5. 事業の目的と達成度（別添資料8「会議録」参照）

(1) 目　的

熱帯医学研究所における熱帯病研究の水準向上と、これに従事するマンパワーの育成のため，下記の内容による技術協力を実施し，フィリピンを始めとする諸熱帯地方における主要熱帯病制圧に貢献する。

① ＤＰＴ（ジフテリア，破傷風，百日ぜき）ワクチンの研究・疫学調査

② 下痢性疾患の研究（細菌学的分析，宿主環境要因）

③ イ）急性呼吸器疾患のウイルス学的研究

ロ）臨床部門の技術向上

(2) 達成度

① ＤＰＴワクチンの本格的な疫学研究が現在進行中で，今後さらに継続し，ワクチンの有効性についての確実な裏づけを行う必要がある。

② 下痢性疾患の研究においては，細菌・ウイルス分離でかなりの成果をあげているが，今後，組織培養の技術移転が必要である。

③ イ）急性呼吸器疾患については，主として，ウイルス分離，培養，抗体測定等の研究に関する技術移転が行われ，フィリピン国内でも，有数のウイルス研究室の機能をもつに至った。今後はデング熱，麻疹等の研究分野での技術協力が必要である。

ロ）臨床部門は，小児科を中心に整備されたが，今後，臨床検査，救急処置等の整備が必要である。

6. 相手国等の評価（別添資料8参照）

(1) 比国政府機関

保健省をはじめとし，内外機関から，フィリピンにおけるワクチン及びウイルス研究の中心機関として，本研究所は高く評価され，具体的には国内研究所からの委託研究を実施するに至っている。なお，これらの評価の表われとしてＷＨＯ等の公的機関並びに民間機関からの支援が得られ，本研究所によせられる期待は大きい。

(2) 実施機関

本研究所は，無償により設立されて以来約4年の間に3部門，約300人以上の職員を有する研究所に発展し技術的にも，人材的にも当該分野の研究機関における中心的役割を果たせるようになった。また，予算的にもフィリピン政府は重視しており，84年度予算は前年比41%の伸びを示した。運営面では何ら問題なく，今後は59年度に新しく建てられた動物舎を含めた研究活動を中心に日本の技術協力の継続を希望している。

(3) 大使館・ＪＩＣＡ事務所

当プロジェクトの目標達成のため協力継続を希望している。

Ⅳ 提　　言

1. 協力期間の延長

① 当初　55・10・17～60・10・16　5ケ年

② 延長　60・10・17～63・3・31　2.5ケ年

理由：① 開　所　式　56・4・23　協力開始から6カ月後

② 長期専門家派遣　57・5・25　同　1年7カ月後

③ リーダー長期派遣　58・5・16　同　2年7カ月後

④ 57年度は，機材，研究室等研究体制整備の時期と考えられる。
本格的な研究に対する協力は58年度からと考えられ，今日までに実質2年半であった。

⑤ したがって，ＲＩＴＭの研究実施体制を完全に軌道に乗せ，当初Ｒ/Ｄの目標を達成するためには，更に2年半程度の延長が必要と考えられる。

2. 協力活動内容

当初Ｒ/Ｄのマスタープランの①D.P.T，②下痢性疾患について引き続き下記のとおり研究活動に協力すると共に，③その他相互に合意する分野として従来から実施して来たテーマについても以下のとおり研究活動に協力する。

(1) D.P.T.…ワクチン大量接種効果についての調査研究の実施とその有効性の確認。行政サイドへの科学的根拠のある正確なデータの提供。

(2) 下痢性疾患…組織培養中のロタウイルスの分離と腸内細菌に対する抗体反応試薬の生産に関する技術能力の向上。

(3) その他相互に合意する分野

a 急性呼吸器疾患…マイコプラズマ，クラミジアについての分離技術の習得。結核菌やレジオネラ菌についての分離技術の習得。

b 麻　　疹…将来ワクチン接種を行うための基礎データとして，現時点における麻疹の血清疫学的調査。

c Ｂ型肝炎…ＨＢｓ抗原抗体，ＨＢｅ抗原抗体の生産と検索態勢の確立。

d デング熱…患者からのウイルス分離とその型同定。

e ウイルス研究室…長期専門家の派遣による維持発展。

f　寄生虫学，医昆虫学

ⅰ　寄生虫学…モノクロナール抗体等のバイオテクノロジーを駆使しての研究技術の確立

ⅱ　医昆虫学…ハマダラ蚊の飼育コロニーの確立，蚊の分類，生態学的基礎研究，細胞分類学の近代的技術の導入

g　実験動物研究室…遺伝的，微生物的に性格の明らかな系統の作出，維持。

h　診療部門…ＭＤの研究者（自ら実験等も行う）の育成とともに，臨床診断における分類の整備及び病原対応診断の整備。

3. 協力実施方法

①　専門家の派遣…ウイルス学２名の長期派遣，長期専門家がカバーできぬ分野については年間４～５名の短期専門家を派遣する。

②　研修員の受入…毎年３名程度の受入（実験動物，免疫，医昆虫学等）

③　機　　材…現地調査の促進。

4. その他

①　第三国研修実施体制の整備。

②　研修訓練施設（附属宿泊施設）の整備。

③　ＲＩＴＭ職員（特に看護婦・検査技師）の業務宿泊施設の整備。

資料1

プロファイチーム（田辺ミッション）持ち帰り資料

PROPOSAL FOR THE CONTROL OF COMMUNICABLE DISEASES IN THE PHILIPPINES

Although morbidity and death in the Philippines as attributed to certain diseases have decreased, communicable diseases as a whole still rank as a major cause of death and remain a serious problem. The three leading causes of death, pneumonia, gastro-enteritis and colitis and Tuberculosis account for about 35 % of all death. The leading causes of morbidity are influenza, bronchitis, gastro-enteritis and colitis. Tuberculosis and pneumonia still affects large portion of the population in the remote areas of isolated provinces. Typhoid fever, cholera, dysentery, tetanus and diphtheria are still endemic. Outbreaks of Dengue Fever occur every now and then. Filariasis, malaria and capillariasis are still endemic in some parts of the country and Ascariasis and Ankylostomiasis are still common.

The Philippine-Japan medical cooperation has been initiated since 1964 as the tripartite joint research project for the control of cholera el tor with participation of World Health Organization. This Cholera control project, together with that of poliomyelitis control has been continued since 1967 as a bilateral Philippine-Japan cooperation but has been terminated recently. During the period of the joint effort, many valuable scientific achievements were attained and applied in the prevention and treatment of the disease, not only in the Philippines but also in many other countries in the world. At the same time, friendly and close relationships among participating members of both parties have been greatly promoted and developed the concept to establish an Institute for Research on Tropical Diseases to continue and perpetuate this scientific and friendly collaboration. The Philippine party has repeated this proposal at every opportunity they had to confer with their Japanese counterparts expecting favorable consideration of providing basic strength in the control of communicable diseases especially in its research aspect.

It is felt that control of communicable diseases will entail research studies on the still unknown aspects and prevention thru immunization. Hence this proposal will consist of two components, namely:

1. Establishment of an Institute for Research on Tropical Diseases

2. Development of the Alabang Laboratories

I. Establishment of an Institute for Research on Tropical Diseases :

NAME OF THE INSTITUTION

Philippine Japan Research Institute for Tropical Diseases

OBJECTIVES

1. To study tropical diseases endemic in the Philippines and Southeast Asia and to develop the methods of controlling them.
2. Training of technical and research personnel.
3. To provide medical services to population of the locality.

ORGANIZATION

There shall be a Board of Directors which will be composed of six members, three from the Philippines and three from Japan. One of the Philippine Directors will be selected as Chairman and Likewise, one Japanese director as Co-Chairman. Under this board, there will be formed three departments namely:

1. Hospital Department
2. Research Department
3. Administrative Department

Each department will be composed of sections as follows:

HOSPITAL DEPARTMENT :

Internal medicine, pediatrics, small-scale surgery, urology, X-ray, clinical laboratory, central supply quarter and dispensary, etc.

RESEARCH DEPARTMENT :

Microbiology, parasitology, biochemistry, pathology, epidemiology, experimental animal quarter, media preparation and personal training service.

ADMINISTRATION DEPARTMENT :

Administrative Office, maintenance, service facilities for the patients, welfare facilities for staff and employees, repair shop for machines and equipment.

STAFF AND EMPLOYEES :

Number of staff and employee should be decided later on. However, the staff of each of the clinical and research sections are desired to be composed of both Pilipino and Japanese personnel to develop friendly collaboration.

SPACE REQUIREMENTS OF THE DEPARTMENTS

HOSPITAL DEPARTMENT (100 beds) in square meters (m^2)

Wards	2,100
Preparation Room	150
Waiting Rooms	400
Laboratory	150
Treatment Rooms	600
Outpatient clinic	400
Pathology	120
Library & Conference Rooms	200
Kitchen	250
Laundry	130
Canteen	50
Office	400
Total	5,000 m^2

RESEARCH DEPARTMENT

Research Laboratories	2,000
Media Rooms	150
Experimental Animal quarter	250
Machine Room	100
Other rooms	50
Total	2,550 m^2

ADMINISTRATION DEPARTMENT

Office	200
Mechanical Repair Shop	100
Annex houses	150
Total	450 m^2

STAFF RESIDENTIAL AND LODGING FACILITIES

Residence	300
Dormitory	1,200
Total	1,500

Assuming the cost of building a unit (m^2) at $260.

9,500 x $260 = $2,470,000

Equipment and Supplies

Building machineries and equipment such as elevators, generator, water supply, recreative facilities estimated at $500,000.

Equipment for Hospital	$540,000
Equipment for Research Institute	500,000
Equipment for Administration	100,000
Supplies for Hospital	400,000
Supplies for Research Institute	380,000
Supplies for Administration	80,000
Total	$2,000,000

Summary of Costs

Construction	2,500,000
Machines	500,000
Equipment and Supplies	2,000,000
Total	$5,000,000

COMMITTMENTS OF THE GOVERNMENTS

The Philippine government shall (1) provide the site of adequate area to accommodate whole research complex plus a reserve space for possible future expansion (2) undertake land preparation to facilitate construction and (3) provide electricity, water and other provisions necessary for the construction. (4) After the completion of the construction the government will take the responsibility for the maintenance of the whole establishment in terms of personnel and operating expenses.

The Japanese government is responsible for (1) the construction of the building and provisions of the necessary accessory facilities, (2) the equipment and supplies to start the operation will be also provided by the Japanese government. (3) During the period of cooperation, the Japanese government will continue to provide supplies and new equipment which are needed for research activities.

The Japanese government will also dispatch research personnel of particular specialties to cooperate with their Filipino counterparts. The Japanese government will also accept Filipino trainees to appropriate institutions in Japan for their further training.

THE DURATION OF COOPERATION

15 years of cooperation is desired. However, upon agreement of both sides, the period can be extended further.

ADJUSTMENT OF THE SCHEME OF CONSTRUCTION

Depending on the availability of the funds and rising costs of labor and materials, the scheme of construction may be adjusted and maybe undertaken in divided phases.

LOCATION POSSIBILITIES

Available land space in the compound of the Alabang Laboratories is the place of choice (about 10 ha.) because of the following reasons:

1. It has a wide area to accommodate the whole establishment plus room for the future expansion.

2. The location is strategic, being situated at the end of the South Express Way with a new highway being under construction. These will facilitate approach of the populace from Southern part of Metro Manila, Cavite, Laguna and Batangas to the new medical establishment.

3. It will enable the establishment to become a reliable government medical institution in this ever developing area, south of Metro Manila.

4. One of the themes of the studies in the institution is to develop a new vaccine or to improve the effectiveness of the existing vaccines. The collaboration with Alabang Laboratory will be realized very easily and this may be of mutual interest.

The other choice of the site is the San Lazaro Compound for the following reasons:

1. The San Lazaro Hospital is already an established institution and people know it already.
2. It will enable to concentrate all cases of communicable diseases in the center of the Metro Manila.
3. The San Lazaro Hospital has already the nucleaus of staff and personnel.
4. It is accessible to easy means of transportation.

The problem will however need further study and consideration.

LINE OF RESEARCH

Although the subjects of the research works are to be screened by the board of directors, all studies are expected to be in compliance with the purpose of the institution with possible some exceptions that will require an academic approach.

The clinical studies should be done along ethical principles and have benefits for the patients in some way or other.

JAPANESE PARTICIPANTS

The Japanese participants shall be given privileges ordinarily extended to foreign experts engaged in international cooperative projects.

It is desired that the Japanese Medical doctors be given qualifications as a medical practitioner to perform their duty although limited within the premise of the institute.

II. Development of the Alabang Laboratories

Immunization is an integral part of the program for the control of communicable diseases it becomes imperative that the Alabang Laboratories be developed so as to make it responsive to the needs of the times. Towards this end, this component of the proposal aims to acquire equipment, supplies and facilities in order to attain its specific objective.

1. To develop new procedure for the improvement of existing biologicals such as cholera-typhoid vaccine, antitetanic sera & etc.
2. To develop technics for the production, handling, packaging of new vaccines such as polio and measles and other viral vaccines.
3. To develop an effective quality control of biologic products to insure the supply of safe and potent biologic products.
4. Tp develop manpower capability that will be responsive to the modern approach to biologic production.
5. To provide necessary support services for the production laboratories to insure steady and smooth operation.

Duration of Cooperation—

The desired period of cooperation is 5 years. However, this agreement on both sides can be extended further.

PRESENT SITUATION

The Alabang Laboratories of the Bureau of Research and Laboratories Department of Health (in further text: Alabang Labs.) are situated on a large plot (60 hectares) of land, with about 10 buildings comprising various laboratory units and technical (Maintaining) services. The total staff consists of approximately 250 persons, or whom 17 are professionals (qualified with academic degree).

The production activity of the Alabang Labs comprises bacterial vaccines, BCG vaccine, tetanus and diphtheria toxoid, antitetanus and antidiphtheria, serum and antivenin, blood plasma, smallnex and rabies vaccine (Semple and LEP). Other virus vaccine (polio, measles, etc.) are not being produced at the present time.

The introduction in 1976 of a new immunization strategy called the Expanded Programme on Immunization has increased the demand of particularly BCG, diphtheria, tetanus and pertussis vaccines produced at Alabang. The resulting negative balance in the vaccine supply has had to be made up by imports.

Immunization planning in the Philippines is the duty of the National Immunization Committee (NIC). Its members represent the health and medical services, the microbiology, vaccine production, disease intelligence and maternal and child health. This group is coordinating the vaccine supply through matching vaccine needs with local production capacity—the deficit to be covered by imports.

An important development objective of the Philippine Government is what is usually termed self-reliance. It is in line with this policy that the following investment in production and control should be made. A first step towards the objectives of self-reliance would be to establish a capacity to store and process the imported concentrated bulk vaccines and later to go into the basic production of the vaccine themselves.

The present production has been geared to meet domestic requirements only. It is not unreasonable to suggest that production of vaccines should be seen as an industrial venture which could be able to provide vaccines for a larger market particularly in the Western Pacific Region. Such countries which could be potential customers have a total population about twice that of the Philippines. Other potential customers could be the remaining Asean countries with again almost four times the Philippine population.

Relevant Epidemiological Situation

Estimated population of the Philippines is about 47 million (end of 1977) with an annual birth rate of approximately 4 %.

Cholera and Typhoid

Although the immunization against cholera and typhoid is of relatively little value as compared to environmental sanitation, the vaccination and consequently the production of vaccines, will continue to play an important role. The target for the production of CT vaccine, El tor vaccine and typhoid vaccine was about 9,000,000 doses for the Calendar Year 1977 but was accomplished only by approximately 85 %. Roughly the same number of doses will have to be produced per year in the decade 1980 to 1990.

Antitetanic Serum

There is a need for good quality ATS that can be administered for cases in need for this type of vaccine. Along this line there will be a need for more technical men and well developed chemistry laboratory for purification and improved methods of immunization of horses to develop a high titer serum.

Poliomyelitis

A gradually rising trend in the incidence is noted, with morbidity rate increasing from 1.7 to 2.2 in 1974 (per 100,000). It is contemplated to direct a mass immunization against polio, initially children under three years of age, in high risk areas and later to the infant population in conjunction with the DPT/BCG programmes.

It is estimated that the need for polio vaccine in the decade 1980 to 1990 will rise from 4.2 to 12.6 millions of doses per year.

Measles

This very common viral disease is the 9th leading cause of infant deaths and the 5th cause of deaths among children 1–4 years in the five year average for the period 1969–1974. Morbidity rates from 1953 to 1973 vary from 20. to 71.9, while mortality rates vary during the same period from 2.5 to 12.1 per 100,000, with probable gross under-reporting of cases. In view of the seriousness of the disease and the importance of herd immunity (90 % coverage susceptible population) it is estimated that the need for measles vaccine in the decade 1980 to 1990 will rise from 0.1 to 3.0 doses per year.

Quality Control of Biologic Products

Present situation of the Quality Control section is unsatisfactory, as regards space and equipment, Besides, Quality Control of some virus vaccines like polio, measles, etc. does not exist at the present time.

The importance of Quality Control cannot be overstressed. It will permit control not only of local vaccine ("in process" control and final products) after production has started but more importantly, as soon as it is operational, of imported products, often in bulk form, and will assure the release of safe and potent vaccines.

Manpower Development

There is a need to develop the technical manpower capability of the Alabang Laboratories. It is envisioned that technical people will be made available to train locally the production laboratories personnel in the modern technics of biologic production. On specific specialized fields it is envisioned that fellowship grant will be made available to qualified technical staff.

Support Services

Quality control of bacterial and virus vaccines as well as basic production of various vaccines need a large supply of different kinds of experimental animals. For many reasons it is important to breed animals on the premises and therefore, it is absolutely necessary to have one's own facilities for breeding of animals.

In view of the frequent cuts of electrical power supply, and subsequent damages to materials in production and storage, it is necessary to have a stand-by generator of electrical power connected to the important pieces or equipment (freeze-dryers, filling machines, fermentors, cold storages etc.) which would be automatically connected to the generator in case of power failure.

The present situation in water supply is not satisfactory, as regards quality of water (hardness) and quantity (inadequate). It will be necessary to develop new water resources (wells) as well as water treatment (facilities.)

The maintenance and repair of costly equipment is of prime importance. Therefore it is necessary to roganize and equip mechanical, electrical, carpenter's plumber's and other workshops for that purpose.

Estimated Cost of this Component

1.	Development of existing vaccines	100,000
2.	Development of new vaccine (polio-Measles)	100,000
3.	Quality Control	200,000
4.	Support Services	100,000
5.	Manpower Development	100,000
	Total	$600,000

GENERAL SUMMARY OF THE COST OF PROPOSAL

I.	Establishment of Institute for Research on Tropical Diseases	$5,000,000
II.	Development of Alabang Laboratories	600,000
	Grand Total	$5,600,000

資料2

THE RECORD OF DISCUSSIONS BETWEEN THE JAPANESE IMPLEMENTATION SURVEY TEAM AND THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE REPUBLIC OF THE PHILIPPINES ON THE JAPANESE TECHNICAL COOPERATION PROJECT FOR THE INSTITUTE FOR TROPICAL MEDICINE

The Japanese Implementation Survey Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as JICA) and headed by Dr. Yoshinori Kaneko, Professor of Public Health, Toho University School of Medicine, visited the Republic of the Philippines from October 11, 1980 to October 18, 1980 for the purpose of working out the details of the Technical Cooperation Project for the Institute for Tropical Medicine in the Republic of the Philippines.

During its stay in the Republic of the Philippines, the Team exchanged views and had a series of discussions with the Philippine authorities concerned in respect of the desirable measures to be taken by both Governments for the successful implementation of the above mentioned Project.

As a result of the discussions, the Team and the Philippine authorities concerned agreed to recommend to their respective Governments the matters referred to in the document attached hereto.

金子義徳

Dr. Yoshinori Kaneko
Head of the Japanese
Implementing Survey Team
Japan International Cooperation
Agency, JAPAN

Dr. Antonio N. Acosta
Assistant Minister
Ministry of Health

Dr. Alberto Romualdez, Jr.
Director
Institute for Tropical Medicine

THE ATTACHED DOCUMENT

I. COOPERATION BETWEEN BOTH GOVERNMENTS

1. The Government of Japan and the Government of the Republic of the Philippines will cooperate with each other in implementing a Technical Cooperation Project for the Institute for Tropical Medicine (hereinafter referred to as "the Project"). The purpose of the Project is the strengthening of the capability of the Institute to develop widely applicable control measures against the major tropical diseases not only in the Republic of the Philippines but also in similarly situated countries to improve prevailing health conditions.

2. The Project will be implemented in accordance with the Master Plan which is given in Annex I.

3. Both Governments may consider possibilities of cooperation in the future with third countries or international organizations to achieve the above-mentioned objectives should the need arise.

II. DISPATCH OF JAPANESE EXPERTS

1. In accordance with the laws and regulations in force in Japan, the Government of Japan will take necessary measures through JICA to provide at its own expense services of Japanese experts as listed in Annex II through the normal procedures under the Colombo Plan Technical Cooperation Scheme.

2. The Japanese experts referred to in 1 above and their families will be granted in the Republic of the Philippines the privileges, exemptions and benefits no less favourable than those accorded to experts of third countries working in the Republic of the Philippines under the Colombo Plan Technical Cooperation Scheme.

III. PROVISION OF MACHINERY AND EQUIPMENT

1. In accordance with the laws and regulations in force in Japan, the Government of Japan will take necessary measures through JICA to provide at its own expense such machinery, equipment and other materials necessary for the implementation of the Project as listed in Annex III through the normal procedures under the Colombo Plan Technical Cooperation Scheme.

2. The articles referred to in 1 above will become the property of the Government of the Republic of the Philippines upon being delivered c.i.f. to the Philippine authorities concerned at the ports and/or airports of disembarkation, and will be utilized exclusively for the implementation of the Project in consultation with the Japanese experts referred to in Annex II.

IV. TRAINING OF PHILIPPINE PERSONNEL IN JAPAN

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

personnel connected with the Project for technical training in Japan through the normal procedures under the Colombo Plan Technical Cooperation Scheme.

2. The Government of the Republic of the Philippines will take necessary measures to ensure that the knowledge and experience acquired by the Philippine personnel from technical training in Japan will be utilized effectively for the implementation of the Project.

V. MEASURES TO BE TAKEN BY THE GOVERNMENT OF THE REPUBLIC OF THE PHILIPPINES

1. In accordance with the laws and regulations in force in the Republic of the Philippines, the Government of the Republic of the Philippines will take necessary measures to provide at its own expense:
   (1) Services of the Philippine counterpart personnel and administrative personnel as listed in Annex IV;
   (2) Land, buildings and facilities as listed in Annex V;
   (3) Supply or replacement of machinery, equipment, instrument, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than those provided through JICA under III above;
   (4) Transportation facilities and travel allowance for the Japanese experts for the official travel within the Republic of the Philippines;
   (5) Suitably furnished accommodations for the Japanese experts and their families.

2. In accordance with the laws and regulations in force in the Republic of the Philippines, the Governement of the

Republic of the Philippines will take necessary measures to meet:

(1) Expenses necessary for the transportation within the Republic of the Philippines of the articles referred to in III above as well as for the installation, operation and maintenance thereof;

(2) Customs duties, internal taxes and any other charges imposed in the Republic of the Philippines on the articles referred to in III above;

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

VI. ADMINISTRATION OF THE PROJECT

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

2. For the successful implementation of the Project, the Coordinating Committee will be established with the members as listed in Annex VI.

The functions of the Committee are as follows:

(1) To promulgate policy guidelines and procedures to be followed in the implementation of the Project.

(2) To develop a 5 year plan for the implementation of the Project.

(3) To review the implementation of the Project.

(4) To advise the authorities concerned about the Project at all stages and all levels

VII. CLAIMS AGAINST JAPANESE EXPERTS

The Government of the Republic of the Philippines 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 the Philippines except for those arising from the willful misconduct or gross negligence of the Japanese experts.

VIII. MUTUAL CONSULTATION

There will be mutual consultation between the two Governments on any major issues arising from or in connection with this Attached Document.

IX. TERM OF COOPERATION

The duration of the technical cooperation for the Project under this Attached Document will be five years from the date of signature.

yk

ANNEX I MASTER PLAN

1. Objective

The Project aims to contribute to the development of widely applicable control measures against major tropical diseases. In order to achieve this objective, the Project supports the research activities on major tropical diseases endemic in the Republic of the Philippines and other similarly situated countries, as well as develop the human resources pertaining to the research activities, and the application of their outputs.

2. Implementation

The Ministry of Health of the Government of the Republic of the Philippines has the responsibility for the implementation of the Project with the guidance of the Coordinating Committee. The Government of Japan will cooperate with the Government of the Republic of the Philippines in carrying out the Project through the dispatch of Japanese experts, acceptance of Philippine personnel for training in Japan and provision of equipment.

3. Activities will include the following:

3.1. Studies on epidemiology, microbiology, immunology, and control measures of communicable diseases.

(a) Diphtheria, Pertusiss, Tetanus

1. Immunization
2. Microbiology
3. Epidemiology
4. Other aspects

YK

(b) Diarrheal Diseases

1. Microbiology
2. Host and Environmental factors
3. Treatment Modalities
4. Other aspects

(c) Other areas to be mutually agreed upon

3.2. Training of Health workers on Communicable Disease Control.

YK

ANNEX II JAPANESE EXPERTS

Expert: (as required by project activities)
in public health
in microbiology
in epidemiology
in parasitology
in biochemistry
in pathology
in clinical medicine
in biomedical engineering
in experimental animals
in other related fields mutually agreed upon as necessary

Note: One of the Japanese experts will be nominated as a team Leader.

YK

ANNEX III LIST OF THE ARTICLES

Machinery, equipment and others for the Project mutually agreed upon as necessary.

ANNEX IV LIST OF PHILIPPINE STAFF

1. Director of Institute for Tropical Medicine
2. Researchers
   (a) in public health
   (b) in microbiology
   (c) in epidemiology
   (d) in parasitology
   (e) in biochemistry
   (f) in pathology
3. Clinician
4. Technologists (laboratory service, equipment maintenance and others)
5. Administrative Personnel
   (a) Secretary
   (b) Clerks
   (c) Typists
   (d) Drivers
   (e) Messengers
   (f) Watchman
   (g) Others

   Other personnel necessary for the implementation of the Project.

ANNEX V LIST OF LAND, BUILDINGS AND FACILITIES

The Government of the Republic of the Philippines offers enough land, buildings and facilities to the Project.

YK

ANNEX VI COMPOSITION OF THE COORDINATING COMMITTEE

Chairman: Assistant Minister, Philippine Ministry of Health

Philippine side	Japanese side
Director of the Institute for Tropical Medicine	Team Leader
Head of Research and Training Department	Representative of JICA
Head of Clinical Department	Expert
NEDA representative	Expert
NSDB representative	Expert

Note: An official of the Embassy of Japan may attend the meetings of the Coordinating Committee as observer.

RECORD OF INFORMAL DISCUSSIONS ON SUBJECT AREAS FOR RESEARCH UNDER TECHNICAL COOPERATION PROJECT FOR THE INSTITUTE FOR TROPICAL MEDICENE

1. Diarrheal Disease

1.1 Objective:

1.1.1 Study etiologic agents in the causation of diarrhea in children aged < 1 – 5 years.

1) Study the specifice role of:
   Virus
   Bacteria
   Parasite

2) Characterize above micro-organisms, i.e. antibiotic resistance, toxin production,

3) Characterize the illness relative to specific pathogens.

1.1.2 Study treatment modalities for patients with diarrheal diseases.

1) Specific tx

2) Supportive tx

1.1.3 Study factors including community factors important in the causation of diarrheal disease to determine possible preventive measures that may be applied to control diarrheal disease.

1.2 Personnel Needs

1.2.1 Philippine Personnes

Electron Microscopy	Japanese Personnel
1) Virologist/Pathologist M.D.	1. Electron Microscopist
2) Technologist M.P.	
3) Med. Technologist to train in viral woril.	
4) Medical Technologist	

1.2.2 Philippine Trainees:

1. Virologist: M.D.

2. Technologists: B.S., M.S.
   1) Viral Work
   2) Electron Microscopist
   3) Bacterial pathogens including toxin identification, serologic work.

1.2.3 Japanese Experts:

1. Electron Microscopist = Pathologist

2. Specialist on Rotavirus

2. Diphtheria, Pertussis, Tetanus

2.1 To undertake epidemiologic studies on the:

1) Immunity level of the community to identify possible defects in the current control schemes and determine possible remedial measures.

2) Confirmation and identification of prevalent serotypes of B. pertussis and strains of C. diphtheriae responsible for infections.

2.2 Japanese Experts

1) Expert on Bacteriology of B. pertussis

2) Epidemiologist

2.3 Philippine Trainees

1) Microbiologist

TENTATIVE SCHEDULE OF THE IMPLEMENTATION

		1980	1981	1982	1983	1984	1985
JAPANESE EXPRESS	PATHOLOGY		←.....	.....	.....	.....	.....
	MICROBIOLOGY		←.....	.....	.....	.....	.....
	EPIDEMIOLOGY		←.....	.....	.....	.....	.....
	CLINICAL MEDICINE		←.....	.....	.....	.....	.....
TRAINING IN JAPAN			3	3	3	3	2
EQUIPMENT			50 M. Yen	50 M. Yen	50 M. Yen	50 M. Yen	50 M. Yen

資料 4

Republic of the Philippines
MINISTRY OF HEALTH
Office of the Minister
Manila

October 17, 1978

Ministry Order
No. 155s. 1978

Subject: Working Committee Research Institute of Tropical Diseases Project proposal for Japanese grant-in-aid.

For the purpose of developing the details and supporting documentation of the Ministry of Health project proposal for a Japanese grant-in-aid for the establishment of a Research Institute for Tropical diseases, and a supplementary request for aid in upgrading biologic production at the Alabang Laboratory, the following are hereby constituted as a working committee:

1.	Dr. Antonio N. Acosta Assistant Minister of Health	— Chairman
2.	Dr. Cesar Uylangco Chief, San Lazaro Hospital	— Vice-chairman
3.	Dr. Jacinto Dizon Director, Bureau of Health Services	— Member
4.	Dr. Jose Plantilla Deputy Director, Bureau of Research and Laboratories	— Member
5.	Architect Manuel Torres Hospital Architect, Bureau of Medical Services	— Member
6.	Dr. J. Sumpaico	— Advisory member
7.	Dr. Hiroshi Ogonuki	— Advisory member

The Committee may call upon the assistance of other MOH's official and Offices as the need arises. The Committee shall present to the undersigned the proposal developed for this purpose.

ORIGINAL SIGNED
CLEMENTE S. GATMAITAN, M.D., M.P.H.
Minister of Health

Dr. J. Sumpaico

CERTIFIED TRUE COPY:
GREGORIA V. BAUTISTA
Chief, Records Section
Ministry of Health
10/19/78

資料5

11 December 1978, Manila

Mutual Understanding on Philippine-Japan Research Institute
for Tropical Medicine

1. This is a new National Research Institute and the Director will be directly under the Minister of Health.

2. This Institute is independent from the already existing Institutes of Ministry of Health, and accordingly, the Government of the Philippines arranges the personnel and budget for its operation in the future.

3. This Institute will be opend for the research scientist from outside of the Institute and trainee in this field.

4. Organization :

   4.1. *Name of Institute : Philippine-Japan Research Institute for Tropical Medicine (Temporarily).*

   4.2. The site will be Alabang Compound, Rizal.

   4.3. Organization :
      4.3.1. Research Department
      4.3.2. Clinical Department
      4.3.3. Administrative Department

5. Objectives :

   5.1. To study Tropical Diseases in broad sense in the Philippines and Southeast Asia and to develop the methods of controlling these diseases.

   5.2. Training of technical and research personnel.

   5.3. To provide health services to the patients of the above diseases to meet the above objectives.

6. The Government official in charge of the preparation of this project will be Dr. Antonio Acosta, Assistant Minister.

(Japanese side)

11 December 1978

Minutes of Meeting (Consensus)

1. Name –

   Philippine-Japan Research Institute for Tropical Medicine (tentative)

2. Objectives –

   1. To study tropical diseases endemic in the Philippines and Southeast Asia and to develop methods of control.
   2. Training and teaching of technical and research personnel.
   3. To provide medical services to support the above research objectives.

3. Organization –

   The Institute will be under the control and supervision of the Ministry of Health and directly under the Office of the Minister. The Japanese Government will provide advisory and technical guidance. The Institute will have a full-time director. Maintenance and operations will be the responsibility of the Philippine Government. The main departments will be ;

   1. Research Department
      a. Microbiology Section
      b. Parasitology Section
      c. Epidemiology Section
      d. Pathology Section
      e. Biochemistry Section
      f. Others
   2. Hospital Department (Clinical Department)
   3. Administrative Department

4. Site –

   A parcel of land in Alabang of round 15 hectars with independent boundaries and full facilities support of later, light and communication facilities.

5. Prospective Activities –

   The Philippines panel will prepare a design and plans for the Research Departments and hospital for 100 beds for the discussion with the Japanese technical panel who will come in January.

(Philippine side)

（日本側協力機関）

日本側協力機関	代　表　者	住所・電話番号
琉球大学	学長　東江康治	〒902　沖縄県那覇市与儀1－3－1 Tel：09889－55－1225
国立予防衛生研究所	所長　林　滋生	〒141　品川区上大崎2－10－35 Tel：03－444－2181
福岡市立こども病院感染症センター	院長　合屋長英	〒810　福岡市中央区唐人町2－5－1 Tel：092－713－3111
都立衛生研究所	所長　木島博保	〒160　新宿区百人町3－24－1 Tel：03－363－3231

（国内委員会委員リスト）◎印…委員長，○印…委員

氏　　名	所属機関・職位・所在地	専門分野	電話番号
◎小　張　一　峰	琉球大学医学部附属病院・院長 〒903　沖縄県中頭郡西原町字上原207	熱帯医学	09889－5－3331
○林　　滋　生	国立予防衛生研究所・所長 〒141　品川区上大崎2－10－35	寄生虫学	03－444－2181
○合　屋　長　英	福岡市立こども病院感染症センター・所長 〒810　福岡市中央区唐人町2－5－1	小児科	092－713－3111
○大　橋　　誠	都立衛生研究所微生物部・部長 〒160　新宿区百人町3－24－1	微生物学	03－363－3231

資料 7

SUPPLEMENTARY NOTE ON THE RECORD OF DISCUSSIONS ON THE TECHNICAL COOPERATION PROJECT FOR THE INSTITUTE FOR TROPICAL MEDICINE

Mr. Akihiro MITARAI, Resident Representative of the Japan International Cooperation Agency in the Republic of the Philippines had a series of talks with the authorities concerned of the Government of the Republic of the Philippines on the provision of Special Measures by the Government of Japan in the Technical Cooperation Project for the Institute for Tropical Medicine.

As a result of the talks, both sides agreed to recommend to their respective Governments to add the matters referred to in the document attched hereto to the Record of Discussions on the Technical Cooperation Project for the Institute for Tropical Medicine which was signed on October 7, 1980 between the Japanese Implementation Survey Team organized by the Japan International Cooperation Agency and the authorities concerned of the Government of the Republic of the Philippines.

Manila; 15 August 1984

Mr. Akihiro MITARAI
Resident representative
Japan Inrternational
Cooperation Agency
Manila,

Dr. Yoshinori KANEKO
Team Leader
Japanese Expert Team

THELMA E. TUPASI, M.D.
Acting Director
Research Institute For
Tropical Medicine
Alabang, Muntinlupa
Metro Manila

X. PROVISON OF SPECIAL MEASURES

For fostering the smooth promotion of the Project, in accordance with the laws and regulations in force in Japan, the Government of Japan will take necessary measures through JICA to supplement a portion of the local cost expenditures for the construction of an experimental animal laboratory.

会　議　録　（要　約）

資料8

Ⅰ　ＲＩＴＭの概観

1. 目　　標
2. 研　　究
3. 人材養成

Ⅱ　技術問題の紹介と協議

1. 寄生虫学ならびに医昆虫学
2. 実験動物研究室
3. 下痢性疾患
4. ウイルス研究室
5. 急性呼吸器感染症
6. ワクチン予防可能疾患
7. 診療部門

Ⅲ　運営管理問題

1. 組織要員体制
2. 運 営 費
3. 熱帯医学研究財団
4. 施設の維持管理
5. 機材の維持管理
6. 修理部品ならびに消耗品の補給体制の確立

Ⅳ　保健大臣との会談

Ⅴ　技術調整委員会

SUMMARY OF DISCUSSIONS

The Japanese Evaluation Team for the Research Institute for Tropical Medicine Project (hereinafter referred to as the team) organized by the Japan International Cooperation Agency (JICA) headed by Dr. Shigeo Hayashi visited the Republic of the Philippines from 26-30 August 1985.

The team had a series of discussions and exchanged views with Senior Staff Members of the Research Institute for Tropical Medicine (RITM) and other officials concerned of the Government of the Republic of the Philippines.

The summary of discussions is hereby appended.

Manila, 30 August 1985

SHIGEO HAYASHI
Evaluation Team Leader
Japan International
Cooperation Agency

THELMA E. TUPAS
Director
Research Institute for
Tropical Medicine

SUMMARY OF DISCUSSIONS
August 26-30, 1985

I. An Overview of RITM

The bilateral Technical Cooperation Project between the Governments of Japan and the Philippines has supported the development of the research capabilities of the Research Institute for Tropical Medicine (RITM) since its establishment in April 1981. Scientific work at the RITM has proceeded well and as a manifestation of the Institute's reputation and credibility, local and international funding agencies have extended financial support to its various projects.

(i) Thrusts The five major thrusts of the Institute are: research manpower development, expansion of research programmes, extension of health delivery network, development of health information system, and the establishment an strengthening of institutional linkages. The extension of the Technical Cooperation Project will be essential to enable the RITM to pursue these activities.

(ii) Research All projects of the RITM fall under the priority areas as agreed in the Record of Discussion on the Technical Cooperation Project dated 17 October 1980. The total number of completed projects to date is 14.

(iii) Training Programmes for medical doctors, technologists, and medical interns have been undertaken since 1981. The outputs include 11 graduates of the post residency fellowship in infectious disease, 64 rotating residents, 4 medical interns, 28 post-internship rural health practising physicians. In addition, 25 have been trained in electron microscopy, and 4 medical technologists in pathology and radiology. Two workshops have been held including an intercountry workshop on acute respiratory infections in laboratory techniques in 1983 and research design and methodology in biomedical and health services research in 1982.

II. Technical Presentations

(i) Parasitology and medical entomology Research on malaria and schistosomiasis differ from those of other research agencies within the Philippines. There is an apparent need for the improvement of facilities and capabilities in the study of taxonomy and bionomics of vectors of important tropical diseases.

54,

(ii) Experimental animal laboratory The activities of the experimental animal laboraotry must continue to be supported to enable it to maintain and breed pure stock of experimental animals to meet the needs of RITM and possibly other research institutions.

(iii) Diarrheal diseases Future projects have been lined up and the need for support has been pointed out in developing capabilities in isolation of rotavirus in tissue cultures and the local production of laboratory reagents for enteric bacteriology. The study on etiology of diarrheal diseases should be correlated with mortality as well as morbidity.

(iv) Hepatitis B The role of the RITM in the production of HBsAg reagent has been recognized. This should be taken as a first step with the feasibility of HBV vaccine development at RITM to be considered at a latter phase.

(v) Virology laboratory The laboratory established at the RITM by the Technical Cooperation Project has emerged as the leading virology laboratory locally. As such, its further strengthening should be supported because of its national as well as international importance.

(vi) Dengue Research efforts initially concentrate on virus isolation and serotyping and consider population based seroepidemiology at a latter phase. In the future,the identification of important vectors responsible for disease transmission should be pursued.

(vii) Acute respiratory infection In the study of etiology of ARI, the role of bacteria should be better understood through the application of better techniques of obtaining specimens and better tests for detection of bacterial antigens and antibodies. Technology for the identification of other agents including chlamydia, mycoplasma, legionella should be established as these have not been isolated locally. There is need to evaluate more critically the use of C-reactive protein as a diagnostic tool in predicting etiology.

(viii) Vaccine preventable diseases Based on national statistics, diphtheria, pertussis, tetanus and measles are prevalent infectious diseases among children in the country. From urban and rural based studies, it has shown that immunization coverage rate against these diseases is variable. The study of correlation between morbidity/mortality and vaccination coverage would validate immunization program.

(ix) Clinical programme There is a need to upgrade the technical knowledge of residents and fellows particularly in basic laboratory techniques as an aid in carrying out the diagnosis of patients with infectious diseases. Emphasis on disease prevention particularly against vaccine preventable diseases must

5.14,

be pursued as an important aspect in the training of young clinicians.

III. Administrative Matters

When the first mission for the establishment of the Technical Cooperation Project visited Manila in October 1980, only the Director of RITM was then the identified staff of the Institute. Since then, the organizational strengthening has been pursued with the creation of three divisions with 23 departments and the hiring of a compliment of 370 staff members. There has also been a progressive increase in the annual budget from ₱6.9M in 1982 to ₱9.8M in 1985 which represents a 42% increase. This is an indication of the commitment of the Philippine Government which has placed the development of RITM on high priority. Additionally, private support through the establishment of the Research Foundation for Tropical Medicine, Inc. has been sought to augment government support for the RITM.

A total of ₱19.2M in CIF value in the form of equipment and materials have been donated through the Technical Cooperation Project in the past 4 years. A review of records indicate a systematic and sound management of the RITM of its physical facilities, research and clinical equipment. To wit, control and maintenance system for research equipment by card classification system was established with the help of Japanese expert. Furthermore, control and management of building facilities has been carried out efficiently from the beginning through a contract service with a private consulting firm by the local fund. It is hoped that the same kind of system will be established by RITM itself to supply spare parts for repair of equipment and supply of consumable goods for research and clinical facilities.

IV. COURTESY CALL TO HONORABLE J.C. AZURIN, Minister of Health

The members of the Evaluation Team and the Japanese Experts at Research Institute for Tropical Medicine in the company of the Director and the Assistant Director paid courtesy call to Hon. J.C. AZURIN, Minister of Health on 28 August 1985 at the Development Academy of the Philippines (DAP), Tagaytay City.

The Minister emphasized his endorsement of the proposed extension of the Technical Cooperation Project which he asserted is crucial in the continuing strengthening of the Research Institute for Tropical Medicine. This will benefit not only the Research Institute for Tropical Medicine but other agencies within government and private sectors which will draw support from the Research Institute for Tropical Medicine.

V. TECHNICAL COORDINATING COMMITTEE MEETING

The meeting was chaired by Flora Bayan,M.D., Assistant Secretary for Health Affairs on 30 August 1985.

A. Discussions on the Proceedings of the Technical Evaluation for Research Institute for Tropical Medicine

The request for the extension of the Technical Cooperation Project for a period of three (3) years was reiterated. It was pointed out that although the project officially started October 1980, the Institute started its operation only in April 1981 and full scale activities were pursued only since February 1982 so that the Technical Cooperation Project activities were essentially for a period less than five (5) years. The areas for cooperation proposed shall include the originally agreed fields including Vaccine Preventable Diseases, Diarrheal Diseases and Acute Respiratory Infections. In addition the continuing support of the activities of the Experimental Animal laboratory and the Virology Laboratory and the initiation of Institutional strengthening for Medical Entomology is likewise proposed to enable the Research Institute for Tropical Medicine to pursue research activities in Dengue Virus, production of the Hepatitis B Surface Antigen reagent and to continue the present research activities on Malaria and Schistosomiasis.

These proposals will be discussed further by the members of the Evaluation Team who then will be responsible for making its recommendation to Japan International Cooperation Agency.

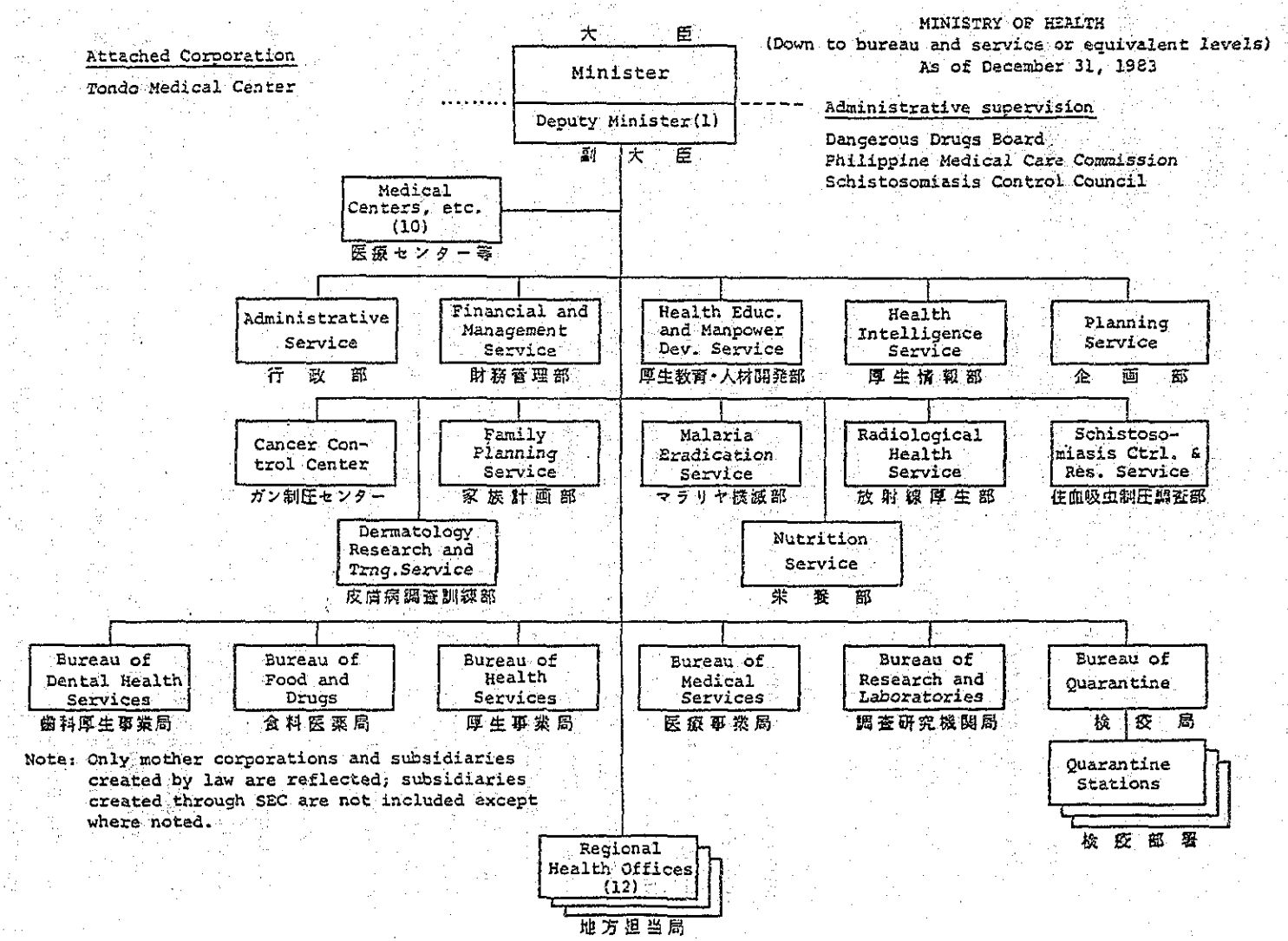
B. OTHER MATTER

The keys to the ambulance donated by the Government of Japan through the TEchnical Cooperation Project were formally turned over by Mr. Okabe to the Director, Research Institute for Tropical Medicine who accepted it gratitude in behalf of the Ministry of Health, Government of the Philippines.

保 健 省 組 織 図

Organization Chart

MINISTRY OF HEALTH
(Down to bureau and service or equivalent levels)
As of December 31, 1983



Note: Only mother corporations and subsidiaries created by law are reflected; subsidiaries created through SEC are not included except where noted.

国家科学技術開発庁組織図

Organization Chart

NATIONAL SCIENCE AND TECHNOLOGY AUTHORITY*
(Down to bureau and service or equivalent levels)

As of December 31, 1983

長　官
Director General

Deputy Director General (2)
副　長　官

Attached Corporation
Philippine Science High School

Administrative Supervision
National Academy of Science and Technology
Philippine Atomic Energy Commission

- Administrative Service (行　政　部)
- Financial and Management Service (財務管理局)
- Planning Service (企　画　部)
- Special Projects Service (特別計画事業部)
- Food and Nutrition Research Inst. (食糧並び栄養調査研究所)
- Forest Products Research and Dev. Institute (森林生産物調査並び開発研究所)
- Materials Science Research Inst. (資材科学調査研究所)
- Nat'l. Inst. of Science and Technology (科学並び技術国立研究所)
- Philippine Institute of Volcanology (フィリピン火山研究所)
- Philippine Invention Dev. Institute (フィリピン発明促進研究所)
- Science Promotion Institute (科学促進研究所)
- Regional Offices (2) (地方担当局)

Science & Tech. Council System

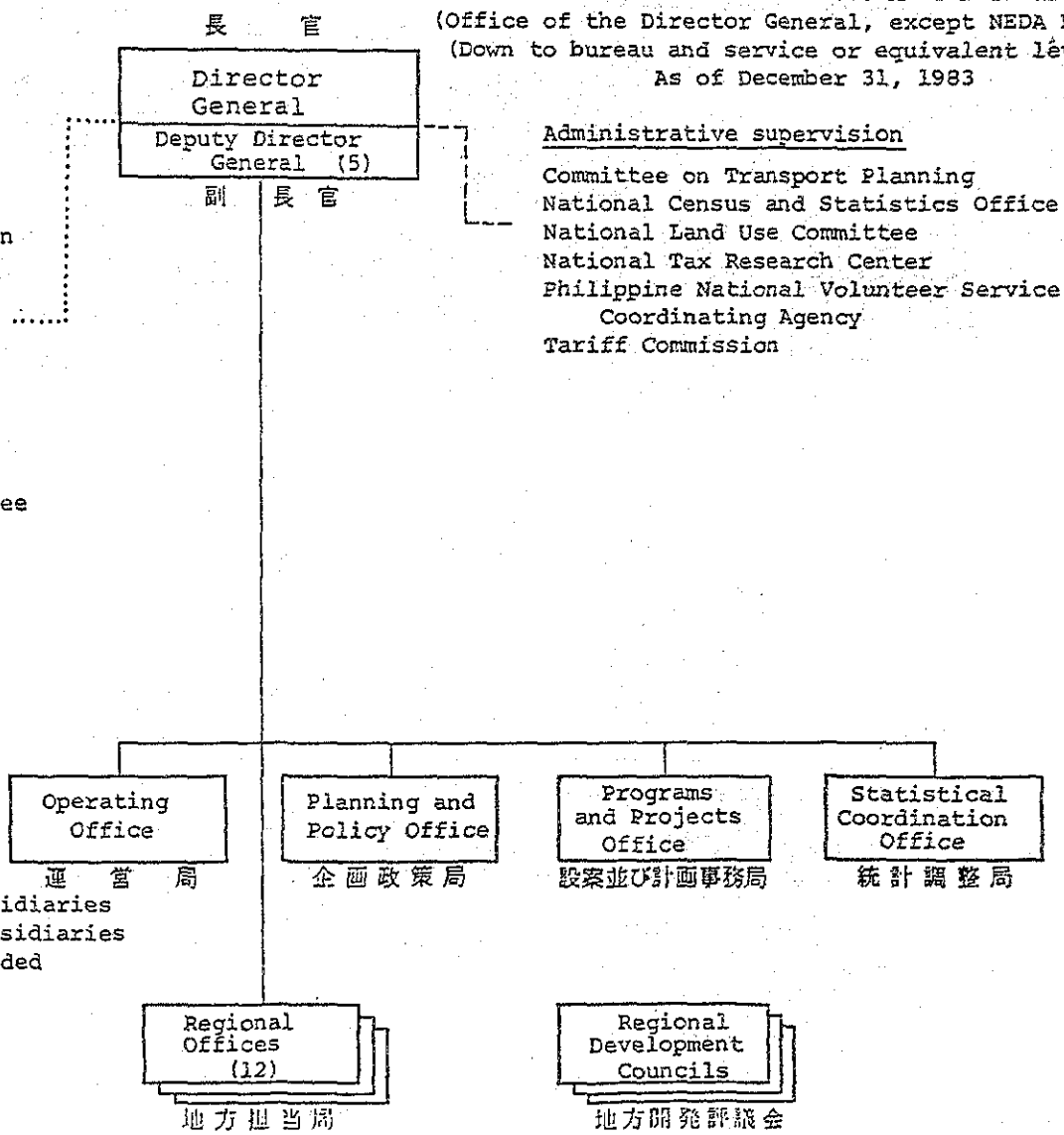
- Phil. Council Agr. & Resources Res. and Dev. (フィリピン農業並び資源調査開発評議会)
- Phil. Council for Health Res. and Dev. (フィリピン厚生調査並び開発評議会)
- National Res. Council of the Philippines (フィルピン国内調査評議会)
- Phil. Council for Ind. & Energy Res. and Dev. (フィリピン産業エネルギー調査開発評議会)

Note: Only mother corporations and subsidiaries created by law are reflected; subsidiaries created through SEC are not included except where noted.

* In accordance with E.O. No. 784

国家経済企画庁（NEDA）組織図　Organization Chart

NATIONAL ECONOMIC AND DEVELOPMENT AUTHORITY
(Office of the Director General, except NEDA Board)
(Down to bureau and service or equivalent levels)
As of December 31, 1983



Attached Corporations

Development Bank of the Philippines
Government Service Insurance System
Kalinga Special Development Region*
Laguna Lake Development Authority
Leyte Sab-A Basin Development Authority
Philippine Deposit Insurance Corporation
Philippine Institute for Development Studies
Philippine National Bank
Philippine Veterans Bank
Public Estates Authority
Social Security System

Attached units by law

Development Budget Coordination Committee
Investment Coordination Committee
National Productivity Commission
Statistical Advisory Board

Administrative supervision

Committee on Transport Planning
National Census and Statistics Office
National Land Use Committee
National Tax Research Center
Philippine National Volunteer Service Coordinating Agency
Tariff Commission

*OBM considers this as a regular government agency

Note: Only mother corporations and subsidiaries created by law are reflected; subsidiaries created through SEC are not included except where noted.