tanzania (hereinafter referred to as the Project).

2. The outline of the Project is as follows:

(1) Co-operation in the planning and co-ordination of the modern realistic national tuberculosis control programme in Tanzania, including BCG vaccination, case-finding by sputum microscopy for symptomatic patients and supervised treatment mainly on ambulatory base.

(2) Co-operation in the pilot project and staff training activities of the Demonstration and Training Centre for Tuberculosis control to be settled in Kibongoto Hospital by sending experts and donating necessary equipment.

3. (1) In accordance with the laws and regulations in force in Japan, the Government of Japan will take necessary measures to provide, at its own expense, the requisite services of Japanese experts upon the request of the Government of Tanzania in the field of Tuberculosis Control through the normal procedures under the Technical Co-operation Scheme.

(2) The Japanese experts mentioned above and their families will be granted in Tanzania, privileges, exemptions and benefits no less favourable than those granted to the Japanese experts and their families who have been despatched to Tanzania, based on the application form A1.

4. (1) In accordance with the laws and regulations in force in Japan, the Government of Japan will take necessary measures to provide, at its own expense, upon the request of the Government of Tanzania, the necessary and relevant equipment, vehicles and materials for the implementation of the Project.

(2) The equipment, vehicles and materials referred to above will become the property of the Government of Tanzania upon being delivered c.i.f. at the port of disembarkation to Tanzania.

(3) The goods referred to above will be utilized exclusively for the implementation of the Project in consultation with the Japanese experts.

5. In accordance with the laws and regulations in force in Japan, the Government of Japan will take necessary measures to receive, at its own expense, Tanzanian staff engaged in the Project for the seminars and training courses organized in Japan through the normal procedures under the Technical Co-operation Scheme.

6. The Government of Tanzania will undertake to meet:

(1) expenses necessary for the transportation of the equipment, vehicles and materials within Tanzania as well as for their installation, operation and maintenance,

(2) customs duties and any other charges, if any, as may be imposed in Tanzania in respect of the equipment, vehicles and materials referred to in Article 4.(1),

(3) running expenses necessary for the implementation of the Project.

7. Japanese experts will give technical guidance and advice to Tanzania staff engaged in the Project pertaining to the implementation of the Project, and the Tanzania Authorities concerned will be responsible for the administrative and managerial matters pertaining to the Project. There will be a close co-operation between the Japanese experts and the Tanzania Authorities concerned in connection with the implementation of the Project.

8. The two (2) Governments will consult with each other from time to time to ensure the successful implementation of the Project.

9. The duration of the Japanese co-operation for the Project will be five (5) years commencing from 1974 Japanese Fiscal Year.

(9) コ ス タ リ カ

コスタリカ大学　医学部

第一回R／D

コスタリカ　コスタリカ大学医学部

団　長　深井孝之助（大阪大学医学部教授）

調査期間　48. 10. 27～11. 14（19日間）

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 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;

(i) One engineer for the installation of the electron microscope and for the elementary training of electron microscope manipulation and maintenance be disparched for a few months, after the arrival of the equipments in Costa Rica.

(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, (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 Rica 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 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 excharged through appropriate channels.

San Jose, November 2nd, 1973

(Signed)	(Signed)
Dr. Konosuke Fukai Head of the Japanese Medical Cooperation Implementation Survey Mission	Lic. Eugenio Rodriguez Rector University of Costa Rica

(10) ブ ラ ジ ル

ポルトアレグレ

カソリック大学

成人病研究所

第一回R／D

ブラジル　カソリック大学成人病研究所

団　長　外山　敏夫（慶応大学医学部教授）

調査期間　48. 11. 24～12. 14（21日間）

RECORD OF DISCUSSIONS BETWEEN THE JAPANESE MEDICAL COOPERATION IMPLEMENTATION BURVEY 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 Catolica 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 Ric Grande do Sul" be carried out under the Basic Agreement on Technical Cooperation between the Government of Japan and the Government of the Federative Republic of Brazil, signed at Brasilia, 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.

Brasilia, November 27, 1973

(Signed)	(Signed)
Dr. TOSHIO TOYAMA Head of the Japanese Medical Cooperation Implementation Survey Mission	CONFUCIO PAMPLONA Secretary-General of the Ministry of Education and Culture

2．フォローアッププロジェクト事業

(2) フォローアップ事業

No－Ⅰ

計画名	区分 国名	区分 プロジェクト名	着手年度	終了年度	フォローアップ協力終了年度	昭和41年度	〃42年度	〃43年度	〃44年度	〃45年度	〃46年度	〃47年度	〃48年度	〃49年度	〃50年度	〃51年度	〃52年度	〃53年度	〃54年度	〃55年度	備考
コロンボ	韓国	①寄生虫（撲滅）対策	43	48	50		(第一回R/D) △実施			(第二回R/D) △計画打合せ											
		②癌対策	43	48	50		(第一回R/D) △実施			(第二回R/D) △計画打合せ											
		③カソリック医科大学産業医学センター	46	48	50						(第一回R/D) △実施	△	(第二回R/D) △計画打合せ	△計画打合せ							
	フィリピン	④コレラ対策	42	48	50		(第一回R/D) △実施		(第二回R/D) △計画打合せ		△計画打合せ	(第三回R/D) △計画打合せ		○薬剤打合せ							
	南ヴィエトナム	⑤サイゴン病院	41	49	50								(第一回R/D) △実施								
	ラオス	⑥タゴン医療センター	43	49	50						(第一回R/D) △実施			△計画打合せ（エバリエーション）							
	タイ	⑦ウイルスセンター	41	47	50			(第一回R/D) △実施	(第二回R/D) △計画打合せ		(第三回R/D) △計画打合せ	(第四回R/D) △計画打合せ									
		⑧ラマチボディ医科大学眼科部門	43	47	50			×基礎		(第一回R/D) △実施											
	ビルマ	⑨歯科大学	47	49	51							(第一回R/D) ×基礎 △実施									
	インドネシア	⑩インドネシア大学附属ジャカルタ中央病院臨床検査部門	47	49	50					×基礎	(第一回R/D) △実施										
	インド	⑪癩研究	47	49	51						(第一回R/D) △実施										
	スリランカ	⑫薬品検査試験所	44	46	50			(第一回R/D) △実施	(第二回R/D) △計画打合せ		(第三回R/D) △計画打合せ										

計画名	区分 国名	区分 プロジェクト名	着手年度	終了年度	フォローアップ協力終了年度	昭和41年度	〃42年度	〃43年度	〃44年度	〃45年度	〃46年度	〃47年度	〃48年度	〃49年度	〃50年度	〃51年度	〃52年度	〃53年度	〃54年度	〃55年度	備考
コロンボ	アフガニスタン	⑬国立WAK病院	42	49	51						(第一回R/D) △ 実施		△ 計画打合せ								
	イラン	⑭テヘラン大学医学部	46	48	50					(第一回R/D) △ 実施											
中近東・アフリカ	ケニア	⑮ナクール病院	42	49	50			(第一回R/D) △ 実施		(第二回R/D) △ 計画打合せ		(第三回R/D) △ 計画打合せ		△ 計画打合せ （エバリエーション）							
		⑯ケニヤッタ病院	45	49	51					(第一回R/D) △ 実施		(第二回R/D) △ 計画打合せ		△ 計画打合せ （エバリエーション）							
	タンサニア	⑰ダルエスサラーム大学医学部	45	47	50					(第一回R/D) △ 実施											
	エチオピア	⑱天然痘対策	46	48	50						(第一回R/D) △ 実施										

(1) 韓　　国

寄生虫(撲滅)対策

癌　対　策

カソリック医科大学

産業医学センター

第一回R／D

韓 国　寄生虫（撲滅）対策

団　長　大鶴 正満（新潟大学医学部教授）

調査期間　43. 6. 23～7. 6（17日間）

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 Inchon to the authorities concerned. These articles shall be untilized excuisively 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 personal 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

(Signed)	(Signed)
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

第二回R／D

韓国　寄生虫（横波）対策

団　長　斉藤　一　財団法人労働科学研究所所長

調査期間　46. 8. 1～8. 15（15日間）

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 or 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

(Signed)	(Signed)
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

第一回R／D

韓国 癌対策

団　長　吉田 富三（海外技術協力事業団海外事業部長）

調査期間　43. 6. 23～7. 6（17日間）

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 shceme.

2. The Japanese experts mentioned in Paragraph I 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 I 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 Inchon 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

(Signed)	(Signed)
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

第二回R／D

韓国 癌対策

団　長　斉藤　一　財団法人労働科学研究所所長

調査期間　46. 8. 1～8. 15（15日間）

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

(Signed)	(Signed)
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

(Signed)	(Signed)
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

第一回R／D

韓国カソリック医科大学　産業医学センター

団　長　斉藤　一　財団法人労働科学研究所所長

調査期間　46. 8. 1～8. 15（15日間）

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

(Signed)	(Signed)
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

第二回R／D

韓国カソリック医科大学　産業医学センター

団　長　斉藤　一　財団法人労働科学研究所所長

調査期間　48. 10. 1～10. 15（15日間）

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

The Japanese Medical Survey Team and the Korean Authorities concerned, desiring further to effect technical cooperation between the two countries in the field of occupational health in Korea, have reached the following understandings through their discussions.

1. The Government of the Republic of Korea recognizes that a satisfactory achievement has been made through the technical cooperation for the years 1971-1973 (Japanese fiscal year) between the two countries in the field of occupational health under the Colombo Plan.

2. The Government of the Republic of Korea requested furhter cooperation for the years 1974-1976 (Japanese fiscal year), which would help Catholic Industrial Medical Center, Catholic Medical College, Seoul, Korea to carry out effectively its activities related to research, education and treatment in the field of occupational health.

3. Dr. Saito, Head of the Japanese Medical Survey Team, stated that the request of the Government of the Republic of Korea to undertake a further cooperation for occupational health project for a period of three Japanese fiscal years (1974-1976) would be favorably considered by the Government of Japan in accordance with applicable laws and regulations in force in Japan and within its annual budgetary appropriations.

4. With respect to the field of occupational health referred to in the foregoing, the cooperation undertaking will be carried out in the following forms:

(1) Dispatch of Japanese medical experts in 1974-1976 (Japanese fiscal year);

(2) Training of Korean personnel in Japan in 1974-1976 (Japanese fiscal year);

(3) Providing of equipment for research, education and treatment in the field of occupational health by Japan in 1974 (Japanese fiscal year).

5. The Japanese Medical Survey Team takes note of the request of the Government of the Republic of Korea about the providing of equipment to the amount of ¥60,000,000.

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

Seoul, the 12th Day of October, 1973

(Signed)	(Signed)
Hajime SAITO, M.D. Head of the Japanese Medical Survey Team	Hai Kyung LEE Director of Bureau of School Facilities Ministry of Education The Republic of Korea

(2) フィリピン

コレラ(撲滅)対策

〔参 考〕

日比両国政府に於けるコレラに関する技術的援助に関する共同コミュニケ

昭和39年2月

JOINT COMMUNIQUE ON THE OUTCOME OF THE TECHNICAL MEETING ON CHOLERA BETWEEN THE GOVERNMENTS OF THE REPUBLIC OF THE PHILIPPINES AND JAPAN TOKYO, 25-27 FEBRUARY 1964

The Governments of the Republic of the Philippines and Japan held the technical meeting on Cholera problems in Tokyo from the 25th to the 27th of February, 1964.

The meeting was participated in by the following delegates:

DELEGATION OF THE REPUBLIC OF THE PHILIPPINES

H.E. Dr. Floro Dabu	Secretary, Department of Health
Dr. Jesus Azurin	Director, Bureau of Quarantine
Dr. Jacinto Dizin	Chief, Disease Intelligence Center
Dr. Trinidad Pesigan	Director, Bureau of Research and Laboratories

DELEGATION OF JAPAN

H.E. Mr. T. Kobayashi	Minister of Health and Welfare
Dr. E. Wakamatsu	Director of Public Health Bureau
Dr. N. Tatebayashi	Director of Environmental Sanitation Bureau
Mr. M. Kumazaki	Director of Pharmaceutical and Supply Bureau
Mr. Y. Saito	Counsellor for International Affairs

Besides the delegates of both governments, WHO was represented by Dr. B. Cvjetanovic, Chief Medical Officer, Bacterial Diseases, Division of Communicable Diseases. Several Japanese experts were present at the meeting which discussed the program of collaborative studies on cholera.

The proceedings of the meeting is summarized as follows:

1. Exchange of Information of the Quarantine and the Control Measures.

The delegates of both countries exchanged information of the present status and problems concerning quarantine and control measures against cholera.

Both parties reaffirmed the importance of quarantine measures in preventing the invasion by cholera and agreed that stool examination is necessary to detect cholera carriers. It was agreed further that an efficient and rapid method of detection of carriers be investigated to ensure smooth operation of the international traffic. This exchange of information and views has been highly beneficial for future programmes of control and eradication of cholera.

2. Collaborative studies on the Efficacy of Cholera-Vaccines.

Both governments and WHO have agreed to collaborate in a field-study in the Philippines in an effort to obtain new light on the efficacy of cholera vaccines. It was agreed that experts elaborate further detailed program of field and laboratory studies of cholera vaccines as soon as possible.

It is proposed that Ogonuki oil-adjuvant vaccine developed in Japan, El Tor vaccine and classical cholera vaccine produced in the Philippines be used in these controlled trials on about 500,000 of the population. It was also proposed that Japanese experts take part in the studies in the Philippines in order to cooperate in the study.

3. Collaborative Studies on the Carriers.

Along with the field trial of cholera vaccines in the Philippines it was agreed to carry out collaborative studies on the role of carriers in the transmission of the disease and jointly investigate adequate methods of examination and treatment of carriers.

4. Collaborative Studies on the Viability of El Tor Cholera Vibrio.

It was agreed upon that both governments will continue studies on the viability of El Tor cholera vibrio and prepare jointly scientific documents and thereby evolve eventually practical methods of the prevention of the transmission of cholera El Tor through contaminated foods.

As a result of the present technical meeting, both governments and WHO reaffirmed the importance of wide

international collaboration in view of the prevalence of cholera El Tor in Asia and in order to safeguard the peoples from the threat of this disease.

The two governments and WHO express the common resolve to continue their cooperating endeavor in a cordial and amiable spirit to promote scientific knowledge, international understanding and initiative.

〔参 考〕

日比両国政府に於けるコレラ及びポリオに関する技術的援助に関する合意議事録

昭和42年5月22日

MEMORANDUM OF THE OUTCOME OF THE MINISTERIAL CONFERENCE BETWEEN THE SECRETARY OF HEALTH OF THE REPUBLIC OF THE PHILIPPINES AND THE MINISTER OF HEALTH AND WELFARE OF JAPAN 1967, TOKYO

His Excellency Mr. Hideo Boh, Minister of Health and Welfare of Japan, extended an official invitation to the Hon. Dr. Paulino J. Garcia, Secretary of Health of the Philippines, to discuss mutual problems with great hopes that Japan may be able to contribute to the solution of these problems.

The conference was held at the Ministry of Health and Welfare in Tokyo from 12 to 16 May 1967 with the following delegates from the two countries participating.

DELEGATION OF THE REPUBLIC OF THE PHILIPPINES

His Excellency Dr. Paulino J. Garcia	Secretary of Health
Dr. Jose Caedo	Special Assistant to the President
Dr. Jesus C. Azurin	Director, Bureau of Quarantine

DELEGATION OF JAPAN

His Excellency Mr. Hideo Boh	Minister of Health and Welfare
Mr. Yoshito Ushimaru	Vice-Minister of Health and Welfare
Dr. Ryunosuke Nakahara	Director of Public Health

At the close of the conference several points were discussed, a summary of which are as follows:

1. Cholera El Tor Research Project

This is a productive project cooperatively started in

May 1964. This project is invaluable and has highly gratifying results. It has benefited not only the two participating countries but other nations of the world as well. It is the consensus of opinion that the research project should not only be continued but intensified.

2. Cholera Eradication Program

The application of knowledge gained from these and other researches may now be applied effectively to an eradication program. A cholera eradication program such as the Philippine Government is initiating, shall be given support by the Government of Japan. Should this program succeed the Ministry of Health and Welfare of Japan and health administrations all over the world shall have one worry less-the menace of cholera infection.

3. Poliomyelitis Eradication Program

Poliomyelitis is a continuing, nation-wide problem in the Philippines. Since the institution of a vaccination program at this time can result in the eradication of this disease, it was agreed that Japan should give support to this undertaking.

Since the eradication program will necessarily take a few years, cooperative efforts between the two countries shall continue for several years.

In addition, the need for a research center in various fields of communicable and non-communicable diseases was discussed.

Both governments agree that the objective in the promotion of mutual cooperative efforts is to foster harmonious understanding between the two countries. It was further resolved that the friendly and cordial relations between the peoples of the Philippines and Japan should continue.

Done at Tokyo on this 22nd day of May, 1967

For the Ministry of Health and Welfare of Japan	For the Department of Health of the Republic of the Philippines
(SGD.) HIDEO BOH Mr. Hideo Boh Minister for Health and Welfare	(SGD.) PAULINO J. GARCIA, M.D. Dr. Paulino j. Garcia Secretary of Health

第一回R／D

フィリピン　コレラ（検疫）対策

団　長　福見　秀雄（国立予防衛生研究所細菌第一部長）

調査期間　42. 10. 25～11. 8（15日間）

PROTOCOL ON THE CHOLERA ERADICATION PROGRAM IN THE PHILIPPINES

I. Introduction

From an endemic focus in the Celebes group of islands, Cholera spread to the Indonesian main land and finally to Sarawak on 1 July 1961. A month later, Hong Kong and Macal were reported infected. In spite of the strict application of quarantine measures, the first cases were reported in Manila on 22 September 1961. Taiwan, Vietnam, Laos, Cambodia, Burma, Singapore, South Korea, and New Guinea then became infected within a comparatively short time. The infection continued to spread to Southeast Asia, Japan, the Middle East and Southern Russia during a four-year period. The rapidity of the spread of this infection is unparalleled in medical history.

In the Philippines, Cholera El Tor infected Manila and practically all areas of the country. Because the disease is now endemic in the country, it has become a grave public health problem and poses a constant danger to the entire population.

There is a considerable gap in knowledge about the disease. That is why efforts for its prevention and control have not met with success. Research could offer a solution. Realizing this, an agreement was signed on 27 February 1964 in Tokyo by the Minister of Health of Japan, a representative of the World Health Organization and the Secretary of Health of the Philippines to the effect that cooperative efforts in research shall be undertaken. Two months after the agreement, a controlled field study of cholera vaccines was performed in the province of Occidental Negros. An evaluation of the effectiveness of cholera vaccines was made successfully for the first time in medical history. From the data that has now become available, cholera vaccines can and will be improved.

The Joint Research Project has been successful in many other fields and the gap in knowledge on cholera infection has been somewhat bridged. The Joint Research Project is now embarking on a program of cholera eradication in the Philippines. This is a challenge. A program of this sort has never been attempted in an endemic area before. Eminent public health men feel that such a venture is too audacious to neet with any measure of success. However, the Cholera Research Project believes that this is possible. The Philippine Government has shown its support by making cholera eradication the priority in its national health program. The Minister of Health of Japan saw the challenging possibilities of the cholera eradication program and reacted accordingly by involvement. The Government of Japan will support the project as a technical cooperation program under the Colombo Plan. On 12 May 1967, the memoranda of agreement for cooperative efforts between the Philippines and Japan in this program was signed by Secretary of Health Paulino J. Garcia of the Philippines and Minister of Health and Welfare Mr. Hideo Boh of Japan. To implement this agreement the Japanese Government dispatched a survey team on 25 October 1967 to the Philippines to discuss the cooperative program and the plans for the next several years on a continuing basis. The Japanese Panel was headed by Dr. H. Fukumi, Director, National Institute of Health and Dr. H. Ogonuki, Director, Chiba Serum Institute; Dr. Goro Goto, Chief, Communicable Diseases Control Section, Ministry of Health and Welfare and Mr. T. Miura, Overseas Technical Cooperation Agency as members. The Philippine Panel was headed by Dr. J.C. Azurin, Director of the Bureau of Quarantine and Dr. A. Cruz, Director of the Bureau of Health Services, Dr. J. Sumpaico, Acting Director of the Bureau of Research and Laboratories, Dr. J.J. Dizon, Chief, Disease Intelligence Center as members.

II. General Principles

1) The Government of Japan shall cooperate by providing equipment and supplies and by detailing experts and technicians to the program in the Philippines.

2) The Government of the Philippines shall provide the personnel and funds necessary for the implementation of the program. In addition to this, the Government of the Philippines shall accept the experts and technicians on detail from Japan.

3) Personnel working in the project may undertake further training in Japan shall accept such personnel as may be sent for training from time to time.

4) The Government of the Philippines shall continue to support this program in accordance with this plan. The Government of Japan, on the other hand, shall support this program from year to year as stated in Item No. 1.

III. Plan of Operation

1) Area

1st year -	Negros Occidental Province	(Bacolod City (Silay City (San Carlos City
	Panay	(Iloilo City (Iloilo Province (Capiz Province (Roxas City
2nd year - (1968-69)	Areas covered during the 1st year	
	Rizal	(Rizal Province
	Bulacan	(Bulacan Province
	Metropolitan areas	(Manila (Pasay (Quezon City (Caloocan City
	Cebu City	(Cebu City
3rd year - (1969-70)	Areas covered during the 1st and 2nd years	
	Pangasinan	(Pangasinan (Dagupan
	Cebu	(Cebu Province
	Cagayan	(Cagayan Province
4th year - (1970-71)	Areas covered during the 1st, 2nd and 3rd years	
	Zamboanga	(Zamboanga del Norte Province

Lanao del Sur	(Lanao del Sur Prov. (Iligan City (Marawi City (Oxamis City
Cotabato	(Cotabato Province (Cotabato City
Davao	(Davao City (Davao Province

5th year - Areas covered during the 1st, 2nd, 3rd, and
(1971-72) 4th years

Samar	(Samar Province (Calbayog City
Masbate	(Masbate Province

The provisions of the item methodology shall apply to areas where sporadic cases of cholera El Tor may occur during this five year period.

2) Methodology

a. Organization
b. Prompt recognition and Treatment of Cases
c. Environmental Sanitation Control
d. Immunization
e. Carrier Control
f. Laboratory Diagnosis
g. Health Intelligence and Reporting
h. Health Education
i. Quarantine Procedures

IV. Plan of Cooperation by the Japanese Government

1) First year

a. Assistance in the form of equipments and supplies for Laboratories Research Laboratory
   (1) Joint Cooperation Cholera Laboratory and the Bureau of Research Laboratory
   (2) San Lazaro Hospital Laboratory
   (3) Bacolod Cholera Laboratory
   (4) Iloilo Cholera Laboratory
   (5) Capiz Cholera Laboratory
b. Assistance in the form of vaccination equipments - 500 Vaccinating Kit
c. Assistance in the form of Chlorine compound for the disinfection of water supplies

d. Equipments for Health Education
e. Some drugs for treatment of cases and carriers
f. Technical assistance in the form of sending a detail of experts and technicians to the laboratories in the Philippines.
g. Further training in Japan of Philippine personnel connected with this program.

2) Suceeding years

The Government of the Philippines will prepare subsequent programs on a year to year basis which will be submitted to the Government of Japan for concurrence.

V. Validity

This agreement, signed by Dr. H. Fukumi, Chief of the Japanese Medical Survey Team and Dr. J.C. Azurin, National Coordinator of the Cholera Eradication Program of the Philippines, covers the technical cooperation by the two governments on the Cholera Eradication Program in the Philippines and shall take effect upon approval by the Minister of Foreign Affairs of Japan, and the Honorable, the Secretary of Health of the Philippines.

Manila, Philippines, November 8, 1967

(Signed)	(Signed)
(SGD.) HIDEO FUKUMI, M.D. Chief, Japanese Medical Survey Team on Cholera Eradication Program in the Philippines	(SGD.) J.C. AZURIN, M.D. M.P.H. National Coordinator Cholera Eradication Program

第二回R／D

フイリピン　コレラ（撲滅）対策

団　長　柳沢　謙（国立予防衛生研究所副所長）

調査期間　44. 9. 10～9. 24（15日間）

RECORD OF DISCUSSIONS ON THE CHOLERA AND POLIO-MYELITIS 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 welcome which he and his delegation has received. He expressed satisfaction on the efforts of both governments to eradicate cholera in the Philippines since 1967. That the objectives of their visit to this country are (a) to assess the performance of the projects (b) to explore practical fields for future programs of medical cooperation (c) and to have a better understanding of the present situation of health and medical services in the Philippines through observations and associations with health personnel. Dr. Yanagisawa further said that he is firmly convinced that the Philippine-Japan Medical Cooperation has contributed much to the peace and prosperity of Asia and that he looks forward to the continuation of this endeavor.

Dr. Hiroshi Ogonuki, Technical Expert and Liaison Officer for Philippine-Japan Medical Cooperation Program was unanimously elected chairman of the conference. He was nominated by Dr. J.C. Azurin and endorsed by Dr. J. Sumpaico and Dr. C. Uylangco.

At the close of the conference several points were discussed, the summary of which is as follows:

I. The Cholera Eradication Program.-

1. Review of cooperative efforts -

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

A. Dispatch of the experts:

1st year (1967-68)	- one bacteriologist - one laboratory technician
2nd year (1968-69)	- seven bacteriologists - one public health administrator

These experts gave recommendations and suggestions regarding the projects. They assisted in the organizational set up of the projects and the training of laboratory technicians in the Philippines.

B. Donation of equipment and supplies.

a. 1st year (1967-68)

(a) Equipment and supplies for use of the Joint laboratory, 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 - - do -
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 bacteriologist
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 surveilance 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

(Signed)	(Signed)
Dr. KEN YANAGISAWA	DR. J.C. AZURIN
Leader of the Japanese Survey Team for Medical Cooperation	Chief Delegate Philippines

第三回R／D

フイリピン　コレラ（撲滅）対策

団　長　福見　秀雄（国立予防衛生研究所細菌第一部長）

調査期間　47. 9. 10～9. 24（15日間）

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 beneficial 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 acccomplishment 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)	(Signed)
Dr. Hideo Fukumi Chief, Japanese Mission Philippines-Japan Medical Cooperation Project	Dr. J.C. Azurin National Coordinator Philippines-Japan Medical Cooperation Project

(3) ヴィエトナム

サイゴン病院

第一回R／D

ヴィエトナム　サイゴン病院

団　長　森安　信雄（日本大学医学部教授）

調査期間　48. 3. 25～3. 31（7日間）

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 abovementioned 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 abovementioned project, the Authorities Concerned of Saigon Hospital and the Japanese Survey Team have reached the following understanding through their discussions.

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) 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

(Signed)
Prof. Nozomu KOSAKAI
Head, Japanese Medical
Cooperation Survey Team

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

(Signed)
Dr. Truong-Minh-CAC
Director General of Health
Ministry of Health

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

第一回R／D

ラオス　タゴン医療センター

団　長　加納 保之（国立霞ケ浦病院病院長）

調査期間　47. 2. 29～3. 16（17日間）

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 transfered 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 privilages, 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, occuring 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 cooperation 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

(Signed)	(Signed)
Dr. Yasuyuki KANOH Head of the Japanese Medical Cooperation Mission	Dr. Phouy PHOUTTHASAK Directour Géneral Ministere de la Sante Publique Royaume du Laos

(5) タ　　イ

ウイルスセンター（第３回RDは欠除）

ラマチボディ医科大学　眼科部門

協定番　　タイ　ウイルスセンター

〔参　考〕

ウイルス研究所の設置に関する日本国政府とタイ王国政府との間の協定

日本国特命全権大使　大江　晃

調印36年11月25日

AGREEMENT BETWEEN THE GOVERNMENT OF JAPAN AND THE GOVERNMENT OF THE KINGDOM OF THAILAND CONCERNING THE ESTABLISHMENT OF VIRUS RESEARCH INSTITUTE

Signed at Bangkok, November 25, 1961
Entered into force, November 25, 1961

The Government of Japan and the Government of the Kingdom of Thailand, earnestly desiring to advance the economic and technical cooperation between the two countries and thereby to strengthen further the friendly relations which traditionally exist between the two countries, have agreed as follows:

ARTICLE I

There shall be established a Virus Research Institute (hereinafter called "the Institute") at Department of Medical Science, Ministry of Public Health, Bangkok, which shall execute the following functions:

(a) survey on viral diseases in Thailand;
(b) laboratory-diagnosis of viral diseases;
(c) test production of vaccine against known viral diseases;
(d) practical and theoretical training of Thai medical and technical staff in virus works;
(e) other necessary research.

ARTICLE II

(1) In accordance with laws and regulations in force in Japan, the Government of Japan shall take necessary measures

to provide at their own expense the services of requisite Japanese teaching and technical staff (hereinafter called "the Japanese staff") as listed in Annexure I. The provision of the services of Japanese staff shall be made through the normal procedures under the Colombo Plan Technical Cooperation Scheme.

(2) The Japanese staff shall be granted privileges, exemptions and benefits, including those mentioned in Annexure II, which shall be no less favourable than those granted to the experts of the third countries under similar circumstances.

(3) The Government of the Kingdom of Thailand shall, if necessary, grant residence permits to the Japanese staff and their families and labour permits to the Japanese staff.

ARTICLE III

(1) In accordance with laws and regulations in force in Japan, the government of Japan shall take necessary measures to provide at their own expense machinery, equipment, instruments and spare parts required for the establishment of the Institute as outlined in Annexure III.

(2) The articles referred to above shall become the property of the Government of the Kingdom of Thailand upon being delivered c.i.f. at the port of Bangkok to the Thai authorities concerned.

(3) The Government of the Kingdom of Thailand shall utilize these articles exclusively for the purposes of the Institute.

ARTICLE IV

In accordance with laws and regulations in force in Japan, the Government of Japan shall take necessary measures to grant training awards for training in Japan to Thai nationals who either are members of the staff of the institute, or who will be employed later as such members. The grant of the training awards shall be made through the normal procedures under the Colombo Plan Technical Cooperation Scheme and the number of the Thai nationals who are to receive such training awards shall be separately agreed upon by the two Governments.

ARTICLE V

The Government of the Kingdom of Thailand undertake to bear claims, if any arise, against the Japanese staff resulting from, occuring in the course of, or otherwise connected with the bona fide discharge of their functions in Thailand covered by this Agreement.

ARTICLE VI

(1) The Government of the Kingdom of Thailand shall take necessary measures to provide at their own expense;

(a) requisite Thai medical, technical, administrative and other staff (hereinafter called "the Thai staff"), as listed in Annexure IV;

(b) requisite buildings as listed in Annexure V as well as incidental facilities, furnishings and land required therefore;

(c) replacement of machinery, equipment and instruments, and any other materials necessary for the operation of the Institute;

(d) suitable furnished accommodation and transportation for the Japanese staff.

(2) The Government of the Kingdom of Thailand shall take necessary measures to meet;

(a) customs duties, internal taxes and other similar charges, if any, imposed in Thailand in respect of the articles referred to in Article III;

(b) expenses necessary for the transportation of the articles referred to in Article III within Thailand as well as for the installation, operation and maintenance thereof;

(c) any other running expenses necessary for the operation of the Institute.

ARTICLE VII

(1) The two Governments shall appoint by mutual agreement one director and one deputy director from among the Japanese and Thai staffs of the Institute, one to be appointed from

the Japanese staff and the other to be appointed from the Thai staff.

(2) The director shall be responsible for the operation of the Institute and shall be assisted by the deputy director.

(3) The director and the deputy director shall hold office for three years from the date of appointement and shall be eligible for reappointment, provided that either of them may be relieved of his duty by mutual agreement by the two Governments during the term of his office.

ARTICLE VIII

There shall be mutual consultation between the two Governments for the purpose of advancing the objectives of the Institute and of successfully promoting Japanese-Thai cooperation in operating the Institute.

ARTICLE IX

(1) This Agreement shall enter into force on the date of its signature.

(2) This Agreement shall remain in force for a period of three years from its entry into force and shall continue in force thereafter provided that it shall be terminated on the date of expiry of the above-mentioned three years period or thereafter if either Government have previously given to the other Government at least six month's written notice of their intention to terminate the Agreement.

Done in duplicate at Bangkok in English on this twenty fifth day of November, 1961.

For the Government of Japan:
(AKIRA OHYE)
The Ambassador Extraordinary and Plenipotentiary of Japan.

For the Government of the Kingdom of Thailand:
(PHRA BUMRAS NARADURA)
The Minister of Public Health.

ANNEXURE I

LIST OF JAPANESE STAFF AT THE INSTITUTE

Serology specialist
Tissue culture specialist
Breeding specialist

ANNEXURE II

PRIVILEGES, EXEMPTIONS AND BENEFITS

The Government of the Kingdom of Thailand shall accord to the Japanese staff the following privileges, exemptions and benefits:

(1) Exemption from, or reimbursement of, Thai income-tax as long as the Japanese staff draw their salaries from Japan.

(2) Exemption from Thai customs duties in respect of reasonably necessary personal and household effects, including one motor vehicle per family, which they may introduce into Thailand at the beginning of their assignment unless such goods are subsequently sold within the country to individuals subject to payment of such duties.

(3) Free medical care as admissible to experts assigned to Thailand under the Colombo Plan.

The Japanese staff will not be accorded any of the diplomatic privileges unless otherwise provided in this Agreement, including this Annexure.

ANNEXURE III

MACHINERY, EQUIPMENT AND INSTRUMENTS BE PROVIDED FOR THE INSTITUTE

(1) Electron microscope
(2) Equipment for serology
(3) Equipment for tissue culture
(4) Equipment for animal experiment
(5) Measuring instruments
(6) Vehicle
(7) Other minor articles

ANNEXURE IV

LIST OF THAI STAFF AT THE INSTITUTE

(1) Person to be appointed as director or deputy director under Article VII of this Agreement

(2) Medical staff
Investigations in the following fields:
- Serodiagnosis
- Tissue culture experiment
- Electron-microscopic studies
- Viral studies employing animals

(3) Technical staff
Technicians who will work with the medical staff

(4) Administrative staff
Permanent employees including typists, clerks, telephonists, watchmen and drivers

(5) Workers

ANNEXURE V

PARTICULARS OF BUILDINGS TO BE PROVIDED FOR THE INSTITUTE

Buildings for the following rooms and facilities:

(1) Office-rooms
(2) Administration rooms
(3) Room for serology
(4) Room for animal experiment
(5) Central washing room
(6) Machine room
(7) Walk-in cold room
(8) Storage room
(9) Dressing room
(10) House for animals
- Experimental animal
- Isolated animal room
- Mouse colony
- Preparation room
- Incineration room

Storage room
Office
(11) Locker room, bath room and lavatories
(12) Staff quarters
(13) Garages
(14) Guard house

AGREED OFFICIAL MINUTES RELATING
TO THE AGREEMENT BETWEEN THE
GOVERNMENT OF JAPAN AND THE GOVERNMENT
OF THE KINGDOM OF THAILAND
CONCERNING THE ESTABLISHMENT OF
VIRUS RESEARCH INSTITUTE

1. Re Article II, paragraph (1):

"To provide at their own expense the services of" the Japanese staff shall be interpreted that in making available to the Government of the Kingdom of Thailand the services of the Japanese staff, the Government of Japan will pay the necessary expenditures including their salaries and transportation costs between the two countries, except as otherwise provided for in the Agreement.

Regarding the procedures for the provision of the services of the Japanese staff, it is understood that the services of Japanese staff as listed in Annexure I shall be provided through the normal procedures under the Colombo Plan Technical Co-operation Scheme, whereas the procedures to be applied to the technical experts for the purpose of installation of machinery and equipment shall be agreed upon by the representives of the two Governments.

2. Re Article II, paragraph (3):

It is understood that the residence permits and the labour permits shall be granted only in so far as necessary for the work of the Institute.

3. Re Article V:

The term "bona fide discharge" refers to the act of commission or omission done in good faith.

It was understood that the omission of the Government of Japan from the provisions of Article V was not to be so construed as to make the Governmont of Japan bear claims which might arise against the Government of Japan in Thailand. It was considered that there was no possibility of any claim arising from the Thai side against the Government of Japan

since the obligation of the Government of Japan under the Agreement was specifically limited to:

(i) the provision of the requisite machinery, equipment, instruments and spare parts at the port of Bangkok,
(ii) the provision of the requisite Japanese staff, and
(iii) the grant of training awards to Thai Medical and Technical staff in Japan.

4. Re Article VI, paragraph (1), subparagraph (c):

The Government of the Kingdom of Thailand will provide as a rule all materials necessary for the operation of the Institute that are not provided by the Government of Japan at the time of the establishment of the Institute in so far as not exceeding the amount of the appropriation in the budget of the Government of the Kingdom of Thailand for this purpose.

5. Re Article VI, paragraph (1), subparagraph (d);

The Japanese staff will be free to choose the houses or rooms for their accommodation during their service at the Institute. Rent and accommodation charges in respect to such houses and rooms, as well as the cost of water and electricity consumption therein, will be borne by the Government of the Kingdom of Thailand within the amounts to be separately agreed upon by the two Governments. A telephone will be provided at the residence of one of the Japanese staff at the expense of the Government of the Kingdom of Thailand. Pending the provision of such houses or rooms, the Japanese staff will be accommodated at first class hotels free of accommodation charge within the amounts referred to above.

6. Re Article VI, paragraph (2), subparagraph (c):

"Any other running expenses necessary for the operation of the Institute" include inter alia:

(a) expenses for official correspondence by the Japanese staff including that from Thailand to Japan;
(b) expenses for such official travels of the Japanese staff within Thailand as agreed upon by the director;

(c) expenses of fueling, maintenance and repairing of motor vehicle, which are referred to in Annexure III of this Agreement, as well as the expense of the provision of driver required for the abovementioned vehicle.

7. Re Annexure II, paragraph (2):

(1) It is understood that the Government of the Kingdom of Thailand shall not impose Thai import and export duties and any other charges upon the personal possessions which the Japanese staff, after introducing into Thailand once at the beginning of the assignment, took out for temporary stay outside Thailand and, then, reintroduced.

(2) It is also understood that the Japanese staff are entitled to introduce one motor vehicle per family free of Thai import and export duties and any other customs charges during their terms of office in Thailand.

BANGKOK: November 25th, 1961.

For The Government of Japan:	For The Government of the Kingdom of Thailand:
(Signed)	(Signed)
(AKIRA OHYE)	(PHRA BUMRAS NARADURA)
The Ambassador Extraordinary	The Minister of Public Health

第一回R／D

タイ　ウイルスセンター

議　長　油谷　精夫（海外技術協力事業団専務理事）　東京に於いて開催

討議期間　43年6月28日

1968年6月28日東京において日本側海外技術協力事業団油谷精夫専務理事とタイ側公衆衛生省Dr. Komol Pengsritong次官補との間で署名，交換されたタイ・ウイルス研究所および薬品研究所両プロジェクトに関するRecord of Discussionsは次のとおりである。

RECORD OF DISCUSSIONS BETWEEN THE THAI MISSION HEADED BY DR. KOMOL PENGSRITONG 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 sent a tax-onomist for three months and pharmacologist for one year to Thailand.

Tokyo, June 28th, 1968

(Signed)	(Signed)
Dr. Komol Pengsritong Deputy Under-secretary of State for Ministry of Public Health	Seifu Aburatani Executive Director Overseas Technical Cooperation Agency

第二回R／D

タイ　ウイルスセンター

団　長　北岡　正規（国立予防衛生研究所）　ウイルスリケッチア部長

調査期間　44. 8. 13～8. 20（8日間）

日タイ両国間の年次協議了解事項

専門家チームとタイ側Ministry of Public Health の首脳間で数次にわたって協議を行ない，次のような了解点に達した。

(注)　本調査団は調査費による派遣でなく専門家派遣費により実施されたものであるが，内容は医療協力実施調査団である。

団　長　北岡　正規（省略）

団　員　深井孝之助（大阪大学医学部教授）

団　員　名取　信策（国立衛生試験所生薬部長）

調査員　吉本　静夫（海外技術協力事業団海外事業部　医療協力室長代理）

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 outbreake of encephalitis has occurred in Chieng 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 Thailands

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

1. 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 pharmacclogy, 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	pharamcognosy	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 1968 and 1969 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

(Signed)	(Signed)
Dr. Masami Kitaoka Head of the Japanese Mission.	Dr. Komol Pengsritong Deputy Under-secretary of State for Public Health, Thailand.

第四回R／D

タイ　ウイルスセンター

団　長　深井　孝之助（大阪大学医学部教授）

調査期間　47. 12. 5～12. 19（15日間）

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

(Signed)	(Signed)
Dr. Konosuke Fukai 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 lyophilyzed) in Chieng Mai and some live vaccines (measles, rubella, etc.) in Bangkok, supplied from the Research Institute for Microbial Diseases, Osaka University, had been undertaken successfuly 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 disscussed 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 organizarions.

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. Toshihiko FUKUNAGA will continue his work at the Virus Research Institute until 19 October 1973 and Dr. Tadayoshi SHIBATA will complete his assignment on 24 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 ¥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 NISHIMOTO, 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 ¥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

(Signed)
Dr. Konosuke Fukai
Professor of Research
Institute for Microbial
Diseases
Osaka University
Head of the Japanese Mission

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

(Signed)
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. Konosuke 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 Nishimoto
Chief, Division of Pharmacognosy
Department of Vegetable Drugs
National Institute of Hygienic Sciences
Member of the Japanese Mission

Mr. Mitsuo 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

Thai side

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

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

〔参 考〕

討議議事録

タイ ラマチボディ医科大学眼科部門

団 長 福士 克（仙台市立病院眼科医長）

調査期間 43. 5. 23～5. 30（8日間）

A DISCUSSION BETWEEN THE REPRESENTATIVES OF RAMATHIBODI MEDICAL FACULTY OF THAILAND AND THE MEDICAL SPECIALISTS OF JAPAN AT THE DEPARTMENT OF OPHTHALMOLOGY, RAMATHIBODI MEDICAL FACULTY, BANGKOK, THAILAND.

The discussion was held with members described as follows from 2.00 p.m. to 4.30 p.m. May 29, 1968 at the conference room of the Ramathibodi Medical Faculty.

A large number of discussion was held under an explored viewpoint by Dr. Suguru Fukushi, who stayed with a purpose of the exploration on the new establishing Ramathibodi Medical Faculty with a particular attention to the Department of Ophthalmology and their basic research facilities for a period of 8 days from 23rd of May to 30th of May, 1968.

All arrangements of Dr. Fukushi's exploration are provided by Dr. Uthai Rutnin, Acting Chairman of Department of Ophthalmology. Ramathibodi Medical Faculty.

Dr. Suguru Fukushi is expected to be a visiting professor in biochemical research and teaching project of Department of Ophthalmology, which will begin functioning in the next academic year.

Members precipitated on the discussion

Dr. Aree Valyasevi
Dean of Ramathibodi Medical Faculty
Thailand

Dr. Uthai Rutnin
Acting Chairman of Department of Ophthalmology,
Ramathibodi Medical Faculty
Thailand

Dr. Suguru Fukushi
Medical Specialist in Ophthalmology
Department of Ophthalmology,
Tohoku University Medical School,
Japan

Dr. Kazuichi Konyama
Medical Specialist of the OTCA,
Japan

Mr. Michio Takeda
Representatives of the OTCA in Bangkok,
Japan

Mr. Hideo Ono
A staff member of the OTCA in Tokyo,
Japan

The Content of Discussion

REQUEST FROM THE JAPAN TO THE THAI RESEARCH FACILITIES

The Completion of the Ramathibodi Medical Faculty had been expected on December, 1968, however, it is suspected to delay until approximately April 1969, because of the postponing construction.

While the research laboratory of the Department of Ophthalmology had been provided in the Operating room of eye surgery, the Japan strongly requested to change the laboratory to the "academic area", where is designed to be a central research laboratory with a good basic equipment.

An air conditioner for the research laboratory may be provided by the Thai.

One technical assistant may be provided by the Thai for Dr. Fukushi from the starting year and an additional assistant may be arranged from the next year of the starting year.

The research laboratory provided to Dr. Fukushi will be equipped with a fume hood.

Running expenses off approximately 4000.- baths/month, may be provided to Dr. Fukushi, beginning from the new financial year 1969 in Thailand.

REQUEST FROM THE THAI TO THE JAPAN

Dr. Suguru Fukushi is suggested to share his own official hours to teach biochemistry of the eye and lead biochemical tachniques for the 3rd residents of Department of Ophthalmology.

Equipments to a research and teaching for Dr. Fukushi must be supplied within a suitable budget from the OTCA.

Arrival of Dr. Fukushi for his mission has been expected at early in March, 1969 to begin his mission.

The Thai strongly requests to have a well qualified person of the same capacity as Dr. Fukushi who can continue his work, after Dr. Fukushi left from his mission. Mr. Takeda advised that a new application to the O.T.C.A. should be made 6 months prid to his leaving.

A PLAN PROVIDED BY THE THAI FOR EDUCATION OF RESIDENT TRAINING OPHTHALMOLOGY DURING THE PERIOD OF COOPERATION WITH THE OTCA UNDER COLOMBO PLAN

1st year	Basic training of Ophthalmology in Japan
2nd year	Clinical work in Department of Ophthalmology, Ramathibodi Medical Faculty.
3rd year	Same as tho second year and the training of basic and clinical research in Ophthalmology.

Recorded by Dr. Suguru Fukushi
May 30, 1968

第一回R／D

タイ　ラマチボディ医科大学眼科部門

団　長　外山　敏夫（慶応大学医学部教授）

調査期間　46. 2. 3～2. 13（11日間）

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 t 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, contrifuge 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 autoradigraphy 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 explores 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 OTCA. 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

(Signed)	(Signed)
Dr. Toshio Toyama	Dr. Uthai Rutnin
(Signed)	(Signed)
Dr. Akira Nakajima	Dr. Natth Bhamarapravati)

(6) ビ　ル　マ

歯 科 大 学

第一回R／D

ビルマ　歯科大学

団　長　林　都志夫（東京医科歯科大学教授）

調査期間　48. 2. 19～3. 5（15日間）

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.

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.

(Signed)	(Signed)
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 2 cc Dental Syringe 36 dozs. 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

Item No.	Description	Q'ty	Unit Price (Yen
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 Handpiece	30	1,320
	Set of 2 pieces of Steel Burs for Handpiece	30	440
	Set of 6 pieces of Steel Burs for Contra Angle	30	990
	Set of 2 pieces of Steel Burs for Contra Angle	30	440
31.	Set of 72 pieces of Engine Burs, assorted	30	3,430
32.	Dental Engine for 10,000 RPM. Mobile Stand type	2	29,250
	GRAND TOTAL PRICE		10,390,000

(7) インドネシア

インドネシア大学附属
ジャカルタ中央病院　臨床検査部門

第一回R／D

インドネシア大学附属　ジャカルタ中央病院
臨床検査部門

団　長　友松　達弥（神戸大学医学部教授）

調査期間　46. 7. 21～8. 12（23日間）

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 the 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.

3. The Government of Japan will cooperate with the Government of the Republic of Indonesia in providing the medical equipments for clinical examinations especially biochemical examinations in the fiscal year 1972, in dispatching Japanese experts and in acceptance of Indonesian staff for training in Japan until 1973.

4. The Government of the Republic of Indonesia will provide:

a. Counterparts.

b. Articles of consumption as reagents and glass wares.

c. 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.

d. Running expenses for the operation of the laboratory.

e. Privilages, 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 Cral 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 respective Governments.

Djakarta, August 9, 1971

(Signed)	(Signed)
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) イ　ン　ド

癩　研　究

第一回R／D

インド 癩研究

団　長　義江 義江（国立多摩研究所所長）

調査期間　47. 2. 20～3. 7（17日間）

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. Yoshio Yosnie 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 JAIMA 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 transfered 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 Plane for the purpose of technical training and they will succeded 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, occurin 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, exemptio 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 Centr

at least 1st fiscal year 3 counterparts
Medical Officer 1
Para-medical worker 2

at least 2nd fiscal year 4 counterparts additiona
Medical Officer 2
Para-medical worker 2

at least 3rd fiscal year 5 counterparts additiona
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.

11. The government of India will undertake of meet:

(a) Custom duties, internal taxes and other similer 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.

(Signed)

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

Ministry of Health

※調査期間内にR・Dのサインに到らず，帰国後47. 7. 25 付で大使館を通して調節する。

(9) スリランカ

薬品検査試験所（第３回RD欠除）

第一回R／D

スリランカ　薬品検査試験所

団　長　高井　俊夫（大阪市立大学医学部教授）

調査期間　43. 8. 10～8. 31（22日間）

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 maluntrition 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.

(Signed)	(Signed)
Dr. Toshio Takai	Mr. C. Balasingham
Leader of the Japanese Medical Cooperation Survey Team	Permanent Secretary of the Ministry of Health

第二回R／D

スリランカ　薬品検査試験所

団　長　川城　巌（国立衛生試験所所長）

調査期間　44. 12. 2～12. 16（15日間）

(注)　本調査団は専門家派遣事業にて派遣されたものであり，内容は上記プロジェクト関係わる計画打合わせ実施調査団である。団員江島昭（国立衛生試験所室長代理），調整員吉本静夫（OTCA医療協力室長代理）

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 Ceylones 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 personnal 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 dispatched to Ceylon after the arrival and complete arrangement of the equipment as listed in Appendix I and II.

Subject	Number of Experts	Term of Dispatch
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.

(Signed)	(Signed)
Dr. Iwao Kawashiro	Dr. C. Balasingham
Head of the Japanese	Permanent Secretary
Survey Mission	of the Ministry of Health
For the Government of Japan	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.

⑽　アフガニスタン

国立ＷＡＫ病院

第一回R／D

アフガニスタン　国立WAK病院

団　長　曲名部　寿夫（大阪大学医学部教授）

調査期間　47. 3. 2～3. 16（15日間）

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 cooperation 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 Afganistan have reached the understanding hereunder with the view of training Afgan medical and paramedical 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 overnment 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 follow-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 regualtions 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 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.

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

(Signed)
Professor Hisao MANABE
Head of the Japanese Medical Cooperation Mission

At Kabul
Date: 14 March, 1972

(Signed)
Professor A. KHOSHBEEN
Deputy Minister of Public Health
Public Health

At Kabul
Date: 14 March, 1972

APPENDIX I

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, HUJ-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

Pharmaceautical Production

Joint venture for production of generic medicine in Afghanistan

Chest Clinic

Surgical wards.

(11) イ　ラ　ン

テヘラン大学　医学部

第一回R／D

イラン　テヘラン大学医学部

団　長　伊藤　友喜（岐阜大学医学部教授）

調査期間　45. 12. 22～46. 1. 7（17日間）

RECORD OF DISCUSSIONS

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 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) Preparative ultracentrifuge.

(c) Analytical ultra-centrofuge.

(d) UV-VIS Spectrophotometer.

(e) Handy 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) Ultration 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.

(Signed)	(Signed)
Yuki Ito Head of Japanese Medical Survey Team.	N.M. Mojdehi, M.D. Dean of Teheran Medical School.

(12) ケ　ニ　ア

ナクール病院

ケニヤッタ病院

第一回R／D

ケニア　ナクール病院

団　長　祖見 秀雄（国立予防衛生研究所　細菌第一部長）

調査期間　43. 6. 26～7. 11（16日間）

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) Reft 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, 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

(Signed)
Dr. J.C. Likimani
Permanent Secretary
Ministry of Health
Kenya

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

第二回R／D

ケニア　ナクール病院

団　長　成島　四郎（長崎大学医学部教授）

調査期間　45. 11. 25～12. 13（19日間）

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 endemicdiseases-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, nutritional 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

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

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

第三回R／D

ケニア　ナクール病院

団　長　重松　逸造（国立公衆衛生院疫学部長）

調査期間　47. 11. 12～11. 27（15日間）

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 27,000,000 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 surccessfully implemented in accordance with "Gist of Discussions" signed by Dr. Hideo Fukumi 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. Gekonyo 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

(Signed)	(Signed)
Dr. Itsuzo Shigematsu Head of the Japanese Medical Cooperation Survey Team	Dr. J.M. Gekonyo Senior Deputy Director of Medical Services Ministry of Health Nairobi, Kenya

第一回R／D

ケニア　ケニヤッタ病院

団　長　恩地　裕（大阪大学医学部教授）

調査期間　45. 1. 10～1. 25（15日間）

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 Hopsital.

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.

(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).

(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.

(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

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

(Signed)
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	Biophysiograph (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	Electroencephalograph	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	Way Stop Cock (plastic)	100
56	Magil Forcep	5
57	Stethoscope	20
58	Sphygnomanometer	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

第二回R／D

ケニア　ケニヤッタ病院

団　長　重松　逸造（国立公衆衛生院疫学部長）

調査期間　47. 11. 12～11. 27（15日間）

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 those 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 27,000,000 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 Fukumi 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. Gekonyo 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.

(Signed)
Dr. Itsuzo Shigematsu
Head of the Japanese Medical
Cooperation Survey Team.

(Signed)
Dr. J. M. Gekonyo
Senior Deputy Director
Medical Services
Ministry of Health
Nairobi, Kenya.

(13) タンザニア

ダルエスサラーム大学　医学部

第一回R／D

タンザニア ダルエスサラーム大学医学部

団　長　山元 寅男（九州大学医学部教授）

調査期間　46. 1. 31～2. 18（19日間）

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 Dares 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.

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.

(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.

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

Dar es Salaam February 15, 1971

(Signed)	(Signed)
Dr. Masaatsu Koike	Pius Msekwa
Head of the Japanese Medical	Vice-Chancellor
Cooperation Survey Mission	University of Dar es Salaam

LIST OF EQUIPMENT

	Description of Goods		Quantity
I.	Equipment and Miscellaneous for Electron Microscope Room		
	1. Electron Microscope (Component Parts)	1	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		

(14) エティオピア

天然痘対策

第一回R／D

エチオピア　天然痘対策

団　長　多ケ谷　勇（国立予防衛生研究所陽内ウイルス部長）

調査期間　46. 12. 2～12. 21（20日間）

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 coolaboration 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 contente 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 radiocommunication 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 1968, 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/WHO.

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.

(Signed)	(Signed)
H.E. Ato Yohannes Wolde Gerima Vice-Minister Ministry of Public Health	Dr. Isamu Tagaya, Head of Mission Director, 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

Woisero 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 Entero-Viruses, 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 Muro, Chief, Office of Planning and Coordination, JOCV

Ovservers

Mr. Tatsuo Aikawa, Counsellor, Embassy of Japan in Ethiopia

Mr. Shigeru Ise, Third Secretary, Embassy of Japan in Ethiopia

Dr. Takateru Chse, Expert of OTCA

Mr. Takashi Nagukura, Member staff, Domestic Activities Division, JOCV

ANNEX III

REQUEST BY THE ETHIOPIAN GOVERNMENT FOR THE ICL & RI

1/ EXPERTS

Department	Type of Expert	No.
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.

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.

3．昭和50年度からの新規着手のプロジェクト事業

3. 昭和５０年度からの新規プロジェクト事業

計画名	区分 国名	区分 プロジェクト名	着手年度	終了年度	フォローアップ協力終了年度	昭和41年度	〃 42年度	〃 43年度	〃 44年度	〃 45年度	〃 46年度	〃 47年度	〃 48年度	〃 49年度	〃 50年度	〃 51年度	〃 52年度	〃 53年度	〃 54年度	〃 55年度	備考
コロンボ	韓国	①中央大学校栄養研究センター	50	54	未定									(第一回R/D)	△ 実施						
	タイ	②公衆衛生対策	50	54	未定									(第一回R/D予定) × 基礎	△ 実施						
	インドネシア	③中央生物学医学研究所	50	54	未定									(第一回R/D) × 基礎	△ 実施						
中南米	グアテマラ	④オンコセルカ症研究対策	50	54	未定									(第一回R/D) × 基礎	△ 実施						

(1) 韓　　国

臨床栄養研究センター

第一回R／D

韓国 臨床栄養研究センター

団　長　福井 忠孝（国立栄養研究所所長）

調査期間　50. 9. 4～9. 12（9日間）

ON THE RECORD OF DISCUSSIONS BETWEEN THE JAPANESE IMPLEMENTATION SURVEY TEAM AND THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE REPUBLIC OF KOREA ON THE TECHNICAL COOPERATION IN THE FIELD OF NUTRITION RESEARCH

The Japan International Cooperation Agency dispatched the Implementation Survey Team (hereinafter referred to as "the Team") which was headed by Dr. Tadataka Fukui, Director of the National Institute of Nutrition to the Republic of Korea from September 4 to 12, 1975, for the purpose of working out the details of the technical cooperation project in the field of nutrition research in the Republic of Korea. (hereinafter referred to as "the Project")

The Team exchanged views and had a series of discussions with the authorities concerned of the Government of the Republic of Korea concerning the desirable measures to be taken by both Governments to implement the aforementioned Project.

As a result of the survey and discussions, the both parties agreed to recommend to their respective Governments to carry out the matters referred to in the Record of Discussions attached herewith concerning the technical cooperation project in the field of nutrition research.

Seoul, September 9, 1975

(Signed)
Dr. Tadataka Fukui
Head of the Japanese
implementation Survey Team

(Signed)
Lee, Hai Kyung
Director of Bureau of
School Facilities,
Ministry of Education

RECORD OF DISCUSSIONS

1. Background

Recognizing that the improvement of nutrition research is one of the most important tasks in the Republic of Korea, which will contribute greatly to the advancement of welfare of the people and of social development of the country, the Government of Japan will cooperate with the Government of the Republic of Korea in carrying out "the Project" at the Clinical Nutrition Research Center, located at 94-195, Yungdungpo-Dong, Yungdungpo-ku, Seoul, Korea, the Institute of Medical Science of Korea, Chung-Ang University, towards the improvement of the method of nutrition research and survey. It is expected that the Government of the Republic of Korea will establish, through this cooperation, the methods applicable for its own country, and thus succeed in the improvement of nutritional conditions of the people.

2. The outline of "the Project" is as follows:

(1) Nutrition and foods consumption survey.

(2) Relationship of somatic development and foods.

(3) Relationship of foods and diseases.

(4) Studies on carcinogenic substances within foods.

(5) Analysis of foods.

(6) Foods contamination and its counter-measures.

(7) Betterment of foods and investigation of food source.

(8) Betterment of processing, storage and cooking of foods.

(9) Nutrition for infants and children.

3. (1) In accordance with laws and regulations in force in Japan, the Government of Japan will take necessary measures through the JICA to provide, at its own expense, the requisite services of Japanese experts including those for installation of equipment as listed in Annex I upon the request of the Government of the Republic of Korea through the normal procedure under the Colombo Plan Technical Cooperation Scheme. (Application Form A1)

(2) The Japanese experts mentioned above and their families will be granted in the Republic of Korea

privileges, exemptions and benefits no less favourable than those granted to experts of third countries under the Colombo Plan.

4. (1) In accordance with laws and regulations in force in Japan, the Government of Japan will take necessary measures through the JICA to provide at its own expense upon the request of the Government of the Republic of Korea such equipment as testing apparatuses, storing equipment, and so forth required for the implementation of "the Project" as listed in Annex II through the normal procedure under the Colombo Plan Technical Cooperation Scheme. (Application Form A4)

(2) The equipment referred to above will become the property of the Government of the Republic of Korea upon delivery c.i.f. at the port of disembarkation to the authorities concerned of the Republic of Korea.

(3) The equipment referred to above will be utilized exclusively for the implementation of "the Project" in close consultation with the Japanese experts.

5. In accordance with laws and regulations in force in Japan, the Government of Japan will take necessary measures through the JICA to receive at its own expense Korean staff associated with "the Project" for such technical training in Japan as listed in Annex III through the normal procedure under the Colombo Plan Technical Cooperation Scheme. (Application Form A2, A3)

6. The measures to be taken by the Government of the Pepublic of Korea through the Clinical Nutrition Research Center:

(1) In accordance with laws and regulations in force in the Republic of Korea, the Government of the Republic of Korea will take necessary measures to ensure the recruitment of Korean counterpart personnel as listed in Annex IV and to provide at its own expense the services of such personnel.

(2) In accordance with laws and regulations in force in the Republic of Korea, the Government of the Republic of Korea will take necessary measures to provide at its own expense:

Supply or replacement of equipment and other materials for appropriate running of "the Project", other than those provided by the Government of Japan under Article 4, Item (1).

(3) In accordance with laws and regulations in force in the the Republic of Korea, the Government of the Republic of Korea will take necessary measures to meet;

(a) all running expense necessary for the effective implementation of "the Project".

(b) customs duties, internal taxes and other similar charges, if any, imposed in the Republic of Korea in respect of the goods referred to in Article 4, Item (1).

(c) expenses necessary for the domestic transportation of the goods referred to in Article 4, Item (1) as well as for their installation, operation, and maintenance and repair.

(d) expenses for vehicles with driver for the Japanese experts during working hours.

(e) expenses for the internal travel in the Republic of Korea of the Japanese experts on duty.

(f) expenses for fully furnished appropriate housing accommodation for the Japanese Experts and their families.

7. Claims against the Japanese experts:

In accordance with laws and regulations in force in the Republic of Korea, the Government of the Republic of Korea undertakes to bear claims, if any arises, against the Japanese experts resulting from, occurring in the course of, or otherwise connected with the discharge of their official functions in the Republic of Korea, except for those claims arising from the wilful misconduct or gross negligence of the Japanese experts.

8. Japanese experts will give necessary technical guidance and advice to Korean staff associated with "the Project" pertaining to the implementation of "the Project", and the Korean authorities concerned will be responsible for the administrative and managerial matters pertaining to "the Project".

There will be a close cooperation between the Japanese experts and the Korean Authorities concerned for the successful implementation of "the Project".

9. Both Governments will consult with each other when necessary in respect of any matter that may arise from or in connection with this Record of Discussions.

10. The duration of the Japanese cooperation for "the Project" will be four (4) years from October 1st, 1975, to September 30th, 1979.

ANNEX I

JAPANESE EXPERTS

(1) Expert in Protein Metabolism

(2) Expert in Fat Metabolism

(3) Expert in Enzymology

(4) Expert in Nutritional Pathology

(5) Expert in Nutritional Physiology

(6) Expert in Applied Food-technology

(7) Expert in Oncology

(8) Expert in Gastroenterology

(9) Expert in Pediatric Dietetics

(10) Expert in other related fields as necessary

ANNEX II

EQUIPMENT

1. Equipment for Basic Research in Nutrition

   (1) Equipment for Protein as Amino acid analyzer and others

   (2) Equipment for liquid as Gas Chromatography and others

   (3) Equipment for Vitamin as Fluorometer and others

   (4) Equipment for Minerals as Atomic absorption photometer and others

2. Equipment for Diagnosis and Treatment

   (1) Equipment for Cardio-vascular diseases as Electro-cardiograph and others

   (2) Equipment for Gastro-intestinal diseases as Gastro-fiberscope and others

   (3) Equipment for Hepatic diseases as Microscope and others

   (4) Equipment for Gall-duct diseases as Dual-Wavelength TLC Scanner and others

3. Equipment for common use

   Microbalance and others

ANNEX III

TRAINING IN JAPAN

1. Researcher for Chemical Analysis
2. Researcher for Statistics in Foods Survey
3. Researcher for Nutritional Biochemistry
4. Researcher for Nutritional Physiology
5. Researcher for Applied Food-technology
6. Researcher for Food Hygiene
7. Researcher for Cytopathology
8. Researcher for Carcinogenic Substance
9. Researcher for Pediatric Dietetics
10. Researcher for Somatology
11. Researcher for Gastroenterology
12. Researcher for the other related fields as necessary

ANNEX IV

KOREAN COUNTERPARTS

1. Counterpart in Protein Metabolism
2. Counterpart in Fat Metabolism
3. Counterpart in Enzymology
4. Counterpart in Nutritional Pathology
5. Counterpart in Nutritional Physiology
6. Counterpart in Applied Food-technology
7. Counterpart in Oncology
8. Counterpart in Gastroenterology
9. Counterpart in Pediatric Dietetics

(2) インドネシア

中央生物学医学研究所

第一回R／D

インドネシア　中央生物医学研究所

団　長　村田　良介（国立予防衛生研究所）　細菌第二部長

調査期間　50. 2. 28～3. 15（16日間）

ON THE RECORD OF DISCUSSIONS BETWEEN THE JAPANESE IMPLEMENTATION SURVEY TEAM AND THE AUTHORITIES CONCERNED OF THE REPUBLIC OF INDONESIA ON THE TECHNICAL COOPERATION IN THE FIELD OF THE CONTROL OF BIOLOGICAL PRODUCTS AND VIRUS DIAGNOSIS.

The Japan International Cooperation Agency (J.I.C.A.) organized an implementation survey team (hereinafter to be referred to as the team), headed by Dr. Ryosuke Murata, Director of the second department of Bacteriology, National Institute of Health of Japan, which visited the Republic of Indonesia from 28 February to 15 March 1975 for the purpose of working out the details of the cooperation project in the field of laboratory works associated with public health services in Indonesia.

The team exchanged views with the authorities concerned of the Republic of Indonesia concerning the desirable measures to be undertaken by the two governments to realize the said project. As a result of the survey and discussions the two parties agreed to recommend to their respective governments to carry out the matters referred to in the Record of Discussions attached herewith concerning the technical cooperation project in specified fields of laboratory works associated with public health services.

Jakarta, 13 March, 1975.-

(Signed)
Dr. Ryosuke Murata
Head of the Japanese
Implementation Survey Team
Japan International
Cooperation Agency.-

(Signed)
Djaka Sutadiwiria
Secretary General
Ministry of Health
the Government of
the Republic of Indonesia.-

RECORD OF DISCUSSIONS

1. Background:

Recognizing that the improvement of laboratory works associated with public health services, above all, the strengthening of the control and production laboratories of biological products as well as of the virus diagnostic laboratory under the Ministry of Health of Indonesia, is important of the improvement of the welfare of people in the Republic of Indonesia, the Government of Japan and the Government of the Republic of Indonesia will jointly carry out the Cooperation Project on the vaccine and virus laboratories in the Republic of Indonesia (hereinafter to be referred to as the Project).

2. The outline of the Project:

(1) Cooperation in the improvement of the control of biological products in the Centre for Biomedical Research, the National Institute of Health Research and Development (formerly the National Institute of Medical Research) Jakarta, and in the improvement of the production of a biological product in Perusahaan Negara "Bio Farma", Bandung.

(2) Cooperation in the strengthening of the activities in diagnostic virology in the Centre for Biomedical Research, the National Institute of Health Research and Development (formerly the National Institute of Medical Research), Jakarta.

3. (1) In accordance with laws and regulations in force in Japan the Government of Japan will take necessary measures to provide, at its own expense, the requisite services of Japanese experts including those for installation of equipments according to Annex I for efficient implementation of the project upon the request of the Government of the Republic of Indonesia through the normal procedures under the Colombo Plan technical cooperation scheme (Application Form A1).

(2) The Government of the Republic of Indonesia undertakes to grant to the Japanese experts and their families immunity and privileges no less favourable than those granted to foreign experts working in the field of bilateral technical cooperation in the Republic of Indonesia.

4. (1) In accordance with laws and regulations in force in Japan the Government of Japan will take necessary measures to provide, at its own expense, the necessary equipments and materials as listed in Annex II for the successful implementation of the Project upon the request of the Government of the Republic of Indonesia through the normal procedure under the Colombo Plan technical cooperation scheme (Application Form A4).

(2) The equipments and materials referred to above will become the property of the Government of the Republic of Indonesia upon their c.i.f. deliveries at the port of disembarkation to the Government of the Republic of Indonesia.

(3) Responsibility of the maintenance of the equipments and materials will be taken by the Government of the Republic of Indonesia for the efficient performances of the Project.

(4) Within the terms of this Record of Discussions, the Government of the Republic of Indonesia undertakes to exempt the equipments and materials which are granted by the Government of Japan for the requirement upon the implementation of the Project from any customs, taxes and other charges on import.

5. In accordance with laws and regulations in force in Japan, the Government of Japan will take necessary measures to receive, at its own expense, Indonesian Staff engaged in the Project, excluding the technical cooperation on "Bio Farma", for the seminars and training courses in Japan according to Annex III through the normal procedures under the Colombo Plan technical cooperation scheme (Application Form A2, A3).

6. Within the Republic of Indonesia, the Government of the Republic of Indonesia will undertake to meet the expenses necessary for the transportation of the equipments and materials as well as for their installation, operation, maintenance and other running expenses necessary for the implementation of the Project.

7. Japanese experts will give technical guidance and advice to Indonesian Staff engaged in the Project, pertaining to the implementation of the Project, and the Indonesian authorities concerned will be responsible for the administrative and managerial matters pertaining to the Project. There will be a close cooperation in the implementation of the Project between

the Japanese experts and the Indonesian authorities concerned.

8. The two Governments will consult with each other from time to time to ensure the successful implementation of the Project.

9. The duration of the Japanese cooperation will commence from 1975 Japanese fiscal year for five years.

ANNEX I.

PROGRAMMES OF THE JAPANESE CONSULTANTS SERVICES

1. Three consultants related to the control of the Bilogical Products of Centre for Biomedical Research.

- Assay of general biological products .....1.
- Laboratory animal science .....1.
- Assay of BCG vaccine .....1.

2. Two consultants related to the virus laboratory of Centre for Biomedical Research.

- Enterovirus .....1.
- General diagnostic virology .....1.

3. One consultant related to BCG production of Bio Farma.

Other technicians to set-up the equipments should be sent by the Government of Japan if necessary.

Above mentioned programmes will be changeable by the mutual discussions between the Government of the Republic of Indonesia and the Government of Japan if necessary from time to time for the efficient implementation of the Project.-

Jakarta, 13 March, 1975.-

ANNEX II.

LIST OF EQUIPMENT AND MATERIALS

ON THE CONTROL LABORATORY OF BIOLOGICAL PRODUCTS.

NAME	TOTAL
Air conditioner (small).	7.
Air conditioner (large).	3.
U.V. lamp.	10.
Lamina flow cabinet.	2.
Vehicle for field study.	1.
Vehicle for transportation of animal.	1.
Refrigerator.	3.
Ultra-low temperature cabinet.	1.
Electrophoresis kit.	1.
Spectrophotometer (Coleman Jr. type).	1.
Analytical balance.	1.
Ultrasonic disintegrator.	1.
Phase-contrast microscope.	1.
Electronic bacterial counter.	1.
Centrifuge (stainless tube).	1.
Automatic fraction collector.	1.
Seitz filter.	1.
Cage for mouse (small size).	735.
Cage for mouse (large size).	50.
Cage for rabbit.	153.
Cage for dog.	10.
Cage for monkey.	24.
Rack for mouse	24.
Rack for guinea pig.	12.
Rack for rabbit.	16.
Rack for monkey.	4.
Drinking bottle (150 ml).	500.
Drinking bottle (250 ml).	500.
Drinking bottle (500 ml).with holder.	300.
Drinking bottle for monkey with holder.	24.
Pellet hopper of mouse cage.	100.
Pellet hopper of guinea pig cage.	50.
Pellet hopper of rabbit cage.	50.
Grid floor of guinea pig cage.	156.
Grid floor of rabbit cage.	153.
Cage for guinea pig.	156.
Ear punch (small size).	2.
Far punch (large size).	2.

NAME	TOTAL
Balance for guinea pig.	1.
Balance for mouse.	2.
Balance for rabbit.	1.
Restraining apparatus for rabbit (Kitajima type).	5.
Restraining apparatus for rabbit (Oshida type).	2.
Operation board for mouse and guinea pig.	10.
Hair clipper with vacuum cleaner.	1.
Food container.	4.
Laboratory cart.	15.
Wagon.	2.
Cart for water bottle.	2.
Step with casters.	2.
Lethal chamber.	2.
Thermo-hydrometer.	2.
Exhauster.	10.
Kit for pyrogen test.	1.
Autoclave.	2.
Incinerator.	1.
Pelleting machine.	1.
Glasswares.	
Chemicals.	
Miscellaneous.	

ON THE VIRUS LABORATORY.

Ultra-low temperature cabinet.	3.
Ultracentrifuge.	1.
Refrigerator.	5.
Freezer (-20°C).	4.
Autocleve (electric, horizontal).	1.
Autocleve (small size).	5.
Incubator (medium size).	5.
CO_2 Incubator (medium size).	2.
Microscope (binocular).	1.
Disecting microscope.	3.
Inverted microscope.	2.
Ultrasonic disintergrator.	1.
Lyophylizer (medium size).	1.
Homogenizer.	2.
Lamina flow cabinet.	2.
Demineralizer.	2.
Water still	2.
Millipore filter (medium size).	1.
Millipore filter (small size).	25.
Water bath (medium size).	4.

NAME	TOTAL
Water bath (small size).	2.
Pipette washer with dryer.	2.
Spectrophotometer (Coleman Jr. type).	1.
Balance (electric).	2.
Stabilizer (1 Kw).	5.
Microtome.	1.
Vacuum pump.	3.
Vibrator for microtiter plate	2.
Test tube washer with brush.	1.
Ice machine	1.
pH meter	2.
Vehicle.	1.
Air conditioner (small).	15.
Glasswares.	
Chemicals	
Miscellaneous.	

ONE THE PRODUCTION OF BCG VACCINE

DESCRIPTION OF GOODS

Automatic sealing apparatus.	1.

The kind and number of the equipments mentioned above will be changeable by the mutual discussions between the Government of the Republic of Indonesia and the Government of Japan if necessary from time to time for the efficient implementation of the Project.

Jakarta, 13 March, 1975.-

ANNEX III.

PROGRAMMES OF FELLOWSHIPS IN JAPAN
FOR INDONESIAN STAFF ENGAGED IN THE PROJECT.

1. Seven fellowships related to the control of the biological products.

- Administrative control of the biological products..... 2
- General assey of the biological products..... 1
- Toxinology..... 1
- Laboratory animal science..... 1
- Standard preparations..... 1
- Antibiotics..... 1

2. Six fellowships related to the virus laboratory.

- General diagnostic virology..... 2
- Enterovirus..... 1
- Influenza..... 1
- Rickettsia..... 1
- Herpes and Measles..... 1

Above mentioned programmes will be changeable by the mutual discussions between the Government of the Republic of Indonesia and the Government of Japan if necessary from time to time for the efficient implementation of the Project.-

Jakarta, 13 March, 1975.-

(3) グ ァ テ マ ラ

オンコセルカ症研究対策

第一回R／D

オンコセルカ症研究対策

団　長　林　滋生（国立予防衛生研究所寄生虫部長）

調査期間　50. 6. 28～7. 24（27日間）

ON THE RECORD OF DISCUSSIONS BETWEEN THE JAPANESE IMPLEMENTATION SURVEY TEAM AND THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE REPUBLIC OF GUATEMALA ON THE TECHNICAL COOPERATION IN THE FIELD OF ONCHOCERCIASIS RESEARCH AND ITS CONTROL

The Japan International Cooperation Agency dispatched the Implementation Survey Team (hereinafter referred to as the Team) which was headed by Dr. Shigeo Hayashi, Director of Department of Parasitology, National Institute of Health to the Republic of Guatemala from July 2 to 22, 1975, for the purpose of working out the details of the technical cooperation project in the field of Onchocerciasis research and its control in the Republic of Guatemala. (hereinafter referred to as the Project)

The Team exchanged views and had a series of discussions with the authorities concerned of the Government of the Republic of Guatemala concerning the desirable measures to be taken by both Governments to implement the aforementioned Project.

As a result of the Survey and discussions, the both parties agreed to recommend to their respective Governments to carry out the matters referred to in the Record of Discussions attached herewith concerning the technical cooperation project in the field of Onchocerciasis research and its control.

Guatemala City, July, 21, 1975.

(Signed)
Dr. Julio Castillo Sinibaldi
Minister of Public Health
and Social Welfare

(Signed)
Dr. Shigeo Hayashi
Head of the Japanese
Implementation Survey Team

(Signed)
Junzo Mori
Ambassador of Japan

RECORD OF DISCUSSIONS

1. Background

Recognizing that the eradication of Onchocerciasis is one of the most important tasks in the Republic of Guatemala, which will contribute greatly to the advancement of welfare of the people and of social development of the country, the Government of Japan will cooperate with the Government of the Republic of Guatemala in carrying out the "Project" in San Vicente Pacaya so as to assist in developing effective method for vector control. It is expected that the Government of the Republic of Guatemala will establish, through this cooperation, the methods applicable for its own country, and thus succeed in extirpating Onchocerciasis.

2. The outline of the Project is as follows:

(1) Basic research works for Onchocerciasis control including vector control and chemotherapy.

(2) Practice of Onchocerciasis control laying emphasis on vector control in San Vicente Pacaya Pilot area of about 300 km^2.

(3) Establishment of effective methods for vector control applicable widely in the Republic of Guatemala.

3. (1) In accordance with laws and regulations in force in Japan, the Government of Japan will take necessary measures through JICA to provide, at its own expense, the requisite services of Japanese experts including those for installation of equipment as listed in Annex I upon the request of the Government of the Republic of Guatemala through the normal procedures under the Technical Cooperation Scheme. (Application Form A 1)

(2) The Japanese experts mentioned above and their families will be granted in the Republic of Guatemala privileges, exemptions and benefits no less favourable than those granted to experts of third countries or of international organization such as the United Nations under similar circumstances.

4. (1) In accordance with laws and regulations in force in Japan, the Government of Japan will take necessary measures through the JICA to provide at its own expense

upon the request of the Government of the Republic of Guatemala such equipment, machinery, vehicles and materials required for the implementation of the Project as listed in Annex II through the normal procedure under the Technical Cooperation Scheme for Latin American countries. (Application Form A 4)

(2) The equipment, machinery, vehicles and materials referred to above will become the property of the Government of the Republic of Guatemala upon delivery c.i.f. at the port of disembarkation to the authorities concerned of the Republic of Guatemala.

(3) The equipment referred to above will be utilized exclusively for the implementation of the Project in close consultation with the Japanese experts.

5. In accordance with laws and regulations in force in Japan the Government of Japan will take necessary measures through the JICA to receive at its own expense Guatemala through the JICA to receive at its own expense Guatemalan staff associated with the Project for such technical training in Japan as listed in Annex III through the normal procedure under the Technical Cooperation Scheme for Latin American countries. (Application Form A 2, A 3)

6. The measures to be taken by the Government of the Republic of Guatemala.

(1) In accordance with laws and regualtions in force in the Republic of Guatemala, the Government of the Republic of Guatemala will take necessary measures to ensure the recruitment of Guatemalan counterpart personnel as listed in Annex IV and to provide at its own expense the services of such counterpart personnel.

(2) In accordance with laws and regulations in force in the Republic of Guatemala, the Government of the Republic of Guatemala will take necessary measures to provide at its own expense:

(a) Space for laboratories, buildings and other incidental facilities as listed in Annex V.

(b) Supply or replacement of equipment and other materials for appropriate running of the Project, other than those provided by the Government of Japan under Article 4 item (1).

(3) In accordance with laws and regulations in force in the Republic of Guatemala, the Government of the Republic of Guatemala will take necessary measures to meet:

(a) all running expense necessary for the effective implementation of the Project.

(b) customs duties, internal taxes and other similar charges, if any, imposed in the Republic of Guatemala in respect of the goods referred to in Article 4 item (1).

(c) expenses necessary for the domestic transportation of the goods referred to in Article 4 item (1) as well as for their installation, operation, and maintenance and repair.

(d) expenses for vehicles with driver for the Japan Japanese experts during working hours.

(e) expenses for the internal travel in the Republic of Guatemala of the Japanese experts on duty.

7. Claims against the Japanese experts

The Government of the Republic of Guatemala undertakes to bear claims, in any arises, against the Japanese experts resulting from, occurring in the course of, or otherwise connected with the discharge of their official functions in the Republic of Guatemala, except for those claims arising from the wilful misconduct or gross negligence of the Japanese experts.

8. Japanese experts will give necessary technical guidance and advice to Guatemalan staff associated with the Project Pertaining to the implementation of the Project, and the Guatemalan Authorities concerned will be responsible for the administrative and managerial matters pertaining to the Project. There will be a close cooperation between the Japanese experts and the Guatemalan Authorities concerned for the successful implementation of the Project.

9. Both Governments will consult with each other when necessary in respect of any matter that may arise from or in connection withthis Record of Discussions.

10. The duration of the Japanese cooperation for the Project will be five (5) years commencing from October, 1975.

ANNEX I

JAPANESE EXPERTS

i. Epidemiology

Epidemiologist and Parasitologist	120 m/m
Medical Staff (including Ophthalmologist)	60 m/m

ii. Vector Control

Entomologist	120 m/m
Experts for Topographic Map	24 m/m

ANNEX II

EQUIPMENTS AND INSTRUMENTS

i. Laboratory Equipments

Equipments such as electric incubator, Drying oven, low and high pressure sterilizer, low and high speed centrifuge and pH meter

Optical instruments such as stereoscopic microscope, binocular microscope, cinecamera and projector Glass vessels such as various test tube, a variety of flask and pipette of various type

ii. Entomological instruments for collecting, rearing and dissecting insects.

iii. Chemicals;

Reagents for chemical and biochemical analyses, Insecticides

iv. Office supplies such as copying machine, typewriter, calculating machine, scale paper and notes

v. Cars such as land cruiser and jeep

ANNEX III

TRAINING IN JAPAN

Senior Staff	2	about one month each.
Junior Staff	3	6 moths to one year each.

ANNEX IV

COUNTERPART

i.	Epidemiology	-One Medical Staff (Epidemiologist and Parasitologist) -One Junior Parasitologist -One clark (or Statistician)
ii.	Vector Control	-One Senior Entomologist -One Junior Entomologist -One Supervisor for fieldmen -Six fieldmen
iii.	Medical Services	One Medical Officer; During the period while no personnel would be available the medical staff in Epidemiology division shall take this duty.
iv.	Public Education	Not essential, when a cooperation could be obtained from the section "Educacion de Salud".

ANNEX V

LABORATORY SPACE (TO BE SUPPLIED WITH WATER AND AND ELECTRICITY)

i. Main Laboratory (to be located in Guatemala City)

1. room for epidemiological and parasitological study ..... 6m x 6m .... 2 rooms
2. room for entomological study ... 6m x 6m ... 3 rooms

3. store room ..... 3m x 6m ... 1 room

4. administration office ..... 4m x 6m ... 1 room

ii. Sub-station (to be located in San Vicente Pacaya)

1. room for inspector's office .... 4m x 6m ... 1 room

2. room for fieldmen ..... 6m x 6m ... 1 room

3. room for storage of insecticide, etc. ..... 6m x 6m ... 1 room

II．人口家族計画プロジェクト事業

B. 人口，家族計画協力Project事業

計画名	区分 国名	区分 プロジェクト名	着手年度	終了年度	プロジェクト終了年度	昭和41年度	〃42年度	〃43年度	〃44年度	〃45年度	〃46年度	〃47年度	〃48年度	〃49年度	〃50年度	〃51年度	〃52年度	〃53年度	〃54年度	備考
コロンボ	フィリピン	①家族計画	49	53	未定							×基礎		(第一回R/D) △実施						
	タイ	②家族計画	49	53	未定									(第一回R/D) △実施						
	インドネシア	③家族計画	44	53	未定				(第一回R/D) △実施											
	バングラディシュ	④家族計画	50	54	未定									×基礎	(第一回R/D) △実施					

(1) フィリピン

家族計画

第一回R／D

団　長　片桐　為精（（社）日本家族計画連盟理事）

調査期間　49. 7. 8～49. 7. 18（11日間）

ON THE RECORD OF DISCUSSIONS BETWEEN THE JAPANESE IMPLEMENTATION SURVEY MISSION AND THE AUTHORITIES CONCERNED OF THE REPUBLIC OF THE PHILIPPINES ON THE TECHNICAL COOPERATION IN THE FIELD OF FAMILY PLANNING

The Overseas Technical Cooperation Agency (OTCA), entrusted with execution of technical cooperation by the Government of Japan, organized an Implementation Survey Mission (hereinafter referred to as the Mission), headed by Mr. Tameyoshi Katagiri, Director of the Family Planning Federation of Japan, which visited the Republic of the Philippines from July 8 to July 18, 1974 for the purpose of working out the details of a cooperation project in the field of Family and Population Planning in the Philippines.

The Mission exchanged views and had a series of discussions with the Commission on Population (hereinafter referred to as the POPCOM) of the Government of the Republic of the Philippines concerning the necessary and mutually acceptable measures to be undertaken by the two Governments to realize the said Project. As a result of the survey and discussions, the two parties agreed to recommend to their respective Governments to carry out the matters referred to in the attached Record of Discussions including its Annexes concerning the technical cooperation project in the field of Family and Population Planning in the Philippines.

Manila, July 17, 1974

(Signed)	(Signed)
Mr. Tameyoshi Katagiri For the Japanese Implementation Survey Mission	Mr. Benjamin de Leon For the Commission on Population of the Philippines

RECORD OF DISCUSSIONS

Recognizing that to find solution to population problem is one of the important tasks for improving the welfare of people and for achieving greater social stability, the Government of Japan and the Government of the Republic of the Philippines will jointly endeavor to carry out the Family Planning Cooperation Project in the Philippines (hereinafter referred to as the Project) by further strengthening and expanding the Education, Information and Communication (EIC) and Training components and other related activities of the Program in the Philippines.

1. (1) In accordance with laws and regulations in force in Japan, the Government of Japan will take necessary measures to provide at its own expense the requisite services of Japanese experts in the field of Family and Population Planning, upon request of the Government of the Philippines, through the normal procedures under the Colombo Plan Technical Cooperation Scheme.

   (2) The Japanese experts mentioned above and their Families will be granted in the Republic of the Philippines privileges, exemptions and benefits no less favorable than those granted to experts of third countries or of international organizations such as the United Nations performing similar missions.

2. (1) In accordance with laws and regulations in force in Japan, the Government of Japan will take necessary measures to provide at its own expense the equipment listed in Annex I, including the corresponding spare parts of asterisked items through the normal procedures under the Colombo Plan Technical Cooperation Scheme.

   (2) The goods referred to above will become the property of the Government of the Republic of the Philippines upon being delivered c.i.f. at the port of disembarkation to the POPCOM.

   (3) The Government of Japan will provide POPCOM with the necessary spare parts for a period of two (2) years upon the arrival of the requested equipment covered by the Project.

3. In accordance with laws and regulations in force in Japan, the Government of Japan will take necessary measures to receive

at its own expense Philippine staff engaged in the Project for the existing group training courses listed in Annex II, as well as for individual training courses in Japan through the normal procedures under the Colombo Plan Technical Cooperation Scheme.

4. The Government of the Republic of the Philippines will undertake to bear claims, if any arises, against the Japanese experts resulting from, occurring in the course of, or otherwise connected with the discharge of their official functions covered by this Record of Discussions, except for those claims arising from the willful misconduct or gross negligence of the Japanese experts.

5. The Government of the Republic of the Philippines will undertake to meet:

(1) expenses for medical treatment of the Japanese experts and for their approved official travel within the Republic of the Philippines, as programmed by POPCOM, in accordance with laws and regulations in force in the Philippines,

(2) expenses necessary for the transportation of the goods listed in Annex I within the Republic of the Philippines as well as for their installation, operation, maintenance and other running expenses necessary for the implementation of the Project,

(3) customs duties and any other charges, if any, as may be imposed by the Republic of the Philippines on the goods listed in Annex I.

6. The Government of the Philippines wishes to forward to the Government of Japan, through normal channels, request for equipment programmed for the succeeding years of Assistance in the areas of Training, Information, Education, and Communication.

7. The two (2) Governments will consult with each other from time to time to ensure the successful implementation of the Project.

8. The duration of the Japanese cooperation for the Project will be five (5) years commencing from 1974 Japanese Fiscal Year.

ANNEX I

Priority	Quantity	Code	Description
1	3 sets		*Baby Hamada Offset Press (with camera, plate making machine 3 units)
2	3 pcs.		*Electric Typewriters @$1,000.00
3	6 pcs.	TC-707 MC	Sony Tape Recorder, Model 707 MC, half-track monophonic complete with power amplifier and speaker, 220 volts, 60 Hz @$590.00
4	6 pcs.	ECM-33P	Sony Electret Condenser Microphones @$152.00
5	3 pcs.	MX-12	Sony Mixing System, Model MX-12 six channels for microphones and auxiliaries @$90.00
6	3 sets	FT-6	Canon 35 mm Single Lens Reflex Camera with standard FO 55 mm fl. 2 SSC lens, and the following accessories, one set each:
			a. Wide-angle lens b. Zoom lens c. Macro lens or close-up lens d. Extension tube or bellows e. Slide duplicator f. Copy stand
	3 sets		Filters for above camera, one set each:
			a. Yellow b. Red c. Blue d. Polarizer
	3 sets		Heavy duty tripods for above cameras
	3 sets		Seconic exposure motors

*Please include spare parts.

Priority	Quantity	Code	Description
6 (Cont'd)	3 sets		Canon electronic flash for above cameras
	3 sets		Enlarger with 75 mm. 50 mm and 105 mm lenses
	6 sets		Developing tanks for 35 mm stainless steel
	3 sets		Safelight
	3 sets		Timers for developing
	3 sets		Film carriers for 35 mm
	9 sets		Developing trays
7	22	AV-2000	Cabin table projector, model AV-2000 with integrated rear projection screen and carrying case, 220 volts 60 Hz. @$250.00
8	22	TC-182	Sony Cassette Recorder with slide synchronization and public address facility AC/DC operation @$172.00
9	1	AV-3650	*Sony video tape recorder B/W ½ inch tape, EIA standard, 60 Hz., with electronic editing facility still picture and slow motion play-back controls, 117 V.
	2	AVC-4200A	Sony video camera, 2:1 interlace 2/3 inch vidicon tube with built-in view-finder, tally light and intercom facilities, EIA standard, 60 Hz. @¥170,300.00
	1	SEG-2	Special Effects Generator B/W EIA standard 60 Hz.

*Please include spare parts.

Priority	Quantity	Code	Description
9 (Cont'd)	1	JB-3	Junction Box for tally lights and intercommunication, EIA standard
	1	CG-1	Sync generator B/W EIA sta standard
	4	DR-10A	Intercommunications Headset @¥8,840.00
	2	TVT-1	Tripod for AVC-4200A video camera, @¥52,520.00
	2	TD-3	Dolly for TVT-1 tripod @¥34,320.00
	3	PVM-90E	Sony 9-inch B/W monitor 110-240V AC EIA standard 60 Hz. @¥48,230.00
	1	CVM-194	Sony 19-inch TV receiver/ monitor B/W US Channel EIA standard 60 Hz.
	1	CMA-2	Sony camera adaptor for AVC-3400 portable video camera, EIA standard 60 Hz.
	1	AVC-3400	Sony portable video camera 2:1 interlace 2/3 inch vidicon tube, EIA standard 60 Hz.
	1	AV-3400	Sony portable video tape recorder, EIA standard
	1	AC-3400	AC adapter
	4	BP-20	Extra rechargeable battery @¥11,440.00
	2	VCL-1206	Zoom lens "C" mount type 75 mm @¥39,780.00
	2	49 CL-UP #2	Close-lens for VCL-1206 @¥3,250.00

*Please include spare parts.

Priority	Quantity	Code	Description
9 (Cont'd)	4	CCD-5-5W	Coaxial cable M-M plug, @¥3,250.00
	2	CCJ-10	Camera extension cable 10P-10P plug @¥13,130.00
	2	CCF-10	Camera extension cable 6P-6P @¥2,600.00
	1	VCL-08	Wide angle lens 8.5 mm FI. 5
	1	VCL-50	Telephoto lens "C" mount 50 mm FI. 8
	30	V-32	Sony video tape ½ inch tape width, 60 minutes running time 7" reel EIA @¥3,380.00
	20	V-30H	Sony video tape ½ inch tape width, 30 minutes running time, 5 inch reel EIA @¥3,380.00
	10	RH-5E	Take-up reel for V-30H, 5" reel @¥663.00
	15	RH-7V	Take-up reel for V-32, 7" reel @¥730.00
10	3		Cutters, to cut paper as large as 40"
	3		Stapling machine, for stapling across 12" paper, complete with supplies
	3		Splicers for tape
	3		Tape demagnetizers, for cassette
	3		Tape head demagnetizers, for reel type
	6		Slide viewers
	12		Slide sorting stands

*Please include spare parts.

Priority	Quantity	Code	Description
10 (Cont'd)	4		Dry mount presses for dry mounting of photos, laminating, acetate picture lift, etc. 26 x 32" platen and supplies
	11		Models for female reproductive system made by Sampoon
	11		Models showing male and female reproductive systems, menstrual cycle, endocrine system, meiosis and mitosis, cell to embryo series, 4-month fetus, full-term fetus and birth models.
	3		Motion picture lights, each consisting of reflectors, barndoors, stands and clips for three 800-watt and one 1000-watt quartz halogen lamps.
11	22	BV	Cabin color screen, combination wall/celling and tabletop stand, case stand 180x180 cm @$86.00
12	2		*Media vans @$4,000.00
13	4	O-3F	Cabin overhead projector model O-3F, portable folding type, complete with acetate roll and attachments, 220V 60 Hz. @$200.00
14	50		Spare lamps for Cabin Overhead projector, 650 watts, 220 volts
	220		Spare lamps for Cabin Table projector, 300 watts, 220 volts

*Please include spare parts.

Priority	Quantity	Code	Description
14 (Cont'd)	2,200		Sony Cassette Tapes, C-60
	1,100		Sony reel tapes, 1800 ft.
	50 sets		Acetate pens, 60 colors/set
	50 boxes		Grease pencils, 1 dozen per box

*Please include spare parts.

ANNEX II.

1. Seminar on Family Planning Administration for Senior Officers in Asia

2. Seminar on Information, Education and Communication in Family Planning

3. Seminar on Logistic Aspects in Family Planning

4. Seminar on Health and Biological Aspects in Family Planning

5. Special Seminar in Family Planning (Field Workers)

(2) タ　　イ

家 族 計 画

第一回R／D

団　長　片桐　為精（（社）日本家族計画連盟理事）

調査期間　49. 7. 18～49. 7. 26（9日間）

ON THE RECORD OF DISCUSSIONS BETWEEN THE JAPANESE IMPLEMENTATION SURVEY MISSION AND THE AUTHORITIES CONCERNED OF THAILAND ON THE TECHNICAL COOPERATION IN THE FIELD OF FAMILY PLANNING.

The Overseas Technical Cooperation Agency (OTCA), entrusted with execution of technical cooperation by the Government of Japan, organized an Implementation Survey Mission (hereinafter referred to as the Mission), headed by Tameyoshi Katagiri, Director of the Family Planning Federation of Japan, which visited Thailand from July 18 to July 26, 1974 for the purpose of working out the details of a cooperation project in the field of Family Planning in Thailand.

The Mission exchanged views and had a series of discussions with the authorities concernod of the Government of Thailand concerning the desirable measures to be undertaken by the two Governments to realize the said Project. As a result of the survey and discussions, the two parties agreed to recommend to their respective Governments to carry out the matters referred to in the Record of Discussions attached herewith including its Annexes concerning the technical cooperation Project in the field of Family Planning.

Bangkok, July 25, 1974

(Signed)	(Signed)
Mr. Tameyoshi Katagiri For the Japanese Implementation Survey Mission	Dr. Manasvi Unhanand For the Under-Secretary of of State for Public Health

(Signed)

Mr. Xujati Pramoolpol
For the Director-General, Department of Technical and Economic Cooperation

RECORD OF DISCUSSIONS

Recognizing that to find solution to population problem is one of the important tasks for improving the welfare of people and for achieving greater social stability, the Government of Japan and the Government of Thailand will jointly endeavor to carry out the Family Planning Cooperation Project in Thailand (hereinafter referred to as the Project) by further strengthening and expanding the Education, Information and Communication (ETC) and Training Components and other related activities of the Project in Thailand.

1. (1) In accordance with laws and regulations in force in Japan, the Government of Japan will take necessary measures to provide at its own expenses the requisite services of Japanese experts upon the request of the Government of Thailand, in the field of Family Planning through the normal procedures under the Colombo Plan Technical Cooperation Scheme.

   (2) The Japanese experts mentioned above and their families will be granted, in Thailand, privileges, exemptions and benefits accorded to experts under the Colombo Plan.

2. (1) In accordance with laws and regulations in force in Japan, the Government of Japan will take necessary measures to provide at its own expenses, upon the request to be made by the Government of Thailand, the necessary and relevant equipment, vehicles and materials for the fruitful implementation of the Project as listed in Annex I, which is an indicative requirement of the Ministry of Public Health.

   (2) The equipment, vehicles and materials referred to above will become the property of the Government of Thailand upon being delivered c.i.f. at the port of disembarkation to the Department of Technical and Economic Cooperation (DTEC).

3. In accordance with laws and regulations in force in Japan, the Government of Japan will take necessary measures to receive at its own expenses Thai staff engaged in the Project for the seminars and training courses in Japan as listed in Annex II through the normal procedures under the Colombo Plan Technical Cooperation Scheme.

4. The Government of Thailand will undertake to meet:

(1) expenses necessary for the transportation of the equipment, vehicles and materials within Thailand as well as for their installation, operation, maintenance and other running expenses necessary for the implementation for the Project.

(2) customs duties and any other charges, if any, as may be imposed in Thailand in respect of the above equipment, vehicles and materials as listed in Annex I.

5. The two (2) Governments will consult with each other from time to time to ensure the successful implementation of the Project.

6. The duration of the Japanese cooperation for the Project will be five (5) years commencing from 1974 Japanese Fiscal Year.

ANNEX I

No.	Description & Specification	Tentative arrival of equipment, vehicles and materials					
		1974	1975	1976	1977	1978	Total
1.	Mobile Motivation Units	-	10	10	10	-	30 unit
2.	Motor cars for field supervision	-	9	-	-	-	9
3.	Audio-Visual Equipment for F.P. communication Laboratory wich support motivational & training activities	1	-	-	-	-	1 set
4.	Audio-Visual Equipment for F.P. Conference Room	1	-	-	-	-	1 set
5.	Audio-Visual Equipment for mobile training units	-	4	-	-	-	4 sets
6.	Microbus	6	-	-	-	-	6
7.	Fetal Heart Sound Monitor	4	-	-	-	-	4
8.	Infant Incubator for Premature Baby	12	-	-	-	-	12
9.	Electronic calculator	12	-	-	-	-	12
10.	Pick-up truck	2	-	-	-	-	2
11.	Other necessary equipments, vehicles, spare parts and materials to be mutually agreed upon		-	-	-	-	

ANNEX II

1. Seminar on Family Planning Administration for Senior Officers in Asia

2. Seminar on Information, Education and Communication in Family Planning

3. Seminar on Logistic Aspects in Family Planning

4. Seminar on Health and Biological Aspects in Family Planning

5. Special Seminar in Family Planning (Field Workers)

6. Other seminars or training courses in the field of Population and Family Planning conducted by the Government of Japan.

(3) インドネシア

家族計画

第一回R／D

団　長　黒田 俊夫（厚生省人口問題研究所所長）

調査期間　44. 10. 4～10. 15（15日間）

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.

Than 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 purpuses

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 provileges, 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 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.

(Signed)	(Signed)
H. Nj. Roesiah Sard jono, 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.

III．昭和41年度～昭和50年度に於ける
医療協力プロジェクト事業実施件数一覧表

自昭和４１年度至昭和５０年度に於ける医療協力プロジェクト事業国別実施件数一覧表

計画名	国名	自昭和41年度至昭和49年度迄に実施した医療協力事業 Project事業	Non-Project事業	①昭和50年度に於いて実施中の医療協力事業 Ⓐ R/D等に基づき協力実施中のProject	Ⓑ フォローアップ的協力実施中のProject	Non-Project事業	Ⓒ 昭和50年度より新規に着手するProject事業（左表内数）	ⅡⅠ昭和50年度に於いて実施中の人口，家族計画事業 R／Dに基づき協力実施中のProject事業	昭和50年度から新規に着手するProject事業
コロンボ	①韓国	3	3	－	3	1	1	－	－
	②フィリピン	4	－	1	1	－	－	1	－
	③南ヴイエトナム	3	1	1	1	－	－	－	－
	④ラオス	2	－	－	1	－	－	－	－
	⑤タイ	9	4	1	2	－	1	1	－
	⑥クメール（カンボジア）	1	－	完全終了				－	－
	⑦ビルマ	2	1	－	1	－	－	－	－
	⑧マレーシア連邦	2	－	完全終了				－	－
	⑨シンガポール	－	1	完全終了				－	－
	⑩インドネシア	7	1	－	1	－	1	1	－
	⑪インド	1	－	－	1	－	－	－	－
	⑫バングラディシュ	－	－	－	－	－	－	－	1
	⑬スリランカ	4	－	－	1	－	－	－	－
	⑭ネパール	2	1	1	－	－	－	－	－
	⑮アフガニスタン	3	－	2	1	－	－	－	－
	⑯イラン	2	3	－	1	－	－	－	－
	(1) 小計	(46)	(15)	(6)	(14)	(1)	(3)	(3)	(1)
中近東。アフリカ	⑰ケニア	3	－	－	2	－	－	－	－
	⑱タンザニア	2	－	1	1	－	－	－	－
	⑲エチオピア	2	1	－	1	1	－	－	－
	⑳ナイジェリア	2	3	2	－	－	－	－	－
	㉑ガーナ	1	－	1	－	－	－	－	－
	(2) 小計	(10)	(4)	(4)	(4)	(1)	(0)	(0)	(0)

計画名	国名	自昭和41年度至昭和49年度迄に実施した医療協力事業 Project 事業	Non-Project事業	ⓘ昭和50年度に於いて実施中の医療協力事業 Ⓐ R/D等に基づき協力実施中のProject	Ⓑ フォローアップ的協力実施中のProject	Non-Project事業	Ⓒ 昭和50年度から新規に着手するProject事業（左表内数）	ⓘⓘ昭和50年度に於いて実施中の人口，家族計画事業 R/Dに基づき協力実施中のProject事業	昭和50年度から新規に着手するProject事業
中米	㉔グアテマラ	−	−	−	−	−	(1)	−	−
	㉕コスタリカ	1	−	1	−	−	−	−	−
	㉖エルサルバドル	−	1	−	−	−	−	−	−
南米	㉗ブラジル	2	−	1	−	−	−	−	−
	㉘ペルー	−	2	−	−	−	−	−	−
	㉙パラグアイ	1	−	1	−	−	−	−	−
	㉚アルゼンチン	−	1	−	−	−	−	−	−
	(3) 小計	(4)	(4)	(3)	(0)	(0)	(1)	(0)	(0)
その他のアジア地域	㉛台湾	4	−	−	−	−	−	−	−
	(4) 小計	(4)	−	−	−	−	(0)	(0)	(0)
(1)＋(2)＋(3)＋(4)＝合計		64 (87)	23	13	18	2	4	3	1
				ⓘ 医療協力Project事業 Ⓐ＋Ⓑ＋Ⓒ＝35件				ⓘⓘ人口，家族計画事業 4件	
				合計 ⓘ＋ⓘⓘ＝39 Project事業		Non-Project事業 2件			

△注(1)

その他アジア地域の台湾に関しては昭和47年度に日台国交の断絶により政府ベースの協力を打切り以後，財団法人日台交流協会により民間ベースの協力が行なわれている。

△注(2)

専門家派遣事業のみ協力を実施した単発医療協力事業の中，2ケ国以上に亘ったものに関して上記総括表にNon-Project欄として表示せず。

△注(3)

㋑ Project事業：①専門家派遣事業 ②機材供与事業 ③研修員受入事業の3本柱に基づいて協力を実施してるもの

㋺ Follow up Project事業：㋑の事業内容の中，2つ以下にて協力を実施しているもの

㋩ Non-Project事業：㋑の事業内容の中，単独にて事業を実施している医療協力事業