フィリピン共和国
第三国集団研修終了時評価報告書
～熱帯医学～

平成8年8月
(1996年8月)

国際協力事業団
研修事業部

フィリピン共和国
第三国集団研修終了時評価報告書
～ 熱帯医学 ～

平成８年８月
(1996年８月)

国際協力事業団
研修事業部

序　文

第三国研修とは、社会的、文化的、言語的に共通の基盤を持つ同一の開発途上地域に研修実施国を選定し、そこに当該地域内の途上国から研修員を受け入れ、現地事情により適合した適正技術、知識の移転を図るとともに、これにより開発途上国間技術協力の推進に寄与することを目的としています。

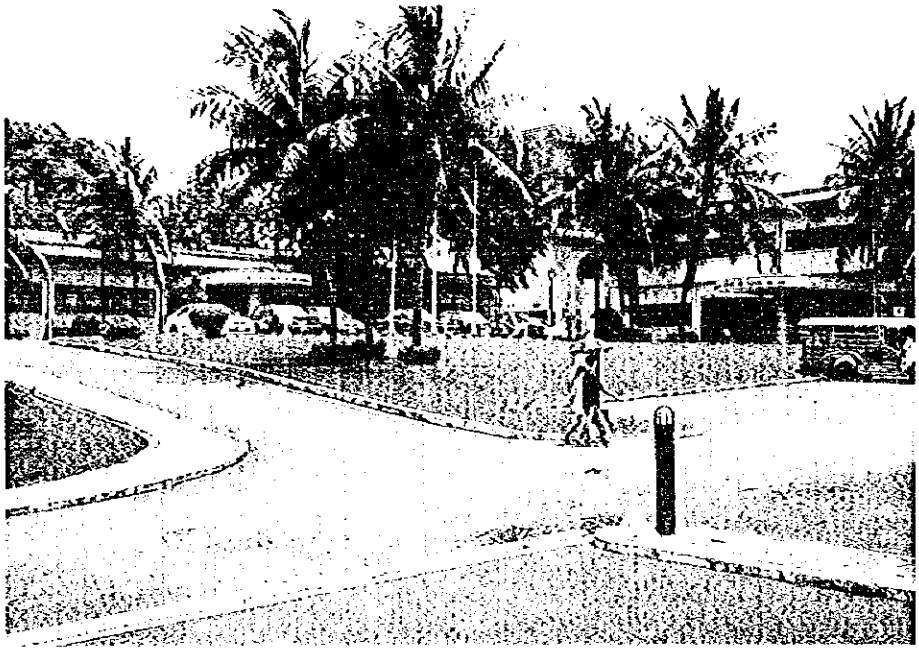
第三国集団研修「フィリピン共和国～熱帯医学～」は、アジア・太平洋地域に共通する感染症（呼吸器感染症、下痢性感染症、エイズ）に携わる医療関係者を対象とし、的確な診断を行うための知識・技術の習得を目的として、フィリピン保健省管轄下の研究機関である、フィリピン熱帯医学研究所(Research Institute for Tropical Medicine：ＲＩＴＭ）を実施機関として、昭和62年度より10回にわたって実施されています。

本報告書は、同研修の第６回から第10回コースを総合的に評価するため、平成８年３月12日より16日まで当国際協力事業団が派遣した研修評価調査団の調査結果を取りまとめたものです。

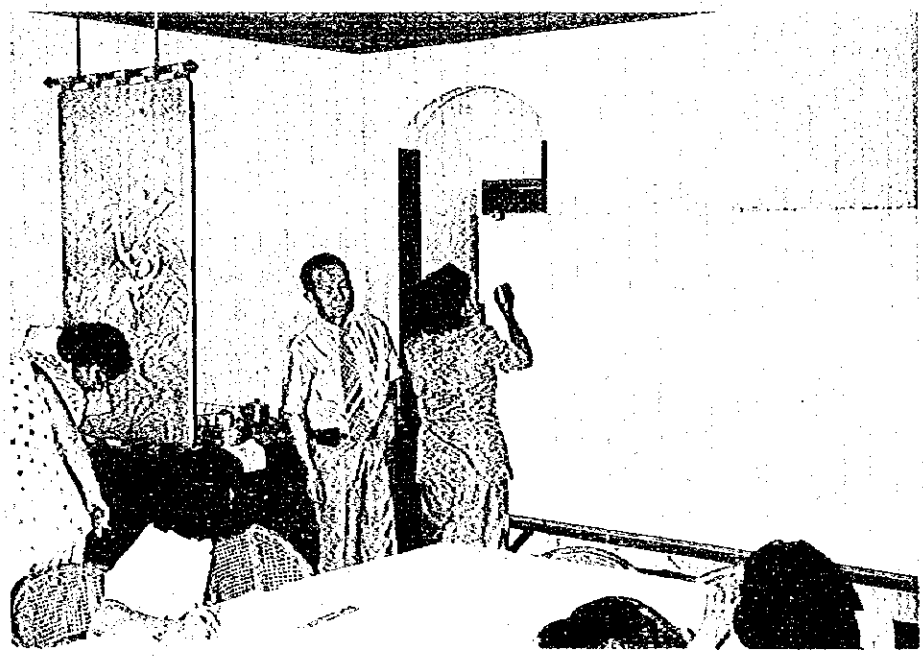
本調査の実施にあたり、ご協力いただいた外務省、在フィリピン日本大使館、フィリピン共和国関係諸機関に対し、深い謝意を表する次第です。

平成８年８月

国際協力事業団
理事　飯島　正孝



▲フィリピン熱帯医学研究所全景



▲カリキュラム評価を行う栗村団長

目　　次

第１章　終了時評価調査団の編成

1-1　調査団派遣の目的

1987～1991年度に引き続き、1992～1996年度に実施中の本第三国集団研修について終了時評価を実施し、これで終了させるか、このまま継続させるか、または、新規研修を実施するかを決定する際の判断材料とする。

1-2　調査団員の構成

団長	総括・技術評価	栗村	敬	大阪大学微生物病研究所教授
団員	研修運営評価	中澤	哉	国際協力事業団研修事業部研修第一課フィリピン担当

1-3　調査日程

1996年

３月12日（火）　関西国際空港-マニラ（栗村団長のみ。中澤団員は別件調査に引き続き滞在）ＪＩＣＡフィリピン事務所打合せ

３月13日（水）　在フィリピン日本大使館表敬訪問　依田一等書記官
ＮＥＤＡ表敬訪問
ＲＩＴＭと協議

３月14日（木）　ＤＯＨ表敬訪問　Dr. Gacad, Program Manager
ＲＩＴＭと協議

３月15日（金）　ＲＩＴＭとミニッツ案協議
調査団主催夕食会／ミニッツ署名

３月16日（土）　マニラ-東京（中澤団員のみ。栗村団長は別件調査のため引き続き滞在）

1-4　主要面会者

＜フィリピン側＞

（1）　Research Institute for Tropical Medicine（ＲＩＴＭ）

DR. REMIGIO M. OLVEDA	Director
DR. OFELIA T. MONZON	Consultant, HIV／AIDS
DR. SOCORRO P. LUPISAN	Chief, Research and Training Division
DR. CELIA C. CARLOS	TCTP Course Director, 1992 & 1994

DR. BEATRIZ QUIAMBAO	TCTP Course Director, 1993
DR. FELTCITA M. MEDALLA	TCTP Course Director, 1995
DR. MA. DORINA G. BUSTOS	TCTP Course Director, 1996
DR. MA. ROSARIO Z. CAPEDING	Head Microbiology Department
DR. NIEVES C. SERRA	Chairperson, Training and Technology Review Committee(TTRC)
MS. CIELO J. PASAY	Senior Science Research Specialist Deparement of Parasitology & Medical Entomology
MS. LYDIA T. SOMBRERO	Supervising Science Research Specialist Bacteriology Section, Department of Microbiology
MS. JOSEPHINE LAYGO	Science Research Specialist II Virology Section, Department of Microbilogy
MS. ROSANNA A. CASTRO	Liaison Officer

(2) Department of Health (DOH)

DR. CARMENCITA REODICA	Officer-in-Charge, Department of Health
DR. EVELYN GACAD	Program Manager, National AIDS-STD Prevention & Control Program

(3) National Economic & Development Authority (NEDA)

MS. CARMENCITA JUAN GUIYAB	Executive Officer, Special Committee on Scholarships
MS. AURORA T. COLLANTES	Senior Scholarships Affairs Officer
MS. CRISTINA MARIE C. SANTIAGO	Japan Desk Officer, Public Investment Staff

＜日本側＞

(1) 評価調査団

Dr. KURIMURA Takashi	Professor Research Institute for Microbial Diseases Osaka University
Mr. NAKAZAWA Hajime	Training Officer First Training Division, Training Affairs Dept. JICA

（2） ＪＩＣＡフィリピン事務所

Mr. HASHIMOTO Akihiko	Resident Representative
Mr. CHIKARAISHI Juro	Deputy Resident Representative
Mr. KOBAYASHI Nobuyuki	Assistant Resident Representative
Ms. MILLICENT MERCADO	Project Liaison Officer, Training Section

（3） 在フィリピン日本大使館

Dr. YODA Norihiko	First Secretary

第２章　評価調査結果

2-1　調査実施の経緯

アジア・太平洋地域においては、急性呼吸器感染症と下痢性感染症への対策は地域に共通する問題であり、対策を進めるうえで診断技術者の技術向上が急務であった。このような状況下、フィリピン政府は日本政府に対し、第三国集団研修「熱帯医学」の実施について要望を行った。同案件は事前調査を経て1986年10月31日にＲ／Ｄに署名・交換し、1987年度より1991年度まで５回の研修が実施された。

1992年２月、日本政府は同コースの評価調査を実施したが、この際、研修実施機関である熱帯医学研究所（ＲＩＴＭ）より５年間の協力期間延長が要請され、また、内容にＨＩＶ感染診断技術を加えることが提案された。この提案を受けて、延長に関し日本・フィリピン両政府が実施協議を行った結果1992年11月11日５年間の延長についてＲ／Ｄが署名・交換され、1992年度より1996年度までさらに５回の研修が実施されることになった。また、延長期間の研修目的には急性呼吸器感染症、下痢性感染症に加えてＨＩＶ感染診断技術が加えられた。

1995年度は、延長期間の４年目にあたり、これまでの本研修コースの実施実績およびその効果を確認するために、本件評価調査を実施したものである。

2-2　評価の方法

本件調査では、①研修ニーズの継続性、②研修目標の達成度、③研修実施計画の妥当性、④研修コース運営管理、の４点について調査を実施した。また調査方法は、①関係機関からの聞き取り調査、②実施機関および元研修員の質問票記入、③実施機関の研修実施報告書検討、および④短期専門家の業務報告書検討、を組み合わせて行った。

2-3　評価結果

（１）　研修ニーズの継続性

1992年度以降の４回の研修に対して、割当国のうちヴァヌアツを除くすべての国から研修員を送りたいとの要望が寄せられ、４回のコースで63名を受け入れた。また、表１に研修参加要請数と受入数の関係を示しているが、毎回定員を大幅に上回る参加要請があることから、本コースの研修内容はアジア・太平洋地域で高いニーズがあるものと判断できる。

表1　研修応募者数および受入数一覧

Course	DD & HIV		ARI & HIV		DD & HIV		ARI & HIV		TOTAL	
Participating Countries	JFY 1992		JFY 1993		JFY 1994		JFY 1995			
	A	P	A	P	A	P	A	P	A	P
Brunei	0	0	0	0	0	0	2	0	2	0
Cambodia	7	1	1	0	0	0	3*	0	11	1
China	1	1	3	2	7*	2	5	2	16	7
Fiji	2	2	3	2	2	2	5	1	12	7
Indonesia	3	2	2	2	7	3	4	1	16	8
Hongkong	1	1	2	0	3	0	0	0	6	1
Korea	0	0	0	0	1	1	4	0	5	1
Malaysia	4	0	1	0	2	0	3	1	10	1
Papua New Guinea	3	3	3	3	0	0	4	2	10	8
Solomon Island	1	0	0	0	0	0	1	1	2	1
Sri Lanka	0	0	2	1	1	1	5	1	8	3
Thailand	3	1	3	2	6	1	5	2	17	6
Vietnam	3	1	0	0	6*	2	0	0	9	3
Laos	0	0	0	0	0	0	1	1	1	1
Tonga	0	0	1	0	0	0	1	0	2	0
Vanuatu	0	0	0	0	0	0	0	0	0	0
Western Samoa	0	0	0	0	0	0	2*	0	2	0
Singapore	0	0	0	0	0	0	0**	0	0	0

（2） 研修目標の達成度

① 研修コース目的の妥当性

本コースの目的は、アジア・太平洋地域に共通する感染症である急性呼吸器感染症、下痢性感染症、ＨＩＶ感染についての診断技術を向上させることを目的としている。これに対し、割当て各国は、以下の理由で研修が必要であるとしている。

a．呼吸器感染症、下痢性感染症、ＨＩＶ感染などに対する最新の知識を得るとともに、診断技術を向上させる。

b．自国の診断方法、診断設備の改善に役立てる。

c．診断サービスの質の向上に役立てる。

d．自国で同様の研修コースを実施し、広く技術を移転する。

e．アジア・太平洋地域の同種機関との協力体制を構築する。

これら割当国の研修参加動機は、本コースの研修目的に合致するものであり、目的の設定は妥当であったと考えられる。

② 研修目標の妥当性と達成度

本コースの実施にあたって、以下のような具体的な達成目標を定めていた。

a．病原体の分離確認に関する実験技術を向上させること

b．検体から直接抗原検知を行う迅速かつ信頼性の高い方法を理解すること

c．診断のための適当な抗体検査法を理解すること

d．薬剤感受性テストの方法について理解すること

e．汚染された食品サンプルの分析が実施できること

f．飲料水の細菌検査が実施できること

g．研修終了後、担当職場で同僚に対する指導ができること

これらの目標設定については、本コースの目的を達成するために必要不可欠な項目であり、研修員に対する質問票の分析からも、妥当な研修目標であるとの評価がなされている。一方、これらの研修目標に対する達成度を評価するため、1992年度および1993年度には研修終了後に達成度判定テストが実施された。また、1994年度以降は、研修前と研修後の２回テストが行われ、研修による理解の度合いについて比較が行われるようになった。

これらのテスト結果を表２および表３に示すが、結果によれば、研修実施により明らかに知識・技術の向上がみられることから、当初の目標は達成されていると考えられる。

表2　研修終了時到達度測定結果

EXAMINATION RESULTS ON PARTICIPANTS
(in percent)

A.　JFY 1992 TCTP-DD-HIV RESULTS OF POST TEST

NAMES OF PARTICIPANTS	BACTE-RIOL-OGY	VIROL-OGY	HIV	PARAS-ITOL-OGY	AVER-AGE
Wijit Thongnook	100	53	96	94	85.75
Paul Chan Sheung	100	84	100	88	93.00
Salanieta Elbourn	100	52	96	86	83.5
Judee Ipanag	87.5	66	80	83	79.13
Dr. Jamis	95	61	96	78	82.5
Umuli Aeno	85	61	100	77	80.75
Marcos Solana	100	52	96	76	81.00
Alicia Escobar	100	54	92	76	80.5
Atishma Devi Nath	97.5	72	84	72	81.38
Gideon Philip	68	55	76	68	66.75
E. Madhar	95	52	86	66	74.75
Le Van Phung	100	56	86	60	75.5
Nunuk P.	100	41	68	57	66.5
Mark Mens	68	51	78	38	58.75
Ni Ya	60	36	72	28	49.00
AVERAGE	90.4	56.4	87.07	69.8	

表2　(つづき)

B.　JFY 1993 TCTP-ARI-HIV RESULTS OF POST TEST

NAME OF PARTICIPANTS	BACTE-RIOLOGY	VIROLOGY	AVERAGE
Geng Xuehui, M.D.	38	----	---
Liu Fangbing	38	85	61.5
Uraia Rabuatoka	46	65	55.5
Jioji Rasila	69	65	67.00
Sardikin Giriputro	46	65	55.5
Dedeh Sukanah	38	65	51.5
Nanadai Garo	62	55	58.5
Clement Deve Manesika	54	75	64.5
Wangama Simon Roy	54	65	59.5
Aurelia Jennifer Perreira	92	85	88.5
Salinee Panakitsuwan	69	95	82.00
Wanee Thongma	77	95	86.00
Richard Guerra	46	65	55.5
Nereza Javier, M.D.	62	75	68.5
Nela Digna Visaya	54	55	54.5
Amelia Tinio	85	75	80.00
AVERAGE	58.13	72.33	

表３　研修前後の得点変化

C.　JFY 1994 TCTP-DD-HIV OF PRE-TEST AND POST-TEST

NAME OF PARTICIPANT	PRE-TEST				
	HIV	VIRO-LOGY	BACTER-IOLOGY	PARASI-TOLOGY	AVERAGE
Liu Cheng-gui	56	60	20	5	35.25
Dong Li	49	60	64	12	46.25
Dhara Ben Patel	84	40	84	40	62.00
Apisai Wainevetau	77	40	70	30	54.25
Yani Sukriyani	42	40	77	---	53.00
July Kumalawati	98	60	95	70	80.75
Chattra Oktarina	14	45	81	11	37.75
Hae Kyung Lee	70	50	44	25	47.25
Dona Nelum Perera	100	90	78	85	88.25
Sriwanna Huttayamont	35	40	80	15	42.50
Nguyen Van Tam	63	35	62	---	53.33
Doan Mai Phuong	63	25	62	11	40.25
Rita Cabanacam	91	40	90	35	64.00
Elena Cortez	63	25	85	20	48.25
Louriza Dean	98	50	90	42	70.00
Elizabeth Fangot	84	50	83	15	58.00
AVERAGE	67.94	46.88	72.81	29.71	

表3　(つづき-1)

NAME OF PARTICIPANT	POST - TEST			
	VIROLOGY	BACTE-RIOLOGY	PARASIT-OLOGY	AVERAGE
Liu Cheng-gui	80	40	22	47.33
Dong Li	65	90	86	80.33
Dhara Ben Patel	95	90	96	93.67
Apisai Wainevetau	80	90	88	86.00
Yani Sukriyani	65	100	5	56.67
July Kumalawati	95	95	94	94.67
Chattra Oktarina	90	95	68	84.33
Hae Kyung Lee	70	100	76	82.00
Dona Nelum Perera	100	100	85	95.00
Sriwanna Huttayamont	80	90	40	70.00
Nguyen Van Tam	45	65	36	48.67
Doan Mai Phuong	45	65	34	48.00
Rita Cabanacam	75	90	78	81.00
Elena Cortez	80	90	76	82.00
Louriza Dean	85	100	98	94.33
Elizabeth Fangot	85	85	90	86.67
AVERAGE	77.19	86.56	67	

表3 (つづき-2)

D. JFY 1995 TCTP-ARI-HIV RESULTS OF PRE-TEST AND POST-TEST

NAME OF PARTICIPANTS	PRE-TEST			
	HIV	VIROLOGY	BACTE-RIOLOGY	AVERAGE
Shen Ruihua	47	80	11	46.00
Channa Senanayake	87	100	39	75.39
Fajar Firsyada	87	93	28	69.33
Cecilia dela Cruz	93	87	44	74.67
Eliki Lesione	67	80	61	69.33
Rattana Phakhountong	87	97	56	80.00
Yuddhakarn Yananto	87	67	17	57.00
Catherine Jurada	67	73	39	59.67
Alfred Dofai	73	80	56	69.67
Abdul Ali	60	80	44	61.33
Mition Yoannes	40	67	33	46.67
Noeline Reyno	67	93	22	60.67
Litao Wan	67	100	17	61.33
Steven Tiwara	60	53	33	48.67
Gayson Bunyaraksyotin	73	73	33	59.67
Armado Tong Wong	60	67	50	59.00
AVERAGE	70.1	80.6	36.4	

表3　(つづき-3)

NAME OF PARTICIPANTS	POST - TEST			
	HIV	VIROLOGY	BACTE-RIOLOGY	AVERAGE
Shen Ruihua	40	93	83	72.00
Channa Senanayake	100	93	100	97.67
Fajar Firsyada	100	100	99	99.67
Cecilia dela Cruz	100	87	94	93.67
Eliki Lesione	87	67	94	82.67
Rattana Phakhountong	100	100	89	96.33
Yuddhakarn Yananto	100	87	83	90.00
Catherine Jurada	80	93	89	87.33
Alfred Dofai	87	93	78	86.00
Abdul Ali	93	80	94	89.00
Mition Yoannes	73	73	100	82.00
Noeline Reyno	80	87	100	89.00
Litao Wan	87	100	83	90.00
Steven Tiwara	67	53	94	71.33
Gayson Bunyaraksyotin	80	100	100	93.33
Armado Tong Wong	100	93	89	94.00
AVERAGE	85.9	87.4	96.4	

（3） 投入

① 日本側投入

a．実施経費負担

1992年度より1995年度までの実施経費負担額は、約4500万円であった。内訳は受入諸費（航空賃、日当・宿泊料、保険料）および研修諸費（外部講師謝金、消耗品購入費、教材購入費等）である。負担経費一覧表を表４に示す。

b．短期専門家派遣

過去４年間に13名の短期専門家（ウイルス学、細菌学、寄生虫学）が派遣された。専門家リストを表５に示す。

c．カウンターパート研修員受入

過去４年間に３名の研修員を受け入れた。研修分野等を表６に示す。

d．機材供与

主として短期専門家の携行機材として、実習用機材が供与された。供与総額は約400万円であった。

② フィリピン側投入

a．実施経費負担

実施経費のほとんどは日本側負担であったが、フィリピン側はフィリピン人研修員の宿泊費および実施機関の光熱水道料および機材操作にかかる消耗品費を負担した。これまでの負担総額は128万8600ペソであった。

b．講師の手配

主として熱帯医学研究所研究員を講師として手配した。講師リストを表７に示す。

表4　実施結果一覧表

（単位：ペソ）

PARTICULARS	TCTP-DO-NIV Jan. 15 - Feb. 19, 1993 JICA	TCTP-DO-NIV Jan. 15 - Feb. 19, 1993 RITM	TCTP-ARI-NIV Sept. 20 - Oct. 22, 1993 JICA	TCTP-ARI-NIV Sept. 20 - Oct. 22, 1993 RITM	TCTP-DO-NIV Sept. 25 - Oct. 26, 1994 JICA	TCTP-DO-NIV Sept. 25 - Oct. 26, 1994 RITM	TCTP-ARI-NIV Sept. 25 - Oct. 27, 1995 JICA	TCTP-ARI-NIV Sept. 25 - Oct. 27, 1995 RITM
ACTION EXPENSES								
rfare	507,941.74		545,420.25	-	437,166.99		435,925.60	
nsportation								
sa	192,500.00		206,500.00		210,000.00		210,000.00	
commodation	182,290.24		149,720.20		139,107.15		145,480.00	
dical Insurance	88,715.00		57,251.90		41,277.60		38,857.68	
NING EXPENSES								
noraria	90,000.00		100,000.00		130,000.00		90,000.00	
ployment Fees								
nsportation	130,518.55		103,721.20		80,996.79		76,092.75	
pendable Supplies	1,201,034.72		1,412,933.02		1,553,308.26		1,605,246.49	
faterials & Lab.)								
eting Expenses	59,823.83		76,301.61		55,591.43		51,668.53	
commodation			21,000.00				24,000.00	
munication	38,000.00		40,325.66		34,925.27		50,000.00	
Diem (Local Study							12,000.00	
BUDGET								
cal Accomodation		38,400.00		38,400.00		38,400.00		38,400.00
ectric & Water		35,000.00		35,000.00		40,000.00		45,000.00
onsumption								
preciation of		230,000.00		250,000.00		250,000.00		250,000.00
quipment								
TOTAL	2,450,824.08	[illegible]	2,713,173.84	323,400.00	2,682,373.40	328,400.00	2,739,181.05	333,400.00

表5　短期専門家派遣実績

JFY	NAMES/POSITION/ADDRESS OF EXPERTS	DURATION
1992	Dr. Yasuo Kudoh Director, Department of Microbiology Tokyo Metropolitan Research Laboratory of Public Health Tokyo 202, Japan	January 21 to February 6, 1993
	Dr. Shozo Urasawa Professor Sapporo Medical College Chuo-ku, Sapporo 060 Japan	Feb. 5-13, 1993
	Dr. Takashi Kurimura Professor/Chairman Department of Viral Infection Research Institute for Microbial Diseases Osaka University, Osaka City Japan	Feb. 14-20, 1993
1993	Dr. Takashi Kurimura Professor/Chairman Department of Viral Infection Research Institute for Microbial Infection Osaka University, Osaka City Japan	Sept. 18 to 26, 1993
	Dr. Hiroshi Suzuki WHO Collaborating Center for Respiratory Viruses Sendai National Hospital Sendai City, Japan	September 24 to October 9, 1993
	Dr. Hironobu Koga Second Department of Internal Medicine Nakasaki University School of Medicine 7-1 Sakamoto-machi Nagasaki-shi, 852 Japan	Oct 2-23, 1993

表5 (つづき)

JFY	NAMES/POSITION/ADDRESS OF EXPERTS	DURATION
1994	Dr. Takashi Kurimura Professor/Chairman Department of Viral Infection Research Institute for Microbial Infection Osaka University, Osaka City Japan	September 23 to October 4, 1994
	Dr. Hiroshi Tachibana Department of Infectious Diseases Tokai University School of Medicine Bohseidai, Ischara Kanagawa 259-11, Japan	September 27 to October 11, 1994
	Dr. Shozo Urasawa Professor Sapporo Medical College Chuo-ku, Sapporo 060 Japan	Oct. 7-15, 1994
	Dr. Yasuo Kudoh Director, Department of Microbiology Tokyo Metropolitan Research Laboratory of Public Health Tokyo 202, Japan	Oct. 14-29, 1994
1995	Dr. Takashi Kurimura Professor/Chairman Department of Viral Infection Research Institute for Microbial Infection Osaka University, Osaka City Japan	September 24 to October 2, 1995
	Dr. Hiroshi Suzuki WHO Collaborating Center for Respiratory Viruses Sendai National Hospital Sendai City, Japan	Oct. 2-12, 1995
	Dr. Yoichi Hirakata Associate Professor Department of Laboratory Medicine Nagasaki University School of Medicine Nagasaki, Japan	Oct 15-27, 1995

表6　カウンターパート研修実績

JFY	NAMES/POSITION/ ADDRESS OF TRAINEES	TRAINING PROGRAM	DURATION
1992	Ms. Lydia Sombrero Supervising Science Research Specialist (SSRS) Bacteriology Section Department of Microbiology Research Institute for Tropical Medicine (RITM) Alabang, Muntinlupa Metro Manila, Phils.	Counterpart Training in ARI-Bacteriology: Atypical pneumonia: Mycoplasma Legionella TB PCR (additional)	Feb. 2 to Mar. 30, 1993
1993	Ms. Marietta Lagrada Science Research Specialist II Bacteriology Section Department of Microbiology RITM, Alabang Muntinlupa, M. Mla. PHILIPPINES	Training on Laboratory Technology for Tropical Infectious Diseases: Laboratory Diagnosis of Enteric Pathogens	June 22 to Sept. 18, 1993
1994	Ms. Josephine Laygo Science Research Specialist II Virology Section Department of Microbiology RITM, Alabang Muntinlupa, M. Mla. PHILIPPINES	Workshop in Acute Respiratory Infections and Diarrheal Diseases and Diagnosis of HIV Infection (HIV IF assay Ag Slide Production)	June 6 to Aug. 16, 1994

表7　担当講師一覧

A.　JFY 1992 TCTP-DD-HIV (Jan. 18 to Feb. 19, 1993)

NAME OF INSTRUCTORS	MOTHER INSTITUTION	SUBJECTS
Celia Carlos, M.D.	Research Institute for Tropical Medicine (RITM)	Epidemiology & Etiology of Diarrheal Diseases
Yasuo Kudoh, Ph.D.	Tokyo Metropolitan Research Laboratory Public Health	Salmonella/Shigella Yersinia
Shozo Urasawa, M.D.	Sapporo Medical College	Etiology & Epidemiology of Viral Diarrhea
Takashi Kurimura, M.D.	Osaka University	Biology of HIV, HIV Supplemental Tests
Rose Capeding, M.D.	RITM	Campylobacter
Ofelia Monzon, M.D.	RITM	Epidemiology of HIV Infection; Cost Effective Approaches to HIV Testing
Vicente Belizario, M.D.	RITM	Parasite-related Diarrheas
Beatriz Quiambao, M.D.	RITM	Vibrio Cholerae 01/ non-01 & Other Vibrios
Rosemarie Santana, M.D.	RITM	Clinical Picture & Management of HIV Infection: Reporting, Counselling and Other Issues
Mari Rose Aplasca, M.D.	RITM	Etec Coli Producing Diarrhea (ETEC/ EPEC/EIEC/EAEC/ EHEC)

表7　(つづき-1)

NAME OF INSTRUCTORS	MOTHER INSTITUTION	SUBJECTS
Agnes Barrientos, M.D.	RITM	Microscopic Identification of Enteric Viruses
Jaime Montoya, M.D.	RITM	Aeromoas/ Plesiomonas
Noel Lee Miranda, M.D.	RITM	Laboratory Safety
Fem Julia Paladin	RITM	General Principles in Virology HIV Screening Tests
Lydia Sombrero	RITM	Antimicrobial Sensitivity Test
Cielo Pasay	RITM	Diagnostic Techniques in Parasitology
Rose Mate	RITM	ELISA, RNA Extraction, PAGE
Jocelyn Merin	RITM	DNA Hybridization
Marietta Lagrada	RITM	Collection & Transport of Stool Samples
Ronel Rara	RITM	Bacterial Contamination of Water
Josefina Geronimo	RITM	Detection of Bacterial Contamination in Food

表7 (つづき-2)

B. JFY 1993 TCTP-ARI-HIV (Sept. 20 to Oct. 22, 1993)

NAME OF INSTRUCTORS	MOTHER INSTITUTION	SUBJECTS
Kurimura, T., M.D.	Research Institute for Microbial Diseases, Osaka University	Biology of HIV/ Isolation of HIV/ PCR of HIV
Suzuki, H., M.D.	Sendai National Hospital	Respiratory Viruses/Other Viral Etiologies of ARI, Chlamydia
Koga, H., M.D.	Nagasaki University	Legionella
Miyasaki, Y., M.D.	Nagasaki University	Mycoplasma
Higashiyama, Y., M.D.	Nagasaki University	Mycoplasma
Quiambao, B., M.D.	RITM	Introduction of ARI
Monzon, O., M.D.	RITM	Epidemiology of HIV/Cost Effectiveness/ Approaches to HIV Testing
Arciaga, R., M.D.	RITM	Clinical Management of HIV: Reporting and Counselling
Gatchalian, S., M.D.	RITM	H. influenzae/M. catarrhalis
Capeding, R., M.D.	RITM	S. pneumoniae and Other Streptococcus
Macalalad, N., M.D.	RITM	C. dipptheriae
Paladin, F.	RITM	HIV Screening Test/ Rapid Virus Diagnosis
[redacted] L.	[redacted]	Antibiotic Susceptibility Testing

表7　(つづき-3)

NAME OF INSTRUCTORS	MOTHER INSTITUTION	SUBJECTS
Merin, J.	RITM	PCR & DNA Hybridization
Esparar, G.	RITM	Specimen Collection & Processing
Navarro, R.	RITM	B. Pertussis
Reclusado, G.	RITM	S. Aureus & Coagulase Negative Staphylococcus

表7 (つづき-4)

C. JFY 1994 TCTP-DD-HIV (Sept. 26 to Oct. 28, 1994)

NAME OF INSTRUCTORS	MOTHER INSTITUTION	SUBJECTS
Celia Carlos, M.D.	RITM	Epidemiology and Etiology of Diarrheal Diseases/ Diarrheagenic E. Coli
Yasuo Kudoh, Ph.D.	Tokyo Metropolitan Research	Salmonella, Shigella, Yersinia and Food Poisoning
Shozo Urasawa, Ph.D.	Sapporo Medical College	Epidemiology and Etiology of Viral Diarrheal Diseases/ Laboratory Demonstrations
Takashi Kurimura, M.D.	Osaka University	Biology of HIV, Isolation of HIV and PCR of HIV
Hiroshi Tachibana, Ph.D.	Tokai University	PCR and MAbs of Entamoeba Histolytica
Ofelia Monzon, M.D.	RITM	Epidemiology of HIV/Cost Effectiveness/ Approaches to HIV Testing
Vicente Belizario, M.D.	RITM	Parasite-related Diarrheal Diseases
Dorina Bustos, M.D.	RITM	Diagnostic Techniques in Parasitology
Beatriz Quiambao, M.D.	RITM	V. cholerae 01/non-01/Other Vibrios
Agnes Barrientos, M.D.	RITM	Laboratory Safety in the Diagnosis of Diarrheal Diseases, Microscopic Identification of Enterio Viruses
[redacted]	[redacted]	Aeromonas/ Plesiomonas

表7 (つづき-5)

NAME OF INSTRUCTORS	MOTHER INSTITUTION	SUBJECTS
Noel Macalalad, M.D.	RITM	Campylobacter/ Clinical Management of HIV
Margot Gozar, Ph.D.	RITM	Polymerase Chain Reaction (PCR) of Diarrheal Diseases/ Plasmid Analysis
Fem Julia Paladin	RITM	Laboratory Safety & Precautions/HIV Screening Test
Lydia Sombrero	RITM	Antibiotic Susceptibility Testing
Rose Mate	RITM	ELISA, RNA Extraction and PAGE
Josefina Geronimo	RITM	Detection of Bacterial Contamination in Food
Marietta Lagrada	RITM	Collection & Transport of Bacterial Pathogens
Ronel Rara	RITM	Detection of Bacterial Contamination in Water
Grace Estrella	RITM	Stool Concentration Technique
Arlene Santiago	RITM	Cultivation of E. histolytica

表7 (つづき-6)

D. JFY 1995 TCTP-ARI-HIV (Sept. 25 to Oct. 27, 1995)

NAME OF INSTRUCTORS	MOTHER INSTITUTION	SUBJECTS
Dr. T. Kurimura	Osaka University	Biology of HIV, PCR and HIV Isolation
Dr. H. Suzuki	Sendai National Hospital	Virology, Etiology of ARI, CMV, Entero, PCR, DNA
Dr. Y. Hirakata	Nagasaki University	Legionella, Pneumocystis Carinii
Dr. O. Monzon	RITM	Epidemiology of HIV, Pathogenesis, Clinical Manifestations of HIV
Ms. F. Paladin	RITM	Cost Effectiveness, Strategies of HIV Testing
Ms. L. Sarol	RITM	Collection, Handling and Transport of Specimen
Ms. G. Esparar	RITM	Specimen Collection and Processing
Dr. R. Capeding	RITM	S. pneumoniae, Streptococcus
Ms. G. Reclusado	RITM	Staphylococcus Aureus
Ms. L. Sombrero	RITM	Antibiotic Susceptibility
Dr. N. Macalalad	RITM	Bordetella Pertussis
Dr. J. Montoya	RITM	Rapid Techniques & Diagnosis of ARI
[redacted]	RITM	Course Orientation

表7　(つづき-7)

NAME OF INSTRUCTORS	MOTHER INSTITUTION	SUBJECTS
Dr. R. Aplasca	RITM	Counselling and Other Issues in HIV
Dr. S. Gatchalian	RITM	H. influenzae
Dr. S. Lupisan	RITM	Introduction to ARI
Dr. B. Quiambao	RITM	B. pertussis

（4） 研修コース実施概要

① 研修員受入数

本コースの定員は毎回16名であり、1992年度に１名が参加中止になったほかは、各回定員どおりの研修員を受け入れた。この４年間の受入研修員数は63名である。

② 研修期間

各回とも33日間のカリキュラムとなっていたが、研修目標を達成するうえで、この期間は適切であったと考えられる。

③ 研修員の資格要件

R／Dでは研修員の資格要件は次のように規定された。

・割当国政府によって推薦された者
・メディカルテクノロジーもしくは関連分野における学士号取得者以上
・細菌学もしくはウイルス学研究室での経験２年以上
・保健医療分野の研究、訓練、診断業務に携わっている者
・原則として40歳未満
・英語に堪能な者
・健康な者

過去４年間のコース実績では、大部分の研修員が以上の資格要件を満たしていた。ごく一部に資格要件を満たさない研修員もみられたが、コース実施上の問題は生じなかった。研修員リストを表８に示す。

④ 割当国

ブルネイ、カンボディア、中国、フィジー、インドネシア、香港、韓国、マレイシア、パプア・ニューギニア、ソロモン諸島、スリ・ランカ、タイ、ヴィエトナム、ラオス、トンガ、ヴァヌアツ、西サモア、シンガポールの18カ国・地域であった。ヴァヌアツを除くすべての割当国から応募が行われており、割当国の関心は高いと考えられ、割当国の選定は適切であったと考えられる。

⑤ カリキュラム

研修内容について表９に示す。質問表による評価結果からは内容のレベル、時間配分、講師の配置は適切であったとの回答が得られた。

⑥ 講師

実施機関を中心としたフィリピン側講師が全体の７割を担当し、日本人短期専門家が残り３割を担当した。

表8　研修参加者一覧

A.　JFY 1992 TCTP-DD-HIV (Jan. 18 to Feb. 19, 1993)

NAME OF PARTICIPANTS	COUNTRY	QUALIFICATION
Aeno Umuli, M.D.	Papua New Guinea (PNG)	Doctor of Medicine (M.D.)
Philip Gideon	PNG	Medical Technologists (Med. Tech.)
Mark Mens	PNG	Med. Tech.
Wijit Thongnook	Thailand	Med. Tech.
Le Van Phung, M.D.	Vietnam	M.D.
Salanieta Elbourn	Fiji	Med. Tech.
Ni Ya	China	B.S. Microbiology
Nunuk Purwaningsih	Indonesia	B.S. Biology
Paul Chan Kay Sheung	Hongkong	M.D.
Ly Sovann	Cambodia	B.S. Pharmacy
E. Madhar Raksawinata	Indonesia	Diploma in Clinical Bacteriology
Atishma Devi Nath	Fiji	Med. Tech.
Alicia Escobar	Philippines	Med. Tech.
Herod Janus	Philippines	M.D.
Judelyn Ipanag	Philippines	Med. Tech.
Marcos Antonio Solana	Philippines	Med. Tech.

表8 (つづき-1)

B. JFY 1993 TCTP-ART-HIV (Sept. 20 to Oct. 22, 1993)

NAME OF PARTICIPANTS	COUNTRY	QUALIFICATION
Geng Xuehui, M.D.	China	M.D.
Lui Fambing	China	Med. Tech.
Uraia Rabuatoka	Fiji	Med. Tech.
Jioji Rasila	Fiji	Med. Tech.
Sardikin Giriputro, M.D.	Indonesia	M.D.
Dedeh Sukana	Indonesia	Med. Tech.
Nanadai Garo	PNG	Med. Tech.
Clement Deve Manesika	PNG	Med. Tech.
Wangama Simon Roy	PNG	Med. Tech.
Aurelia Jennifer Perreira, M.D.	Sri Lanka	M.D.
Salinee Panakitsuwan	Thailand	Med. Tech.
Wanee Thongma	Thailand	Med. Tech.
Richard Guerra	Philippines	Med. Tech.
Nereza Javier, M.D.	Philippines	M.D.
Amelia Tinio	Philippines	Med. Tech.
Nelia Digna Visaya	Philippines	Med. Tech.

表8 (つづき-2)

C. JFY 1994 TCTP-DD-HIV (Sept. 26 to Oct. 28, 1994)

NAME OF PARTICIPANTS	COUNTRY	QUALIFICATION
Liu Cheng Gui, M.D.	China	M.D.
Dong Li, M.D.	China	M.D.
Dhara Ben Patel	Fiji	Med. Tech.
Apisai Wainevetau	Fiji	Med. Tech.
Yani Sukriyani	Indonesia	Med. Tech.
July Kumalawati, M.D.	Indonesia	M.D.
Chattra Oktarina	Indonesia	Med. Tech.
Hae Kyung Lee	Korea	Med. Tech.
Dona Nelum Perera, M.D.	Sri Lanka	M.D.
Sriwanna Huttayamont	Thailand	Med. Tech.
Nguyen Van Tam, M.D.	Vietnam	M.D.
Doan Mai Phuong, M.D.	Vietnam	M.D.
Rita Cabanacam	Philippines	Med. Tech.
Elena Cortez	Philippines	Med. Tech.
Louriza Dean	Philippines	Med. Tech.
Elizabeth Fangot	Philippines	Med. Tech.

表8 (つづき-3)

D. JFY 1995 TCTP-ARI-HIV (Sept. 25 to Oct. 27, 1995)

NAME OF PARTICIPANTS	COUNTRY	QUALIFICATION
Litao Wan, M.D.	China	M.D.
Shen Ruihua, M.D.	China	M.D.
Elike Lesione	Fiji	Med. Tech.
Alfred Dofai	Solomon Island	Med. Tech.
Abdul Rahman Ali	Malaysia	Med. Tech.
Rattanaphone Phakhounthong, M.D.	Laos	M.D.
Channa Senanayaki, M.D.	Sri Lanka	M.D.
Fajar Firsyada, M.D.	Indonesia	M.D.
Mition Yoannes	PNG	Med. Tech.
Steven Tiwara	PNG	Med. Tech.
Gaysorn Bunyaraksyotin	Thailand	Med. Tech.
Yuddhakarn Yananto	Thailand	Med. Tech.
Armando T. Wong	Philippines	Med. Tech.
Ma. Cecilia dela Cruz	Philippines	Med. Tech.
Noeline Reyuo	Philippines	Med. Tech.
Catherine Jaruda	Philippines	Med. Tech.

表8　（つづき-4）

QUALIFICATION OF ACCEPTED PARTICIPANTS

YEAR	M.D.	MED. TECH.*	OTHERS	TOTAL
1992	4	11	1 **	16
1993	4	12	0	16
1994	6	10	0	16
1995	5	11	0	16
TOTAL	19	44	1	64

*　Medical Technology or its equivalent

**　B.S. Pharmacy

表9 カリキュラム

Review and Design of the curriculum:

The curriculum was designed and reviewed by RITM and JICA experts to include:

Acute Respiratory Infections (ARI)

Overview of Acute Respiratory Infections

Magnitude of the ARI problem worldwide and various respiratory pathogens involved in ARI.

Etiology of ARI and Laboratory Procedures for the Diagnosis of ARI

1) Bacteriology

a) Culture isolation/identification of S. pneumoniae, H. influenzae, S. aureus and other respiratory pathogens
b) Rapid techniques for antigen detection: Counter immunoelectrophoresis (CIE), latex agglutination (LAT), and enzymeimmunoassay (EAI)
c) Antibiotic Susceptibility Testing

2) Virology

The ARI-Virology Course was redesigned to allow the participants to perform actual (hands-on) cell culture maintenance, and specimen inoculation for virus isolation and identification. Rapid methods of diagnosis using EIA was also introduced in addition to Immunofluorescence technique. Diagnostic methods for chlamydia and measles were also introduced to include recent advances in serologic techniques.

a) Detection of important respiratory viruses like respiratory syncytial virus (RSV), adenovirus, influenza virus types A & B, parainfluenza virus types 1, 2 and 3 by the following:

1) Cell culture techniques
2) Rapid antigen detection by immunofluorescence (IF) & enzyme-linked immunosorbent assay (ELISA)

b) Serologic diagnosis of ARI by EIA and other conventional methods.

3) Other important Respiratory Pathogens

a) Chlamydia pneumoniae

1) Isolation by cell culture technique
2) Identification by immunofluorescence

b) Mycoplasma pneumoniae

1) Isolation and cultures
2) Serology

c) Special staining procedures for Pneumocystis carinii

d) Legionella

1) Culture isolation
2) Serology

4) Important Vaccine Preventable Diseases

a) Epidemiology and clinical features of diphtheria, pertussis and measles.

b) Laboratory procedures including

1) Isolation and identification
2) Pertussis serology by EIA
3) Measles serology

Diarrheal Diseases (DD)

Epidemiology and Etiology of Diarrheal Diseases

Morbidity and mortality: global and regional perspectives; determinants of risks, nutritional sequelae & control measures.

Laboratory Diagnosis of Diarrheal Diseases

1) Bacteriology

Isolation & identification: ETEC, EPEC, EIEC, EAEC, EHEC, Salmonella, Shigella, vibrios, Campylobacter, Aeromonas, Yersinia enterocolitica.

2) Virology

General diagnostic methods in virology:

Rotavirus detection-latex agglutination and ELISA for antigen detection & serotyping; electron microscopy; genomic RNA analysis.

Adenovirus detection - latex agglutination, immunofluorescence (IF) methods.

3) Parasitology

Primary stool analysis: collection, concentration methods, special staining techniques, microscopic examination, stool culture, morphology/ identification of the different parasitic agents of diarrhea (E. histolytica, G. intestinalis and Cryptosporidium).

Serodiagnostic tests in parasitology - IFAT, IHAT, AGD, ELISA.

4) Rapid Diagnostic Methods

Special laboratory techniques:

RPLA for ETEC-LT, ELISA for ETEC-ST & EIEC

5) Other capabilities

Coverage:

Storage of isolates;
antimicrobial susceptibility testing;
bacteriologic water analysis;
investigations of foodborne bacterial diseases, culture and toxin detection of C. difficile.

Human Immunodeficiency Virus (HIV)

Nature of HIV Infection

The HIV training module was designed based on the existing module for the HIV Testing Proficiency course conducted regularly for local Medical Technologists modified accordingly to suit the needs of the various countries of origin of the Participants. These modifications include techniques in cost-effective approaches to HIV Testing as well as the actual performance of Rapid Tests and Supplemental Tests (Western Blot, LIA and IF). In the 1995 workshop, PCR was also introduced.

Biology of HIV, pathogenesis and clinical picture.

Epidemiology

Global and regional occurrence.

Counselling

Pre-test, post-test; HIV/AIDS prevention.

AIDS-related issues

Confidentiality, social, ethical and medico-legal aspects.

Laboratory Methods

1) Screening tests

Enzymeimmunoassays, agglutination tests and rapid tests.

2) Supplemental tests

Western Blot, Lineimmunoassay and immunofluorescence test

Cost effective approaches

Serum pooling
Use of filter paper collected blood
Other alternative strategies

Infection control

Laboratory safety and precautions.

As a rule, the curriculum was reviewed after each workshop and revised accordingly based on the recommendations of the participants and trainors.

（5） 研修コースの運営

① フィリピン側の研修実施体制

フィリピン側の関連機関であるフィリピン外務省および熱帯医学研究所は、R／Dに取りまとめたとおりの業務を実行しており、特段の問題は生じていない。

② 研修コース実施

a．講師

すべての講師は、講義その他の指導に関して十分な知識と経験を有していた。

b．研修場所および設備

熱帯医学研究所の施設および設備は本研修コースを実施するのに十分であった。しかし、一部の実験項目はフィリピン国内で入手できない試薬類に依存しており、これらは短期専門家の携行機材として入手した。なお、実施機関保有機材リストを表10に示す。

c．研修教材

研修用テキストは1992年に作成されており、各回研修員に配布されている。内容は研修コースの内容の大部分がカバーされており、さらに毎年一部改訂を行うことによって最新の技術にも対応していた。

d．カリキュラムの改編

カリキュラムは原則としてR／D内容に沿って編成されていたが、毎回コース実施後の評価をもとに一部改訂も行われた。

（6） 持続発展性

① 施設、機材および技術

研修実施機関である熱帯医学研究所（ＲＩＴＭ）は、高い研修実施能力を持っていると考えられるが、技術の進歩に対応するためには最新機材の導入が必要である。

② 組織運営

実施機関の運営経費負担能力、機材の修理メンテナンスなどの実行能力はあると考えられる。

③ 資金予算

実施機関は施設機材の維持能力は持っているが、研修運営に関し日本側の協力終了後は予算面から実施不可能である。

④ 日本政府の協力

今後も引き続き協力が必要である。

2-4 結論および提案

本件調査の結果、日比両国は本研修コースがR／Dに基づき効果的に実施されたとの結論に達した。なお、評価調査団およびフィリピン側機関は、以下の5点についての提案を行った。

（1） 研修員の人選にあたって、たとえばタイのバンコク地区のように、独自に教育訓練の可能な地区を外すなどの対応を割当国に働きかけるべきである。

（2） 研修員が自国で取り扱っている機材などに関する情報を、あらかじめ収集しておく必要がある。

（3） 研修成果が帰国後役立てられているかどうか評価がなされるべきである。

（4） 日本で研修を受けたフィリピン人研究者を講師としてもっと活用すべきである。

（5） 1997年度以降の第3フェーズの実施について考慮されるべきである。

表10 実施機関保有機材一覧

A. JFY 1992 TCTP-DD-HIV (Jan. 18 to Feb. 19, 1993)

1. Ultracentrifuge
2. Transmission Electron Microscope
3. Incubator
4. Electrophoresis Unit
5. Deep Freezer
6. Stomacher
7. Water Bath Incubator
8. Microcentrifuge
9. Bench Centrifuge
10. Electronic Balance
11. pH Meter
12. Elisa Spectrophotometer
13. Autoclave
14. Light and Inverted Microscope
15. Electric Mixer
16. Immunofluorescent Microscope
17. Gel Electrophoresis Apparatus
18. Distilling Apparatus
19. CO2 Incubator
20. Colony Counter
21. Shaker
22. Viewing Mirror
23. Vacuum Pump
24. Dry Incubator
25. Pipettors, Single
26. Multi-Channel Pipettor
27. Microdilutors

表10 （つづき-1）

B. JFY 1993 TCTP-ARI-HIV (Sept. 20 to Oct. 22, 1993)

1. Printer for ELISA Reader (brought by Japanese experts)
2. Safety Cabinet
3. Dry Inoculation
4. Sonicator
5. Inverted Microscope
6. Ordinary Light Microscope
7. Immunofluorescent Microscope
8. Water Bath
9. Oven
10. Autoclave
11. Tabletop Centrifuge
12. Refrigerated Centrifuge
13. Vacuum Pump
14. ELISA Reader
15. Distilling Apparatus
16. Freezer (-70 and -20 degrees)
17. Liquid Nitrogen Tank
18. Refrigerator
19. Sterilizer
20. Computer Printer
21. Plate Shaker
22. Vortex Mixer
23. Vibrator
24. EIA Washer
25. Roche Heating Block
26. WB Shaker
27. EIA Handwasher
28. PCR Machine
29. CO2 Incubator
30. Automatic Inoculator
31. Refrigerated Centrifuge
32. Single Channel Pipettor
33. Multichannel Pipettor
34. Dynatech Rotatiter
35. Humid Chamber
36. Hair Dryer
37. Push Carts
38. Timer
39. Calculator
40. Microscopic Camera

表10 (つづき-2)

C. JFY 1994 TCTP-DD-HIV (Sept. 26 to Oct. 28, 1994)

1. Safety Cabinet
2. Dry Incubator
3. Carbon Dioxide Incubator
4. Sonicator
5. Inverted Microscope
6. Ordinary Light Microscope
7. Immunofluorescent Microscope
8. Water Bath
9. Oven
10. Autoclave
11. Tabletop Centrifuge
12. Refrigerated Centrifuge
13. Vacuum Pump
14. ELISA Reader
15. Distilling Apparatus
16. Freezer (-70 and -20 degrees)
17. Liquid Nitrogen Tank
18. Refrigerator
19. Sterilizer
20. Computer Printer
21. Plate Shaker
22. Vortex Mixer
23. Vibrator
24. EIA Washer
25. Roche Photometer
26. Roche Heating Block
27. WB Shaker
28. EIA Handwasher
29. PCR Machine
30. Automatic Inoculator
31. Refrigerated Centrifuge

表10 (つづき-3)

D. JFY 1995 TCTP-ARI-HIV (Sept. 25 to Oct. 27, 1995)

1. CO2 Incubator
2. Ordinary Incubator
3. Clean Bench
4. Autoclave
5. Centrifuge
6. Distiller
7. Deep Freezer (-20 and -90 degrees)
8. Oven Dryer
9. Water Bath
10. Microscope
11. Fluorescent Microscope
12. Pipette Tip Washer
13. PLT Meter
14. Mettler Balance
15. Automatic Inoculator
16. Storage Refrigerator (2-8℃)
17. Plate Washer

第３章　総括

3-1　評価の総括

（１）　現行のＲ／Ｄの協力５年間のうち、すでに４年分を終えているが、過去63名の参加者があった。アンケート調査、Pre-test、Post-testより判断して、研修員からはおおむね満足が得られていると考えられる。

（２）　Acute Respiratory Illness（ＡＲＩ）、Diarrheal Diseases（ＤＤ）（以上隔年実施）とＨＩＶ／ＡＩＤＳ（毎年実施）の３科目が併立した状態で研修を実施しているが、今後はＨＩＶ／ＡＩＤＳを中心に一体感を持たせたものにすると、さらに研修が有用なものになると考えられる。

（３）　ＲＩＴＭ側は非常に真摯に本研修を実施しており、成果もあげているが、内部要員の人件費、機材の維持管理費などの負担について、さらにいっそうの努力を行う必要がある。

（４）　第三国集団研修の実施機関としてＲＩＴＭを選んだことは、無償資金協力により宿舎が完備していること、フィリピン／フィリピン人の国際感覚、公用語が英語であること、ＷＨＯ（ＷＰＲＯ）の本部がマニラに存在すること、アジア・太平洋地域の接点に位置することを考えると、妥当な選択であったと考えられる。

（５）　30日間という研修期間は、見方によっては意見が異なると思われるが、必要な知識は獲得できる。さらに危険性のある病原体の取扱いについては、将来ＪＩＣＡなどの支援により情報を送り続ける努力が必要であろう。

（６）　事前（または研修開始時）に参加者の所属機関の設備その他の状況についての情報が与られると、講師はもっと親近感を持って参加者と話し合えると考えられる。

（７）　ＲＩＴＭのトレーニングセンターの設備、研修の講師の質、研修内容については、おおむね妥当であった。

以上より判断して、本研修は、運営面では問題があるものの、内容面では成功を収めていると評価できる。

3-2　提言

（１）　第３フェーズの第三国集団研修についての提案

長年にわたるＪＩＣＡの支援により、ＲＩＴＭは、第三国集団研修を通じて国際貢献ができるレベルに達してきた。フィリピンの政治的・経済的問題のために日本側を十分満足させるに至っていないが、これは途上国すべてに共通した問題であり、むしろ、第３フェーズを継続することのほうが、より問題解決への警鐘となろう。

実際に第３フェーズに入るとすれば、現在の世界の状況より判断し、またＲＩＴＭの能力より考えてＨＩＶ／ＡＩＤＳ and Opportunistic Diseases とすることが適当と思われる。この方策によれば、過去のＡＲＩ、ＤＤの経験を、日和見感染症としてＡＩＤＳのなかに組み込むことができ、しかも過去のように２、３のテーマの併立でなく一体感を持って取り組むことができよう。

ＪＩＣＡの援助は技術移転を主体とするため、過去の研修コースのプログラムもそれに準じたため、あまりにも技術に傾きすぎ、病気そのものについての考え方の指導に十分でない点があったと思われる。このことは、参加者が自主的に考え判断することのできる能力を養うのに妨げとなると思われ、今後はＨＩＶ／ＡＩＤＳを中心に病気から入り、これをテーマに、検査・診断の難しさ、重要性をわかりやすく教え、検査の必然性について討議を進めながら、一方で実習を行う傾向を強めるほうがよいと思われる。

そのほか将来、取り入れる点として、

① すでにＳＴＤ／ＡＩＤＳに関する第二国研修が存在するので、フィリピン人の参加者をなくして、第三国よりの受講者を増やす。

② 日本で過去にＨＩＶ／ＡＩＤＳについて研修したフィリピン人にコース期間中実習補助として参加させリフレッシュさせる。

③ 参加国について検討を加え、できれば現行割当国に加えて、ミャンマー、バングラデシュ、ネパール、インドネシアなどを加える。また、年次ごとに似通った背景を持つ国々をまとめてグループ化することも必要であろう。

④ ＨＩＶ／ＡＩＤＳというテーマを大きくとらえるため、できれば30日の間に１回ずつＷＨＯ（ＷＰＲＯ）、ＵＳＡＩＤ、Univ. of the Philippines stc.などの機関よりＨＩＶ／ＡＩＤＳ担当者が講義に参加することも有用であろう。

（２） ＲＩＴＭにおける新規第三国集団研修について（団長メモ）

① 「ＨＩＶ／ＡＩＤＳおよび関連感染症（日和見感染症）の診断と治療」

② ＲＩＴＭがこれに適する理由

ａ．ＪＩＣＡの設立した研究・教育施設のなかでも次のような理由で優れている。

・教育・研究病院を持っている。

・立派な研修センターがある。

・寄宿設備が優れている。

・ウイルス・細菌・原虫・血液学などの専門家がいる。

・国際的感覚を備えたスタッフが多い。

ｂ．第二国研修との関係

第二国研修は、ＲＩＴＭのみならずＢＲＩ、San Lazaro Hospitalも協力施設に

なっているので特に人材不足を考慮する必要はない。また、フィリピンはアジア諸国のなかでも最も国際性があり、また、ＷＨＯ（ＷＰＲＯ）もあり、第三国集団研修は第二国研修とまったく異なるスタイルで日本人専門家を増やし、ＷＨＯの協力も得ながらＨＩＶ／ＡＩＤＳのコースを持ったことは、ＪＩＣＡにとっても意義があり、第二国研修について関連づけて考える必要は特にない。

③　新規第三国研修内容について

主として、フィリピンを除くアジア・太平洋地区より10名内外の研修員を参加させ、下記の項目について研修を行う。

ａ．ＡＩＤＳの症状と病因病原体の検索

・ＨＩＶ抗体、抗原、ＲＮＡ、ＤＮＡの検出

・日和見病原体の診断技術

ｂ．ＨＩＶの型分け（タイプ、サブタイプ、分子疫学）

ｃ．上記ａ．およびｂ．を行うのに必要な基礎的講義

資　　料

1 ミニッツ

THE MINUTES OF MEETING
BETWEEN
THE JAPANESE EVALUATION TEAM
AND
THE AUTHORITIES CONCERNED OF
THE GOVERNMENT OF THE REPUBLIC OF THE PHILIPPINES
ON
THE THIRD COUNTRY TRAINING PROGRAMME

The Japanese Evaluation Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Dr. KURIMURA Takashi, visited the Republic of the Philippines from March 12th to March 16th, 1996 for the purpose of evaluating the training course titled "Medical Laboratory Technology for Tropical Infectious Diseases (hereinafter referred to as "the Course")" at Research Institute for Tropical Medicine (hereinafter referred to as "RITM") under the Third Country Training Programme of JICA which has been carried out since the Japanese fiscal year 1992.

During its stay in the Republic of the Philippines, the Team had series of meetings with the authorities concerned of the Government of the Republic of the Philippines with respect to the progress and achievement of the Course.

As a result of the meeting, both parties shared the view that the course had contributed to the development of knowledge, skills and experiences in the field of medical laboratory technology for tropical infectious diseases among Asian and Pacific countries.

During the meetings, RITM requested a new course in the field of Human Immunodeficiency Virus Infection and Opportunistic Infections in AIDS under JICA's Third Country Training Programme. The Team promised to convey the request to the authorities concerned of the Government of Japan.

A list of the attendees to the meeting is attached as APPENDIX I., a summary report based on the meetings as APPENDIX II. APPENDIX III contains the evaluation report from RITM. APPENDIX IV is the capsule proposal submitted to JICA for funding.

Manila, March 15, 1996

Dr. KURIMURA Takashi
Head of the Japanese
Evaluation Team,
Japan International
Cooperation Agency (JICA)

Dr. REMIGIO M. OLVEDA
Director,
Research Institute for
Tropical Medicine (RITM)

C O N T E N T

(APPENDIX I)

LIST OF ATTENDEES

Japanese Side

JICA Evaluation Team

1. Dr. KURIMURA Takashi
   Professor
   Research Institute for Microbial Diseases
   Osaka University

2. Mr. NAKAZAWA Hajime
   Training Officer
   First Training Division, Training Affairs Dept.
   JICA

JICA Philippine Office

1. Mr. HASHIMOTO Akihiko
   Resident Representative

2. Mr. CHIKARAISHI Juro
   Deputy Resident Representative

3. Mr. KOBAYASHI Nobuyo
   Assistant Resident Representative

4. MS. MILLICENT MERCADO
   Project Liaison Officer, Training Section

Embassy of Japan

1. Dr. YODA Norihiko
   First Secretary

Philippine Side

Research Institute for Tropical Medicine (RITM)

1. DR. REMIGIO M. OLVEDA
   Director

2. DR. OFELIA T. MONZON
   Consultant, HIV/AIDS

3. DR. SOCORRO P. LUPISAN
   Chief, Research and Training Division

4. DR. CELIA C. CARLOS
TCTP Course Director, 1992 & 1994

5. DR. BEATRIZ QUIAMBAO
TCTP Course Director, 1993

6. DR. FELICITA M. MEDALLA
TCTP Course Director, 1995

7. DR. MA. DORINA G. BUSTOS
TCTP Course Director, 1996

8. DR. MA. ROSARIO Z. CAPEDING
Head, Microbiology Department

9. NIEVES C. SERRA
Chairperson, Training and Technology
Review Committee (TTRC)

10. MS. CIELO J. PASAY
Senior Science Research Specialist
Department of Parasitology & Medical Entomology

11. MS. LYDIA T. SOMBRERO
Supervising Science Research Specialist
Bacteriology Section, Department of Microbiology

12. MS. JOSEPHINE LAYGO
Science Research Specialist II
Virology Section, Department of Microbiology

13. MS. ROSANNA A. CASTRO
Liaison Officer

Department of Health (DOH)

1. DR. CARMENCITA REODICA
Officer-in-Charge, Department of Health

2. DR. ENELYN GACAD
Program Manager, National AIDS-STD Prevention &
Control Program

National Economic & Development Authority (NEDA)

1. MS. CARMENCITA JUAN GUIYAB
Executive Officer, Special Committee on Scholarships

2. MS. AURORA T. COLLANTES
Senior Scholarships Affairs Officer

3. MS. CRISTINA MARIE C. SANTIAGO
Japan Desk Officer, Public Investment Staff

(APPENDIX II)

Summary Report

I. Background

1. In recognition of the growing needs for trained technical personnel in the field of Acute Respiratory Infections (ARI) and Diarrheal Diseases (DD) indeveloping countries in Asian and Pacific area, a training course titled "The Third Country Training Program in the Fields of Acute Respiratory Infections and Diarrheal Diseases in the Philippines" was implemented at RITM, under the Third Country Training Programme of JICA from JFY 1987 to 1991, based on the Record of Discussions (R/D) signed on October 31, 1986.

When the Japanese Evaluation Team for the former course visited the Republic of the Philippines in February, 1992, RITM requested the extension of the former course for the next five years in response to the potential needs in this area, and the team recommended to include training of Human Immunodeficiency Virus (HIV) laboratory techniques in the extended course.

2. Both parties agreed to execute the present Course, adding the testing of HIV to the former course, from JFY 1992 to 1996, and signed the R/D on November 11, 1992. The present Course has been conducted once a year for the past four (4) years by RITM and supported by JICA.

3. The purpose of the Course is to provide participants from Asian and Pacific countries with the opportunity to refresh and upgrade rele · techniques in ARI, DD, and HIV.

4. On this occasion, the Japanese Evaluation Team visited the Republic of the Philippines for the purpose of evaluating the Course for four (4) years from JFY 1992 to 1995.

II. Items and Methodology of Evaluation

Evaluation was made for the following four (4) items:

1. Course needs
2. Attainment of course objectives
3. Adequacy of objectives
4. Administration and management

by acquiring information through the following:

1. Discussions with the authorities concerned
2. Questionnaire previously sent to RITM by JICA
3. Questionnaire previously sent to ex-participants by JICA through RITM
4. Course report submitted by RITM
5. Report submitted by Japanese short-term experts

III. Evaluation

1. Course Needs

Judging from the number of applicants per country, the needs for the Course are recognized in all countries except Vanuatu.

The number of applicants and selected applicants is shown as ANNEX X.

2. Attainment of Course Objectives

Attainment of course objectives is evaluated on the inputs by both parties and outputs of the Course.

2.1. Inputs

a. JICA's input

Budget

JICA has furnished with the fund necessary for the invitation of overseas participants such as international economy-class flight fare, accommodation, per-diem and medical insurance premiums, as well as the expenditure for the operating the Course such as honoraria for lecturers, arrangement of meetings and study tours, teaching aids, expendable supplies, copies and reprints, and secretarial services. The total operational cost borne by JICA from JFY 1992 to 1995 summed up to about 45.1 million yen.

Japanese short-term experts dispatched

Under the programme, JICA has dispatched thirteen (13) short-term experts as lecturer in the field of ARI, DD, and HIV during the past four-year period of the Course.

Their name list shown as ANNEX VII.

Provision of equipment and supplies

Approximately 4 million yen of carried equipment and supplies such as printer for ELISA

reader (1993) and reagents have been provided mually through Japanese short-term experts.

Counterpart training in Japan

JICA has accepted three (3) counterpart personnel for training in Japan.

The list of trainees is shown as ANNEX VIII.

b. RITM's input

Budget

Besides the expenses financed by Japan, RITM has taken budgetary measures to bear the expenses necessary for conducting the Course, such as accommodation for local participants, electric and water consumption, and depreciation of equipment. The total operational cost borne by RITM from JFY 1992 to 1995 was 1,288,600 pesos.

The statement of expenditures is shown as ANNEX V.

- Assignment of lecturers and other staff

RITM assigned an adequate number of its staff as lecturers/instructors for the Course.

The list of lecturers and other staff is shown as ANNEX IX.

- Provision of facilities and equipment

RITM provided its training facilities and

equipment for the Course as well as arrangements for accommodation for the participants.

The list of equipment used is shown as ANNEX X.

2.2. Outputs

a. Accepted participants

Sixteen (16) participants have been accepted to the Course annually during the four-year period, although in JFY 1992 one (1) selected applicant from Cambodia did not attend the Course. Therefore, the total number of participants during the past four years is sixty-three (63) from thirteen (13) countries including the Philippines.

b. Attainment of the objectives

Objectives to be attained

At the end of the Course, the participants are expected to be able to:

1. develop or improve laboratory procedures for the isolation and identification of causative organisms,
2. perform rapid antigen detection of etiologic agents by means of reliable and specific technology directly from the clinical specimen,
3. perform antibody detection for diagnosis by using appropriate technology,
4. perform drug susceptibility tests,
5. analyze contaminated food samples,

6. do bacteriological test for water potability, and
7. act as trainors to impart skills and knowledge to others working with them.

Note: 5 and 6 are exclusively for workshop on DD.

Degree of attainment

In JFY 1992 and 1993, post-tests were carried out and in JFY 1994 and 1995, pre- and post-tests were carried out to determine the effectiveness of the Course. Judging from the results of the tests, remarkable improvement was recognized.

Moreover, based on the analysis of the questionnaires completed by ex-participants during the last four years, most of participants expressed that the objectives of the Course had been well met and their expectations were likewise achieved. The summaries of the results of the questionnaires are shown as ANNEX II & ANNEX VI.

From the above results, it can be concluded that these objectives were attained for the most part.

3. Adequacy of Initial Plan

3.1. Course Objectives

Based on the purpose of the participants, it can be concluded that the setting of the Course objectives was adequate.

3.2. Duration

Thirty-three (33) days were scheduled for the Course. This period is considered to be appropriate for attaining the Course objective.

3.3. Qualification of Applicants

The R/D stipulates that applicants for the Course are:

a. to be nominated by their respective Governments,
b. to have at least a B.S. degree in Medical Technology or its equivalent,
c. to have the practical experience of more than two (2) years in a bacteriology and/or virology laboratory,
d. to be involved in health research, training, or diagnostic services,
e. to be under forty (40) years of age as a general rule,
f. to have a good command of English, and
g. to be in good physical and mental health.

Most of the applicants met the above-mentioned qualifications. A few applicants who did not fulfill the qualifications were selected as participants. But this did not affect the Course management. Overqualified applicants were not chosen as participants.

The qualification of participants is shown as ANNEX IV.

3.4. Number of Expected Participants and Invited Countries

Judging from the number of the participants in the past four years, the number of expected participants is considered appropriate. There was never an application from Vanuatu.

3.5. Curriculum

The level, coverage of subjects and time allocation of lectures, discussion, exercises and observations are judged to be adequate.

3.6. Lecturers

Filipino Aecturers delivered about 70% of the lectures, while Japanese experts delivered about 30%.

4. Administration and Management

4.1. Implementing Measures by the Government of the Republic of the Philippines

In organizing and implementing the Course, the Department of Foreign Affairs of the Philippines and RITM have taken the following measures:

- Department of Foreign Affairs

1. To forward the General Information brochures (G.I.) of the Course to the Governments of invited countries through its diplomatic channels,
2. To receive application forms and forward them to RITM, and

3. To notify the respective governments through its diplomatic channels of the results of selection of participants.

RITM

1. To formulate the curriculum,
2. To draft and print G.I.
3. To assign an adequate number of its staff as lecturers/instructors for the Course,
4. To provide its training facilities and equipment for the Course,
5. To select participants for the Course and to inform of the result of the selection to the respective governments and JICA Philippine Office,
6. To arrange accommodation for the participants,
7. To arrange international air tickets for participants from the invited countries and to meet and see them off at the airport,
8. To arrange domestic study tour(s) to be included in the Course,
9. To take budgetary measures to bear the expenses necessary for conducting the Course excluding the expenses financed by the Government of Japan,
10. To issue certificates to the participants who successfully completed the Course,
11. To evaluate the achievements of the participants, course contents, curriculum and administrative performance,
12. To submit a course report and a statement of expenditures to the JICA Office within thirty (30) days after the termination of the Course, and
13. To coordinate any matter related to the Course.

4.2. Course Conduct

a. Lectures

All lecturers had enough knowledge and techniques to render their services for the Course.

b. Training Facilities and Equipment

Facilities and equipment of RITM have been fully utilized for conducting the Course. However, without the supplies such as reagents which have been hand-carried by Japanese short-term experts, it was impossible to do some of the laboratory work effectively.

c. Training Materials

Training manuals for the Course were completed in JFY 1992 and distributed to the participants. These manuals cover almost all the subjects of the Course, and were used by the lecturers. Moreover, some parts of the manual have been updated annually.

d. Modification of Curriculum

The Course basically followed the curriculum agreed upon in R/D. However, the curriculum has been reviewed and revised upon evaluation of the preceding course.

4.3. Sustainability

a. Technology, Facility and Equipment

Although RITM is capable of implementing the

basic course, constant updating by learning new methods and acquiring adequate number of equipm are required.

b. Capability of Organization

RITM subsidizes the cost of power and water supply, maintenance and repair of equipment and facilities of the Training Center as well as those in the main laboratory.

c. Finance

RITM cannot raise funds to conduct a similar workshop (TCTP) after the termination of Japanese assistance for purchase of reagents, equipment and travel expenses. RITM will continue to maintain the equipment & facilities out of its own budget.

d. Extension of Japanese Assistance in Recurrent Cost

Extension of Japanese assistance is needed to help improve and sustain the implementing ability of RITM. New techniques have to be learned by the implementing staff of ARI, DD and HIV or other fields of infectious diseases like Tuberculosis (TB) Sexually Transmitted Diseases (STD) opportunistic infections, anaerobic bacteriology & mycology.

IV. Conclusion and Recommendation

Based on the evaluation, both parties came to the conclusion that the intended purpose of the Course has been successfully and satisfactorily achieved as planned in R/D.

The following are the recommendations given by the Evaluation Team and RITM side:

1. Regarding applicants from Thailand, those coming from Bangkok should be excluded because they are mostly highly trained in Bangkok.
2. Information on the existing facilities and equipment in their own institutions should be gathered from the participants during the course.
3. A feedback from the participants' regarding the usefulness of the course to their current work should be obtained within a year after their training.
4. Filipinos previously trained in Japan should be invited as trainors in future RITM training programs.
5. Based on the evaluation of the second phase of the TCTP, a third phase is being proposed and considered for possible support from JICA.

[redacted]

EVALUATION MEETING

ON THE

THIRD COUNTRY TRAINING PROGRAMME

OF

"Workshop on the Laboratory Diagnosis and Research Techniques in Acute Respiratory Infections (ARI), Diarrheal Diseases (DD) and Human Immunodeficiency Virus (HIV) Infection"

I. Course Contents

1.1. Summary of the Annual Course Reports (1992-1995)

1.1.1. Participants' list of the course by country and by year including the number of applicants by country and by year:

(Please refer to Annex I and IV)

1.1.2. Summary of "the questionnaires by participants" in the annual course reports:

(Please refer to Annex II)

1.1.3. Evaluation of training results for participants:

(Please refer to Annex III)

1.1.4. Qualifications of participants to attend the course:

(Please refer to Annex IV)

1.1.5. Selection of participants among the applicants to the course:

The Screening Committee based the selection of participants on the academic training, needs of institution where they belong, relevance to their current job. There should be at least 2 participants/country. This is in addition to satisfying the following requirements:

A. QUALIFICATIONS OF APPLICANTS

a) be nominated by their respective governments in accordance with the procedures as specified in B 2, below,
b) have at least a B.S. degree in Medical Technology or its equivalent, M.D. or related profession,
c) have work experience of more than two (2) years in a bacteriology and/or virology laboratory,
d) be involved in health research, training, or diagnostic services,
e) be under forty (40) years of age as a general rule,
f) have a good command of English,
g) be in good physical and mental health, and
h) not be in the 8th - 9th month of pregnancy

B. PROCEDURES FOR APPLICATION

a) Governments wishing to participate in the Workshop on ARI/DD/HIV shall forward five (5) copies of the Application Form A. 2-3 (Colombo Plan for Technical Cooperation) for each nominee to the government of the Republic of the Philippines through diplomatic channels not later than three months before the commencement of the workshop.

b) The government of the Republic of the Philippines will inform the nominating countries whether or not applicants are accepted to the Workshop not later than one month before the commencement of the Workshop.

1.1.6. Review and Design of the curriculum:

The curriculum was designed and reviewed by RITM and JICA experts to include:

Acute Respiratory Infections (ARI)

Overview of Acute Respiratory Infections

Magnitude of the ARI problem worldwide and various respiratory pathogens involved in ARI.

Etiology of ARI and Laboratory Procedures for the Diagnosis of ARI

1) Bacteriology

a) Culture isolation/identification of S. pneumoniae, H. influenzae, S. aureus and other respiratory pathogens
b) Rapid techniques for antigen detection, Counter immunoelectrophoresis (CIE), latex agglutination (LAT), and enzyme immunoassay (EAI)
c) Antibiotic Susceptibility Testing

2) Virology

The ARI-Virology Course was redesigned to allow the participants to perform actual (hands-on) cell culture maintenance, and specimen inoculation for virus isolation and identification. Rapid methods of diagnosis using EIA was also introduced in addition to Immunofluorescence technique. Diagnostic methods for chlamydia and measles were also introduced to include recent advances in serologic techniques.

a) Detection of important respiratory viruses like respiratory syncytial virus (RSV), adenovirus, influenza virus types A & B, parainfluenza virus types 1, 2 and 3 by the following:

    1) Cell culture techniques
    2) Rapid antigen detection by immunofluorescence (IF) & enzyme-linked immunosorbent assay (ELISA)

b) Serologic diagnosis of ARI by EIA and other conventional methods.

3) Other important Respiratory Pathogens

a) Chlamydia pneumoniae

    1) Isolation by cell culture technique
    2) Identification by immunofluorescence

b) Mycoplasma pneumoniae

    1) Isolation and cultures
    2) Serology

c) Special staining procedures for Pneumocystis carinii

d) Legionella

1) Culture isolation
2) Serology

4) Important Vaccine Preventable Diseases

a) Epidemiology and clinical features of diphtheria, pertussis and measles.

b) Laboratory procedures including

1) Isolation and identification
2) Pertussis serology by EIA
3) Measles serology

Diarrheal Diseases (DD)

Epidemiology and Etiology of Diarrheal Diseases

Morbidity and mortality: global and regional perspectives; determinants of risks, nutritional sequelae & control measures.

Laboratory Diagnosis of Diarrheal Diseases

1) Bacteriology

Isolation & identification: ETEC, EPEC, EIEC, EAEC, EHEC, Salmonella, Shigella, vibrios, Campylobacter, Aeromonas, Yersinia enterocolitica.

2) Virology

General diagnostic methods in virology:

Rotavirus detection-latex agglutination and ELISA for antigen detection & serotyping; electron microscopy; genomic RNA analysis.

Adenovirus detection - latex agglutination, immunofluorescence (IF) methods.

3) Parasitology

Primary stool analysis: collection, concentration methods, special staining techniques, microscopic examination, stool culture, morphology/ identification of the different parasitic agents of diarrhea (E. histolytica, G. intestinalis and Cryptosporidium).

Serodiagnostic tests in parasitology - IFAT, IHAT, AGD, ELISA.

4) Rapid Diagnostic Methods

Special laboratory techniques:

RPLA for ETEC-LT, ELISA for ETEC-ST & EIEC

5) Other capabilities

Coverage:

Storage of isolates;
antimicrobial susceptibility testing;
bacteriologic water analysis;
investigations of foodborne bacterial diseases, culture and toxin detection of C. difficile.

Human Immunodeficiency Virus (HIV)

Nature of HIV Infection

The HIV training module was designed based on the existing module for the HIV Testing Proficiency course conducted regularly for local Medical Technologists modified accordingly to suit the needs of the various countries of origin of the Participants. These modifications include techniques in cost-effective approaches to HIV Testing as well as the actual performance of Rapid Tests and Supplemental Tests (Western Blot, LIA and IF). In the 1995 workshop, PCR was also introduced.

Biology of HIV, pathogenesis and clinical picture.

Epidemiology

Global and regional occurrence.

Counselling

Pre-test, post-test; HIV/AIDS prevention.

AIDS-related issues

Confidentiality, social, ethical and medico-legal aspects.

Laboratory Methods

1) Screening tests

Enzymeimmunoassays, agglutination tests and rapid tests.

2) Supplemental tests

Western Blot, Lineimmunoassay and immunofluorescence test

Cost effective approaches

Serum pooling
Use of filter paper collected blood
Other alternative strategies

Infection control

Laboratory safety and precautions.

As a rule, the curriculum was reviewed after each workshop and revised accordingly based on the recommendations of the participants and trainors.

1.1.7. Collaboration among participants:

How was the collaboration among participants?

The collaboration among the participants has been very good, in general. The relationship between the participants and the trainors was likewise, very good. There were no major disagreements experienced. There was

always an eagerness to learn and willingness to help out. Every year the participants and trainors become a cohesive group that not only worked well together but also had fun together.

1.2. Evaluation of the Necessity of the Course for the Participating Countries

The TCTP Screening Committee based their evaluation on the application forms (Colombo Plan A2-3 Form) submitted by the applicants. The following are some of the reasons considered:

a. To learn new techniques, approaches and skills in laboratory diagnosis of HIV, ARI and Diarrhea;
b. To upgrade the respective diagnostic facility in the home country;
c. To upgrade quality of service;
d. To conduct similar training in the home country; and
e. To develop possible collaboration with other institutions in the Southeast Asian region for similar activities.

1.3. Statement of Expenditures for the Course for Each Year, Attached in ANNEX V.

II. Evaluation by Ex-Participants

2.1. Questionnaire:

(Please refer to Annex VI)

2.2. Measures taken to keep in touch with ex-participants:

There has been no formal structure for follow-up of participants.

III. Assistance from Other Agencies or Organizations

3.1. List of the Name of Agencies or Organizations Providing Assistance:

NONE

LIST OF THEMES TO BE EVALUATED (SUMMARY)

I. Course Needs

1. Course needs recognized upon establishment of the course.	- In what developing countries were the course needs recognized ?	Thailand, Malaysia, Papua New Guinea, Indonesia, China, Brunei, Fiji, Hongkong, South Korea, Western Samoa, Solomon Islands, Cambodia, PDR Laos. Singapore, Vietnam, Sri Lanka, Tonga and Vanuatu (18 countries)				
	- In what ways were those needs observed ?	Through questionnaires, opinion of IDS consultant and staff, Japanese consultant, country reports, discussions with participants.				
			1992	1993	1994	1995
2. Change in Course needs and necessity for modification.	No. of Applying Countries		11	10	9	13
			---- = 61 %	---- = 56 %	---- = 50 %	---- = 72 %
	No. of Invited Countries		18	18	18	18
	No. of Applicants		28	21	35	45
			---- = 2.3	---- = 1.8	---- = 2.9	---- = 3.8
	No. of Participants		12	12	12	12
	Actual No. of Participants		11	12	12	12
			---- = 91.7 %	---- = 100 %	---- = 100 %	---- =100 %
	Expected No. of Participants		12	12	12	12

II. Results

		1992	1993	1994	1995
I. Inputs:					
1. The Government of Japan	1. Training Expense	1,485,600.90	1,814,281.49	1,854,821.75	1,908,917.77
	2. Experts as resource speakers (please refer to Annex VII).	Dr. Yasuo Kudoh Dr. Shozo Urasawa Dr. Takashi Kurimura	Dr. Takashi Kurimura Dr. Hiroshi Suzuki Dr. Hironobu Koga	Dr. Takashi Kurimura Dr. Hiroshi Tachibana Dr. Shozo Urasawa Dr. Yasuo Kudoh	Dr. Takashi Kurimura Dr. Hiroshi Suzuki Dr. Yoichi Hirakata
	3. Provision of Equipment	none	Printer for ELISA Reader	none	none
	4. Counterpart Training in Japan (please refer to Annex VIII).	Ms. Lydia Sombrero	Ms. Marietta Lagrada	Ms. Josephine Laygo	none
2. Host Country	1. Training Expenses *	303,400.00	323,400.00	328,400.00	333,400.00
	2. Lecturers and Other Staff	(Please refer to Annex IX)			
	3. Facilities	RITM Training Center and Dormitory	RITM Training Center and Dormitory	RITM Training Center and Dormitory	RITM Training Center and Dormitory
	4. Training Materials/ Equipment	(Please refer to Annex X)			

* Refer to expenses related to the use of RITM facilities, do not include Personnel time paid by RITM.

II. Output:					
1. Accepted Participants	- Number	16	16	16	16
2. Academic Level of Participants	1. Indicator for Attainment of Course Objectives	- Written and Practical Examinations	- Written and Practical Examinations	- Written and Practical Examinations	- Written and Practical Examinations
	2. Attainment of Course Objectives	- Satisfactory Results	- Satisfactory Results	- Satisfactory Results	- Satisfactory Results
3. Application of Training	- Application of the results of the training in their respective Countries.	NO INFORMATION AND FEEDBACK			

II. Adequacy of Initial Plan

		1992	1993	1994	1995
1. Course Objectives	Appropriateness of the course objectives.	Appropriate for DD/HIV	Appropriate for ARI/HIV	Appropriate for DD/HIV	Appropriate for ARI/HIV
2. Duration	Appropriateness of the duration and time of the course.	Generally just right based on the responses of the participants.	Just right based on the participants' responses.	Generally just right based on the responses of the participants.	Just right based on the participants' responses.
3. Qualification for Applicants	Compliance with the qualification requirement.	1. Some applicants were not qualified because of educational & training background; some applicants were overqualified. 2. All participants were highly qualified.			
4. Expected Participants and Invited Countries	Appropriateness of the total number of participants and invited countries and selection of the invited countries.	Appropriate	Appropriate	Appropriate	Appropriate
5. Curriculum	Appropriateness of				
	1. Subject/theme Coverage	Just right.	Just right.	Just right.	Just right.
	2. Level	Just right.	Just right.	Just right.	Just right.
	3. Proportion of Lectures and Practices	Just right.	Just right.	Just right.	Just right.
	Necessity for modification or improvement.	Identification of enteric adenovirus.	PRC for Legionella; Antigen detection by latex agglutination.	Introduction of PCR in E. histolytica.	Application of PCR technique on ARI & HIV. Introduction of K-test for MIC.

6. Lecturers	1. Performance (role) of Japanese experts.	20 %	30 %	30 %	30 %
	2. Percentage of local lecturers.	70 %	65 %	65 %	50 %
	3. Joint Work	10 %	5 %	5 %	20 %
7. Ratio of Cost-Sharing	Ratio of training expenses born by:				
	Japan	2,490,874.08	2,773,172.94	2,683,373.40	2,739,181.05
	Philippines	303,400.00	323,400.00	328,400.00	333,400.00

V. Administration and Management

1. Implementing Institute	:Organization/Function :Its relation with upper :organization.	:The implementing agency is the Research Institute for Tropical :Medicine, the research arm of the Philippine Department of :Health which, at the same time, is a 50-bed hospital for :treating problematic cases of infectious diseases. The agency :is headed by a hospital director who is assisted by an :assistant director. The institute staff is divided into three :divisions: the research and training division, the :administrative division and the paramedical research division, :each division being headed by a division head. Each division :is divided into various departments which are further divided :into sections. : :For the Third Country Training Program (TCTP), each year's :course (e.g. diarrheal diseases or ARI) activities were :administratively managed by a course director who, in some :instances also served as part of the course faculty. The :course director was assisted by a secretariat and senior :medical technologists working on the individual segments of the :course, namely ARI or diarrheal diseases and HIV. The rest of :the course staff consisted of other faculty members and support :staff.

		1992	1993	1994	1995
2. Course Operation	1. General Information Distribution	Through diplomatic channels supported by direct communication with prospective participating institutions.			
	2. Selection of Participants	- TCTP Screening Committee	- TCTP Screening Committee	- TCTP Screening Committee	- TCTP Screening Committee
	3. Execution of Budget	- Official Accounting Procedures	- Official Accounting Procedures	- Official Accounting Procedures	- Official Accounting Procedures

3. Course Conduct					
1. Lecturers	1. Assignment of Lecturers	Each year, the course curriculum was planned in consultation with the selected JICA expert which included consultations regarding assignment of lectures especially those which were to be delivered by JICA experts. The rest of the lectures were assigned to RITM faculty based on each individual's expertise.			
	2. Systematization of Lecturers	- Synchronized Lectures and Laboratory Work	- Synchronized Lectures and Laboratory Work	- Synchronized Lectures and Laboratory Work	- Synchronized Lectures and Laboratory Work
2. Training Facilities and Equipment	The TCTP for 1992-1995 were conducted using the facilities and equipment of the Training Center. These includes the Auditorium, Lecture Rooms, Laboratory II, Sterilizing/Preparation Rooms, Biological Hoods (Laboratory I & II), Microscopes, Incubators, Waterbaths, Centrifuge, Distilling Apparatus and Freezers. Prior to and after each training course, these facilities and equipment were assessed and subjected to preventive maintenance by Biomedical Engineers of the institute and/or repair as indicated. In cases where equipment were not available/not in order in the Training Center facility or when additional equipment units were needed for the training, equipment in the main laboratory were transferred to the Training Center for use in the workshops. The RITM vehicle was used to transport the participants. The participants were housed in the Residence Hall of the institute where they occupied single rooms with T/B, a lounge with TV and adjoining kitchen. Full cafeteria service was also available everyday. A Dormitory Manager was specifically assigned and was on call to address the needs of the participants.				
3. Training Materials (Texts, AV Materials etc.)	Participants were provided with a training kit (bag) which contained the following: - HIV Training Manual - compilation of HIV lectures, laboratory procedures, test protocols and journal references. - ARI/DD Laboratory Manual - laboratory procedures/protocols. - ARI/DD Lecture & Reference Manual - lectures and journal reprints. Visual aids (slide overhead transparencies, etc) were prepared using the audiovisual facilities and manpower of the institute. Slide/Overhead projectors and sound system were available in the Training Center. These were maintained and operated by the Biomedical staff of the institute.				
4. Revision of Curriculum		Introduction of enteric adenoviruses.	Introduction of PCR for legionella and latex agglutination for ARI antigen detection.	Introduction of PCR in E histolytica.	Application of PCR (DNA probes) on ARI and HIV.

4. Sustainability		
1. Technology and Facility/ Equipment	1. Sustainability in terms of technology and Facility/ Equipment.	Although RITM is capable of implementing the basic course. constant updating by learning new methods and acquiring adequate number of equipments are required.
2. Capability of Organization	1. Administrative Capability	RITM subsidizes the cost of power and water supply, maintenance and repair of equipment and facilities of the Training Center as well as those in the main laboratory.
3. Finance	1. Financial Capability (Fund Source)	RITM cannot raise funds to conduct a similar workshop (TCIP) after the termination of Japanese assistance for purchase of reagents, equipment and travel expenses. RITM will continue to maintain the equipment & facilities out of its own budget.
4. Extension of Japanese assistance in recurrent cost.	1. Necessity of extension of assistance to help encourage the sustainability of the implementing institute.	Extension of Japanese assistance is needed to help improve and sustain the implementing ability of RITM. New techniques have to be learned by the implementing staff of ARI, DD and HIV or other fields of infectious diseases like TB, STD, opportunistic infections, anaerobic bacteriology & mycology.

(ANNEX I)

PARTICIPANTS' LIST OF THE COURSE BY COUNTRY AND BY YEAR
INCLUDING THE NUMBER OF APPLICANTS BY COUNTRY AND BY YEAR

Course	DD & HIV		ARI & HIV		DD & HIV		ARI & HIV		TOTAL	
Participating Countries	JFY 1992		JFY 1993		JFY 1994		JFY 1995			
	A	P	A	P	A	P	A	P	A	P
Brunei	0	0	0	0	0	0	2	0	2	0
Cambodia	7	1	1	0	0	0	3*	0	11	1
China	1	1	3	2	7*	2	5	2	16	7
Fiji	2	2	3	2	2	2	5	1	12	7
Indonesia	3	2	2	2	7	3	4	1	16	8
Hongkong	1	1	2	0	3	0	0	0	6	1
Korea	0	0	0	0	1	1	4	0	5	1
Malaysia	4	0	1	0	2	0	3	1	10	1
Papua New Guinea	3	3	3	3	0	0	4	2	10	8
Solomon Island	1	0	0	0	0	0	1	1	2	1
Sri Lanka	0	0	2	1	1	1	5	1	8	3
Thailand	3	1	3	2	6	1	5	2	17	6
Vietnam	3	1	0	0	6*	2	0	0	9	3
Laos	0	0	0	0	0	0	1	1	1	1
Tonga	0	0	1	0	0	0	1	0	2	0
Vanuatu	0	0	0	0	0	0	0	0	0	0
Western Samoa	0	0	0	0	0	0	2*	0	2	0
Singapore	0	0	0	0	0	0	0**	0	0	0

SUBTOTAL (I)	28	12	21	12	35	12	45	12	129	48
Philip-pines (II)	7	4	13	4	5	4	6	4	31	16
TOTAL (I+II)	35	16	34	16	40	16	51	16	160	64

A = Applicants

P = Participants

* = include late applicants

** = Colombo Plan was not received but communication/inquiry regarding application was received after the deadline.

(ANNEX II)

SUMMARY OF THE "QUESTIONNAIRES BY PARTICIPANTS"
IN THE ANNUAL COURSE REPORTS

ITEMS	CONTENTS	JFY 1992	JFY 1993	JFY 1994	JFY 1995
		DD & HIV	ARI & HIV	DD & HIV	ARI & HIV
Subjects	1. Coverage too broad	0	0	5%	0
	2. Coverage just right	100.0%	100.0%	95.0%	100.0%
	3. Coverage incomplete	0	0	0	0
Level	1. Too advanced	6.7%	5.8%	6.0%	6.0%
	2. Just right	93.3%	94.2%	94.0%	80.0%
	3. Too elementary	0	0	0	14.0%
Clarity of Lectures	1. Very clear	86.7%	38.3%	75.0%	18.0%
	2. Adequate	13.3%	57.5%	25.0%	78.0%
	3. Difficult to follow	0	4.2%	0	6.0%
Treatment	1. Not enough practical	13.3%	3.2%	3.0%	8.0%
	2. Just right	86.7%	97.8%	97.0%	92.0%
	3. Not enough theoretical	26.7%	0	0	0
Duration	1. Too short	33.3%	2.1%	4.0%	4.0%
	2. Just right	60.0%	97.9%	96.0%	80.0%
	3. Too long	6.7%	0	0	8.0%
Others	1. Language problem	6.7%	0	0	8.0%
	2. Background of participants too diversified	0	0	0	6.0%
	3. Little applicability	0	8.8%	0	2.0%

(ANNEX III)

EXAMINATION RESULTS ON PARTICIPANTS
(in percent)

A. JFY 1992 TCTP-DD-HIV RESULTS OF POST TEST

NAMES OF PARTICIPANTS	BACTE-RIOL-OGY	VIROL-OGY	HIV	PARAS-ITOL-OGY	AVER-AGE
Wijit Thongnook	100	53	96	94	85.75
Paul Chan Sheung	100	84	100	88	93.00
Salanieta Elbourn	100	52	96	86	83.5
Judee Ipanag	87.5	66	80	83	79.13
Dr. Jamis	95	61	96	78	82.5
Umuli Aeno	85	61	100	77	80.75
Marcos Solana	100	52	96	76	81.00
Alicia Escobar	100	54	92	76	80.5
Atishma Devi Nath	97.5	72	84	72	81.38
Gideon Philip	68	55	76	68	66.75
E. Madhar	95	52	86	66	74.75
Le Van Phung	100	56	86	60	75.5
Nunuk P.	100	41	68	57	66.5
Mark Mens	68	51	78	38	58.75
Ni Ya	60	36	72	28	49.00
AVERAGE	90.4	56.4	87.07	69.8	

B. JFY 1993 TCTP-ARI-HIV RESULTS OF POST TEST

NAME OF PARTICIPANTS	BACTE-RIOLOGY	VIROLOGY	AVERAGE
Geng Xuehui, M.D.	38	----	---
Liu Fangbing	38	85	61.5
Uraia Rabuatoka	46	65	55.5
Jioji Rasila	69	65	67.00
Sardikin Giriputro	46	65	55.5
Dedeh Sukanah	38	65	51.5
Nanadai Garo	62	55	58.5
Clement Deve Manesika	54	75	64.5
Wangama Simon Roy	54	65	59.5
Aurelia Jennifer Perreira	92	85	88.5
Salinee Panakitsuwan	69	95	82.00
Wanee Thongma	77	95	86.00
Richard Guerra	46	65	55.5
Nereza Javier, M.D.	62	75	68.5
Nela Digna Visaya	54	55	54.5
Amelia Tinio	85	75	80.00
AVERAGE	58.13	72.33	

C. JFY 1994 TCTP-DD-HIV OF PRE-TEST AND POST-TEST

NAME OF PARTICIPANT	PRE-TEST				
	HIV	VIRO-LOGY	BACTER-IOLOGY	PARASI-TOLOGY	AVERAGE
Liu Cheng-gui	56	60	20	5	35.25
Dong Li	49	60	64	12	46.25
Dhara Ben Patel	84	40	84	40	62.00
Apisai Wainevetau	77	40	70	30	54.25
Yani Sukriyani	42	40	77	---	53.00
July Kumalawati	98	60	95	70	80.75
Chattra Oktarina	14	45	81	11	37.75
Hae Kyung Lee	70	50	44	25	47.25
Dona Nelum Perera	100	90	78	85	88.25
Sriwanna Huttayamont	35	40	80	15	42.50
Nguyen Van Tam	63	35	62	---	53.33
Doan Mai Phuong	63	25	62	11	40.25
Rita Cabanacam	91	40	90	35	64.00
Elena Cortez	63	25	85	20	48.25
Louriza Dean	98	50	90	42	70.00
Elizabeth Fangot	84	50	83	15	58.00
AVERAGE	67.94	46.88	72.81	29.71	

NAME OF PARTICIPANT	POST - TEST			
	VIROLOGY	BACTE-RIOLOGY	PARASIT-OLOGY	AVERAGE
Liu Cheng-gui	80	40	22	47.33
Dong Li	65	90	86	80.33
Dhara Ben Patel	95	90	96	93.67
Apisai Wainevetau	80	90	88	86.00
Yani Sukriyani	65	100	5	56.67
July Kumalawati	95	95	94	94.67
Chattra Oktarina	90	95	68	84.33
Hae Kyung Lee	70	100	76	82.00
Dona Nelum Perera	100	100	85	95.00
Sriwanna Huttayamont	80	90	40	70.00
Nguyen Van Tam	45	65	36	48.67
Doan Mai Phuong	45	65	34	48.00
Rita Cabanacam	75	90	78	81.00
Elena Cortez	80	90	76	82.00
Louriza Dean	85	100	98	94.33
Elizabeth Fangot	85	85	90	86.67
AVERAGE	77.19	86.56	67	

D. JFY 1995 TCTP-ARI-HIV RESULTS OF PRE-TEST AND POST-TEST

NAME OF PARTICIPANTS	PRE-TEST			
	HIV	VIROLOGY	BACTE-RIOLOGY	AVERAGE
Shen Ruihua	47	80	11	46.00
Channa Senanayake	87	100	39	75.39
Fajar Firsyada	87	93	28	69.33
Cecilia dela Cruz	93	87	44	74.67
Eliki Lesione	67	80	61	69.33
Rattana Phakhountong	87	97	56	80.00
Yuddhakarn Yananto	87	67	17	57.00
Catherine Jurada	67	73	39	59.67
Alfred Dofai	73	80	56	69.67
Abdul Ali	60	80	44	61.33
Mition Yoannes	40	67	33	46.67
Noeline Reyno	67	93	22	60.67
Litao Wan	67	100	17	61.33
Steven Tiwara	60	53	33	48.67
Gayson Bunyaraksyotin	73	73	33	59.67
Armado Tong Wong	60	67	50	59.00
AVERAGE	70.1	80.6	36.4	

NAME OF PARTICIPANTS	POST - TEST			
	HIV	VIROLOGY	BACTE-RIOLOGY	AVERAGE
Shen Ruihua	40	93	83	72.00
Channa Senanayake	100	93	100	97.67
Fajar Firsyada	100	100	99	99.67
Cecilia dela Cruz	100	87	94	93.67
Eliki Lesione	87	67	94	82.67
Rattana Phakhountong	100	100	89	96.33
Yuddhakarn Yananto	100	87	83	90.00
Catherine Jurada	80	93	89	87.33
Alfred Dofai	87	93	78	86.00
Abdul Ali	93	80	94	89.00
Mition Yoannes	73	73	100	82.00
Noeline Reyno	80	87	100	89.00
Litao Wan	87	100	83	90.00
Steven Tiwara	67	53	94	71.33
Gayson Bunyaraksyotin	80	100	100	93.33
Armado Tong Wong	100	93	89	94.00
AVERAGE	85.9	87.4	96.4	

(ANNEX IV)

QUALIFICATIONS OF PARTICIPANTS TO ATTEND THE COURSE

A. JFY 1992 TCTP-DD-HIV (Jan. 18 to Feb. 19, 1993)

NAME OF PARTICIPANTS	COUNTRY	QUALIFICATION
Aeno Umuli, M.D.	Papua New Guinea (PNG)	Doctor of Medicine (M.D.)
Philip Gideon	PNG	Medical Technologists (Med. Tech.)
Mark Mens	PNG	Med. Tech.
Wijit Thongnook	Thailand	Med. Tech.
Le Van Phung, M.D.	Vietnam	M.D.
Salanieta Elbourn	Fiji	Med. Tech.
Ni Ya	China	B.S. Microbiology
Nunuk Purwaningsih	Indonesia	B.S. Biology
Paul Chan Kay Sheung	Hongkong	M.D.
Ly Sovann	Cambodia	B.S. Pharmacy
E. Madhar Raksawinata	Indonesia	Diploma in Clinical Bacteriology
Atishma Devi Nath	Fiji	Med. Tech.
Alicia Escobar	Philippines	Med. Tech.
Herod Janus	Philippines	M.D.
Judelyn Ipanag	Philippines	Med. Tech.
Marcos Antonio Solana	Philippines	Med. Tech.

B. JFY 1993 TCTP-ARI-HIV (Sept. 20 to Oct. 22, 1993)

NAME OF PARTICIPANTS	COUNTRY	QUALIFICATION
Geng Xuehui, M.D.	China	M.D.
Lui Fambing	China	Med. Tech.
Uraia Rabuatoka	Fiji	Med. Tech.
Jioji Rasila	Fiji	Med. Tech.
Sardikin Giriputro, M.D.	Indonesia	M.D.
Dedeh Sukana	Indonesia	Med. Tech.
Nanadai Garo	PNG	Med. Tech.
Clement Deve Manesika	PNG	Med. Tech.
Wangama Simon Roy	PNG	Med. Tech.
Aurelia Jennifer Perreira, M.D.	Sri Lanka	M.D.
Salinee Panakitsuwan	Thailand	Med. Tech.
Wanee Thongma	Thailand	Med. Tech.
Richard Guerra	Philippines	Med. Tech.
Nereza Javier, M.D.	Philippines	M.D.
Amelia Tinio	Philippines	Med. Tech.
Nelia Digna Visaya	Philippines	Med. Tech.

C. JFY 1994 TCTP-DD-HIV (Sept. 26 to Oct. 28, 1994)

NAME OF PARTICIPANTS	COUNTRY	QUALIFICATION
Liu Cheng Gui, M.D.	China	M.D.
Dong Li, M.D.	China	M.D.
Dhara Ben Patel	Fiji	Med. Tech.
Apisai Wainevetau	Fiji	Med. Tech.
Yani Sukriyani	Indonesia	Med. Tech.
July Kumalawati, M.D.	Indonesia	M.D.
Chattra Oktarina	Indonesia	Med. Tech.
Hae Kyung Lee	Korea	Med. Tech.
Dona Nelum Perera, M.D.	Sri Lanka	M.D.
Sriwanna Huttayamont	Thailand	Med. Tech.
Nguyen Van Tam, M.D.	Vietnam	M.D.
Doan Mai Phuong, M.D.	Vietnam	M.D.
Rita Cabanacam	Philippines	Med. Tech.
Elena Cortez	Philippines	Med. Tech.
Louriza Dean	Philippines	Med. Tech.
Elizabeth Fangot	Philippines	Med. Tech.

D. JFY 1995 TCTP-ARI-HIV (Sept. 25 to Oct. 27, 1995)

NAME OF PARTICIPANTS	COUNTRY	QUALIFICATION
Litao Wan, M.D.	China	M.D.
Shen Ruihua, M.D.	China	M.D.
Elike Lesione	Fiji	Med. Tech.
Alfred Dofai	Solomon Island	Med. Tech.
Abdul Rahman Ali	Malaysia	Med. Tech.
Rattanaphone Phakhounthong, M.D.	Laos	M.D.
Channa Senanayaki, M.D.	Sri Lanka	M.D.
Fajar Firsyada, M.D.	Indonesia	M.D.
Mition Yoannes	PNG	Med. Tech.
Steven Tiwara	PNG	Med. Tech.
Gaysorn Bunyaraksyotin	Thailand	Med. Tech.
Yuddhakarn Yananto	Thailand	Med. Tech.
Armando T. Wong	Philippines	Med. Tech.
Ma. Cecilia dela Cruz	Philippines	Med. Tech.
Noeline Reyuo	Philippines	Med. Tech.
Catherine Jaruda	Philippines	Med. Tech.

SUMMARY OF ANNEX IV, TABLES A-D

QUALIFICATION OF ACCEPTED PARTICIPANTS

YEAR	M.D.	MED. TECH.*	OTHERS	TOTAL
1992	4	11	1 **	16
1993	4	12	0	16
1994	6	10	0	16
1995	5	11	0	16
TOTAL	19	44	1	64

* Medical Technology or its equivalent

** B.S. Pharmacy

TCTP STATEMENT OF EXPENDITURES
(1992 TO 1995)

PARTICULARS	TCTP-DD-HIV Jan. 18 - Feb. 19. 1993		TCTP-ARI-HIV Sept. 20 - Oct. 22. 1993		TCTP-DD-HIV Sept. 26 - Oct. 28. 1994		TCTP-ARI-HIV Sept. 25 - Oct. 27. 1995	
	JICA	RITM	JICA	RITM	JICA	RITM	JICA	RITM
ATION EXPENSES								
fare	507.941.74		545,420.25		437,166.90		435,925.60	
nsportation								
m	192.500.00		206.500.00		210,000.00		210,000.00	
commodation	182,290.24		149,720.20		139,107.15		145,480.00	
lical Insurance	88,715.00		57,251.00		41.277.60		38.857.68	
KING EXPENSES								
noraria	90.000.00		100.000.00		139,000.00		99.000.00	
ployment Fees								
nsportation	130,518.55		103,721.20		80,996.79		76,002.75	
pendable Supplies	1,201,084.72		1,472,933.02		1,553,308.26		1,605,246.49	
laterials & Lab.)								
ting Expenses	59,823.83		76,301.61		55,591.43		51,668.53	
commodation			21,000.00				24,000.00	
munication	38,000.00		40,325.66		34,925.27		50,000.00	
e Diem (Local Study							12,000.00	
BUDGET								
cal Accommodation		38,400.00		38,400.00		38,400.00		38,400.00
ectric & Water		35,000.00		35,000.00		40,000.00		45,000.00
onsumption								
preciation of		230,000.00		250.000.00		250,000.00		250,000.00
quipment								
TOTAL	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

(ANNEX VI)

Survey Results

TCTP Evaluation for ARI, DD and HIV

Total number of questionnaires sent - 63
Total number of responding ex-participants - 15 (23.8%)

I. General background about the respondents

Med Tech	M.D.
10	5

II. Course needs

	Useful	Too advanced	Not met
a. Usefulness of the course	14	1	

	More Useful	Average	Less Useful
b. How do you evaluate the TCTP with other training programs	5	1	

	YES	No
c. Desire to attend another training in advances level	15	

III. Outcome of the course

1. What was main purpose of attending

1.1. to gain general knowledge - 10
1.2. to gain knowledge about the country - 2
1.3. for technology transfer - 5
1.4. to exchange ideas with other participants - 9
1.5. to go abroad - 0

2. Course expectations met

Not met	1	2	3	4	5	Fully met
		1	1	3	8	2

3. Which subjects were useful and applicable

All subjects were useful especially concentration techniques, acid fast staining and antibiotic [illegible] testing bacteriology, HIV/AIDS, viral [illegible] and [illegible] techniques, serology, [illegible], and [illegible] of causative agents of [illegible]

4. How can the knowledge and techniques acquired from the course be spread.

   1. informing colleagues - 10
   2. submit course report - 9
   3. conduct lectures on seminars and training course - 9
   4. through publications - 0

5. Possible obstacles/barriers in spreading the knowledge acquired

   5.1. lack of trained personnel - 3
   5.2. lack of support from superiors - 5
   5.3. lack of foreign experts - 3
   5.4. lack of facilities - 9
   5.5. lack of technical literature - 4
   5.6. lack of budget - 9
   5.7. poor management - 2
   5.8. promotion structure - 3
   5.9. no in-service training - 3
   5.10. brain drain - 0

6. Any improvement in your job/position/duty after attending course

   YES - 13
   NO - 1
   No answer - 1

IV. Others

A. Suggestions to improve the course program in the future

Answers:

1. Course duration and schedule

   a. Course should be extended for another week especially on the virology aspect.
   b. The course should be extended up to 3-4 months.
   c. Should be offered yearly.
   d. Offer more advanced/higher level training.

2. Trainors/lecturers

   a. It is very important to have good trainors
   b. Speakers should be fluent in the agreed language to be used during the [illegible] experts

3. [illegible] Conduct

   [illegible] be added for discussion with experts

b. Course training staff should be systematic in what they are teaching.
c. Ask the participants to make a report on a short study relevant to the course.

4. Facilities and equipment

a. It is better if equipment used in the course are improved in quality and quantity.
b. Venue should have enough telephones and recreation area.
c. Dorm facilities must be improved.

5. Participants

a. Local (Filipino) participants should be given the same privilege as foreign participants.

B. Technical problems/difficulties your organization encounters

Answers:

1. New research should be undertaken because of health problems that face the region.
2. Lack of facilities, manpower and management support
3. Lack of technical literature for reference
4. Lack of budget.

(ANNEX VII)

LIST OF JAPANESE EXPERTS

JFY	NAMES/POSITION/ADDRESS OF EXPERTS	DURATION
1992	Dr. Yasuo Kudoh Director, Department of Microbiology Tokyo Metropolitan Research Laboratory of Public Health Tokyo 202, Japan	January 21 to February 6, 1993
	Dr. Shozo Urasawa Professor Sapporo Medical College Chuo-ku, Sapporo 060 Japan	Feb. 5-13, 1993
	Dr. Takashi Kurimura Professor/Chairman Department of Viral Infection Research Institute for Microbial Diseases Osaka University, Osaka City Japan	Feb. 14-20, 1993
1993	Dr. Takashi Kurimura Professor/Chairman Department of Viral Infection Research Institute for Microbial Infection Osaka University, Osaka City Japan	Sept. 18 to 26, 1993
	Dr. Hiroshi Suzuki WHO Collaborating Center for Respiratory Viruses Sendai National Hospital Sendai City, Japan	September 24 to October 9, 1993
	Dr. Hironobu Koga Second Department of Internal Medicine Nagasaki University School of Medicine 7-1 Sakamoto-machi, Nagasaki-shi, 852 Japan	Oct. 2-23, 1993

JFY	NAMES/POSITION/ADDRESS OF EXPERTS	DURATION
1994	Dr. Takashi Kurimura Professor/Chairman Department of Viral Infection Research Institute for Microbial Infection Osaka University, Osaka City Japan	September 23 to October 4, 1994
	Dr. Hiroshi Tachibana Department of Infectious Diseases Tokai University School of Medicine Bohseidai, Ischara Kanagawa 259-11, Japan	September 27 to October 11, 1994
	Dr. Shozo Urasawa Professor Sapporo Medical College Chuo-ku, Sapporo 060 Japan	Oct. 7-15, 1994
	Dr. Yasuo Kudoh Director, Department of Microbiology Tokyo Metropolitan Research Laboratory of Public Health Tokyo 202, Japan	Oct. 14-29, 1994
1995	Dr. Takashi Kurimura Professor/Chairman Department of Viral Infection Research Institute for Microbial Infection Osaka University, Osaka City Japan	September 24 to October 2, 1995
	Dr. Hiroshi Suzuki WHO Collaborating Center for Respiratory Viruses Sendai National Hospital Sendai city, Japan	Oct. 2-12, 1995
	Dr. Yoichi Hirakata Associate Professor Department of Laboratory Medicine Kanazawa University School of Medicine [redacted], Japan	Oct. 15-27, 1995

(ANNEX VIII)

LIST OF COUNTERPART TRAINEES IN JAPAN

JFY	NAMES/POSITION/ ADDRESS OF TRAINEES	TRAINING PROGRAM	DURATION
1992	Ms. Lydia Sombrero Supervising Science Research Specialist (SSRS) Bacteriology Section Department of Microbiology Research Institute for Tropical Medicine (RITM) Alabang, Muntinlupa Metro Manila, Phils.	Counterpart Training in ARI-Bacteriology: Atypical pneumonia: Mycoplasma Legionella TB PCR (additional)	Feb. 2 to Mar. 30, 1993
1993	Ms. Marietta Lagrada Science Research Specialist II Bacteriology Section Department of Microbiology RITM, Alabang Muntinlupa, M. Mla. PHILIPPINES	Training on Laboratory Technology for Tropical Infectious Diseases: Laboratory Diagnosis of Enteric Pathogens	June 22 to Sept. 18, 1993
1994	Ms. Josephine Laygo Science Research Specialist II Virology Section Department of Microbiology RITM, Alabang Muntinlupa, M. Mla. PHILIPPINES	Workshop in Acute Respiratory Infections and Diarrheal Diseases and Diagnosis of HIV Infection (HIV IF assay Ag Slide Production)	June 6 to Aug. 16, 1994

(ANNEX IX)

LIST OF LECTURERS AND OTHER STAFF

A. JFY 1992 TCTP-DD-HIV (Jan. 18 to Feb. 19, 1993)

NAME OF INSTRUCTORS	MOTHER INSTITUTION	SUBJECTS
Celia Carlos, M.D.	Research Institute for Tropical Medicine (RITM)	Epidemiology & Etiology of Diarrheal Diseases
Yasuo Kudoh, Ph.D.	Tokyo Metropolitan Research Laboratory Public Health	Salmonella/Shigella Yersinia
Shozo Urasawa, M.D.	Sapporo Medical College	Etiology & Epidemiology of Viral Diarrhea
Takashi Kurimura, M.D.	Osaka University	Biology of HIV, HIV Supplemental Tests
Rose Capeding, M.D.	RITM	Campylobacter
Ofelia Monzon, M.D.	RITM	Epidemiology of HIV Infection; Cost Effective Approaches to HIV Testing
Vicente Belizario, M.D.	RITM	Parasite-related Diarrheas
Beatriz Quiambao, M.D.	RITM	Vibrio Cholerae 01/ non-01 & Other Vibrios
Rosemarie Santana, M.D.	RITM	Clinical Picture & Management of HIV Infection: Reporting, Counselling and Other Issues
Mark Rose Aplasca, MSE	RITM	E. Coli Producing Diarrhea (EIEC/ EPEC/EHEC/EAEC/ EHEC)

NAME OF INSTRUCTORS	MOTHER INSTITUTION	SUBJECTS
Agnes Barrientos, M.D.	RITM	Microscopic Identification of Enteric Viruses
Jaime Montoya, M.D.	RITM	Aeromoas/ Plesiomonas
Noel Lee Miranda, M.D.	RITM	Laboratory Safety
Fem Julia Paladin	RITM	General Principles in Virology HIV Screening Tests
Lydia Sombrero	RITM	Antimicrobial Sensitivity Test
Cielo Pasay	RITM	Diagnostic Techniques in Parasitology
Rose Mate	RITM	ELISA, RNA Extraction, PAGE
Jocelyn Merin	RITM	DNA Hybridization
Marietta Lagrada	RITM	Collection & Transport of Stool Samples
Ronel Rara	RITM	Bacterial Contamination of Water
Josefina Geronimo	RITM	Detection of Bacterial Contamination in Food

B. JFY 1993 TCTP-ARI-HIV (Sept. 20 to Oct. 22, 1993)

NAME OF INSTRUCTORS	MOTHER INSTITUTION	SUBJECTS
Kurimura, T., M.D.	Research Institute for Microbial Diseases, Osaka University	Biology of HIV/ Isolation of HIV/ PCR of HIV
Suzuki, H., M.D.	Sendai National Hospital	Respiratory Viruses/Other Viral Etiologies of ARI, Chlamydia
Koga, H., M.D.	Nagasaki University	Legionella
Miyasaki, Y., M.D.	Nagasaki University	Mycoplasma
Higashiyama, Y., M.D.	Nagasaki University	Mycoplasma
Quiambao, B., M.D.	RITM	Introduction of ARI
Monzon, O., M.D.	RITM	Epidemiology of HIV/Cost Effectiveness/ Approaches to HIV Testing
Arciaga, R., M.D.	RITM	Clinical Management of HIV: Reporting and Counselling
Gatchalian, S., M.D.	RITM	H. influenzae/M. catarrhalis
Capeding, R., M.D.	RITM	S. pneumoniae and Other Streptococcus
Macalalad, N., M.D.	RITM	C. dipptheriae
Palading, F.	RITM	HIV Screening Test/ Rapid Virus Diagnosis
[redacted]	RITM	Antibiotic Susceptibility Testing

NAME OF INSTRUCTORS	MOTHER INSTITUTION	SUBJECTS
Merin, J.	RITM	PCR & DNA Hybridization
Esparar, G.	RITM	Specimen Collection & Processing
Navarro, R.	RITM	B. Pertussis
Reclusado, G.	RITM	S. Aureus & Coagulase Negative Staphylococcus

C. JFY 1994 TCTP-DD-HIV (Sept. 26 to Oct. 28, 1994)

NAME OF INSTRUCTORS	MOTHER INSTITUTION	SUBJECTS
Celia Carlos, M.D.	RITM	Epidemiology and Etiology of Diarrheal Diseases/ Diarrheagenic E. Coli
Yasuo Kudoh, Ph.D.	Tokyo Metropolitan Research	Salmonella, Shigella, Yersinia and Food Poisoning
Shozo Urasawa, Ph.D.	Sapporo Medical College	Epidemiology and Etiology of Viral Diarrheal Diseases/ Laboratory Demonstrations
Takashi Kurimura, M.D.	Osaka University	Biology of HIV, Isolation of HIV and PCR of HIV
Hiroshi Tachibana, Ph.D.	Tokai University	PCR and MAbs of Entamoeba Histolytica
Ofelia Monzon, M.D.	RITM	Epidemiology of HIV/Cost Effectiveness/ Approaches to HIV Testing
Vicente Belizario, M.D.	RITM	Parasite-related Diarrheal Diseases
Dorina Bustos, M.D.	RITM	Diagnostic Techniques in Parasitology
Beatriz Quiambao, M.D.	RITM	V. cholerae 01/non-01/Other Vibrios
Agnes Barrientos, M.D.	RITM	Laboratory Safety in the Diagnosis of Diarrheal Diseases/ Microscopic Identification of Enteric Viruses
[redacted]	RITM	Aeromonas/ Plesiomonas

NAME OF INSTRUCTORS	MOTHER INSTITUTION	SUBJECTS
Noel Macalalad, M.D.	RITM	Campylobacter/ Clinical Management of HIV
Margot Gozar, Ph.D.	RITM	Polymerase Chain Reaction (PCR) of Diarrheal Diseases/ Plasmid Analysis
Fem Julia Paladin	RITM	Laboratory Safety & Precautions/HIV Screening Test
Lydia Sombrero	RITM	Antibiotic Susceptibility Testing
Rose Mate	RITM	ELISA, RNA Extraction and PAGE
Josefina Geronimo	RITM	Detection of Bacterial Contamination in Food
Marietta Lagrada	RITM	Collection & Transport of Bacterial Pathogens
Ronel Rara	RITM	Detection of Bacterial Contamination in Water
Grace Estrella	RITM	Stool Concentration Technique
Arlene Santiago	RITM	Cultivation of E. histolytica

D. JFY 1995 TCTP-ARI-HIV (Sept. 25 to Oct. 27, 1995)

NAME OF INSTRUCTORS	MOTHER INSTITUTION	SUBJECTS
Dr. T. Kurimura	Osaka University	Biology of HIV, PCR and HIV Isolation
Dr. H. Suzuki	Sendai National Hospital	Virology, Etiology of ARI, CMV, Entero, PCR, DNA
Dr. Y. Hirakata	Nagasaki University	Legionella, Pneumocystis Carinii
Dr. O. Monzon	RITM	Epidemiology of HIV, Pathogenesis, Clinical Manifestations of HIV
Ms. F. Paladin	RITM	Cost Effectiveness, Strategies of HIV Testing
Ms. L. Sarol	RITM	Collection, Handling and Transport of Specimen
Ms. G. Esparar	RITM	Specimen Collection and Processing
Dr. R. Capeding	RITM	S. pneumoniae, Streptococcus
Ms. G. Reclusado	RITM	Staphylococcus Aureus
Ms. L. Sombrero	RITM	Antibiotic Susceptibility
Dr. N. Macalalad	RITM	Bordetella Pertussis
Dr. [redacted] Montoya	RITM	Rapid Techniques & Diagnosis of ARI
[redacted]	RITM	Course Orientation

NAME OF INSTRUCTORS	MOTHER INSTITUTION	SUBJECTS
Dr. R. Aplasca	RITM	Counselling and Other Issues in HIV
Dr. S. Gatchalian	RITM	H. influenzae
Dr. S. Lupisan	RITM	Introduction to ARI
Dr. B. Quiambao	RITM	B. pertussis

(ANNEX X)

LIST OF EQUIPMENT USED IN THE COURSE

A. JFY 1992 TCTP-DD-HIV (Jan. 18 to Feb. 19, 1993)

1. Ultracentrifuge
2. Transmission Electron Microscope
3. Incubator
4. Electrophoresis Unit
5. Deep Freezer
6. Stomacher
7. Water Bath Incubator
8. Microcentrifuge
9. Bench Centrifuge
10. Electronic Balance
11. pH Meter
12. Elisa Spectrophotometer
13. Autoclave
14. Light and Inverted Microscope
15. Electric Mixer
16. Immunofluorescent Microscope
17. Gel Electrophoresis Apparatus
18. Distilling Apparatus
19. CO2 Incubator
20. Colony Counter
21. Shaker
22. Viewing Mirror
23. Vacuum Pump
24. Dry Incubator
25. Pipettors, Single
26. Multi-Channel Pipettor
27. Microdilutors

B. JFY 1993 TCTP-ARI-HIV (Sept. 20 to Oct. 22, 1993)

1. Printer for ELISA Reader (brought by Japanese experts)
2. Safety Cabinet
3. Dry Inoculation
4. Sonicator
5. Inverted Microscope
6. Ordinary Light Microscope
7. Immunofluorescent Microscope
8. Water Bath
9. Oven
10. Autoclave
11. Tabletop Centrifuge
12. Refrigerated Centrifuge
13. Vacuum Pump
14. ELISA Reader
15. Distilling Apparatus
16. Freezer (-70 and -20 degrees)
17. Liquid Nitrogen Tank
18. Refrigerator
19. Sterilizer
20. Computer Printer
21. Plate Shaker
22. Vortex Mixer
23. Vibrator
24. EIA Washer
25. Roche Heating Block
26. WB Shaker
27. EIA Handwasher
28. PCR Machine
29. CO2 Incubator
30. Automatic Inoculator
31. Refrigerated Centrifuge
32. Single Channel Pipettor
33. Multichannel Pipettor
34. Dynatech Rotatiter
35. Humid Chamber
36. Hair Dryer
37. Push Carts
38. Timer
39. Calculator
40. Microscopic camera

C. JFY 1994 TCTP-DD-HIV (Sept. 26 to Oct. 28, 1994)

1. Safety Cabinet
2. Dry Incubator
3. Carbon Dioxide Incubator
4. Sonicator
5. Inverted Microscope
6. Ordinary Light Microscope
7. Immunofluorescent Microscope
8. Water Bath
9. Oven
10. Autoclave
11. Tabletop Centrifuge
12. Refrigerated Centrifuge
13. Vacuum Pump
14. ELISA Reader
15. Distilling Apparatus
16. Freezer (-70 and -20 degrees)
17. Liquid Nitrogen Tank
18. Refrigerator
19. Sterilizer
20. Computer Printer
21. Plate Shaker
22. Vortex Mixer
23. Vibrator
24. EIA Washer
25. Roche Photometer
26. Roche Heating Block
27. WB Shaker
28. EIA Handwasher
29. PCR Machine
30. Automatic Inoculator
31. Refrigerated Centrifuge

D. JFY 1995 TCTP-ARI-HIV (Sept. 25 to Oct. 27, 1995)

1. CO2 Incubator
2. Ordinary Incubator
3. Clean Bench
4. Autoclave
5. Centrifuge
6. Distiller
7. Deep Freezer (-20 and -90 degrees)
8. Oven Dryer
9. Water Bath
10. Microscope
11. Fluorescent Microscope
12. Pipette Tip Washer
13. PLT Meter
14. Mettler Balance
15. Automatic Inoculator
16. Storage Refrigerator (2-8°C)
17. Plate Washer

REPORT ON THE EVALUATION OF THE THIRD COUNTRY TRAINING PROGRAMME "WORKSHOP ON THE LABORATORY DIAGNOSIS AND RESEARCH TECHNIQUES IN ACUTE RESPIRATORY INFECTION (ARI), DIARRHEAL DISEASES (DD) AND HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION"

12 to 15 March 1996

Submitted By:

Millicent S. Mercado

TEAM MEMBERS

Team Leader:	Dr. TAKASHI KURIMURA Professor, Research Institute for Microbial Diseases, Osaka University
Team Member: (Training Evaluator)	Mr. HAJIME NAKAZAWA Training Officer, First Training Division, Training Affairs Dept. JICA

13 March 1996, Wednesday

Meeting with Ms. Carmencita J. Guiyab, Executive Officer, Special Committee on Scholarships, National Economic and Development Authority (NEDA), 10:30 AM

Attendees:

NEDA:	**Ms. Carmencita J. Guiyab** Executive Officer
	Ms. Aurora Collantes Desk Officer
	Ms. Cristina Santiago Japan Relations
JICA:	**Mr. Takashi Kurimura** Team Leader, Evaluation Team
	Mr. Hajime Nakasawa Team Member
	Mr. Nobuyuki Kobayashi Asst. Resident Representative
	Ms. Milli Mercado Project Liaison Officer

Points relevant to the discussion:

1. Ms. Guiyab askedto be provided with a background on the purpose of the visit. With which it was explained that the discussion was purposely for the benefit of introducing the necessity of a third-phase of the TCTP course conduct. She had the following information related as part of NEDA's responsibility and coverage of official concerns:

    a. That, the procedure of training on Official Development Assistance Projects are chanelled through NEDA;

    b. That, NEDA acts as monitoring and evaluation agency on all ODA projects including JICA projects;

c. That special concerns include the following:

* A copy of the TCTP course report for the first-phase for their immediate reference;

* Representation of the participants. Specifically, from where they come and what field of discipline they are supposed to specialize.

* If the representatives/participants come from the so-called 'hotspots'

* How the programme is actually conducted. Specifically the mechanics of the programme from the selection of participants to the conduct of that training proper.

2. Suggestions made:

a. To RITM regarding the more effective ways of following subsiadiary procedures

b. To RITM regarding more effective schemes in conducting the course

c. That, ex-participants of Group Training Courses can be tapped as resource persons or facilitators to the programme

d. That, it is important to note the most significant points to tackle in the training

e. That RITM submit course proposal to NEDA for early confirmation and proper coordination

f. That allowable share between counterpart and ODA is 30/70%

In line with this, it was agreed that counterpart share for the previous TCTPs were only about 11% and JICA wants more counterpart support from them in the next conduct of the course.

3. Final agreement:

NEDA has willingly agreed that in the next TCTPs, they will already be informed and coordinated properly in terms of the conduct of the course, from the proposal making, to the selection of the participants down to the monitoring procedures.

Meeting with Dr. Olveda, Director of RITM and Faculty members, RITM, Alabang, 2 P.M

Attendees

RITM:	**Dr. Remigio Olveda** Director
Faculty members:	**Dr. Lupisan** **Dr. Quiambao** **Dr. Medalla** **Dr. Capetin** **Dr. Bustos** **Dr. Pasay** **Ms. Sombrero** **Dr. Carlos** **Ms. Castro**
JICA:	**Dr. Kurimura** **Mr. Nakazawa** **Mr. Kobayashi** **Ms. Mercado**

RITM faculty welcomed the Evaluation team and representatives from JICA. Afterwhich, they presented the details of the TCTP for FY '95 with the use of the overhead projector and some photocopied materials. The following were reported in chronological order:

a. Number of applicants and selected participants

b. Items and contents of the curriculum

c. post test results (post-test was conducted to find out if there were improvements/developments or difficulties in the knowledge acquired after the training. Note: same questions were given as the one in the pre-test)

d. procedure of selecting the applicants

e. curriculum design (the course curriculum was re-designed to give more focus on hands-on training)

After the presentation, there was a brief pause for the snacks prepared by RITM. This lasted for about 25 minutes.

.../discussion continued

The following were the points raised by the TCTP evaluation team:

a. possibility of an extension of the programme giving focus to HIV/AIDS and Opportunistic infection

b. shortage of manpower from RITM due to the overlapping of activities in the programme

c. invitation to be extended to other agencies to gather more resource persons and facilitators to the programme

d. inclusion or involvement of NEDA to all TCTP courses to be conducted thereafter

e. to push the gov't as represented by DOH to share the minimum of the actual cost of training expenses which is 30%

f. whether the opinion to extend the training is necessary or not

The following were the points raised by RITM faculty in response to the preceding information:

a. will figure out how they will go about the new TCTP programme

b. will make sure TCTP will be conducted under different directions interms of resource persons and facilitators

c. will look into the possibility of linking up with international organizations such as USAID/AUSAID/CIDA/UNDP for better resources

The following were the points suggested from each side:

a. team: to make follow-up of participants after one (1) year that the course has been conducted

RITM: this year (1996), they should already start follow-up procedures

b. team: regarding some countries who didn't send applicants to the course

RITM: these supposed countries did send applicants but they didn't meet the deadline while the others simply didn't send any application

RITM: these late applicants will be included in the list of applicants in the revised report

c. team: screening process: DOH sends the invitation to the different hospitals but RITM is not provided with the copies of the letters. In this case, RITM might not know if all hospitals are invited to the course.

RITM: NEDA and JICA will be invited to participate in the screening of applicants, locally and in the regional level

d. team: qualifications of the participants.

RITM: there is no problem in inviting doctors and medical technologists and combining curriculum for them. besides, they select doctors who are mostly involved in laboratory works

e. team: budget allocated for the participants

RITM: local participants are given only about P150.00 per day which are provided after the training and not during the training, while foreign participants are given about P500.00 per day, just enough, if not too much budget to spend for a day

Generally, the meeting's other and main agenda is to find out the sustainability of DOH and RITM after the conduct of the course, so it was mentioned that the curriculum is very important to be noted.

After the meeting, Mr. H. Nakazawa requested to be toured around the RITM facilities (dormitory, laboratory and lecture rooms).

Mr. Nakazawa also informed RITM that he was going to be the one to prepare the draft of the minutes of discussion.

The team and JICA representatives left RITM at 6 pm.

14 March 1996, Thursday

Meeting at the Department of Health (DOH) with Undersecretary Carmencita Reodica, 9AM

The team and the JICA representatives arrived at her office 30 minutes delayed of the schedule. Dr. Reodica came in about 45 minutes after that but only to beg off to give way to an emergency meeting with the DOH secretary, promising to come back immediately. It turned out to more than what the group expected to be such an abrupt meeting with the secretary, that they had to endure the time until 11:30 waiting for her. Besides, the group knew for a fact that she knew they were already around to see her. Around that time, her secretary informed that someone was going to take her place for the meeting, in the person of Dr. Evelyn Gacad, AIDS Program Consultant of DOH.

She arrived when the team and the JICA representatives were only about to go. That was around 12:00 noon already.

In any case, the short and rather insufficient talk was made between her and the team. However, she was found to be of little knowledge and authority to answer mostly the queries of the team. Thus:

team: * retold background of TCTP and the possibility of an extension programme (as third-phase).

* said that DOH is already well recognized so it probably can provide well to RITM in terms of budget.

* that JICA's role is manifested through efforts when other donors cannot possibly supply anymore, and for upgrading the social laboratories

DOH: * sees great opportunity with TCTPs because trainings are being conducted in the country and the Filipinos are made to be in-charge in facilitating the training

* says that the training greatly reflects the condition of Philippine areas

* says that DOH can provide well in tems of budget for as long as it is in the contract of agreement but they should prioritize too because they also have training provisions to follow

* thinks RITM has enough manpower for TCTPs

* says that they have not recieved any TCTP proposal yet from RITM

* says that in terms of budget, RITM should coordinate well with them

Final Meeting with RITM Faculty to wrap-up the Minutes of Discussion, 2 PM

The supposed meeting at 1 PM was delayed until 2 PM. Present during the discussion were Dr. Olveda and the rest of the RITM faculty who attended the first session. Thus:

a. Minutes of Discussion was edited and finalized

b. RITM presented the proposal they made for the next phase

c. Necessity for the budget to be upgraded in terms of the share that the Counterpart gives for TCTPs

d. JICA cannot spend for the honoraria for internal people or committee members being tapped by RITM to help in the TCTP. The reson for this is because it is not a typical rule for JICA office.

The Minutes of Discussion was to be revised that afternoon following the minimal changes made during the meeting.

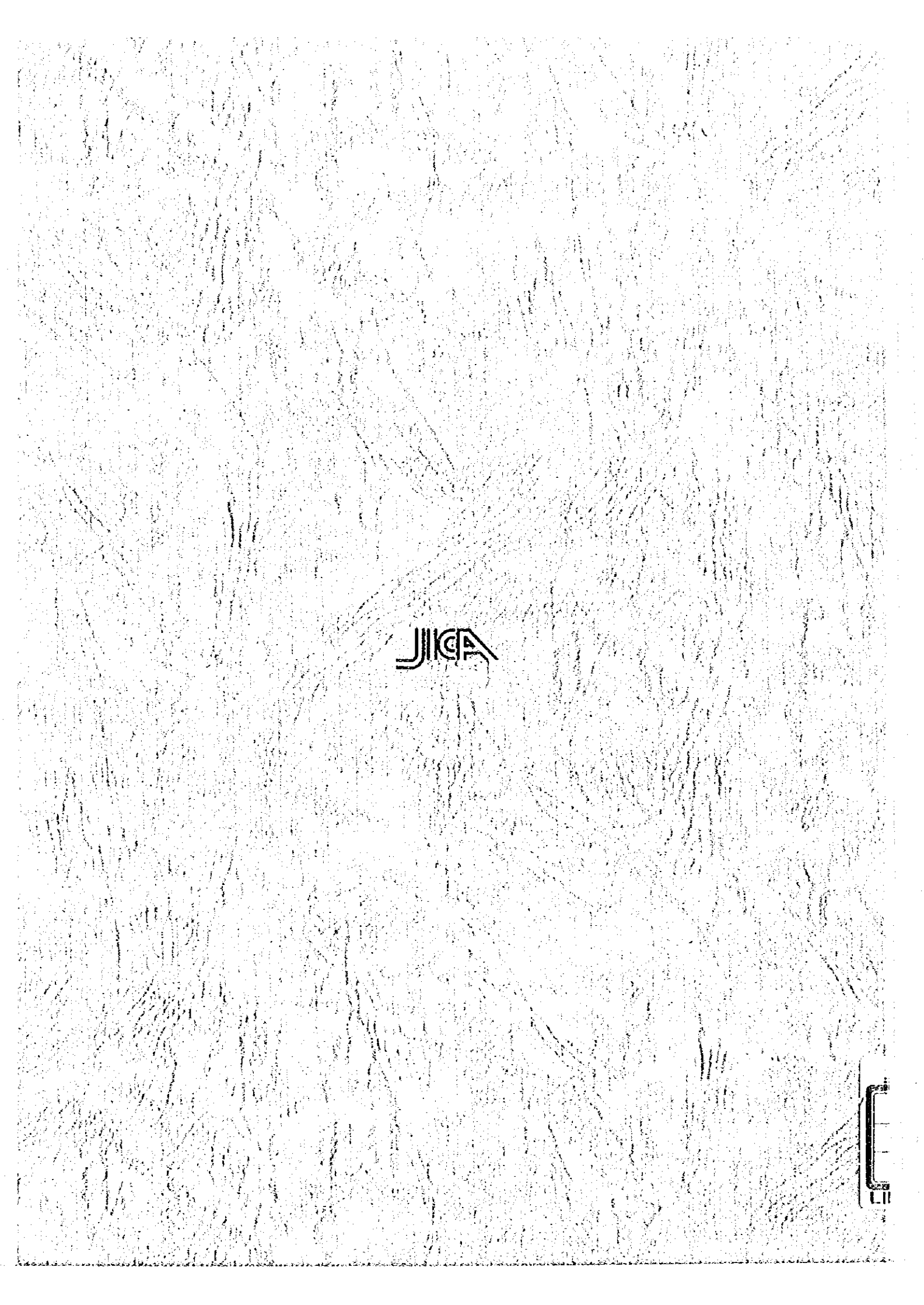
The meeting finished around 5 PM.

15 March 1996, Dinner and Signing of Minutes of Discussion, Mario's Restaurant, Greenbelt Park, Makati City, 7 PM

Attendees: Dr. Kurimura, Head, TCTP Evaluation Team
Mr. Nakazawa, Team member, TCTP Evaluation Team
Dr. Yoda, First Secretary, Embassy of Japan
Mr. Chikaraishi, Deputy Resident Representative, JICA
Dr. Olveda, Director, RITM
Ms. Guiyab, Executive Officer, NEDA
Mr. Kobayashi, JICA Asst. Resident Representative
Mr. kamigataguchi, JICA expert to DOH
and other representatives from RITM, DOH, NEDA and JICA

Dinner was served first before the Minutes of Discussion was signed. About sixty (60) persons came to represent the concerned agencies and to witness the signing such as JICA, DOH, RITM, NEDA, and the Embassy of Japan.

Present at the presidential table to officially witness the Signing of Minutes of Discussion between JICA Evaluation Team, DOH and RITM were Dr. YODA of EOJ, Mr. Chikaraishi and Mr. Kobayashi of JICA, Ms. Guiyab of NEDA and one DOH representative. The affair ended at 9 PM.


JICA