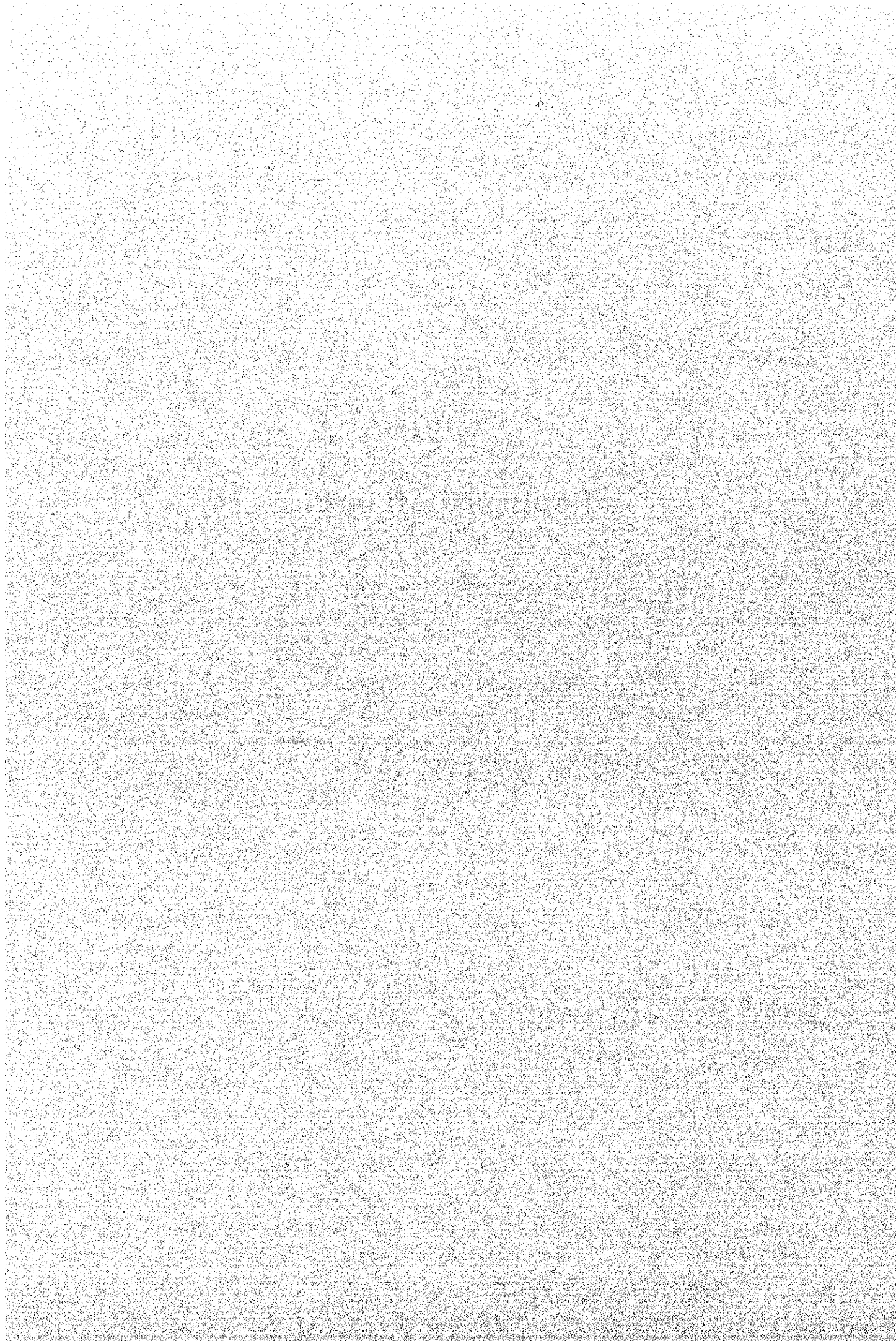


Chapter 3

Implementation Plan



Chapter 3 Implementation Plan

3-1 Implementation Plan

3-1-1 Implementation Concept

Implementation of the Project will be carried out following the signing of the Exchange of Notes (E/N) by the governments concerned, and a Japanese national consulting corporation will manage and control all phases of work on behalf of the Ministry of Health of Georgia through the use of respective contracts, beginning with the study and selection of equipment to be procured, preparation of Tender Documents including detailed design, submission and evaluation of tenders, management and inspection of the process of transport/installation, and delivery.

In selecting the equipment to be procured, the convenience of operation, maintenance, inspection, and repair work following delivery should be fully taken into consideration. At the same time, the necessary quantity of spare parts and consumables shall be estimated. (The quantity shall be determined under the assumption that it will take approximately three months for the Ministry to receive the spare parts and consumables from the date of order, as the equipment must first be subjected to a test run, and operational guidance must be provided.) The type and quantity of each item will be determined by taking into account its frequency of use, conditions, and consumption. Manufacturers shall be held responsible for the trial run and operational guidance for certain types of equipment, while the maximum care shall be taken to ensure that factory tests and inspection are conducted prior to shipment.

Personnel including laborers required for the installation of equipment, shall be secured in the vicinity of each hospital, in principle, while engineers shall be dispatched from Japan and other countries to supply equipment requiring special skills and techniques of engineers.

The equipment that requires the dispatch of engineers and the period of guidance will be as follows:

X-ray system, Diagnosis system, Endoscope, Sterilizer, ME apparatus, Laboratory equipment, and Operating room

The procedure for test runs and adjustment of the equipment to be procured will be

planned to allow enough time for technological transfers to the doctors and engineers concerned at each hospital. Concerning the technological transfers, consultations with the Ministry and each hospital in advance will be required. Accordingly, experienced hospital staff must support installation of the medical equipment and technological transfers, and the manufacturer must provide technical guidance for approximately two to three weeks.

The parties responsible for the implementation of the Project, the Consultant, and work involving the procurement of equipment shall be as follows:

(1) Party responsible for the implementation of the Project

The responsible party of the Recipient Country is the Ministry of Health of Georgia. The Ministry of Health of Georgia will act as the contracting parties of the Recipient Country. The Department of Medical Equipment and Technologies of the Ministry of Health of Georgia shall be responsible for implementing the Project. In implementing the Project, the Ministry of Health is required to cooperate with the other in regard to the appointment of the responsible persons concerned for each hospital and work necessary for unpacking, delivery, and assembly/trial run of the equipment. Each hospital will cooperate with regard to the following:

- Renovation of rooms in which the medical equipment will be installed
- Removal of existing equipment to make room for incoming equipment
- Preparation of a work schedule for the technological transfer concerning trial run/operational guidance/troubleshooting for the equipment
- Appointment of officials in charge of the above duties
- Establishment of a system for accepting the equipment, including the appointment of personnel in charge of the installation of facilities for utilities

The Ministry of Foreign Affairs and Minister of Health of Georgia shall be responsible for customs clearance, inland transportation, and so forth.

(2) Consultant

Following the signing of the Exchange of Notes (E/N) between the governments concerned, The Ministry of Health of Georgia shall sign a Consultation Agreement with a Japanese national consulting corporation for the implementation design of the equipment to be procured under the Project, and the work associated with tendering and management of

the installation. The agreement will be validated subject to approval by the Japanese Government. The Consultant shall be responsible for implementation of the following work under the Agreement:

1) Design phase

Preparation of implementation design documents, technical specifications, preparation of the tender procedure and preparation of contract documents

2) Tendering phase

Evaluation of the contents of the Tender and assistance in concluding the contract

3) Implementation phase

Supervision of project implementation, including control of the work schedule, inspection/approval of medical equipment, supervision of transportation and installation, issuance of certificates and coordination/liaison work.

(3) Suppliers of the equipment

Based on the Exchange of Notes (E/N) and in accordance with the "Guidelines for Procurement" under Japan's Grant Aid Scheme, the Ministry of Health of Georgia shall sign the Procurement Agreement with Japanese national suppliers that shall be determined on the basis of open tenders on the equipment to be procured. The Agreement shall be validated subject to the approval of the Japanese Government. The suppliers shall implement the following under the Agreement:

1) Procurement, transport, and delivery of the equipment

2) Installation of the equipment, and technical guidance concerning operation, maintenance, and repair

In addition, the vendors shall be responsible for assistance with maintenance and parts procurement, as well as the provision of technical assistance during the free-of-charge warranty period following delivery.

3-1-2 Implementation Conditions

It is important that the equipment and materials be transported prior to the onset of severe winter weather (from the latter half of December to January). All possible measures shall be taken to ensure the implementation and a complete procedure for installation is required that will ensure the quick and efficient completion of the tender, the contract for

procurement, transport, and delivery of the equipment.

Plans for transport and installation of the equipment and materials shall be carefully drafted. Therefore, consultations with officials concerned are essential prior to customs clearance of the equipment, removal of old equipment, preparation of routes for carrying them in, etc.

3-1-3 Scope of Work

The work necessary to implement the Project is divided between the Recipient Country and Japan, as follows:

(1) Work to be carried out by Georgia

- Removal of existing equipment to make room for large incoming equipment
- Partial renovation of rooms in which the equipment will be installed
- Connection of utilities at the designated points for the equipment work

(2) Work to be covered by Japan

- Procurement of medical equipment
- Transport of medical equipment to the project site
- Delivery, installation, and trial run of the medical equipment
- Technical transfer on operation and maintenance of the medical equipment

3-1-4 Consultant Supervision

The Japanese national Consulting Corporation shall provide fair guidance, advice, and coordination throughout the design phase, tendering phase, and implementation phase of the Project, and shall do whatever is necessary in order to ensure the smooth implementation of the Project in accordance with the Grant Aid Scheme of the Japanese Government and the Basic Design Study Report.

(1) Details of Implementation Supervision

1) Design phase

Preparation of implementation design documents, preparation for tendering, preparation of contract documents

2) Tendering phase

Implementation of a tendering, evaluation of the contents of the tender, and conclusion of a contract

3) Implementation phase

Implementation supervision (inspection/approval of equipment specifications, inspection/approval of equipment, shipment, supervision of ocean transportation and inland transportation, guidance in supervision of installation, and supervision of work to be carried out by the counterpart), report on the state of progress, issuance of certificates, and so forth

4) Completion of work

The Consultant will be deemed to have completed its work when the equipment is completely installed, it is confirmed that all conditions of the contract have been met, the official delivery of the equipment is witnessed, and the approval of the Recipient Country is obtained.

(2) Personnel Plan

The consultants required for the supervision of detailed design/implementation shall be as follows;

1) Project Manager One (1)

This project manager shall be responsible for the comprehensive supervision of work.

2) Equipment Planner (I) One (1)

This person shall be responsible for the examination of the equipment to be procured and the preparation of specifications.

He or She shall be in charge of confirming on-site facilities and supplementary matters during the Basic Design Study.

He or She shall be responsible for the supervision of procurement work, including bidding and installation.

3) Equipment Planner (II) One (1)

This person shall be responsible for the analysis and preparation of specifications.

He or She shall be in charge of examining on-site facilities and supplementary matters during the Basic Design Study.

He or She shall be responsible for the supervision of procurement work, including bidding and installation.

4) Cost /Equipment Procurement Planner One (1)

This person shall be responsible for the estimation of project cost and the preparation of tender document.

He or She shall provide technical guidance whenever necessary.

5) Interpreter One (1)

This person shall be responsible for interpretation in the recipient country.

3-1-5 Procurement Plan

(1) Procurement of the equipment

Procurement of the equipment under the Project shall in principle take place within Japan, but certain items that will require regular maintenance, frequent procurement of consumables, or those that come with doctors' convenience such as operating instruments, etc., may be procured from third-party countries, as detailed in item (2).

(2) Procurement from third-party countries

Following the official delivery of the equipment, the Ministry shall be promptly provided with technical services and spare parts/consumables at reasonable prices. The procurement plan for medical equipment shall be drafted so to favor either manufacturer that have agents capable of providing technical services (repair and maintenance services) in the Recipient Country or in neighboring countries, or those that have a sufficient stockpile of spare parts/consumables.

(3) Inland transportation route

It was agreed to use the route passing through Port Poti as the inland transportation route.

3-1-6 Implementation Schedule

The Project implementation schedule is given in Table 3-1.

Table 3-1 Project Implementation Schedule

	1	2	3	4	5	6	7	8	9	10	11	12
Detailed Design	▨	(Site Survey & Confirmation)										
		□	(Preparation of Tendering document)									
			▨	(Approved by Recipient Country)								
				□	(Preparation for Tendering)							
					▨	(Tendering & Evaluation)						(Total 4.00 months)
Procurement	□ (Procurement in Japan and/or countries other than Japan)											
									▨	(Transportation)		
	□ Works in Japan										▨	(Installation)
	▨ Works in Recipient Country										(Total 8.00 months)	

3-1-7 Obligations of the Recipient Country

The Recipient Country and the Ministry of Health of Georgia shall work to achieve the following goals with the Exchange of Notes (E/N):

- 1) To secure enough budgets necessary for proper recurrent cost of the equipment procured
- 2) To exempt customs duties, internal taxes, commissions and other fiscal levies that may be imposed in the Recipient Country with respect to the supply of the equipment and the provision of services under the verified contracts
- 3) To ensure prompt customs clearance in the Recipient Country and a procedure for internal transportation therein of the medical equipment brought from Japan and third-party countries
- 4) To provide Japanese nationals and third-party country engineers working on the Project with every convenience to facilitate their entry into the Recipient Country and their stay therein
- 5) To ensure the issuance of permits required by the laws of the Recipient Country for the implementation of the Project, and other permits, including tax exemption.

- 6) To ensure that the equipment procured under the Grant Aid Scheme is maintained and used properly and effectively for the Project
- 7) To confirm that the Recipient Country bears all the expenses other than those covered by the Japanese government

3-2 Project Cost Estimation

3-2-1 Condition of Cost Estimation

- Estimated as of : November 1998
- Exchange rate : US\$ 1.00 = GEL 1.41
 : US\$ 1.00 = Yen 125.0
 US\$: US dollar, GEL: Georgian Lari
- Implementation schedule : Refer to **Table 3-1**
- Others : The Project shall be implemented in accordance with Japan's Grant Aid Scheme.

3-2-2 Expenses Borne by the Recipient Country

The Project is intended primarily to replace aged equipment. The installation site is nearly prepared, and basic conditions for the installation of utilities have been met. Each room has sufficient height and width for the equipment, but partial renovation work on the floor and wall is necessary.

Expenses for the work shall in principle be borne by the recipient country. Expenses of each hospital are shown in **Table 3-2**.

Table 3-2 Breakdown for Expenses borne by the Recipient Country

	Unit: US\$	
	Central Clinical Hospital	Children's Central Clinical Hospital
Renovation cost (2000: Installation period)	3,800	25,940
Removal cost of existing equipment (2000)	1,500	1,500
Total	5,300	27,440

3-3 Operation and Maintenance Cost

Medical doctors and other staff members at the two hospitals have been trained and have much a great deal of experience with the job in the Recipient Country. It is clear they have the high-level skills necessary to utilize the equipment to be provided under the Project at full capacity and the size of the staff will also be sufficient.

A projection of expenses for maintenance, spare parts/consumables, etc. of the equipment to be introduced is given in **Table 3-3**. The hospitals and the Ministry of Health of Georgia should cover the expenses that will arise prior to the operation of the equipment.

**Table 3-3 Breakdown for Projection of Operation and Maintenance Cost
under full operation (2004)**

Unit: GEL 1,000

	Central Clinical Hospital	Children's Central Clinical Hospital
Maintenance/Spare Parts (2004:Full Operation)	431.26	208.84

Chapter 4

Project Evaluation and Recommendation

Chapter 4 Project Evaluation and Recommendation

4-1 Project Effect

The implementation of the project should have the following effects:

(1) Promoting the parent project "Optimization Plan"

The "Optimization Plan" is the parent project of the project, but does not include the procurement of any medical equipment. Although the optimization plan facilitates hospital repairs and organizational reforms, these two hospitals cannot function properly with the existing medical equipment, thus decreasing the effectiveness of the optimization plan. The simultaneous implementation of the "Optimization Plan," which emphasizes organization reforms and facility repairs, and the present project, which procures medical equipment, is expected to synergistically improve hospital functions.

(2) Contributing to the improvement of national medical standards in Georgia

The Central Clinical Hospital and the Children's Central Clinical Hospital have played a major role in the Georgian national health care sector, by functioning as tertiary medical institutions (top referral hospitals). However, these hospitals are equipped with obsolete medical equipment manufactured in the former Soviet Union 15 to 20 years ago. Due to the economic situation in the former Soviet Union, as well as subsequent system transitions in the health care sector, medical equipment had not been replaced. Consequently, not only is there an insufficient supply of medical equipment, but most equipment are also unusable or nonfunctional. With the currently available medical equipment, these hospitals cannot provide the services of secondary medical institutions, let alone those of tertiary medical institutions. If the present project can procure the bare minimum number of medical equipment for these hospitals to be able to function as tertiary hospitals, hospital functions will be improved and these hospitals will again be capable of providing appropriate medical care to the citizens of Georgia.

The number of people that stand to benefit from the present project is 1.3 million for the Central Clinical Hospital and 1.5 million for the Children's Central Clinical Hospital.

(3) Improving hospital functions

The majority of the medical equipment at the Central Clinical Hospital and the Children's Central Clinical Hospital are obsolete, and there is an insufficient absolute

number of medical equipment. As a result, medical activities at these hospitals are extremely limited. In an attempt to improve this situation, the present project was designed to procure the bare minimum number of diagnostic and surgical equipment essential for basic medical activities.

The implementation of the present project will markedly enhance the following hospital functions of the two hospitals:

- 1) The renewal of clinical laboratory machines such as automatic cell counters, biochemical analyzers, blood gas analyzers, electrolyte analyzers, and spectrophotometers (UV VIS) at the two hospitals makes it possible to quickly obtain the results of laboratory tests necessary to make initial diagnoses. Consequently, patients can be treated appropriately during the initial examination, and appropriate diagnosis and treatment can subsequently be investigated.
- 2) The renewal of diagnostic equipment such as fluoroscopic/radiologic units, general-examination radiologic units, US scanners, and endoscopes at the two hospitals makes it possible to accurately identify lesions and decrease the waiting time for patients requiring diagnosis. As a result, more patients should be able to receive appropriate treatment earlier.
- 3) Due to the insufficient number of surgical equipment, the effectiveness of surgery has been low. The renewal of surgical equipment under the present project should prevent medical errors caused by the lack of proper medical equipment.
- 4) The procurement of the necessary medical equipment for the intensive care units of the two hospitals should enhance the monitoring system for patients with severe diseases and injuries, as well as postoperative patients.
- 5) The installation of a blood refrigerator and a blood plasma freezer at the blood banks of the two hospitals makes it possible to store blood required for hospital activities.
- 6) Once equipment for hemodialysis is installed at the Central Clinical Hospital, patients who had been transferred to another hospital can receive dialysis at the Central Clinical Hospital, thus decreasing waiting time.

7) The renewal of sterilizer facilities at the two hospitals markedly improves their sanitation environment.

8) The procurement of complete laparoscope surgery sets allows less invasive surgery to be performed.

(4) The renewal of medical equipment contributing to the smooth transition to a new system in which patients pay part of their medical bills

The implementation of the present project not only contributes to the improvement of hospital functions, but also indirectly facilitates a smooth transition to a new system in which patients pay part of their medical bills. At present, the Georgian health care sector is reexamining the patient payment system in an attempt to improve its financial situation. As a prerequisite for introducing the patient payment system, hospitals must be able to provide proper health care services. With the existing medical equipment, the two hospitals cannot sufficiently respond to current needs. If the implementation of the present project replaces the obsolete medical equipment at the two hospitals, thus making it possible to provide high-quality health care services, patients would be more understanding when asked to pay part of their medical bill. This may make it more likely that patients would begin paying for their health care services.

(5) Reducing the required initial investment for system transition and health care sector reforms

At present, in cooperation with the World Bank, the Ministry of Health of Georgia Care is promoting drastic reforms to its health care sector. Plans call for the privatization of all hospitals in Georgia, except for the public hospitals under the direct control of the Georgian Government. The targets of the present project, the Central Clinical Hospital and the Children's Central Clinical Hospital, are considered strategically important medical institutions, so they will not be privatized. However, they will be merged with three to four hospitals in the city of Tbilisi as part of a massive medical institution reorganization, and there is a plan to remodel the structure of these hospitals. The cost of reorganization and remodeling should be covered by the national budget of the Georgian government and a loan from the World Bank. However, since the health care system in Georgia is in a transitional phase, the budget is tight. If medical equipment are procured for these two

hospitals under the present project, the amount of the initial investment can be reduced, thus lessening the confusion accompanying the system transition.

4-2 Recommendation

The following points are proposed to help ensure the effective and efficient use of the medical equipment procured under the present project:

(1) Enhancement of hospital functions

The goal of the present project is to procure the bare minimum number of medical equipment for basic medical care. However, if the two hospitals are to function as tertiary medical institutions, more equipment should be procured to be shared among operating rooms, the radiology departments, and clinical laboratories, and the management of the medical care system should be centralized.

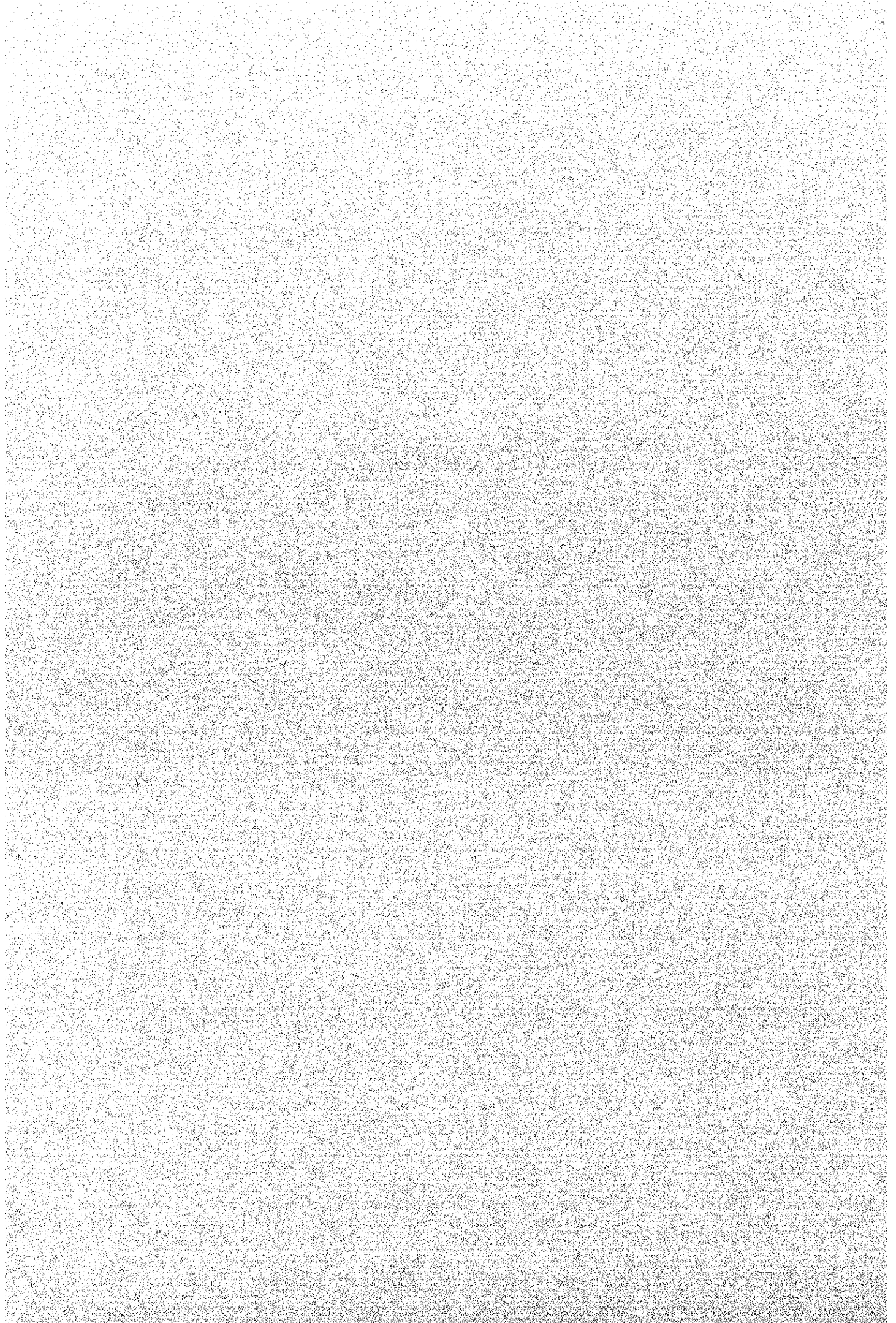
The privatization of the health care sector is being pushed forward, and private hospitals equipped with advanced medical equipment are beginning to be built. However, private hospitals demand high payments for their services, so only a very limited segment of the Georgian population will be able to receive health care services from private hospitals. As a result, the medical care benefits are not distributed evenly in terms of receiving health care services. If the Central Clinical Hospital and the Children's Central Clinical Hospital are to function as a small group of government-owned tertiary hospitals, medical equipment should be actively provided to these hospitals.

(2) Implementation of hospital management

As the privatization of the health care sector is being pushed forward, the Central Clinical Hospital and the Children's Central Clinical Hospital are facing difficult economic situations. These centers are so financially indebted that they are delaying paying wages and are unable to pay utility bills. This may be due to the fact that these centers have not addressed management problems on their own, that hospital administrators lack the knowledge to effectively manage a hospital or improve health care services, and/or that physicians are also acting as hospital administrators. In any case, a proper hospital management system must be implemented to ensure proper operation of these hospitals.

In addition, as part of hospital management, to ensure proper medium- and long-range maintenance, a satisfactory maintenance procedure must be established by concluding a contract with manufacturers of large medical equipment (X-ray units, US scanners, biochemical analyzers, sterilizers, etc.).

Appendices



Appendices-1 Member List of the Survey Team

(1) Field Survey

1	Naoyasu MURAYAMA	Leader	Grant Aid Division, Economic Cooperation Bureau, Ministry of Foreign Affairs
2	Nobuhiko NAGAI	Technical Adviser	Expert Service Division, Bureau of International Cooperation, International Medical Center of Japan, Ministry of Health and Welfare
3	Makoto IMAMURA	Coordinator	First Project Study Division, Grant Aid Project Study Department, Japan International Cooperation Agency
4	Ryonosuke GOTO	Project Manager / Operation and Maintenance Planner	CRC Overseas Cooperation Inc.
5	Yoshiharu HIGUCHI	Equipment Planner I	CRC Overseas Cooperation Inc.
6	Yukiyoshi NEMOTO	Equipment Planner II	CRC Overseas Cooperation Inc.
7	Masaaki IZUMI	Facility Planner	CRC Overseas Cooperation Inc.
8	Tomoyuki KURODA	Cost Planner	CRC Overseas Cooperation Inc.
9	Takaaki MATSUZAWA	Interpreter	CRC Overseas Cooperation Inc.

(2) Explanation of Draft Report

1	Kaname KANAI	Leader	Director, Planning Division, Bureau of International Cooperation, International Medical Center of Japan, Ministry of Health and Welfare
2	Yosuke KOBAYASHI	Coordinator	Third Project Management Division, Grant Aid Project Management Department, Japan International Cooperation Agency
3	Ryonosuke GOTO	Project Manager / Operation and Maintenance Planner	CRC Overseas Cooperation Inc.
4	Yoshiharu HIGUCHI	Equipment Planner I	CRC Overseas Cooperation Inc.
5	Takaaki MATSUZAWA	Interpreter	CRC Overseas Cooperation Inc.

Appendices-2 Survey Schedule

(1) Field Survey

No.	Date		Activities	Accommodation
1	10/22	Thu.	Haneda→Kansai Kansai→Moscow	Moscow
2	10/23	Fri.	Courtesy call on the Embassy of Japan in Russia (D)Narita→Moscow	Moscow
3	10/24	Sat.	Moscow→Tbilisi	Tbilisi
4	10/25	Sun.	Review of Collected Data	Tbilisi
5	10/26	Mon.	Courtesy call on the MOH Discussion with the MOH	Tbilisi
6	10/27	Tue.	Site Survey and Discussion at Central Clinical Hospital Discussion with Kaiser Permanent International	Tbilisi
7	10/28	Wed.	Site Survey and Discussion at Children's Central Clinical Hospital Discussion of M/D (draft)	Tbilisi
8	10/29	Thu.	Discussion and Signing of M/D at the MOH *Tbilisi→Moscow	*Moscow Tbilisi
9	10/30	Fri.	*Report on the Survey to the Embassy of Japan in Russia *Moscow→ (A, B)Central Clinical Hospital (C, D, E, F)Children's Central Clinical Hospital	Tbilisi
10	10/31	Sat.	*→Narita Site Survey	Tbilisi
11	11/1	Sun.	Meeting with the Survey Team	Tbilisi
12	11/2	Mon.	(A, B)Central Clinical Hospital	Tbilisi
-14	-4	-Wed.	(C, D, E, F)Children's Central Clinical Hospital	
15	11/5	Thu.	(B, D, E)Central Clinical Hospital (A, C, F)Children's Central Clinical Hospital	Tbilisi
16	11/6	Fri.	(B, D, E)Central Clinical Hospital (A, C, F)Children's Central Clinical Hospital (A, B, E)Meeting with the MOH	Tbilisi
17	11/7	Sat.	Review of Collected Data Raise an Issue	Tbilisi
18	11/8	Sun.	Meeting with the Survey Team	Tbilisi
19	11/9	Mon.	(A, C, F)Children's Central Clinical Hospital (A, B, E)Meeting with the MOH	Tbilisi
20	11/10	Tue.	(A, C, D, F)Supplementary Survey for the Two Target Hospitals (B, E)Children's Central Clinical Hospital (A, B, E) Meeting with the MOH Discussion with Kaiser Permanent International	Tbilisi
21	11/11	Wed.	(C, D, F)Supplementary Survey for the Two Target Hospitals (A, B, E)Meeting with the MOH	Tbilisi
22	11/12	Thu.	Interim Report on the Survey to the MOH (A, B, F)Discussion with the WB at the MOH (C, D, E) Tbilisi→Moscow Moscow→	(A, B, F)Tbilisi
23	11/13	Fri.	(A, B, F)Meeting with the MOH (C, D, E)→Narita	(A, B, F)Tbilisi
24	11/14	Sat.	Review of Collected Data	Tbilisi
25	11/15	Sun.	Meeting with the Survey Team	Tbilisi
26	11/16	Mon.	Meeting with the MOH	Tbilisi
-27	-17	-Tue.	Supplementary Survey for the Two Target Hospitals	
28	11/18	Wed.	Report on the Survey to the MOH Tbilisi→Moscow	Moscow

No.	Date		Activities	Accommodation
29	11/19	Thu.	Survey for Agent in Moscow Report on the Survey to the Embassy of Japan in Russia Moscow→	
30	11/20	Fri.	→Narita	

* Official Team (L)Leader (A)Project Manager (B)Equipment Planner I (C)Equipment Planner II
(D)Facility Planner (E)Cost Planner (F)Interpreter

(2) Explanation of Draft Report

No.	Date		Activities	Accommodation
1	1/17	Sun.	Narita→Moscow Meeting with the Survey Team	Moscow
2	1/18	Mon.	Courtesy call on the Embassy of Japan in Russia Meeting with the Survey Team	Moscow
3	1/19	Tue.	Moscow→Tbilisi Meeting with the MOFA	Tbilisi
4	1/20	Wed.	Courtesy call on the MOH Explanation and Discussion for Draft Report at the MOH	Tbilisi
5	1/21	Thu.	Explanation and Discussion at Central Clinical Hospital Explanation and Discussion at the MOH Courtesy call on the WB Discussion with the WB	Tbilisi
6	1/22	Fri.	Explanation and Discussion at Children's Central Clinical Hospital Discussion of M/D with the MOH Courtesy call on the UNICEF	Tbilisi
7	1/23	Sat.	Review of Collected Data	Tbilisi
-8	-24	-Sun.	Meeting with the Survey Team	
9	1/25	Mon.	Signing of M/D	Tbilisi
10	1/26	Tue.	Tbilisi→Moscow	Moscow
11	1/27	Wed.	Report on the Survey to the Embassy of Japan in Russia Moscow→	
12	1/28	Thu.	→Narita	

Appendices-3 List of Party Concerned in the Recipient Country

Position & Specification	Name
Ministry of Health of Georgia	
Minister	Dr. Autandil Jorbenadze
First Deputy Minister	Dr. Amiran Gamkrelidze
Deputy Minister	Dr. Marina Gudushauri
Department of Medical Equipment and Technologies	
Chairman	Dr. Levan T. Lazarashvili
Vice-chairman	Dr. George T. Baliashvili
Head of Department of Foreign affairs	Mr. Kristesiashuili
Ministry of Foreign Affairs	
Department of International Relations	Mr. Irakli Kipshidze Mr. Levan Chorgolashvili
Central Clinical Hospital	
Chief Doctor	Dr. Justin Arveladze
Deputy Chief Doctor	Dr. Gela Arabidze
Children's Central Clinical Hospital	
Chief Doctor	Dr. Tengiz Bakkadze
Operation Theater	Dr. Paata Gvetadze Dr. Zviadi Bulliskiria Dr. David Gagua
World Bank	
Health Project Coordination Unit	
Director	Mr. Victor Metreveli
UNICEF	
Georgia Country Programme Coordinator	Mr. Hanno Gaertner
Kaiser Permanente	
Assistant Minister	Dr. Akaki Zoidze
Curatio International Foundation	Dr. George Gotsadze
Senior Consultant	Mr. Lubor Mrazek, A.I.A
Facilities Design & Construction	
A.I.A., H.F.P., R.I.B.A. II	Mr. Ariane Zand
International Operational Planning Coordinator	
National Health Management Center	
Director of NHMC	Dr. Otari Vasadze
Embassy of Japan, Russia	
Minister	Mr. Chihiro Atsumi
Secretary	Mr. Kenichi Oosugi Ms. Yukiko Kawagishi
AGENT	
AVL GmbH	
Business Development Manager	Mr. Alan Wilson Ba. DipM
Deputy Director	Mr. Dmitry V. Seriaikov
OLYMPUS	
General Director	Mr. Izumi Kadoya
Manager	Mr. Yuji Sakaguchi
Philips Medizin Systeme	
Dipl.-Ing, Sales Director, Caucasus Region	Mr. Mahmoud K. Jalloul
SIEMENS	
Sales Manager	Dr. Gianantonio Altissimo