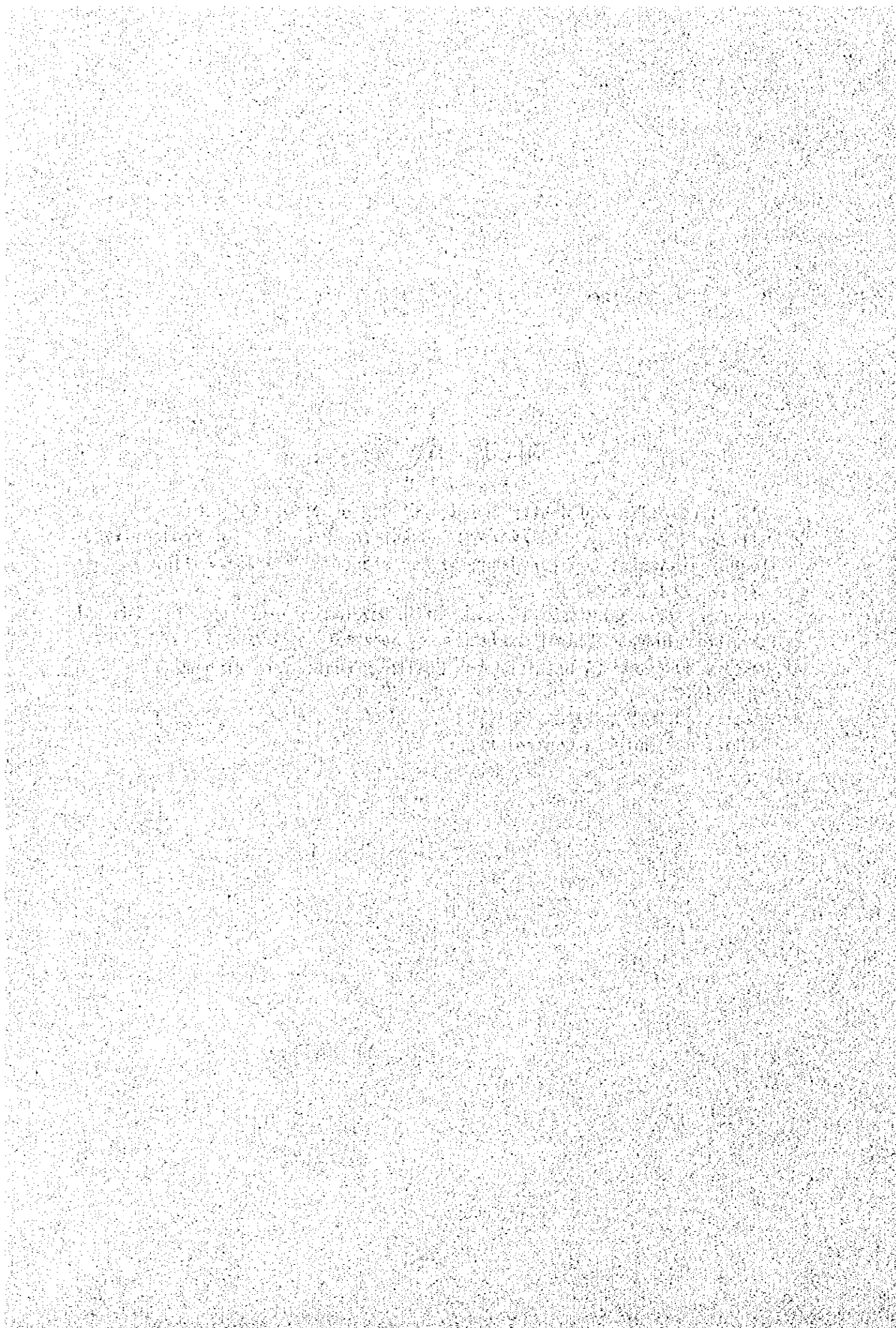


附 属 資 料

- ① M/M (最終版、2nd draft, 3rd draft, 4th draft 及びアジェンダ)
- ② プロジェクト要請書 (アドバンス ; Request for Proposal for Project Type Technical Assistance for Japanese Assistance ; 平成7年7月作成)
- ③ プロジェクト正式要請書
(Japanese Appraisal Mission to Assist in the Development of a Proposal on National Infectious Disease Control and Laboratory Services ; 平成7年11月作成)
- ④ AFRO-MEMORANDUM (A Brief on the Health Situation in Zimbabwe)
- ⑤ 新聞記事
- ⑥ ジンバブエ国家マラリア対策計画5ヶ年計画
(National Malaria Control Programme)

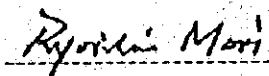


**THE MINUTES OF DISCUSSIONS
BETWEEN
THE JAPANESE PRELIMINARY STUDY TEAM
AND THE AUTHORITIES CONCERNED
OF THE GOVERNMENT OF REPUBLIC OF ZIMBABWE
ON THE PROJECT ON INFECTIOUS DISEASE CONTROL**

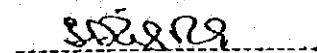
The Japanese Preliminary Study Team (hereinafter referred to as "the team") organized by the Japan International Cooperation Agency (herein after referred to as "JICA") and headed by Dr Ryoichi MORI, Director, Fukuoka Institute of Health and Environmental Sciences, visited Republic of Zimbabwe from November 16 to November 23, 1995, for the purpose of planning and consultation on the Project of Infectious Disease Control (herein after referred to as "the Project").

The Team and the authorities concerned of the Government of Republic of Zimbabwe had a series of discussions in respect of technical cooperation for the Project and came to the tentative understanding of the matters referred to in the document attached hereto.

Harare, Zimbabwe
November 22, 1995



Dr Ryoichi MORI
Leader
Japanese Preliminary Study Team
Japanese International Cooperation Agency
Japan



Mr. ZIGORA
A/Permanent Secretary
Ministry of Health and
Child Welfare
Zimbabwe

ATTACHED DOCUMENT

1. **Name of the project**

The project of Infectious Disease Control in Zimbabwe

2. **Overall Goal of the Project**

The overall objective of the Project is to control major specified infectious diseases in Zimbabwe through development of human resources for control of infectious diseases, surveillance of infectious agents and laboratory diagnosis of infectious diseases.

3. **Purpose of the Project**

To strengthen the function of Central Hospital Laboratories as central laboratory reference centres on infectious diseases in order to support the development of a network of provincial and district laboratories required for efficient clinical public health laboratory diagnosis, surveillance and for epidemic and endemic infectious disease control.

4. **Outputs of the Project**

- a. To assist the Ministry of Health and Child Welfare (MOHCW) to carry out a comprehensive review of the infectious disease control programmes as well as support possible interventions.
- b. To assist the MOHCW in developing appropriate interventions intended to address capacity constraints within the National Infectious Disease Control Programme.
- c. To assist the MOHCW in developing a comprehensive project proposal for consideration by both the Governments of Zimbabwe and Japan.

5. **Term of Cooperation**

The Technical Cooperation will be implemented for 5 years from the date when the Record of Discussion (R/D) will be signed. It is recommended that the R/D be signed before March 1996, to allow for implementation to start in the 1996, Japanese and Zimbabwe financial years.

6. Provincial model areas

Based on mutual agreement of both governments, provincial model areas will be selected for serving as guidance to provincial Health authorities who will be operating their specific infectious diseases control, especially Malaria, Schistosomiasis, and other infectious diseases in the context of the overall National Disease Control Plans.

7. Type of Japanese Technical Cooperation

The technical cooperation of the project will be implemented through

1. dispatch of Japanese short term and long term experts with consultation of the Zimbabwe side.
2. acceptance of the personnel from Zimbabwe for training in Japan in consultation with the Japanese side.
3. provision of equipment and materials with consultation in the Zimbabwe side.

8. Responsible organizations of the Zimbabwe side for the project on the preparation and implementation.

Ministry of Health and Child Welfare(MOHCW), in consultation with the responsible Department of Epidemiology and Disease Control(EDC) & Department of Public Health Laboratory (PHL) Services, shall have overall responsibility for the successful implementation of the Project, taking the measures as mentioned in No. 9 below.

9. Measures to be taken by the Zimbabwe side.

1. Providing a sufficient number of technical and administrative personnel
2. Providing necessary working facilities and space for the installation equipment.
3. Allocating necessary budget.

S.M.

TAZ

10. **Coordination committee**

For the smooth implementation of the Project, the Coordinating Committee is expected to be established from the beginning of the Project according to the following compositions;

1. Chairperson: A relevant person will be recommended from MOHCW
2. Zimbabwe side: Relevant members will be recommended from Zimbabwe side.
3. Japanese side: Relevant members will be recommended from Japanese side.

11. **The Long-Term Survey**

Before R/D Mission (Agreement for project implementation), ^{R.M. T.A.Z.} ~~if it is necessary~~, if necessary, JICA may dispatch Long-Term Survey Team in order to formulate a clear picture of the proposed project.

12. **Appendix**

APPENDIX:

To support the minutes for additional clarifications

1. SPECIFIC OUTPUTS OF THE PROJECT AS PROPOSED BY MOHCW ZIMBABWE

- a. Establish National Reference Laboratories for infectious diseases at Harare and Mpilo Central Hospitals.
- b. Establish eight model districts one in each province regards laboratory development and control of the major specified infectious diseases.
- c. Establish two mobile laboratory units at Mpilo and Harare to support provinces and districts in epidemic investigation and control, as well as to conduct field training in laboratory techniques and infectious disease control, and to conduct field surveys on infectious diseases.
- d. Training of Zimbabweans in areas of Laboratory Sciences, Epidemiology, Environmental Health, Infectious Disease Management, through organising local training, as well as short and long courses in Japan.
- e. Supply of essential laboratory equipment, Surveillance equipment, Disease Control equipment to Harare Hospital, Mpilo Hospital and the eight model districts.
- f. Supply of initial buffer stock of vaccines, vector control chemicals, laboratory reagents and drugs.

2. PROVINCIAL MODEL AREAS AS PROSED BY MOHCW ZIMBABWE

For operational reasons for service coverage regards equity and political acceptance it is recommended that operational model areas be established in each of the eight administrative provinces of Zimbabwe.

3. PRIORITY INFECTIONOUS DISEASES

Primary focus should be on parasitological disease such as malaria and schistosomiasis, secondary consideration if financial allocations permit to include other bacteriological diseases such as; tuberculosis, dysentery and salmonella , viral diseases such as: polio, measles and hepatitis.

R.M.

T.A.Z

4. PROPOSALS ON COORDINATION COMMITTEE

Possibilities regards the compositions;

1. Chairperson: Principal medical Director Health care services
Ministry of health and Child Welfare
2. Zimbabwe side
 - . Deputy Secretary, MOHCW
 - . Director, Public Health Laboratory Services, MOHCW
 - . Head of Department of Microbiology, Medical school, University
 - . Head of Laboratory, Harare Central Hospital
 - . Head of Laboratory, Mpilo Central Hospital
 - . Head of Disease Control Unit.
 - . Head of Blair Research Laboratories.
 - . Head of Epidemiology and Disease Control
3. Japanese side
 - a. Members of the Japanese Project team
 - b. Representative, the Japanese Embassy
 - c. Representative, JICA Zimbabwe Office
 - d. Member of the Mission dispatched by JICA

5. NEEDS FOR ADEQUATE PROJECT PREPARATION AND IMPLEMENTATION AS PROPOSED BY MOHCW ZIMBABWE

Before R/D Mission(Agreement for project implementation), it may be necessary for adequate project preparation and effective implementation :-

- a. MOHCW may dispatch a team together with JICA to Zambia, Malawi and Tanzania to learn from the implementation of similar projects in SADAC Countries.
- b. MOHCW may dispatch a team to Japan to select together with JICA potential long term and short term technical experts and identify suitable training centres and courses for Zimbabweans.

R.M.

T.A.2

THE MINUTES OF DISCUSSIONS
BETWEEN
THE JAPANESE PRELIMINARY STUDY TEAM
AND THE AUTHORITIES CONCERNED
OF THE GOVERNMENT OF REPUBLIC OF ZIMBABWE
ON THE PROJECT OF INFECTIOUS DISEASES CONTROL

The Japanese Preliminary Study Team (hereinafter referred to as "the team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Dr. Ryoichi MORI, Director, Fukuoka Institute of Health and Environmental Sciences, visited Republic of Zimbabwe from November 16 to November 23, 1995, for the purpose of planning and consultation on the Project of Infectious Diseases Control (hereinafter referred to as "the Project").

The Team and the authorities concerned of the Government of Republic of Zimbabwe had a series of discussions in respect of technical cooperation for the Project and came to the tentative understanding of the matters referred to in the document attached hereto.

Harare, Zimbabwe
November 22, 1995

Dr. Ryoichi MORI
Leader
Japanese Preliminary Study Team
Japan International Cooperation Agency
Japan

Mr. Ignacius ~~MAUNGA~~ ZIGORA
~~deput. sec. for Admin. Fin. & C~~
~~Chief Disease Control Officer~~
Disease Control Unit
Ministry of Health and Child Welfare
Republic of Zimbabwe

ATTACHED DOCUMENTS

1. Name of the Project

The Project of Infectious Disease~~X~~ Control

2. Overall Goal of the Project

The overall objective of the Project is to control infectious diseases in Zimbabwe through^{the} development of human resources for control of infectious diseases, surveillance of infectious agents and laboratory diagnosis of infectious diseases.

3. Purpose of the Project

To strengthen the function of Karare Central Hospital and/or relevant institute^S under^{the} Ministry of Health and Child Welfare for ~~diagnosis on~~ infectious diseases in order to establish efficient clinical public health laboratory diagnosis, research and surveillance, *on infectious diseases.*

4. Outputs of the Project

- a. To assist the Ministry of Health and Child Welfare (MOHCW) to carry out a comprehensive review of the infectious disease control programme as well as recommend possible interventions.
- b. To assist the MOHCW in developing appropriate interventions intended to address capacity constraints within the National Infectious Disease Control Programme.
- c. To assist the MOHCW in developing a comprehensive project proposal for consideration by both the Governments of Zimbabwe and Japan.

5. Term of Cooperation

The Technical Cooperation will be implemented for 5 years from the date when

the Record of Discussion (R/D) ^{is} ~~will be~~ signed.

6. ^{The} ~~Responsible~~ organization of ~~the~~ Zimbabwe side for the project on the preparation and implementation

Disease Control Unit, ^{the} Ministry of Health and Child Welfare

7. A Model Area

Based on ^{the} ~~a~~ mutual agreement of both governments, a model area will be selected for serving a guidance to provincial health authorities who will be operating their specific infectious diseases control, especially Malaria Control Plans in the context of the overall National Disease Control Plan.

8. Type of Japanese Technical Cooperation

The technical cooperation of the Project will be implemented through

- (1) dispatch of Japanese experts
- (2) acceptance of the personnel from Zimbabwe for training in Japan
- (3) provision of equipment and materials

9. Responsible organizations of the Zimbabwe side for the project on the preparation and implementation.

^{The} ~~A~~ Ministry of Health and Child Welfare shall have overall responsibility for the successful implementation of the Project, taking the measures as mentioned in No.10 below.

10. Measures to be taken by the Zimbabwe side

- (1) Providing a sufficient number of technical and administrative personnel
- (2) Providing necessary working facilities and space for the installation

equipment

- (3) Allocating necessary budget\$
- (4) Others mutually agreed upon as necessary

11. Coordinating Committee

For the smooth implementation of the Project, the Coordinating Committee is expected to be established from the beginning of the Project according to the following compositions;

- (1) Chairperson: ^ARelevant person will be recommended from MOHCW
- (2) Zimbabwe side: Relevant members will be recommended from Zimbabwe side.
- (3) Japanese side
 - a. Members of the Japanese Project team
 - b. Representative, the Japanese Embassy
 - c. Representative, JICA Zimbabwe office
 - d. Member of the mission dispatched by JICA

12. The Long-Term Survey

Before R/D mission, if necessary, JICA may dispatch ^aLong-Term Survey Team in order to formulate a clear picture of the proposed Project.

**THE MINUTES OF DISCUSSIONS
BETWEEN
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The Team and the authorities concerned of the Government of Republic of Zimbabwe had a series of discussions in respect of technical cooperation for the Project and came to the tentative understanding of the matters referred to in the document attached hereto.

Harare, Zimbabwe
November 22, 1995

Dr Ryoichi MORI
Leader
Japanese Preliminary Study Team
Japanese International Cooperation Agency
Japan

Mr. ZIGORA
A/Permanent Secretary
Ministry of Health and
Child Welfare
Zimbabwe

ATTACHED DOCUMENT

1. Name of the project

The project of Infectious Disease Control in Zimbabwe

2. Overall Goal of the Project

The overall objective of the Project is to control major specified infectious diseases in Zimbabwe through ^{the} development of human resources for control of infectious diseases, surveillance of infectious agents and laboratory diagnosis of infectious diseases.

3. Purpose of the Project

To strengthen the function of Harare Central Hospital and Mpilo Central Hospital Laboratories as central laboratory reference centres on infectious diseases in order to support the development of a network of provincial and district laboratories required for efficient clinical public health laboratory diagnosis, surveillance, and for epidemic and endemic infectious disease control.

4. Outputs of the Project

- X a. Establish National Reference Laboratories for infectious diseases at Harare and Mpilo central Hospital.
- X b. Establish model eight districts one in each province regards laboratory development and control of the major specified infectious diseases.
- X c. Establish two mobile laboratory units at Mpilo and Harare to support provinces and districts in epidemic investigation and control, as well as to conduct field training in laboratory techniques and infectious disease control, and to conduct field surveys on infectious diseases.
- ✓ d. Training of Zimbabweans in areas of Laboratory sciences, Epidemiology,,
8-2-7 Environmental Health, Infectious Disease Management, through organising local training, as well as short and long courses in Japan.
- ✓ e. Supply of essential laboratory equipment, Surveillance equipment, Disease Control
8-3-7 equipment to Harare Hospital, Mpilo Hospital and the model eight districts.
- X f. Supply of initial buffer stock of vaccines, vector control chemicals, laboratory reagents and drugs.

5. **Term of Cooperation**

The Technical Cooperation will be implemented for 5 years from the date when the Record of Discussion (R/D) will be signed. It is recommended that the R/D be signed Δ before March 1992⁶ to allow for implementation to start in the 1996, Japanese and Zimbabwe financial years.

6. ~~Responsible organization of the Zimbabwe side for the project on the preparation and implementation~~

~~Department of Epidemiology and Disease Control. (EDC)
Department of Public Health Laboratory Services. (PHL)~~

7. **PROVINCIAL MODEL AREAS**

Based on mutual agreement of both governments, ^{provincial} eight model areas will be selected for serving as guidance to provincial Health authorities who will be operating their specific infectious diseases control, especially Malaria, Schistosomiasis, Tuberculosis and other infectious diseases, Dysentery-Salmonella, Polio and Hepatitis Control Plans in the context of the overall National Disease Control Plans.

8. **Type of Japanese Technical Cooperation**

The technical cooperation of the project will be implemented through

1. dispatch of Japanese short term and long term experts and volunteers ^{with consultation the}
2. acceptance of the personnel from Zimbabwe for training in Japan ^{with}
3. provision of equipment and materials ^{with C. v. k. Z.S. with Japanese}
4. others types of cooperation and assistance mutually agreed upon as necessary ^{IT} for successful implementation of the project.

appendix

9. Responsible organizations of the Zimbabwe side for the project on the preparation and implementation.

Department of Epidemiology and Disease Control(EDC) & Department of Public Health Laboratory Services, Ministry of Health and Child Welfare(MOHCW) shall have overall responsibility for the successful implementation of the Project, taking the measures as mentioned in No. 10 below. *with (e.g.) with responsible Department*

10. Measures to be taken by the Zimbabwe side.

1. Providing a sufficient number of technical and administrative personnel
2. Providing necessary working facilities and space for the installation equipment.
3. Allocating necessary budget.
4. Others measures mutually agreed upon as necessary.

11. Coordination committee

For the smooth implementation of the Project, the Coordinating Committee is expected to be established from the beginning of the Project according to the following compositions;

1. Chairperson: Principal medical Director Health care services
Ministry of health and Child Welfare
2. Zimbabwe side
 - . Deputy Secretary, MOHCW
 - . Director, Public Health Laboratory Services, MOHCW
 - . Head of Department of Microbiology, Medical school, University
 - . Head of Laboratory, Harare Central Hospital
 - . Head of Laboratory, Mpilo Central Hospital
 - . Head of disease control unit.
 - . Head of Epidemiology and Disease Control
3. Japanese side
 - a. Members of the Japanese Project team
 - b. Representative, the Japanese Embassy
 - c. Representative, JICA Zimbabwe Office
 - d. Member of the Mission dispatched by JICA

Relevant members will be recommended from Japanese side

12. The Long-Term Survey

11.

Before R/D Mission(Aggrement for project implementation), if it is necessary

- a. JICA may dispatch Long-Term Survey Team in order to formulate a clear picture of the proposed Project.
- X b. MOHCW may dispatch a team with JICA to Zambia, Malawi and Tanzania to learn from the implementation of similar projects in SADAC Countries.
- X c. MOHCW may dispatch a team to Japan to select with JICA potential long term and short term technical experts and identify suitable training centres and courses for Zimbabweans.

Appendix
J

Complete
no!

**THE MINUTES OF DISCUSSIONS
BETWEEN
THE JAPANESE PRELIMINARY STUDY TEAM
AND THE AUTHORITIES CONCERNED
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The Team and the authorities concerned of the Government of Republic of Zimbabwe had a series of discussions in respect of technical cooperation for the Project and came to the tentative understanding of the matters referred to in the document attached hereto.

Harare, Zimbabwe
November 22, 1995

Dr Ryoichi MORI
Leader
Japanese Preliminary Study Team
Japanese International Cooperation Agency
Japan

Mr. ZIGORA
A/Permanent Secretary
Ministry of Health and
Child Welfare
Zimbabwe

ATTACHED DOCUMENT

1. Name of the project

The project of Infectious Disease Control in Zimbabwe

2. Overall Goal of the Project

The overall objective of the Project is to control major specified infectious diseases in Zimbabwe through development of human resources for control of infectious diseases, surveillance of infectious agents and laboratory diagnosis of infectious diseases.

3. Purpose of the Project

To strengthen the function of Central Hospital Laboratories as central laboratory reference centres on infectious diseases in order to support the development of a network of provincial and district laboratories required for efficient clinical public health laboratory diagnosis, surveillance and for epidemic and endemic infectious disease control.

4. Outputs of the Project

a. To assist the Ministry of Health and Child Welfare (MOHCW) to carry out a comprehensive review of the infectious disease control programmes as well as support possible interventions.

b. To assist the MOHCW in developing appropriate interventions intended to address capacity constraints within the National Infectious Disease Control Programme.

c. To assist the MOHCW in developing a comprehensive project proposal for consideration by both the Governments of Zimbabwe and Japan.

5. Term of Cooperation

The Technical Cooperation will be implemented for 5 years from the date when the Record of Discussion (R/D) will be signed. It is recommended that the R/D be signed before March 1996, to allow for implementation to start in the 1996, Japanese and Zimbabwe financial years.

6. Provincial model areas

Based on mutual agreement of both governments, provincial model areas will be selected for serving as guidance to provincial Health authorities who will be operating their specific infectious diseases control, especially Malaria, Schistosomiasis, and other infectious diseases in the context of the overall National Disease Control Plans.

7. Type of Japanese Technical Cooperation

The technical cooperation of the project will be implemented through

1. dispatch of Japanese short term and long term experts with consultation of the Zimbabwe side.
2. acceptance of the personnel from Zimbabwe for training in Japan in consultation with the Japanese side.
3. provision of equipment and materials with consultation in the ^{Japan} Zimbabwe side.

8. Responsible organizations of the Zimbabwe side for the project on the preparation and implementation.

Ministry of Health and Child Welfare(MOHCW), in consultation with the responsible ^D departments of Epidemiology and Disease Control(EDC) & Department of Public Health Laboratory Services, shall have overall responsibility for the successful implementation of the Project, taking the measures as mentioned in No. 10 below.

9. Measures to be taken by the Zimbabwe side.

1. Providing a sufficient number of technical and administrative personnel
2. Providing necessary working facilities and space for the installation equipment.
3. Allocating necessary budget.

10. **Coordination committee**

For the smooth implementation of the Project, the Coordinating Committee is expected to be established from the beginning of the Project according to the following compositions;

1. **Chairperson:** A relevant person will be recommended from MOHCW
2. **Zimbabwe side:** Relevant members will be recommended from Zimbabwe side.
3. **Japanese side:** Relevant members will be recommended from Japanese side.

11. **The Long-Term Survey**

Before R/D Mission (Agreement for project implementation), if it is necessary, JICA may dispatch a Long-Term Survey Team in order to formulate a clear picture of the proposed Project.

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To support the minutes for additional clarifications

1. SPECIFIC OUTPUTS OF THE PROJECT AS PROPOSED BY MOHCW ZIMBABWE

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- b. Establish model eight districts one in each province regards laboratory development and control of the major specified infectious diseases.
- c. Establish two mobile laboratory units at Mpilo and Harare to support provinces and districts in epidemic investigation and control, as well as to conduct field training in laboratory techniques and infectious disease control, and to conduct field surveys on infectious diseases.
- d. Training of Zimbabweans in areas of Laboratory^S sciences, Epidemiology,, Environmental Health, Infectious Disease Management, through organising local training, as well as short and long courses in Japan.
- e. Supply of essential laboratory equipment, Surveillance equipment, Disease Control equipment to Harare Hospital, Mpilo Hospital and the model eight districts.
- f. Supply of initial buffer stock of vaccines, vector control chemicals, laboratory reagents and drugs.

2. **PROVINCIAL MODEL AREAS AS PROPOSED BY MOHCW Z.**
For ~~Operational~~^S reasons for service coverage regards equity and political acceptance it is recommended that operational model areas be established in each of the eight administrative provinces of Zimbabwe.

3. PRIORITY INFECTIOUS DISEASES

Primary focus should be on ^PParasitological disease such as Malaria and ^SSchistosomiasis, ^BSecondary consideration if financial allocations permit to include other bacteriological diseases such as; Tuberculosis, ^DDysentery and ^SSalmonella, ^VViral diseases such as: Polio, ^MMeasles and ^HHepatitis.

4. PROPOSALS ON COORDINATION COMMITTEE

Possibilities regards the compositions;

1. Chairperson: Principal medical Director Health care services
Ministry of health and Child Welfare
2. Zimbabwe side
 - . Deputy Secretary, MOHCW
 - . Director, Public Health Laboratory Services, MOHCW
 - . Head of Department of Microbiology, Medical school, University
 - . Head of Laboratory, Harare Central Hospital
 - . Head of Laboratory, Mpilo Central Hospital
 - . Head of Disease Control Unit.
 - . Head of Blair Research Laboratories.
 - . Head of Epidemiology and Disease Control
3. Japanese side
 - a. Members of the Japanese Project team
 - b. Representative, the Japanese Embassy
 - c. Representative, JICA Zimbabwe Office
 - d. Member of the Mission dispatched by JICA

5. NEEDS FOR ADEQUATE PROJECT PREPARATION AND IMPLEMENTATION AS PROPOSED BY MOHCW &

Before R/D Mission(Agreement for project implementation), if may be necessary for adequate project preparation and effective implementation :- it

- a. MOHCW may dispatch a team ^{together} with JICA to Zambia, Malawi and Tanzania to learn from the implementation of similar projects in SADAC Countries.
- b. MOHCW may dispatch a team to Japan to select ^{together} with JICA potential long term and short term technical experts and identify suitable training centres and courses for Zimbabweans.

Sponsorship 2000 & 2001

JAPANESE TECHNICAL COOPERATION
ON
INFECTIOUS DISEASE CONTROL
AND
MINISTRY OF HEALTH AND CHILD WELFARE

AGENDA

DATE : 22 November 1995

VENUE : 3RD Floor Board Room

TIME : 9.30 A.M.

1. Priorities in Infectious Disease Control in Zimbabwe
Ministry of Health and Child Welfare
JICA
2. Areas for focus on Technical support at Central, Provincial and Regional Level -
Model Area.
3. Inputs from Japan
 - Technical
 - Training
 - Equipment and Vehicles
4. Inputs from Zimbabwe
 - Counterparts
 - Work sites and space
 - Budget-Recurrent
5. Organ-Gram of Ministry of Health and Child Welfare
6. Time table towards implementation
 - Long Term Survey Team
 - R/D Mission
 - Zimbabwe Mission
7. Specific areas of focus
Discussion
 - a) MALARIA
 - Laboratory Equipment (Microscopes)56
+ reagents
at sentinel sites - reference laboratories and 8 Districts

- Chemicals - 50 000 litres
- Transport (Supervisory) 9
- Assistance for Larvicides Trial
- Computers 2 Reference Laboratories
 8 Model Districts

b) **T.B.**

- Upgrading of laboratory
- Fluorescent microscopes for main diagnostic centres
- Manpower Training (Post Graduate Technicians)
- Safety cabinets for Provincial Centres
- T.B. Programme Manager Training in Japan.

c) **DIARRHOEAL DISEASES**

Lab Equipment

- Incubators 17
- Refrigerators
- Autoclaves
- Training Lab. Technologists in Bacteriology

d) **SCHISTOSOMIASIS**

Drugs

Chemicals for Mollusciding

e) **Hepatitis**
-Regents
-vaccines

② プロジェクト要請書 (アドバンス ; Request for Proposal for Project Type
Technical Assistance for Japanese Assistance ; 平成 7 年 7 月作成)

Telephone: 730011

Telegraphic Address

"MEDICUS", Harare

Fax: 729154/793634 (702293 FHP)

Telex: MEDICUS 22211 ZW



ZIMBABWE

Reference:

MINISTRY OF HEALTH AND
CHILD WELFARE

P O Box CY 1122

Causeway

Zimbabwe

4-7-75

The Director

National Economic Planning Commission

Attention: Mrs A. Manyanya

**RE: REQUEST FOR PROPOSAL FOR PROJECT TYPE TECHNICAL
ASSISTANCE FOR JAPANESE ASSISTANCE**

With reference to your letter dated 30th May 1995 Ref. A128\41, we have decided to raise the "Project Type Technical Assistance" accordingly.

The Project Title - Infectious Disease Control And Laboratory Services.

Implementation Agency - Epidemiology and Disease Control Department And Public Health Laboratory.

Total Cost of Project:- To be studied in detail.

Outline of Project.

1. Assistance by Japanese experts to rehabilitate and up grade the research laboratory facility on infectious disease.
2. Assistance of fund on equipments and chemicals to control infectious disease.
3. Assistance on training of medical staff.
4. Assistance in the control of infectious diseases which include H.I.V, TB., Malaria, Diarrhoea etc. and the priority is on Malaria control which is the most serious in the country.
5. Urgent Assistance on malaria control to prepared for sudden outbreaks which may bring enormous economic damage to our country.

Please find enclosed a draft project proposal for Japan's Technical Co-operation and if the government of Japan could send more delegations to discuss on the possible area of collaboration and its schedule. This would help our information process considerably.

The Ministry of Finance is kindly requested to agree to our proposal and convey it to the Embassy of Japan as soon as possible, as the closing date for applications is 13 July. 1995.

Thank you for your kind attention.

Yours faithfully.

E E Sibanda
Mrs E. Sibanda - Aid section.
For Sec. Health and Child Welfare.

CC	:- Dr Chatora	-Permanant Secretary For Health.
	:- Dr Sikosana	-Principal Medical Director (Health Care Services)
	:- Mr Katekete	- Under Secretary - Finance.
	:- Dr Shiva	- Director E.D.C.
	:- Mr Maunga	- Chief Disease Control Officer
	:- Mrs J.R Kahari	- Finance

THE APPLICATION FORM FOR JAPAN'S TECHNICAL COOPERATION

Applicant: The Government of Zimbabwe

Project Title: National Infectious Diseases Control Programme & Public Health Laboratory Services (N.I.D.C.P. & P.H.L.S)

Economic Sector: Public Health

Project Type: i) Technical Cooperation
ii) Equipment Supply

Total Project Cost: US\$30,790,191

Responsible Ministry: Ministry of Health and Child Welfare
(Ministry requesting the aid)

Implementing Agent: Epidemiology and Disease Control Department
(Agency in charge of Public Health Laboratory Department
execution of the project)

1. PROJECT DEPARTMENT

1. BACKGROUND

a. Current Situation

Infectious diseases are the major cause of morbidity, mortality and disability in Zimbabwe. The high prevalence and incidence of diseases such as malaria, H.I.V. diarrhoeal diseases, dysentery, tuberculosis, acute respiratory infections cause not only human suffering but also affect the economy by absenteeism, excessive expenditure on health care e.t.c. In the case of Malaria, the seasonal epidemics affect agricultural production and the resettlement of people in lands being reclaimed for agricultural production. The establishment of Infectious disease centre with a reference Research Laboratory will enhance development of human resources for control of infectious diseases, surveillance of infectious agents, drug resistance e.t.c. The infectious disease centre will be located at Harare Central Hospital and a branch at Bulawayo Mpilo Central Hospital. It is estimated that more than 11 million people will benefit directly and indirectly as this will be the nerve centre of the programme.

B. Brief description of Infectious Diseases

B.1. Malaria Control

Malaria is a recognised infectious disease, contributing to 20 - 30% of outpatient attendance. Forty percent of the population of Zimbabwe are at risk being in malaria transmission areas. At present 25,000 admissions and 500 deaths occur due to malaria.

The malaria control programme is at present facing escalating costs in insecticides and drugs being used. Thus there are efforts to cut down the amount of insecticides being used and more rationale use of drugs. However because of the success of the programme, the fewer cases which are being seen, unfortunately are very severe cases of cerebral malaria and at times there are areas of the country which are prone to sudden and severe epidemics.

There is need to critically direct the programme to ensure that areas of the country are carefully stratified for different cost effective approaches to control. The referral and management of severe patients must be improved. The early detection of epidemic through surveillance and prompt control becomes essential. There is now reports on drug and insecticide resistance which needs continuous research and surveillance. Although the malaria programme has been decentralised effectively, the manpower at central level to critically direct and coordinate the activities is still lacking.

B.2. Tuberculosis Control

The tuberculosis notification rate has doubled from 67 to 137 per 100,000 of the population and is expected to continue to increase during the next years. The important reason for this increase is TB being an opportunistic infection associated with the HIV epidemic. Thus TB today is a national Public health emergency.

The lack of investment in manpower in the national tuberculosis control programme over the past years, together with the increase in number of patients which require more diagnostic support and expensive drug regimens for treatment has resulted in poor control activities. Sputum smear and culture laboratory support are essential for clinical management as well as monitoring drug resistance.

To re-establish the tuberculosis control programme requires urgent attention to manpower commitment at all levels of the health system as well as uninterrupted drug supplies and laboratory diagnostic support. Some hospitals require extra TB isolation wards to be able to cope with the in - patient care adequately.

B.3. Cholera and Dysentery Control

Cholera was an anticipated problem from 1990 and epidemic occurred starting in December 1993 to August 1993 with a total of 7012 cases and 367 deaths. Cholera was effectively controlled with emergency mobilisation of national and international manpower and material.

However the situation of cholera remains a serious problem in the neighbouring countries of Southern Africa, thus continued cholera surveillance and preparedness will have to be maintained in Zimbabwe.

However, unfortunately dysentery (bloody diarrhoea) came into the country in 1993 and has now established itself in all provinces, with very serious strains such as *S. dysenteriae* in some areas such as Harare city and Mashonaland Central which are resistant to common drugs. This has resulted in serious acute overcrowding in some hospitals and the need for very expensive drugs and laboratory support which has been unplanned for.

The need to concentrate policy attention, manpower and laboratory support to address this problem is imperative before the problem becomes endemic and seasonal problem.

B.4. Schistosomiasis/Helminths Control

The national economy of Zimbabwe is Agro - based and with the current trends of droughts, harnessing of water resources and therefore irrigation is tops on national development plans with this commodity, the problem of schistosomiasis and Helminths is yet to be realised on its debilitating effect on the physical, mental, health and food production capacities. All vector snails are available in Zimbabwe and climate is suitable and water bodies available.

Feasibility assessment of the impact of impounding water resources and their effects is required, worm load in the communities where there developments are earmarked, pre - studied at all levels and support is required. Procurement of suitable drugs, molluscicides and strengthening of laboratory facilities, manpower and training is essential.

B.5. Plague

Plague has been confirmed with deaths in some parts of Zimbabwe. The risk of having yet other episodes of plague remains since rodents are always available in the country.

From the latest outbreak in Zimbabwe, which started to show up as early as January 1994 and got to epidemic proportions by September to October, 462 suspected cases which met the case definition to warrant admission and management were recorded as follows:-

- * 51 cases under 5 years old
 - * 334 cases between 5 - 14 years old
 - * 76 cases of over 15 years old
- 49 cases were laboratory confirmed positive cases and 22 cases died after meeting case definition for plague.

Against this background, there is need to establish a state of preparedness for diagnosis, outbreak response with all logistical and material support

B.6. Rabies

Rabies is on the increase country wide with high infections amongst reservoirs of both domestic and wild animals. Against this background, the Ministry of Health and Child welfare has to complement fully the activities of the department of Veterinary Services by maintaining supplies of serum vaccine for human contacts and suspects, strengthening health information on the community

C. NATIONAL HEALTH SURVEILLANCE SYSTEM

The national health priorities, policies, strategies and health plans of action require to be formulated and reformulated within a continuous process of health situation analysis, monitoring and evaluation.

A weekly surveillance system is in place to monitor any unexpected change in disease situation in the country. This system is allowing an early detection and control of epidemics.

Health information system phase 1 on morbidity, mortality and disability and health information system phase 2 on services is now undergoing its first revision and is able to generate at all level on a monthly, quarterly and annually the data required for planning and management of the health system. One of the weak points of National Information and Research is Laboratory investigations to support clinical or Public health investigations

However the main constraint regards effective analysis and presentation of data is now being addressed by utilising computers and facsimiles. More dialogue is now being initiated with the users of data to ensure the relevance of data being collected and also to develop the data culture for effective public health performance.

The health information system phase 2 on health resources, health facilities and health transport have undergone first stage of development while areas of health manpower, health finance are at an early stage of development.

The area of health surveillance is an essential intelligence component to the whole mission of the Ministry of Health but does not have the status nor the manpower investment and Laboratory support required of a health intelligence system for critical health policy and public health programmes decision making.

Thus the present health services are unable to adequately anticipate a health problem in advance, monitor and evaluate effectiveness of health programmes in place. The patient medical records systems in most hospitals are inadequate to effectively manage patients nor allow clinical audit to be conducted on a regular basis.

The overall health policy remains mainly curative and managerial with inadequate focus being given to public health and infectious disease control. The result being manpower and resources being directed to managing or running the health system and treating diseases as in a responsive and crises approach; as opposed to addressing the health problems of the nation in a proactive manner.

The result is extensive health resources are invested in the health problem after it has occurred in areas of drugs and hospital care. Thus a cost effective approach to preventing the problem and reducing the problem through infectious diseases control measures which ensure that cure is applied in a cost effective manner within the areas of prevention, promotion and rehabilitation being inadequate.

The critical institutional capacity regards manpower in public health and infectious disease control remains very fragile and below the critical mass to achieve meaningful results. Public health and disease control programmes are unlike curative care where there is immediate felt need and for which private sector service is more available. This is an area which a public service component is always required and the institutional capacity regards manpower is essential.

D. PUBLIC HEALTH LABORATORIES

This is the nerve centre of health services for without it, case diagnosis for prescription is ineffective and inconclusive, investigations incomplete without laboratory confirmation, change of treatment regimes random without proving resistance and raising costs of case treatment and management and of course unnecessary case fatalities

1. FEASIBILITY AND FUTURE PROSPECTS OF THE PROJECT

The high morbidity and mortality in developing countries and in particular Zimbabwe is mostly due to infectious diseases. It has long been recognised that central to the control of infectious diseases both in the community and health institutions is the capacity to carry out laboratory diagnosis, surveillance and research activities in drug quality, disease vector behaviour, insecticides resistance, vaccines and improved health information system e.t.c. This project will be a resource centre for the whole of Zimbabwean population in terms of health delivery system as far as control of infectious diseases are concerned.

2. PROBLEMS TO BE SOLVED IN THE SECTOR

- a. to control seasonal outbreaks of infectious disease epidemics.
- b. to establish an early warning system to anticipate and prevent epidemics
- c. to reduce mortality due to infectious diseases
- d. to minimise the incidence of severe, complicated infectious diseases
- e. strengthen laboratory diagnosis, surveillance and research
- f. establish effective infectious disease control programmes

3. NECESSITY AND IMPORTANCE OF IMPROVEMENT IN THE SECTOR WHICH LEAD TO THE FORMULATION OF THE PROJECT

Infectious diseases are a major leading health problem in Zimbabwe and hinderance to agricultural production and economic development nationally through absenteeism and premature death during economically productive. It also involves family and national expenditure on health to prevent sickness. In order to strengthen the infectious diseases control operation in the country, the necessary technical expertise resources have to be mobilised.

4. RELATIONS BETWEEN THE SECTOR AND THE PROJECT

The Disease control unit of the Ministry of Health and Child Welfare has been given the mandate to coordinating infectious disease control activities in Zimbabwe. As such, this unit fulfils the function of local expert along with the support of Blair Research Laboratory, Public Health laboratory and Regional and Country Offices of the W.H.O.

5. REASONS WHY JAPAN'S TECHNICAL COOPERATION IS REQUESTED FOR THIS PARTICULAR PROJECT

The National Infectious Disease Control Programme has been financed by the Zimbabwean Government. However, in spite of the government's commitment, there is need to rehabilitate the infectious disease, laboratory and control services through technical training/expertise, equipment infrastructure, transport, informatics etc. Major requirements at the beginning of the project are medical equipment, training equipment, Informatics and communication and transport.

2. **OBJECTIVES AND OUTLINE OF THE PROJECT**

1. Objectives of the project

- i. Short - term objectives
Building of Infrastructure for the prevention and control of infectious diseases for the benefit of the Zimbabwean population and the region as a whole.
- ii. Medium and Long term objectives
Prevention and control of infectious diseases, surveillance of infectious diseases and agents and efficient clinical public health laboratory diagnosis, research and surveillance.
- iii. Please fully describe the relations between the project and objectives and how the project will contribute to the accomplishment of the objectives.

Development of Human resources through training and efficient surveillance and research system. The project will facilitate the undertaking of such activity which will have direct impact on the factors mentioned under medium and long term objectives.

2. Outline of the Project (Please give a full description of each facility and equipment and their detailed specifications)

- i. assistance by Japanese Experts to reinforce field operation on infectious disease control.
 - ii. assistance by Japanese experts to rehabilitate and upgrade the laboratory and research facilities on infectious diseases.
 - iii. assistance of funds on equipments and chemicals to control infectious diseases.
 - iv. assistance on training of our medical and other health staff.
 - v. infectious diseases include HIV, TB, Malaria, Diarrhoea, dysentery, rabies, plague, schistosomiasis etc.
-

-
- vi. urgent priority is on malaria control to prepare for sudden outbreak which may bring enormous damage to our country, and agricultural and water development projects.
 3. Location Plan of each Facility and/or Equipment
Location of laboratory/control centres: Harare Central Hospital & Mpilo Central Hospital
All equipment will be distributed to all affected areas in Zimbabwe accordingly.
 4. Cost Estimates (please describe in detail all the premises on which the cost estimates are based such as basic unit prices, inflation rate, foreign exchange rate and so on. Please attach detailed tables of estimated costs of each facility and item of equipment. If estimated in local currency, please mention the latest exchange rate of the currency to the U.S dollar or the Japanese yen)
-

3. BENEFIT, EFFECT AND PUBLICITY OF THE PROJECT

1. Population that will benefit directly from the project

More than 11 million people living in Zimbabwe, plus an estimated 2 million who visit Zimbabwe. as such, more than 133 million people will benefit directly.
 2. Population that will benefit indirectly from the project.

The entire population of Zimbabwe will benefit from the project comprising some 11 million people.
 3. Area that will benefit from the project

All the inhabited areas especially agricultural and developmental prospects where ecological/environmental, balance of infectious diseases is channelled.
 4. Economic and Social Effects of the Project (please describe in detail)
 - i. Current situation
All infectious diseases affected areas are economically productive, engaged in mining, industry and commercial farming. Tuberculosis - HIV related is now affecting the productive age of the population. Diarrhoeal diseases outbreak occur seasonally in rural and urban areas.
 - ii. Expected Effect of the Project
The project will relieve the burden of infectious diseases on the rural and urban population in particular resulting in the increased economic productivity and will also reduce hospital bed population and use of scarce, meagre and expensive medical resources.
-

-
5. **Publicity (How many people are expected to notice the benefit or positive effect of the project implemented with Japan's Technical Cooperation scheme when it is completed?).**

Since some of the national infectious control programme in Zimbabwe e.g malaria, tuberculosis, rabies, trypanosomiasis are known as a models for control programme in East Central and Southern African countries and elsewhere, the impact of the Japan's technical cooperation will enhance the reputation of the programme and influence other countries to learn more about effective malaria control and support W.H.O. proposals for regional nucleus for development in infection control.

4. **Request to other Donors**

1. **Is there any request made to other donors for assistance closely related to this project?**
No.

2. **If yes, please fill in below**

i. **Name of the Donors**

N/A

ii. **Title and outline of the assistance**

N/A

iii. **Possibilities that the donor will extend the assistance requested**

N/A

iv. **In the case where other donors do not extend assistance, please describe in detail appropriateness and effectiveness of this project.**

N/A

v. **In the case where other donors extend loans, please describe the reason why Japan's technical cooperation is requested for the project.**

N/A

5. **PRIORITY**

(Please describe priority of this project among other projects for which requests are made to Japan)

The Ministry of Health and Child Welfare puts high priority on the project because of the escalating high number of epidemics of infectious diseases like malaria, HIV, TB, diarrhoeal disease, plague, upper respiratory diseases etc. There is need to have an efficient infectious disease control system which is cost effective. This is clearly spelt out in the second year national development plan.

Because of high priority of project request by Ministry of Health and Ministry of Finance to Japanese Government was suballed for grant aid in April 1995. The Ministry of Health, has met with Japanese Embassy and Japan Delegations to emphasize the high priority of project

(Please attach project list with priorities)
Project list is attached as Appendix 3

6. Ministry and Agency in charge of the Project

1. Outline of Implementing Agency (please describe in detail)
(the agency in charge of the execution of the project)

The National Infectious Disease Control Programme and Public Health Laboratory Services are operating under the Disease Control Unit, in collaboration with Blair Laboratory provides technical guidance, coordinates and supports the 8 provinces (with a total of 58 districts) in the implementation of the programme activities.

- i. Organisation chart of the agency (in general)
(Please mark the responsible department and division in charge of the project)
<Appendix 4> shows the organisational chart of the Ministry and position of the Department of Epidemiology and Disease Control, Public Health Lab and Blair Research where it falls.

(Please attach detailed organisation chart pointing out the responsible department, division and sections in charge of this project)

ii. Authorities and Duties of the Agency

The National Disease Control Unit is responsible for initiating National infectious disease control programme and public health laboratory services control policy, national planning of the programme, mobilising resources for supporting the programme activities countrywide, coordinating implementation of the programme between the provinces, providing technical support and evaluating the programme.

- iii. Personnel (please mention the number of staff, workers and employees of the agency and the responsible department, division and section in charge of the project)

The National Infectious disease programme and public health laboratory services will be directed by 10 staff members who form the core group from Disease Control Unit, Blair Research Laboratory and Environmental Health Department. The rest of the provincial and district personnel will also support i.e National disease control programme and public health laboratory services.

iv. Budget (Revenue and Expenditure)

(If mentioned in local currency, please mention the latest foreign exchange rate of the currency to the U.S dollar or the Japanese Yen)

The Annual Budget allocation for 1995 for Disease control was US\$500,000-.00

2. Outline of Supervising Ministry (Please describe in detail)

Under the minister is the deputy minister and under her is the secretary for Health responsible for executing and coordinating health policies. Under him are three deputies responsible for the divisions as follows: One for Administration, Finance and Planning, the second for health support services and the third, Principal Medical Director for health Care Services as outlined in <Appendix 5>

i. Organisation Chart of the ministry (in general)

(Please mark the responsible department and division in charge of the project and implementing agency)

The organisation chart is attached as <Appendix 5>

(Please attach detailed organisation chart pointing out the responsible department, division and sections in charge of the project and implementing)

ii. Authorities and Duties of the Ministry

The Ministry of Health and Child welfare is responsible for the entire health sector in monitoring the health of the people and providing health care as well as coordinating health care activities in the whole country. The department of Epidemiology and Disease Control is one of the departments in the Ministry with the responsibility of dealing with problems of National Infectious Disease Control Programme.

iii. Personnel (Please mention the number of staff, workers and employees of the Ministry and responsible department, division and section)

The number of staff (1993) of:

-	the ministry of health and child welfare	22 510
-	division	5 733
-	department of epidemiology and disease control	70
-	disease control unit	50

-
- iv. **Budget (Revenue and Expenditure)**
(If mentioned in local currency, please state the latest foreign exchange rate of the currency to the U.S. dollar or the Japanese Yen)
Budget (Revenue and Expenditure) for 1993
The annual budget allocation from the Zimbabwe government amounts as follows:

	Z\$
Revenue	25,033,078.00
Expenditure	1,083,885,076.00

7. **Preparation**

1. **Project site (please attach photographs and maps of the site with the various scales including that of 10.000:1) to be supplied later**

- i.(a) **Address of the Site**
Harare Central Hospital Laboratory and Mpilo Hospital laboratory
- (b) **Total area of the site**
To be included later

ii. **Land Preparation**

- (a) **To which extent has the land expropriated for the project**
Available
- (b) **When will the expropriation of the land be completed?**
When approval for project is granted

(Please attach the laws and procedures concerning the expropriation of land)

2. **Electricity, water supply, Telephone, Drainage and other facilities**
(Please describe the extent to which above mentioned incidental facilities have been prepared)

The above facilities are available in most of the health facilities and where they are not available alternative arrangements are made, e.g. where there is no electricity other type of lighting is provided (such as kerosine). Where there are no telephones, radio communication system may be installed, etc.

3. **Is there any information, statistics and data regarding geographical, geological, meteorological, oceanographical situations etc.**

(If any, please attach those information)

The maps under item 7 above provide basic geographical data for altitude which correspond to the malaria and other infectious disease transmission zones.

8. **Capabilities of the Implementing Agency**
(Please describe the capabilities of the agency to manage, sustain and operate the project)

1. **Current Situation**

The coordinator of the programme is the Chief disease control officer, who collaborates with the technical leadership core group comprised of a Medical officer, environmental health officer and entomologist.

2. **Problems of the Agency**

One of the constraints facing the disease control unit is space for accommodating the secretariat and the technical staff. The ministry is in the process of looking for accommodation for its staff, including accommodation to house the National infectious disease control programme and public health laboratory services.

3. **Improvement Plan (If any, please describe in detail the contents of such a plan that will enable the agency to handle the project more effectively and efficiently)**

The agency is consolidating its collaboration with the various parties as indicated in Appendix 3. Once space is secured, all technical staff will be able to coordinate their activities better.

9. **Operation and Management of the Project**

(1) **Personnel (Please fill in the number of personnel)**

	Current	When the Project is completed
Supervising Ministry	22 510	38 564
Implementing agency	50	69
Directly responsible personnel	10	17

(In the case of hospital, research institutions, training centres, please attach the functional personnel charts.)

(In the case where necessary personnel are not yet secured, when and how this is to be done)

N/A

- (2) Budget (please fill in the budget in the below table (if mentioned in local currency, please refer to the latest foreign exchange rate of the currency to the US dollar or Japanese yen))

	US\$: million			
	2 years ago (1993)	1 year ago (1994)	Now (1995)	When the project will be completed (1999)
Supervising Ministry	0.4375	0.5	0.625	0.8843
Implementing Agency	0.3125	0.4125	0.5	0.7638
Direct Budget of the project	-	-	2.54	1.00

(In the case where additional budgetary allocation is needed for the implementation of the project, please answer the following question)

- i. Has the additional budget been already allocated?
Yes
- ii. If no, how and when will the additional budget be allocated?
N/A

- (3) Technical abilities of Local Staff

- i. Please describe technical abilities of local staff operating the project

The National Disease Control Programme is sufficiently staffed with some of them to be reoriented well in contemporary N.D.C.P & P.H.L.S techniques. The personnel available for integration includes entomologists, parasitologists, microbiologists, community health specialists, epidemiologists and biologists, vector control officers capable of carrying out control operations, operational research, surveillance and evaluation.

-
- ii. Please describe in detail educational background of those who are in charge of the operation and management of the facilities and equipment.

Most of the above - mentioned staff possess either University or College qualifications, including 2 medical doctors with Masters Degrees in Public Health, one medical officer, 2 with master of public health, 7 with master of science degrees, 6 with vocational school diploma, 12 malaria technicians and 134 other junior technical staff, working in various capacities relating to disease control activities.

10. List of Related projects

(Please fill in below if there is a project executed by another donor country or international organisation in related areas)

- | | |
|-------|---|
| 1. | Name of Donor
N/A |
| 2. | Project Title
N/A |
| <hr/> | |
| 3. | Project outline
N/A |
| 4. | Type of Assistance
(grant, loan, technical assistance, etc)
N/A |
| 5. | Project Period
N/A |
| 6. | Relations with this Project
N/A |
-

(If there are many project, please attach a list of those projects explained in the same way)

11. Technical Assistance

1. Has technical assistance been extended to this project?
No
 2. Is technical assistance needed for the implementation of this project?
Yes
 3. If no, please describe the reasons why technical assistance is not needed.
-

-
4. If yes, please fill in below.
We propose that two long term experts and ten short term experts be sent from Japan and we also propose that two doctors, ten environmental health officers/community nurses, ten field officers, ten technologists be trained in various fields in Japan namely: Epidemiology and Infectious and Tropical Diseases, TB and Polio, Entomology, Parasitology, Virology, Microbiology and Immunology.
- iv. Project type Technical Cooperation
(If needed, please describe the proposed project outline)
- v. Japan Overseas Cooperation Volunteers
(If needed, please describe the proposed sector and related information)
Yes: Laboratory professionals, Public health specialists, medical doctors.
- vi. Development Survey Programme (Feasibility Studies; and Master Plan)
(If needed, please describe the outline of the proposed development survey programme)
If preliminary approval given feasibility have to be developed and implemented on following areas.
1. Technical expertise requirement and deployment and development of manpower.
 2. Technical infectious disease activities with time scale
 3. Equipment sundry, types, place of use, maintenance
 4. Infrastructure need, plans, implementation
5. Has an official request for technical assistance been already made?
No
- i. If yes, please mention the date of the request
N/A
- ii. If no, please describe the reason why the official request has not yet been made.
As request for grant aid submitted to Japanese Government and awaiting official response.
- iii. When will the request be made to the Embassy of Japan"
Has already been made
-

11.

General Development Plan

1. Title of the plan (please attach the whole volume of the latest general development plan)
SECOND FIVE YEAR NATIONAL DEVELOPMENT PLAN
(1991 - 1995) < Appendix > 7a

NATIONAL MALARIA CONTROL PROGRAMME
FIVE YEAR PLAN (1995 - 1999) < Appendix > 7b
 2. Economic and Social situation
(Please mention the basic statistics of economic fundamentals)
 - a. GNP
US\$726,750,000
 - b. National Income, sector by sector
See Appendix 8
 - c. Unemployment rate
23.5%
 - d. Inflation rate
23.3%
 - e. Growth rate
2%
 - f. Balance of international payments
US\$2,575,000
 - g. Labour population (as a whole, and sector by sector)
see appendix 9
 - h. Debt service ratio
29.8
 - i. Outstanding debts
US\$4,300,000
 - j. Major Items of Exports and Imports and their value
see appendix 7
 - k. Major Trading partner (1993)
South Africa / UK / Germany / Japan / USA /
 - l. Population and its growth rate
10.7 million 3.127%
 - m. Average life expectancy (male and female)
male: 61 female: 63
 - n. Death rate and birth rate
Death: 9.7/1000 Birth: 39.9/1000
 - o. Medical structure
Population/Doctor: 6920/1
 - p. Ten diseases most afflicting the nation
Malaria, dysentery, pneumonia, tuberculosis, cardio-vascular, sexually transmitted diseases, AIDS, diarrhoeal diseases
-

-
6. i. Is there any assistance that other donors have extended/will extend to the projects and/or programme listed in the general plan?
No.
- ii. If yes, please give basic information on the assistance
- a. Name of donor
N/A
 - b. Project Title
N/A
 - c. Project cost
N/A
 - d. Type of assistance (grant, loan, technical assistance, etc)
N/A
 - e. Project Outline
N/A
-

-
- q. Illiteracy rate (or literacy rate)
79.2%
- r. Other date

3. Outline of the plan

1. Most important sectors in the plan

- | | |
|--------------------------|----------------------------|
| - health | - energy and water |
| - environment | - construction and housing |
| - agriculture | - education |
| - science and technology | - transport |

2. Basic Objectives of the plan

(Please describe in detail the objectives by using concrete fixtures)

- improvements in the living conditions and reduction of poverty
- development of rural and urban
- increasing and restructuring of investment
- creation of employment opportunities
- population planning
- economic growth plan aims at achieving at least an average GDP growth rate of 4.6% per annum
- reduction of the rate of inflation will decline from 26% to 9% by 1996/97
- stabilisation of public finance
it is planned to reduce the level of government expenditure from 45.9% of GDP to 38.5% in 1996/97

3. How will the above mentioned objectives be achieved?

The above mentioned objectives will be achieved as stipulated in National Malaria control programme (1995 -1999)

(Please mention specific projects and programme to achieve the objectives)

4. When will the plan be executed and completed?

1996 - 2000

5. Relations between this project and the general development plan.

(Please describe the significance of the project in the general plan)

Infectious diseases are the major causes of morbidity and mortality in many rural areas of Zimbabwe and it is estimated that more than 4 million people are exposed to malaria each season. The Trans National Government Development Plan 1996 - 2000, the main priority is control of infectious disease. Accordingly implementation of the plan activities support the malaria control project as outlined in item 11 (3)

BUDGET - SUMMARY 1996 - 2000

Diseases	Total Cost US\$	1996	1997	1998	1999	2000
Malaria control	7 633 900	2 459 380	1 747 780	1 251 380	1 115 380	1 010 380
T.B control	5 063 191	1 353 132	993 205	874 433	914 858	5 063 191
Upper respiratory control	3 000 000	1 000 000	8 000 000	5 000 000	4 000 000	3 000 000
Diarrhoeal Diseases	3 000 000	1 000 000	8 000 000	5 000 000	4 000 000	3 000 000
Schisto & Plague/Zoonosis	2 000 000	7 000 000	6 000 000	3 000 000	2 000 000	2 000 000
Other Infectious Diseases	2 000 000	7 000 000	6 000 000	3 000 000	2 000 000	2 000 000
Research Lab. equip	3 000 000	7 000 000	8 000 000	5 000 000	4 000 000	3 000 000
Health education & training materials	1 000 000	1 000 000	3 000 000	2 000 000	1 000 000	1 000 000
Field visits/supervision	1 000 000	3 000 000	3 000 000	2 000 000	1 000 000	1 000 000
Building construction	3 000 000	3 000 000				
Grand Total	30 697 091	33 812 512	44 740 985	27 125 813	20 030 238	21 073 571

**NATIONAL MALARIA CONTROL PROGRAMME (ZIMBABWE) FIVE YEAR
BUDGET (1996 - 2000) FOR JAPAN'S TECHNICAL COOPERATION (IN US\$)**

ITEMS	TOTAL COST	1996	1997	1998	1999	2000
		Sub total cost	Sub total cost	Sub total cost	Sub total cost	Sub total cost
Technical equip. for public health education	4 000	2 000	2 000	-	-	-
Ambulances for transporting malaria complicated cases	300 000	150 000	45 000	45 000	45 000	15 000
Transport for surveillance & vector control operating	1 871 500	884 380	674 380	124 380	124 380	64 380
Insecticides & spraying equip.	4 355 000	977 000	832 000	832 000	832 000	832 000
Clinical management & laboratory support	984 000	393 000	189 000	189 000	114 000	99 000
Office, technical & radio communication equip. for Provinces/District	119 000	53 000	5 000	61 000	-	-
GRAND TOTAL	7 633 900	2 459 380	1 747 780	1 251 380	1 115 380	1 010 380

**Proposed Donor Contributions
National Tuberculosis Programme
1995-1999
(in US\$)**

Item	1995	1996	1997	1998	1999	Total	Donor
Lab. supplies	78.000	55.125	58.050	60.975	63.900	316.350	NL
Nat. Ref. Lab	120.000	7.500	7.500	7.500	7.500	150.000	NL
Drugs	565.000	565.000	408.000	431.000	471.000	2.431.000	WB
Support activity							
printing	5.000	5.500	6.000	6.500	7.000	30.000	NL
training	161.720	68.939	68.939	68.939	68.939	437.476	NL
supervision	163.050	70.500	100.750	102.725	82.950	519.975	NL
monitoring	4.000					4.000	NL
advise	51.950	51.950	32.000	32.000	32.000	199.900	NL
evaluation			35.000		35.000	70.000	NL
Epidemiol. surveill	36.400	51.400	83.700	58.300	36.400	266.200	NL
training			25.000			25.000	WHO
Health Education							
RAPT	45.000	27.000	27.000	27.000	27.000	153.000	NL
10% Contingencies	123.012	90.291	85.194	79.494	83.169	460.290	
Total	1.353.132	993.205	937.133	874.433	914.858	5.063.191	

- * The budget excludes expending involved in extra treatment facilities for accommodation during the intensive phase of the tuberculosis treatment.
- * It does not include separate admission costs, being expenditure integrated in the budget for Medical Care Services.
- * The salary component reflects the expenditure for staff being fully employed within the TB Programme, it does not include salary components of officers who have TB control among other duties

Govt. of Zimbabwe Contributions
National Tuberculosis Programme
1994-1998
(in Zim. \$1,000)

ITEM	1995	1996	1997	1998	1999	TOTAL
<u>Salaries</u>						
Full time staff:						
National level	470	518	568	625	687	2.868
Prov/distr level	1.198	1.318	1.449	1.592	1.752	7.309
<u>Drugs</u>	1.323	1.323	1.323	1.323	1.323	6.615
<u>Lab. supplies</u>	290	290	290	290	290	1.450
<u>X-Ray films</u>	768	768	768	768	768	3.840
<u>Transport</u>						
National level	120	120	120	120	120	600
Prov/distr level	744	744	744	744	744	3.720
<u>Allowances</u>						
National level	119	119	119	119	119	595
Prov/distr level	477	477	477	477	477	2.385
<u>Rapt</u>	60	60	60	60	60	300
5% Ann.increase	278	287	296	306	317	1.484
Zim \$ x 1000	5.847	6.021	6.214	6.425	6.658	31.165

EPIDEMIC DIARRHOEAL DISEASES CONTROL PROGRAMME - FIVE YEAR BUDGET-1996-2000

<u>ACTIVITY</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>TOTAL</u>
Strengthening National capacity by local recruitment 1x Disease Control Officer & Environmental Health Technicians 1x Laboratory Technologist	US\$ 10000 40000 10000	US\$ 10000 40000 10000	US\$ 10000 40000 10000	US\$ 10000 40000 10000	US\$ 10000 40000 10000	US\$ 50000 200000 100000
	1000	1000	1000	1000	1000	5000
Review and revise National Plan for Epidemic Diarrhoeal Disease Preparedness control						31000
Support for training *Case Management training with emphasis on cholera/dysentery and Salmonellosis *TOT's x 4 *Training of EHO's in water quality monitoring *Training of health workers in epidemiology	5000	3000	10000	5000	3000	
Support for surveillance *District workshops on identification and response to diarrhoeal diseases epidemics *Dissemination of information to Provinces Districts *Elaborate laboratory epidemic diarrhoeal disease surveillance system	12000 2500 5000	6000 5000 2500	6000 5000 5000	6000 2500 2000	6000 2500 2000	36000 17500 16500

<i>Support Environmental and personal hygiene activities at district level</i> *information sheets *posters/booklets *information dissemination *research/KABP studies	20000	15000	20000	15000	15000	85000
	5000	5000	5000	5000	5000	25000
	10000	5000	5000	5000	5000	30000
<i>Logistics support for Provincial/District level</i> * emergency supplies *Laboratory supplies	5000	5000	5000	5000	5000	25000
	10000	5000	5000	5000	5000	30000
<i>Strengthen Laboratory services on epidemic DD</i> *Training on epidemic diarrhoeal disease diagnosis and surveillance *Supervision of laboratory activity as related to epidemic control *Diagnostics supplies	5000	5000	2500	1000	1000	14500
	5000	5000	2500	2500	2500	17500
	5000	2500	2500	2500	2500	15000
Research		1000			1000	2000
TOTAL						415000

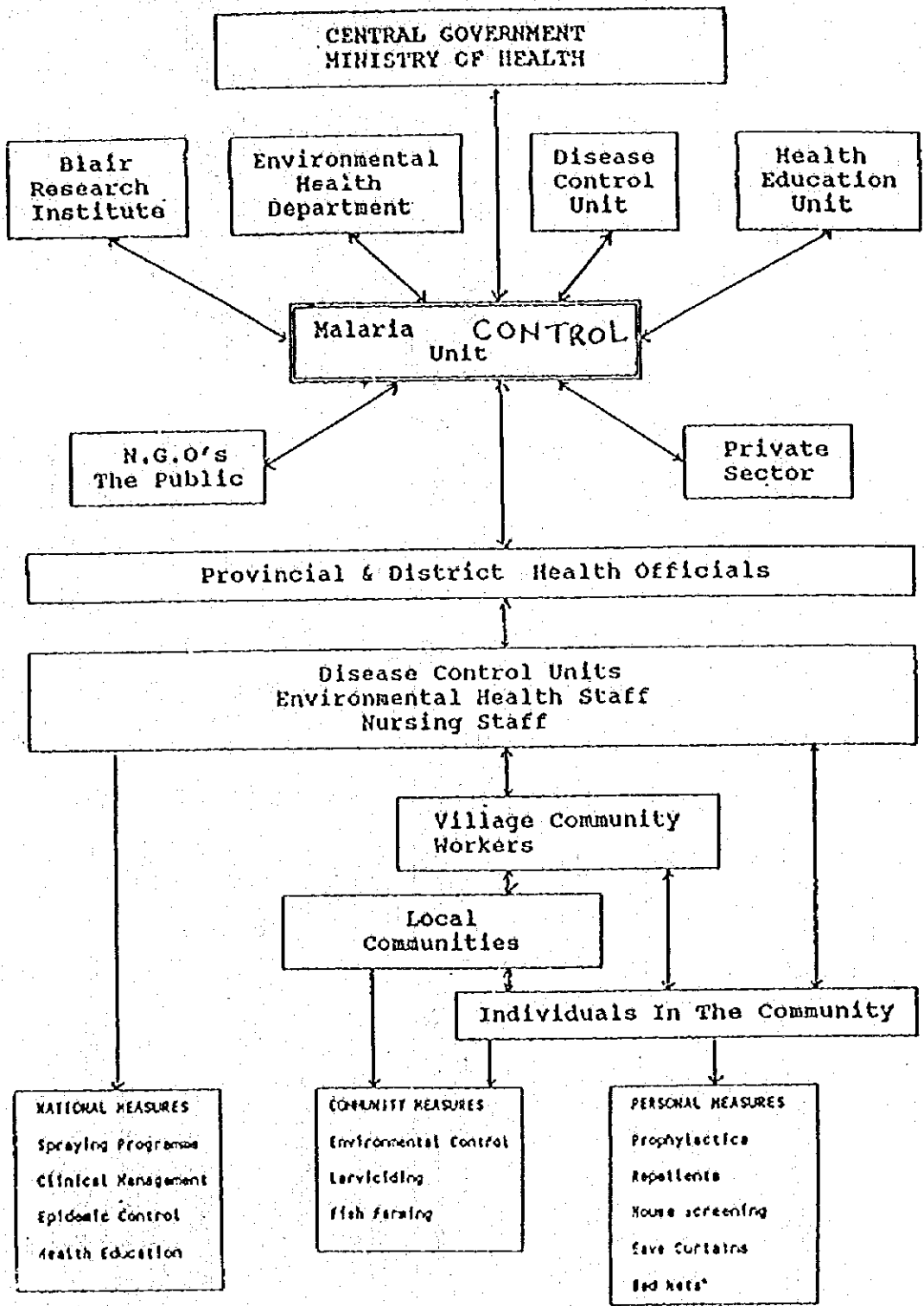
Budget For Rabies Control Activities 1996,1997,1998,1999,2000

Activity	Total/Cost US\$	96	'97	'98	'99	2000
Purchasing stationary for rabies control programme	37500	1000	875	625	625	625
Printing rabies control guidelines and Messages	18125	5000	3750	3750	325	500
Producing and inserting rabies control adverts and TV spots	15000	7500	2500	2500	1250	1250
Convening workshops, meetings	28750	10000	6250	5000	3750	3750
Purchasing a rabies control vehicle	7500	2500	1250	1250	1250	10000
Purchasing emergency stocks of vaccines and serum	12500	3750	3750	2500	1250	1250

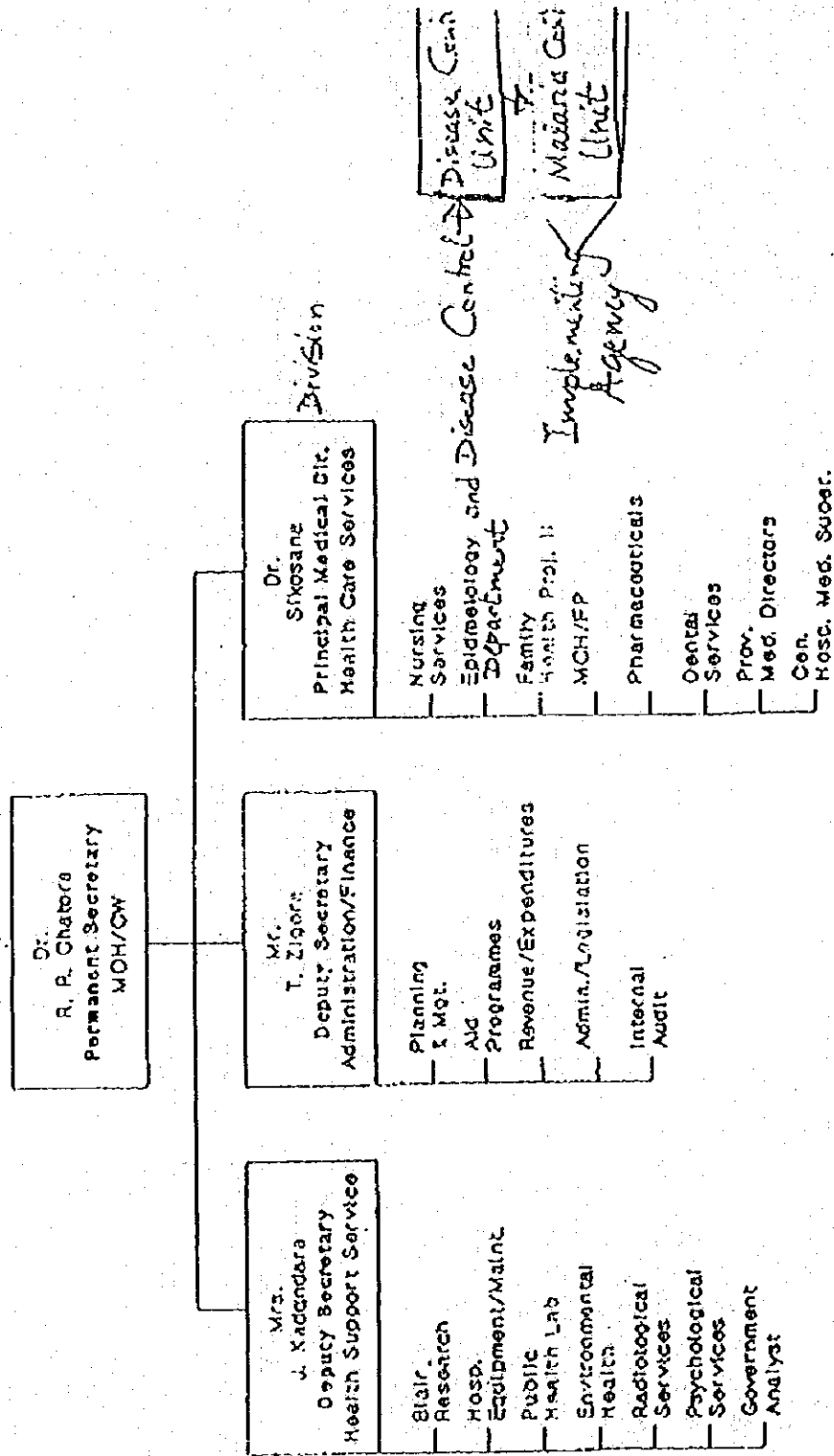
NATIONAL SCHISTO & HELMINTHCONTROL PROGRAMME 1996 - 2000

ITEM	TOTAL	1996	1997	1998	1999	2000
TECH. STAFF	26.000	52.000	52.000	52.000	0	0
COMPUTER	41.000	34.800	12.000	4700	3.800	1.200
P.H.E & POST	344.000	20.000	20.000	0	0	20.000
TRANS & SPARES	112.500	58.500	13.500	13.500	13.500	13.500
WORKSHOPS/TR.	242.000	65.000	110.000	110.000	85.000	50.000
CHEM/EQUIP	1.276.500	501.000	107.500	477.000	95.500	95.000
LAB. EQUIP	182.850	552.200	44.850	27.600	27.000	27.000
RESEARCH	315.000	91.000	79.000	40.000	50.000	55.000
SURVEILLANCE	80.000	13.000	13.500	14.500	12.500	26.000
GRAND TOTAL	3.937.750	2.102.880	1.167.730	703.680	321.680	322.080

ORGANOGRAM OF ROLE OF MALARIA CO-ORDINATION UNIT



MINISTRY OF HEALTH & CHILD WELFARE TOP MANAGEMENT AND DEPARTMENT STRUCTURE

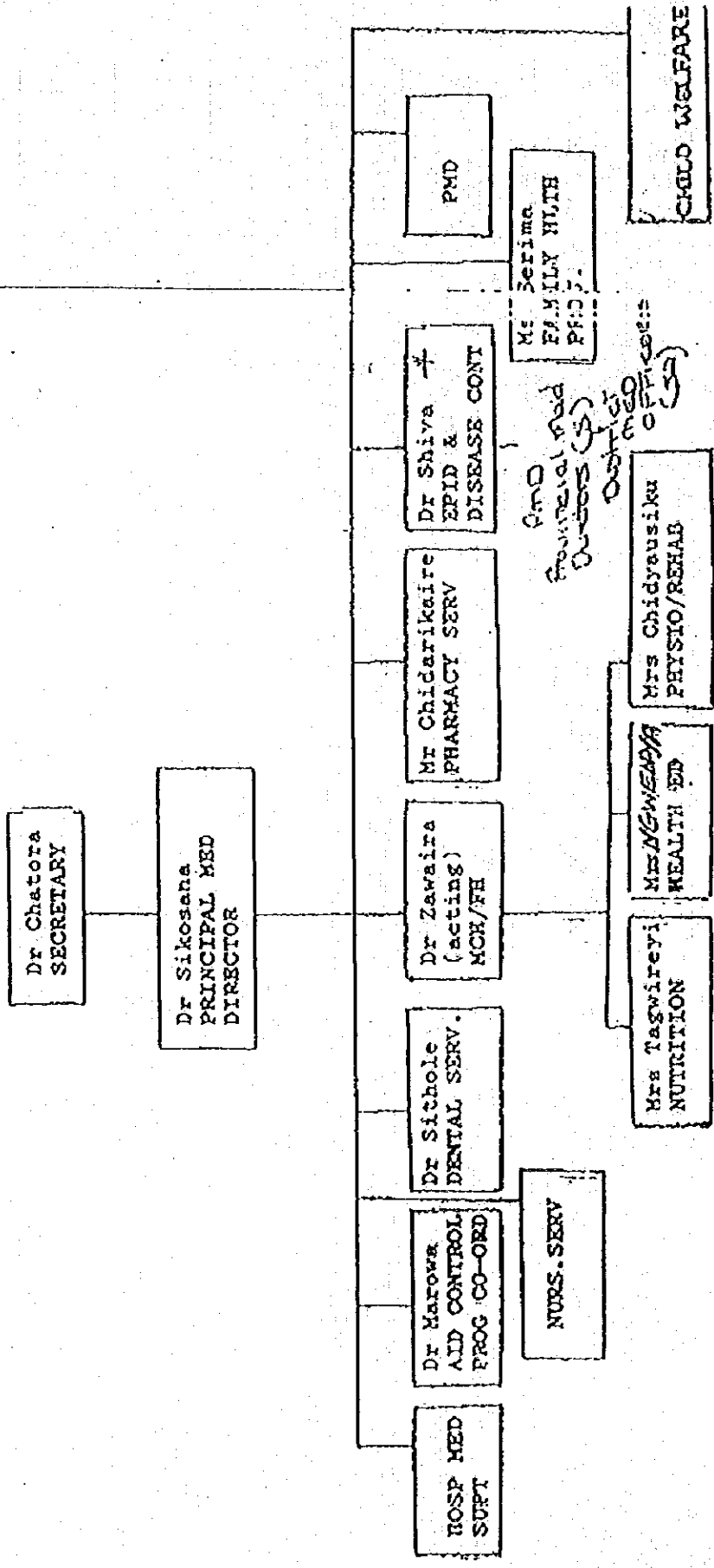


Supervisory Visits and evaluations	6250	1250	1250	1250	1250	1250
Total	100625					

Appendix - 5-12

HEALTH CANU SERVICES

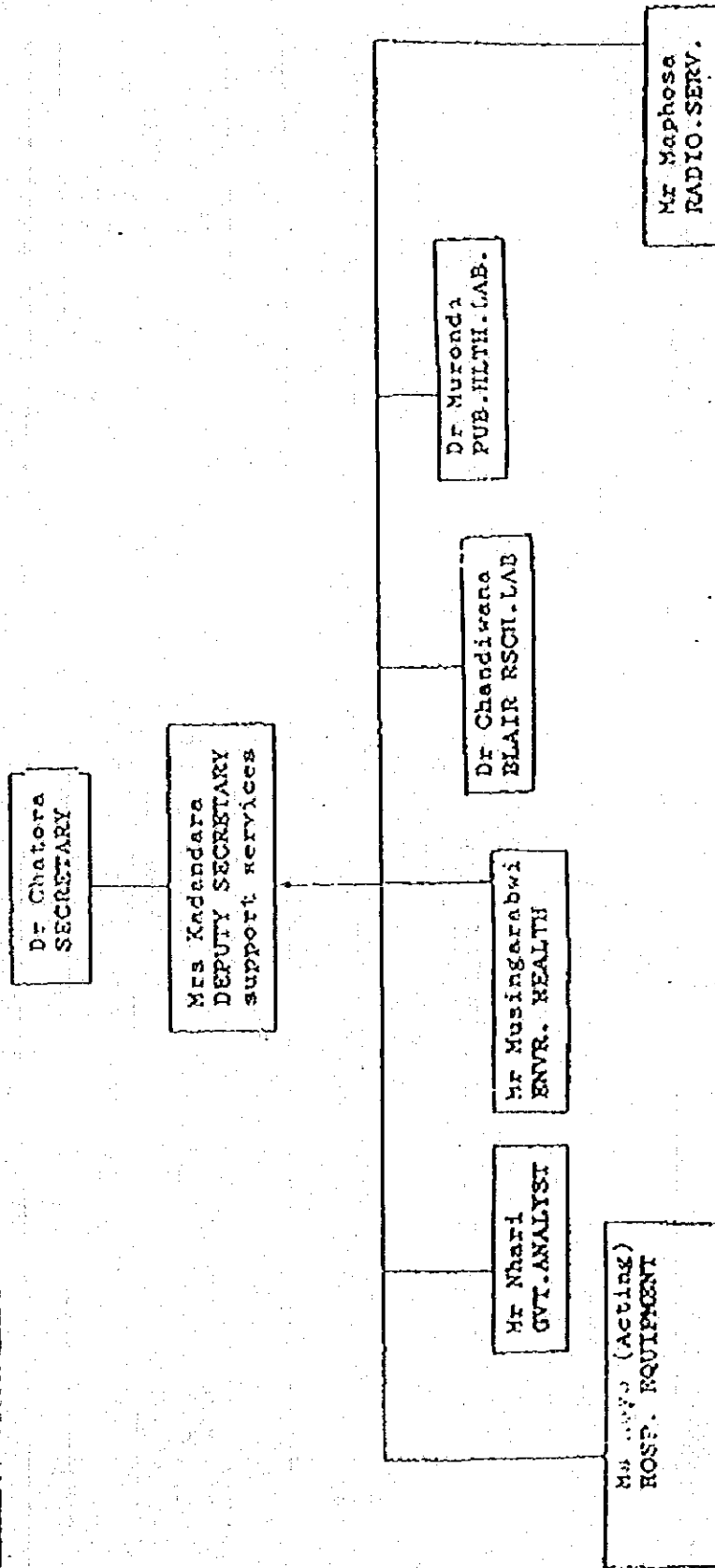
ORGANISATIONAL - FUNCTIONAL CHART



Appendix - 5-2

HEALTH SUPPORT SERVICES

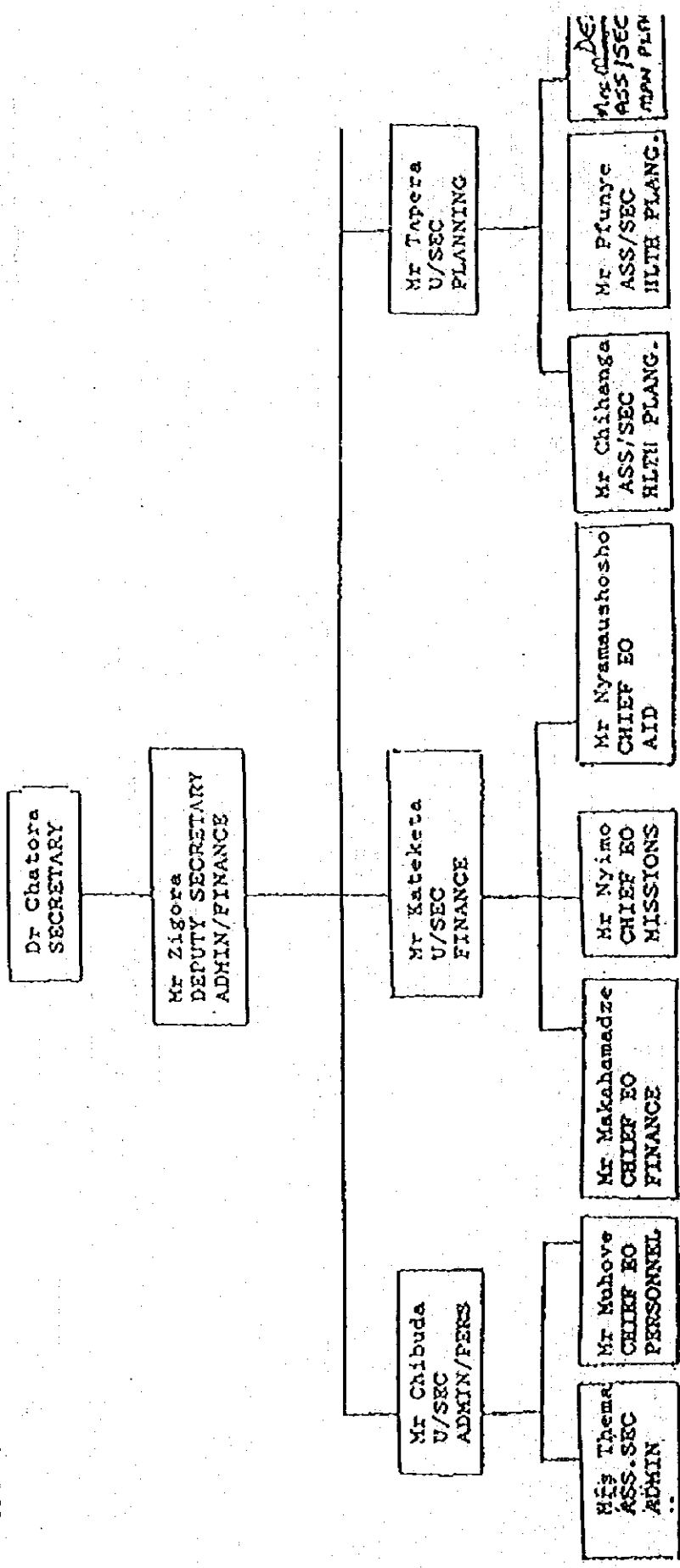
ORGANISATIONAL - FUNCTIONAL CHART



« Appendix - 5-3 »

ADMINISTRATION AND FINANCE

ORGANISATIONAL - FUNCTIONAL CHART



MALARIAN CASES BREAKDOWN BY PROVINCE, CITIES AND NATION, 1995

UNDER 5 YRS

PROVINCE / CITY	AGE POPULATION	CASES	INCIDENCE
MAN	289588	30299	10.4628
MAC	141054	26456	18.75594
MAE	186027	9928	5.33686
MAW	201818	18731	9.281134
MATN	112116	49084	43.77966
MATS	100420	1845	1.837283
MID	243063	29729	12.23099
MASV	128830	9056	4.795848
HRE	200303	1276	0.637035
BYO	93999	1076	1.144693
CHIT	53976	2953	5.47095
NATION	1811194	180496	9.965581

5 YRS AND ABOVE

PROVINCE / CITY	AGE POPULATION	CASES	INCIDENCE
MAN	1292859	131799	10.19438
MAC	750003	86221	11.49609
MAE	898753	37027	4.119819
MAW	951430	84264	8.856563
MATN	548170	152324	27.78773
MATS	511896	12132	2.370013
MID	1107290	117749	10.63398
MASV	1049399	41458	3.950642
HRE	1057594	12425	1.174836
BYO	541130	7028	1.298764
CHIT	233131	11718	5.026359
NATION	8941655	694145	7.763048

ALL AGES

PROVINCE / CITY	POPULATION	CASES	INCIDENCE
MAN	1582447	162098	10.2435
MAC	991057	112677	12.84532
MAE	1024780	46955	4.328527
MAW	1153248	102965	8.930863
MATN	660286	201408	30.50315
MATS	612316	13977	2.282645
MID	1350353	147478	10.92144
MASV	1238229	50514	4.079536
HRE	1257897	13701	1.089199
BYO	625129	8104	1.275961
CHIT	287107	14671	5.109942
NATION	10752849	874641	8.13404

SOURCE: MINISTRY OF HEALTH AND CHILD WELFARE, EDC NPDS UNIT, TS FORMS, HARARE

MAY 1994

National Income, Sector by Sector

7
« APPENDIX - 1 »

SECTOR	(2\$ MIL AT CONSTANT 1980 PRICE) 1992
Agriculture and Forestry	427
Mining and Quarrying	301
Manufacturing	833
Electricity and water	132
Construction	59
Finance and Insurance	243
Real Estate	47
Distribution, Hotels & Restaurants	524
Transportation and Communications	307
Public Administration	382
Education	403
Health	123
Domestic services	65
Others	269

8
 << APPENDIX - 1 >>

Labour Population (as whole, and sector by sector)

	USD	
All sectors (1992) (1993)		201221500
Agriculture		292100
Mining		49300
Manufacturing		199200
Construction		92700
Finance and Insurance, etc		16600
Distribution		98700
Services		412500
Others (Transport, Communication etc)		60400

NATIONAL MALARIA CONTROL PROGRAMME, ZIMBABWE

5-YEAR BUDGET FOR EXTERNAL SUPPORT

GOVERNMENT COMMITMENT

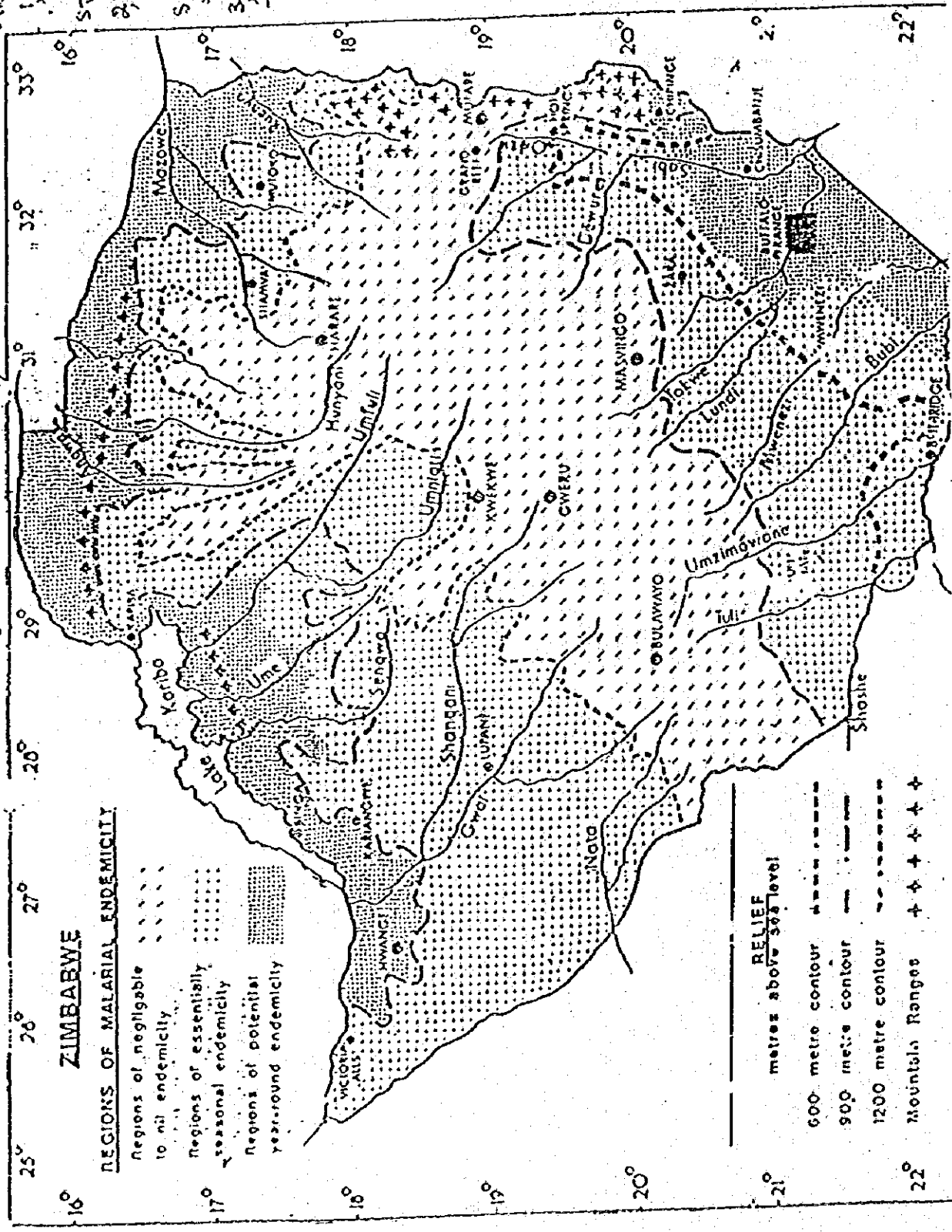
COMPONENT	COSTS IN US \$	
	IN 5 YEARS	PER YEAR
1. Technical Staff Support	-	-
2. Office, Technical & Radio Communication Equipment		
a. Central Level	4 000	800
b. Provincial	12 380	2 476
3. Public Health Education Equipment, Training and Publications	4 400	880
4. Transport for Surveillance & Vector Control Operations	119 600	23 920
5. Training of Health Cadres	24 200	4 840
6. Spraying Equipment, Insecticides & Protective Gear	127 650	25 530
7. Laboratory Equipment	18 285	3 657
8. Applied Research	20 000	4 000
9. Surveillance Evaluation	5 000	1 000
Total	335 515	67 103

GOVERNMENT COMMITMENT IN JAPAN'S GRANT AID PROPOSAL

COMPONENT	COSTS IN US \$	
	IN 5 YEARS	PER YEAR
1. Office, Technical and Radio Communication Equipment for malaria control Unit	3 560	712
2. Technical Equipment for Health Education	400	80
3. Logistic Support for Malaria Control Unit	2 000	400
4. Ambulances for Transporting Malaria Complicated Cases	30 000	6 000
5. Transport for Surveillance and Vector Control Operations	137 190	37 438
6. Insecticides and Spraying Equipment	1 000	200
7. Clinical Management and Laboratory Support	800	160
8. Office, Radio and Communication Equipment for Provinces and Districts	10 000	2 000
Total	234 950	46 990

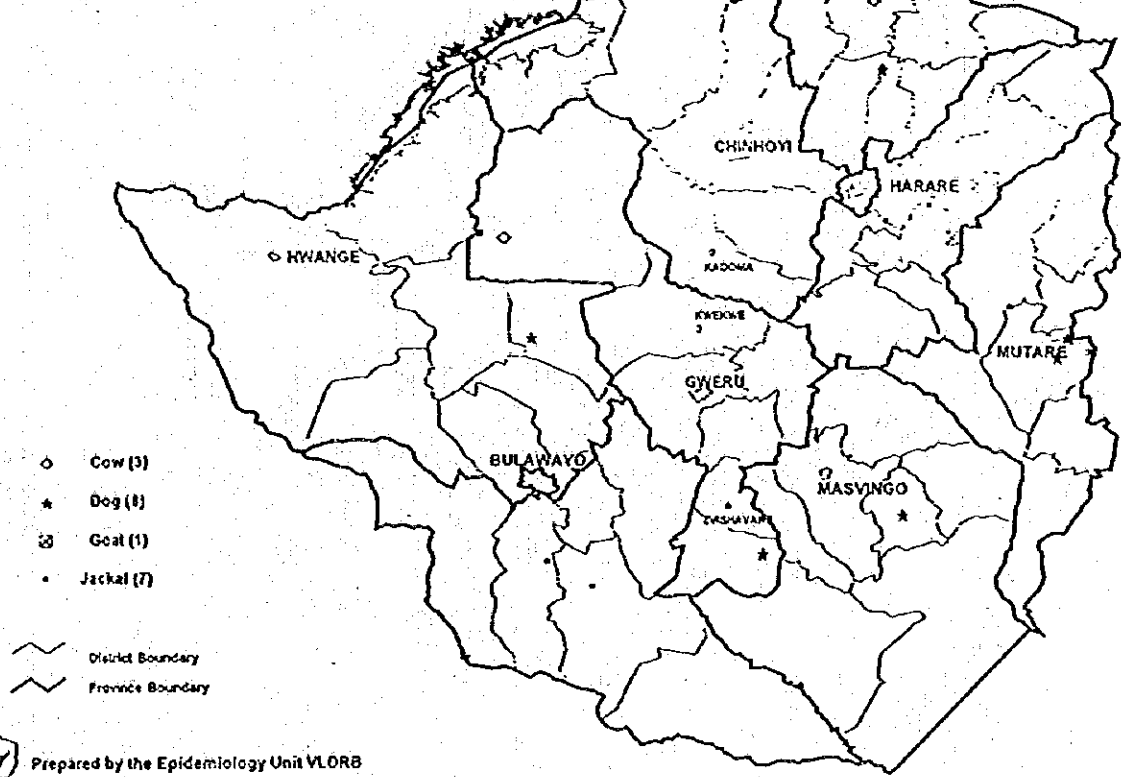
276,000/14
 STRATUM 'N
 1216,000
 STRATUM
 276,200
 STRATUM
 397,300

Fig. 2.



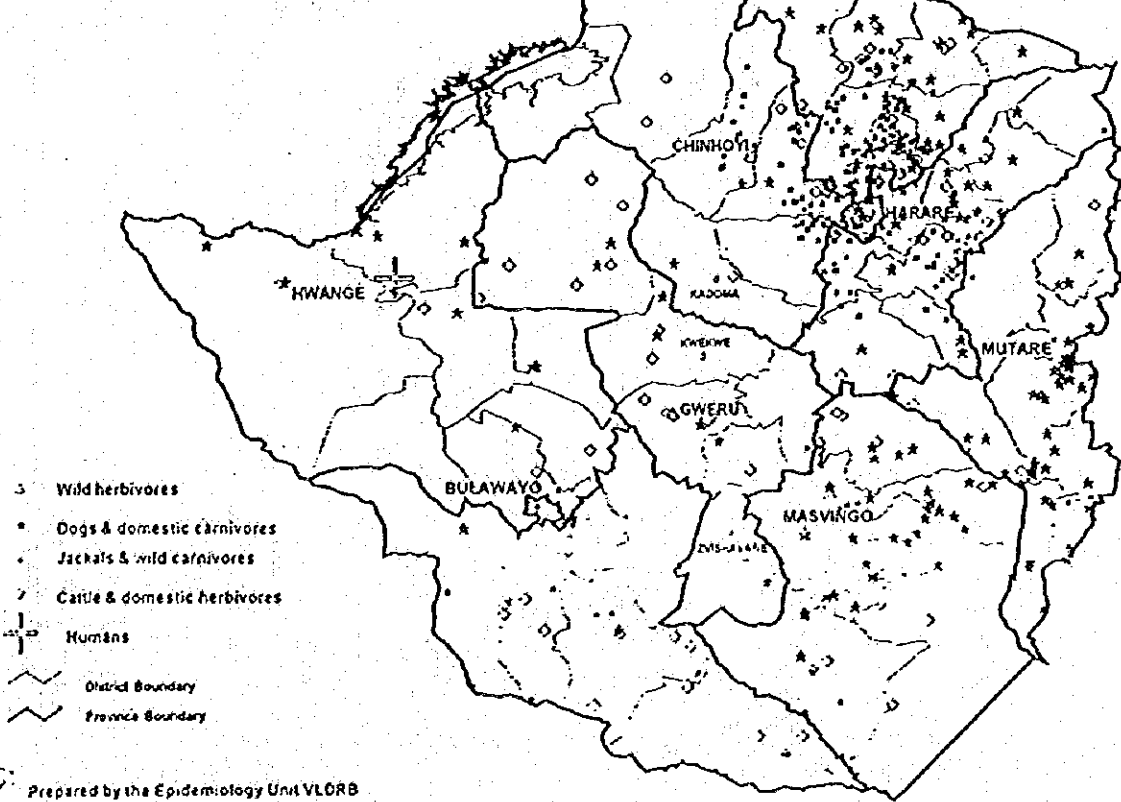
RABIES OUTBREAKS - ZIMBABWE

Week 19 June - 25 June 1995



RABIES OUTBREAKS - ZIMBABWE

1 October 1994 - 25 June 1995



ZIMBABWE

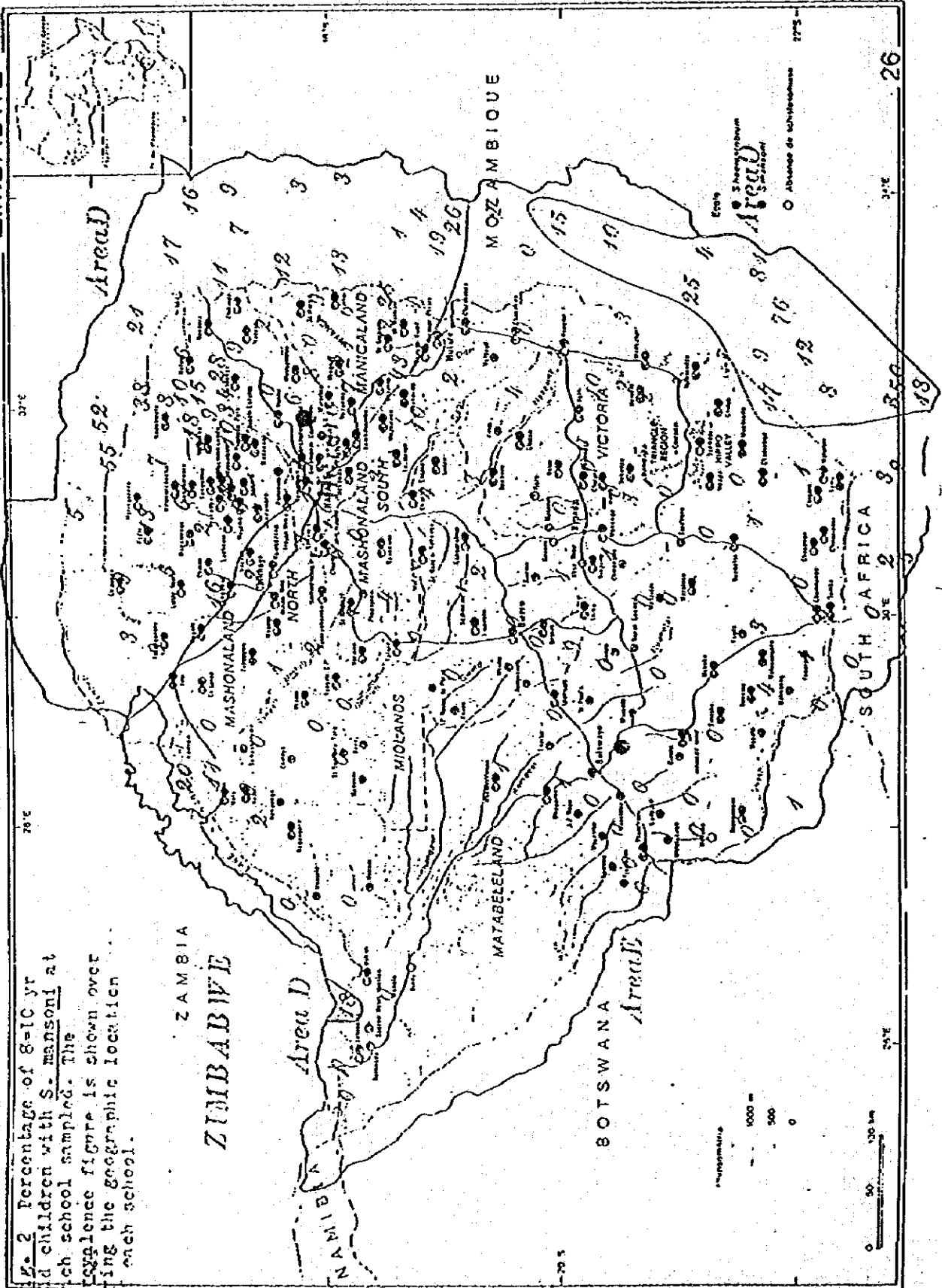
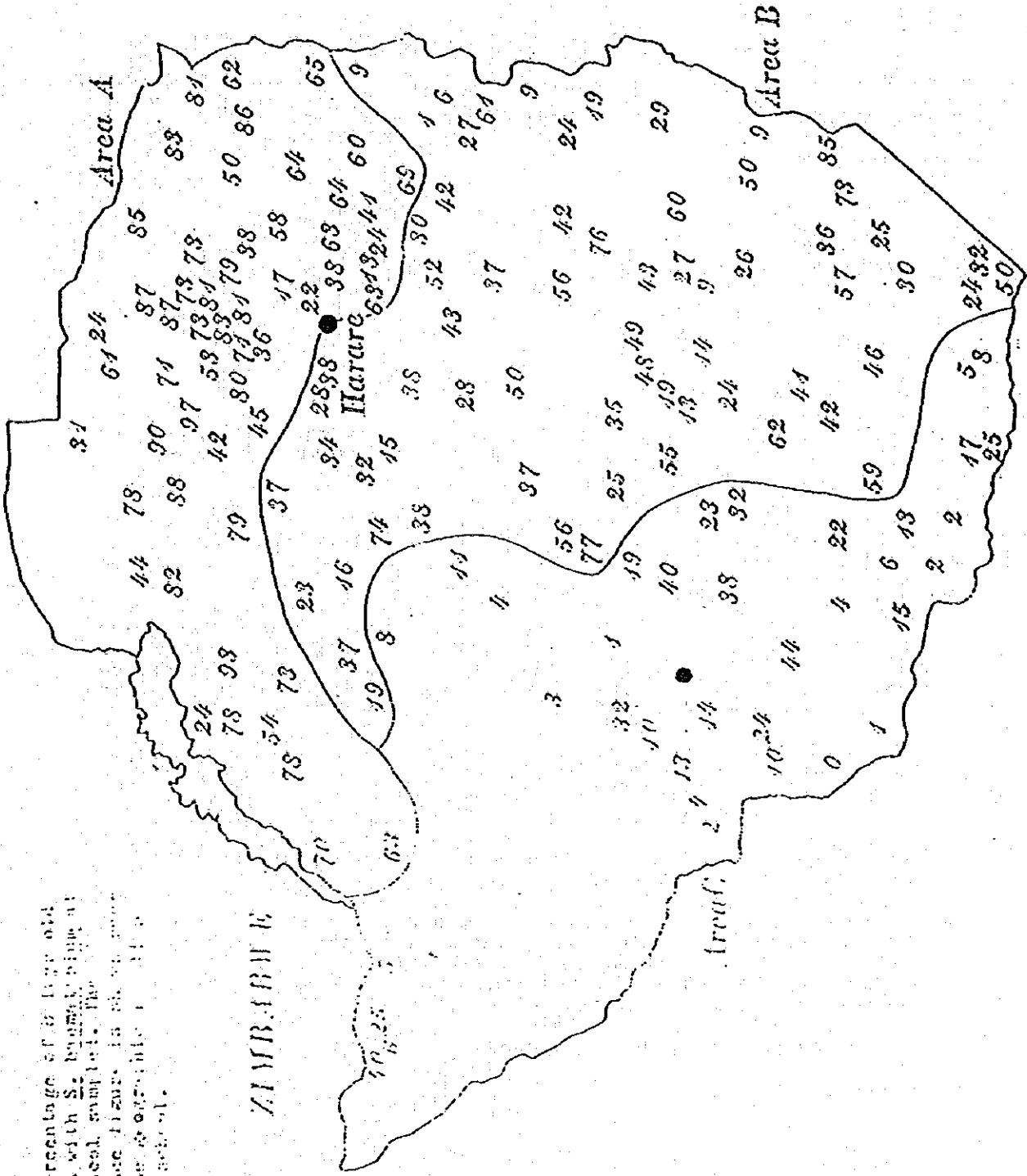


Fig. 2 Percentage of 8-10 yr old children with *S. mansoni* at each school sampled. The prevalence figure is shown over the geographic location of each school.

Copyright © 1974, 1991

Area of the world distribution of *S. mansoni* that is to be taken into account.

Fig. 1. Percentage of 8-14 yr. old children with S₂ bromide pigme at each school sample. The prevalence figure is shown above the corresponding number of school.



③ プロジェクト正式要請書

(Japanese Appraisal Mission to Assist in the Development of a Proposal on National Infectious Disease Control and Laboratory Services ; 平成7年11月作成)

Telegrams: "MINFIN", Harare
Telex: 2141
Telephones: 722141/734571



Reference:

MINISTRY OF FINANCE
Mockemutpa Building
Samora Machel Avenue
Harare

Private Reg 7705, Causeway
Zimbabwe

A/28/41

8 November 1995

Mr. Yasuo Shoji
First Secretary
Embassy of Japan
18th Floor Karigamombe Centre
53 Samora Machel Avenue
HARARE

Dear Mr. Shoji

RE: JAPANESE APPRAISAL MISSION TO ASSIST IN THE DEVELOPMENT OF
A PROPOSAL ON NATIONAL INFECTIOUS DISEASE CONTROL AND
LABORATORY SERVICES

Infectious diseases are the major cause of morbidity, mortality and disability in Zimbabwe. It has long been recognised that central to the control of these diseases in both community and health institutions is the capacity to carry out laboratory diagnosis; surveillance and research activities in drug quality, disease vector behaviour, insecticides resistance and improved information system. The health care system in Zimbabwe is however not able to effectively perform the above activities due to a number of constraints which include lack of laboratory facilities and skilled manpower.

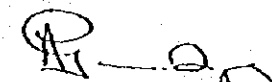
The main objectives of the above project is therefore to assist the Ministry of Health and Child Welfare to carry out a comprehensive review of the infectious disease control programme as well as recommend possible interventions.

Please note that I have attached hereto a copy of the relevant project proposal for your consideration.

On behalf of the Government of Zimbabwe, I hereby request the Government of Japan to provide the necessary assistance to enable the Ministry of Health and Child Welfare to carry out the above project. It is suggested that the assistance be provided under the Project Type Technical Cooperation.

I look forward to your usual cooperation.

Yours sincerely



A. Gunduza (Ma)
for: SENIOR SECRETARY FOR FINANCE

PROJECT TITLE: JAPANESE APPRAISAL MISSION TO ASSIST IN THE DEVELOPMENT OF A COMPREHENSIVE PROPOSAL ON NATIONAL INFECTIOUS DISEASE CONTROL AND LABORATORY SERVICES

BACKGROUND AND JUSTIFICATION OF THE APPRAISAL MISSION

Infectious diseases are the major causes of morbidity, mortality and disability in Zimbabwe. The high prevalence and incidence of diseases such as malaria, HIV, diarrhoeal, dysentery, tuberculosis, acute respiratory infectious cause not only human suffering but also affect the economy by absenteeism from work, excessive expenditure on health care etc. In the case of malaria, seasonal epidemics affect agricultural production and the resettlement of people in land being reclaimed for agricultural production.

It has long been recognised that central to the control of infectious diseases in both community and health institutions is the capacity to carry out laboratory diagnosis, surveillance and research activities in drug quality, disease vector behaviour, insecticides resistance vaccines and improved information system. The health care system in Zimbabwe is however not able to effectively perform the above activities because of several operational constraints. These constraints includes among others lack of an effective surveillance, research, information system and laboratory support as well as lack of laboratory facilities, lack of skilled manpower to direct and coordinate activities of the infectious disease control programme, lack of transport, insecticides, vaccines and drugs.

Although the Ministry of Health and Child Welfare (MOHCW) is able to analyze and define the magnitude of support required to strengthen the National infectious disease control programme, the analysis will be based on scanty information available, since no comprehensive analysis has ever been carried out on this programme, this might mislead planners in developing inappropriate interventions. It is

against this background that the Japanese Government which has shown interest in supporting this programme is requested to assist the Ministry in developing a comprehensive project proposal

OBJECTIVES OF THE APPRAISAL MISSION

1. To assist the MOHCW to carry out a comprehensive review of the infectious disease control programme as well as recommended possible interventions
2. To assist the MOHCW in developing appropriate interventions intended to address capacity constraints within the National Infectious disease control programme.
3. To assist MOHCW in developing a comprehensive project proposal for consideration by both the Governments of Zimbabwe and Japan.

TERMS OF REFERENCE FOR THE MISSION

1. BROAD TERMS OF REFERENCE:

To assess the needs and formulate a project proposal for technical assistance and support on infection disease control (Communicable Disease Control) in Zimbabwe.

11. SPECIFIC TERMS OF REFERENCE

- 2.1 To focus on the major infectious disease in Zimbabwe; Malaria, Schistosomiasis and Helminths, plague, Respiratory infectious and Tuberculosis, Epidemic Diarrhoeal Diseases- Shigella and Salmonella, Skin Diseases, Viral-Diseases- polio, Measles, Hepatitis.
- 2.2 To analyze the epidemiology (Magnitude, distribution, trends, vectors, risk factors) of the infectious diseases and the overall needs (drugs, vaccines, transport,

equipment, infrastructure, management) for control of the above diseases.

- 2.3 To define the manpower available and required for infectious disease control at all levels (District, provincial and National), of the health system.
- 2.4 To define the needs and inputs for training of manpower in infectious diseases at undergraduate, on the job and postgraduate level.
- 2.5 To define the types of technical assistance available and required from Japan.
- 2.6 To define the formal and short course training available in Japan in infectious diseases.
- 2.7 To define the types and quantities of vaccines, insecticides and drugs, by year required for infectious disease control.
- 2.8 To define the needs for equipment for laboratory support, equipment for surveillance, equipment for training, equipment for vector control by each level (District, Province, National of the health system.
- 2.9 To define the needs for infrastructure development for work space for laboratory, disease control, training at all levels of the health system.
- 2.10 To define an overall project management structure to plan, implement, monitor and evaluate the project.

111. EXPECTED DURATION

Four Weeks

IV EXPECTED EXPERTISE IN PROJECT FORMULATION TEAM

- 4.1 Epidemiology and infectious disease management
- 4.2 Project formulation and finance
- 4.3 Training specialist
- 4.4 Laboratory specialist
- 4.5 Equipment procurement and infrastructure development

V COUNTERPART DEPARTMENTS IN MINISTRY OF HEALTH

- 5.1 Epidemiology and Disease Control
- 5.2 Maternity and Child Health
- 5.3 Public Health Laboratories
- 5.4 Blair Research
- 5.5 University - Medical School
 - Microbiology Department
 - Department of Medicine
 - Department of Community Medicine
- 5.6 Department of Pharmacy