

STUDY REPORT
ON
THE GRANT AID FOR CHILD HEALTH
THE PROJECT OF COUNTERMEASURE FOR CHILD ILLNESS
IN
THE REPUBLIC OF EL SALVADOR

November 1999

Japan International Cooperation Agency (JICA)
Japan International Cooperation System (JICS)

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| 99-191 |

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PREFACE

In response to a request from the Government of [the Republic of El Salvador](#), the Government of Japan decided to conduct a study on the Grant Aid for Child Health, [the Project of Countermeasure for Child Illness](#) and entrusted the Japan International Cooperation Agency (JICA) to conduct the study with the assistance of the Japan International Cooperation System (JICS).

JICA sent to [El Salvador](#) a study team [September 18 to October 8, 1999](#).

I hope that this report will contribute to the promotion of the project and to the enhancement of friendly relations between our two countries.

I wish to express my sincere appreciation to the officials concerned of the Government of [the Republic of El Salvador](#) for their close cooperation extended to the team.

[November 1999](#)

Kimio Fujita

President

Japan International Cooperation Agency

Location Map



Central America



El Salvador

Abbreviations

| | |
|---------------|--|
| BHN | Basic Human Needs |
| DT | Diphtheria-Tetanus Combined Toxoid |
| DTP | Diphtheria-Tetanus-Pertussis Combined Toxoid |
| GMP | Good Manufacturing Practice |
| MMR | Measles Mumps and Rubella Combined Vaccine |
| NGO | Non-Governmental Organization |
| PAHO | Pan American Health Organization |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |
| USAID | United States Agency for International Development |
| WHO | World Health Organization |

Report of the Survey on Equipment Supply for Child Health Grant Aid
(The Project of Countermeasure for Child Illness)
in the Republic of El Salvador

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Chapter 1 Background of the Project

The Republic of El Salvador (hereinafter to be referenced as "El Salvador") declares the Basic Human Needs (BHN)¹ through the mother and child health policy in the National Plan as one of its main strategies for promoting the continuous human development after the end of a civil war of twelve years. The infant² mortality rate which is one of the health indices indicating the development of El Salvador, is 31 among one thousand live birth (as of 1996), which is lower than the average of Central and South American and Caribbean countries of 35 among one thousand live birth.

The tropical cyclone that hit the Caribbean Ocean at the end of October 1998 was called "Mitch" and later gained a power and turned into hurricane. "Mitch" was the largest hurricane in the entire history. It recorded a central pressure of 905 hectopascal and the maximum wind velocity of 80 m/s on October 26. "Mitch" brought damages to Central American countries including Honduras, Nicaragua, Guatemala, and El Salvador. The damages in these areas reached 11,000 deaths and the total damage of 5 billion dollars.

"Mitch" hit El Salvador on the night of October 31. Many roads and bridges were devastated and more than 10,000 houses were totally or partially destroyed. As the human damages, the number of victims reached 84,005, two hundred forty people died, and the total amount of damages reached 134 million dollars.

In addition, most of the water supply and sewage systems were destroyed. Lack of clean drinking water and unhygienic state caused by flooded sewage still continue at present. Especially the morbidity of the children under-five, pregnant women and nursing mothers has increased caused by aggravated nutrition state and unhygienic water. The public health units, which are the most familiar health service organisations for Salvadorians, have insufficient number of drugs and medical consumables. Especially, the lack of these items is prominent in rural areas, where sufficient health services are impossible. Furthermore, as the result of the above mentioned, increase of under-five mortality is also anticipated.

Under these circumstances, the government of El Salvador formulated a plan to procure the drugs necessary for the measures for child illness. They requested a grant aid cooperation from Japan regarding the implementation of the said plan.

¹ BHN (Basic Human Needs): A new concept to aid the people with low income by supplying the materials directly beneficial to them by recognising that the previously conducted grant aids did not necessary help the improvement of the living of poor people in developing countries.

² Children of less than one year old are called infant and those less than five years old are called children under-five.

Chapter 2 Contents of the Project

2-1 Objectives of the Project

El Salvador formulated nine measures in the National Health Plan by aiming at the modern and efficient national health administration and the improvement of health of local residents. As one of its measures, El Salvador aims at the decreasing the mortality rate from and the morbidity rate of main diseases.

The top two main diseases are respiratory infections and diarrhoea. After the disaster of "Mitch", the number of patients suffering from these diseases has been increasing. Especially, the infant morbidity, which was already high when "Mitch" hit El Salvador, has further increased. In order to reduce the morbidity of and mortality from these diseases, improvement of living environment and nutrition state as well as early provision of proper treatment and prevention of complications are important.

This Project has the objectives to improve the health state of mothers and children who have been suffering from respiratory infections and diarrhoea and threatened of their lives in the entire land of El Salvador where the hygienic state has been deteriorated after the disaster of "Mitch", and to strengthen the health and hygiene of the nation.

2-2. Basic Concept of the Project

Hurricane "Mitch" gave enormous damages to El Salvador with a power not often found recently. Among others, increase of the diseases that were the top causes of under-five mortality in the past such as respiratory infections and diarrhoea and the increase of the demand for drugs accompanying the above mentioned impose enormous burdens to the Ministry of Public Health and Social Assistance of El Salvador (hereinafter to be referenced as "Ministry of Health ") which had been suffering from financial difficulties. For this reason, the government of El Salvador formulated a plan to procure the drugs necessary for the child health services to the public health units throughout the country and requested a grand aid cooperation of the Japanese government on the implementation of the said plan. The contents of the requests were examined on the following items.

(1) Requested items

The total number of items initially requested from El Salvador was fifty-one including

twenty-nine items of essential drugs (antibiotics, oral rehydration salt, analgesics, and anthelmintics), two items of micronutrients (vitamin complex and fluoride), eight vaccines (DT, DTP, BCG, MMR, Measles, and Oral Poliomyelitis Vaccine), one item of medical equipment (portable dental treatment set), eleven items of medical consumables (syringes, antiseptics, absorbent cottons, tooth brushes, and bottles).

However, because vaccines have been properly procured by the revolving fund system of the PAHO, portable dental sets do not conform to the objectives of this Project as the "Countermeasures for the Child Illness" although the necessity of which as the infant dental hygiene problem mainly conducted by public health units is recognised, and the medical materials can be procured under the budget of El Salvador, these items shall be deleted from this Project. As a result, the requested items are revised to essential drugs and the syringes and needles necessary for administering injections.

(2) Beneficiaries

1) Beneficiaries

Because the damages of "Mitch" are noticeable along the coast line and have expanded to all over the country, the national land of El Salvador is small, the population density is high, and this Project covers the infectious diseases, acute respiratory infections and diarrhoea, the Project area covers all over El Salvador. The direct beneficiaries are the children under-five. However, children under-five have little resistance to diseases and have the risk of being infected from mothers and families who have many chances to contact them. Therefore from the standpoint of preventing the secondary infection to children under-five and the further spread of diseases, all the nation of El Salvador shall be included as the beneficiaries of this Project.

2) Facilities to be covered by the Project

The public health units covering the entire land of El Salvador and handling the main diseases in El Salvador such as acute respiratory infections or diarrhoea for the purpose of prevention and treatment are considered most suitable as the Project facilities. For this reason, three hundred fifty-four public health units covering the residents all over the country shall be the Project facilities as initially requested in this Project.

3) Cooperation period

The initial request of El Salvador for the drugs was made with the estimate for half a year period. However the Ministry of Health must procure drugs under its own budget after this Project ends. In addition, increase of the basis of entire health and hygiene is expected by transferring the budget originally to be appropriated to the procured products within its shelf life to other health and hygienic projects. By considering that sufficient period is necessary for the promotion of this kind of self-efforts of the Ministry of Health of El Salvador, and that the maximum capacity of the Central Warehouse of El Salvador shall be the amount of the products to be used in one year, one year is appropriate as the cooperation period.

As a result of the above mentioned examination, the basic concept of this Project shall be to supply the procurement funds for twenty-three items of essential drugs mainly consisting of antibiotics and syringes (for one year use) to the three hundred fifty-four public health units, which are the primary level medical facilities throughout El Salvador.

2-3 Basic Design

2-3-1 Design Policy

With regard to the supply of essential drugs, the Guideline for Drug Donations was published in 1996 by the international organisations including the WHO and NGOs. There were some cases in which the supply of drugs did not benefit to the recipient country in spite of donor's good intention. It brought rather disadvantages because the state of the recipient country was not taken into consideration. Thus, the guideline was formulated to give a warning to easy supply and suggest the standard to use good intentions effectively. The guideline describes that the drugs to be supplied must be those used on daily basis in the recipient country, the indication and instruction must be written in the language that is easily understood by health professionals in the recipient country, the supplied goods have sufficient shelf life when they are delivered, and the products must meet the internationally recognized quality standard.

By referencing to the above mentioned, this Project shall have the following design concept.

(1) Procurement items

- i. Items that are generally used by the public health units of El Salvador and the proper use of which will contribute to the achievement of plan
- ii. Items that are contained in the Basic Drug List of El Salvador
- iii. Items conforming to the international standard (Items contained the WHO Model List of

Essential Drugs)

- iv. However, the items that have great necessity and effects and the ingredients of which are approved and contained in the standard of El Salvador but are not considered apt because of the difference of concentration shall be exceptionally procured by assuming they would be handled properly only if they satisfy the conditions that they were used at the public health units by the past international aid and the difference of concentration could be easily and safely adjusted with the increase or decrease of dose.
- v. For the package forms of tablets and capsules, in order to prevent the erroneous administration and eliminate the external factors affecting the quality such as air, humidity, or mixture of foreign substances during the storage of the products, a Press Trough Package (PTP)³ shall be used.
- vi. The labels of all drugs shall have the indication of "PROHIBIDA SU VENTA (prohibition to sell)" so that the drugs dispensed at the public health units shall not be sold at the market.

(2) Procurement amount

With regard to the pharmaceutical products excluding syringes and iodine solution, the expected consumption amount in 2001 in which the supply will be made was obtained by multiplying the population increase rate of 2.2%⁴ to the results of the consumed essential drugs at the Project facilities during 1998, which was calculated by the Information Management Office of the Ministry of Health. Then the final procurement amount was decided by raising the fractions of the obtained amount to a unit.

Iodine solutions shall be distributed to local warehouses by being assigned to each district in the delivery unit of one hundred bottles, and the amount distributed to each public health unit in the district shall be divided based on the above mentioned amount. Therefore, the results of 1998 were not described in detail, but expressed in the units of 100 bottles. When a survey was made in local warehouses, the said amount did not cause insufficiency in 1998. In addition, it was found that the said amount included the buffer amount to handle the increase of consumption and could sufficiently handle the consumption amount in 2001. Therefore, the procurement amount shall be the same as the amount consumed in 1998.

³ This package form is also called the Blister Package. A certain number of tablets or capsules (generally ten pieces) are packed in a sheet and the user can take the tablet or capsule by pushing it out as necessary. This package form is hygienic and excels in moisture-proofness, as well as the contents can be confirmed.

⁴ According to the 1998 white paper on the world population (United Nations Funds for Population (UNFPA), the average increase rate for years 1995 to 2000 was 2.2%.

Table 1

| No. | Item | Amount Consumed (1998) | consumption amount (2001) | Procurement Amount (2001) |
|-----|--|------------------------|-----------------------------|-----------------------------|
| 1 | Acetaminophen syrup 120-160mg/5ml | 1,502,524 | 1,603,888 | 1,604,000 |
| 2 | Acetaminophen tablet 500mg | 24,530,277 | 26,185,154 | 26,190,000 |
| 3 | Amoxycillin suspension 125mg/5ml | 191,066 | 203,956 | 204,000 |
| 4 | Amoxycillin tablet or capsule 500mg | 18,703,641 | 19,965,438 | 19,970,000 |
| 5 | Chloramphenicol capsule 250mg | 879,533 | 938,869 | 940,000 |
| 6 | Chlorpheniramine maleate tablet 4mg | 7,383,482 | 7,881,591 | 7,890,000 |
| 7 | Doxycycline capsule 100mg | 194,620 | 207,750 | 210,000 |
| 8 | Erythromycin ethyl succinate tablet 250mg | 4,693,290 | 5,009,912 | 5,010,000 |
| 9 | Sodium fluoride | 750,000 | 800,597 | 801,000 |
| 10 | Ibuprofen tablet 400mg | 25,496,686 | 27,216,760 | 27,220,000 |
| 11 | Metronidazole suspension 200mg/5ml | 87,627 | 93,539 | 94,000 |
| 12 | Neomycin+Bacitracin ointment | 125,223 | 133,671 | 134,000 |
| 13 | Procaine Penicillin powder for injection 3.0MIU+1.0MIU | 119,974 | 128,068 | 129,000 |
| 14 | Benzylpenicillin powder for injection 5.0MIU | 220,576 | 235,457 | 236,000 |
| 15 | Salbutamol sulfate inhaler 100 µ g | 9,127 | 9,743 | 10,000 |
| 16 | Salbutamol sulfate liquid 2mg/5ml | 247,053 | 263,720 | 264,000 |
| 17 | Salbutamol sulfate solution for nebulizer 5mg/ml | 28,924 | 30,875 | 31,000 |
| 18 | Salbutamol sulfate tablet 4mg | 3,628,495 | 3,873,283 | 3,880,000 |
| 19 | Oral Rehydration Salt | 1,845,822 | 1,970,346 | 1,971,000 |
| 20 | Tetracycline chlorhydrate eyeointment 1% | 39,904 | 42,596 | 43,000 |
| 21 | Sulphamethoxazole-Trimethoprim tablet 480mg | 14,647,292 | 15,635,437 | 15,640,000 |
| 22 | Sulphamethoxazole-Trimethoprim suspension 240mg/5ml | 312,968 | 334,082 | 335,000 |
| 23 | Syringe Disposable 3ml | - | 727,050 | 730,000 |
| 24 | Syringe Disposable 10ml | - | 363,525 | 365,000 |
| 25 | Povidone Iodine Solution | 10,000 | 10,000 | 10,000 |

These two types of injections (procaine penicillin and benzylpenicillin) are manufactured and delivered as powder form. To use them, water for injection shall be added to reconstitute immediately before administration. Because a clean syringe different from the one for injection shall be used to reconstitute, syringes of 10 ml capacity shall be procured for the purpose of preparing the injections. Thus the amount of syringes is calculated by assuming that one syringe is used for one vial⁵.

The syringe having the capacity of 3 ml is used for the injection. The amount of syringes was calculated by assuming that two syringes in average would be used for one vial of injection. The calculation formula is stated as Table 2.

⁵ A vial is a small bottle in which the injection of 5 to 10 ml is contained.

Table 2

| |
|---|
| Procurement amount of 3 ml syringes = (procurement amount of procaine penicillin × 2) + (procurement amount of benzylpenicillin × 2) |
| Procurement amount of 10 ml syringes = procurement amount of procaine penicillin + procurement amount of benzylpenicillin |

(3) Manufacturers

The Good Manufacturing Practice (GMP)⁶ recommended by the WHO is considered to guarantee a certain quality for drugs. Items shall be procured from the manufacturers which satisfy the said standard.

Procurement in Japan is difficult because most of the items contained in the WHO Model List of Essential Drugs or the Basic Drug List of El Salvador are not manufactured in Japan, the preparations containing the said ingredients available in Japan do not conform to the required formulation and the capacity of this Project, the instructions are written in Japanese, and the drugs manufactured in Japan are extremely expensive.

The GMP is certified in El Salvador by the Health Senior Committee, which is an independent national supervision organisation. However, because the actual operation of the GMP is just started from this year, factories have not obtained the GMP certificate. Therefore the suppliers shall be from the third countries such as Europe.

(4) Transportation

The transportation of the goods shall be made to the Central Warehouse in San Salvador, which will be conducted by the Japan side. The transportation to local warehouses and public health units shall be conducted by the existing medical product delivery system of El Salvador.

2-3-2 Basic Plan

Table 3 shows the classification, amounts, and indications of the items which are planned in accordance with the design policy mentioned in the previous section.

⁶ Good Manufacturing Practice (GMP): A standard on the manufacturing and quality control of pharmaceutical products. For the practical implementation of the GMP, manufacturing and quality control must be conducted from the acceptance of raw materials to the facility, equipment, and environment proper for each manufacturing process.

Table 3 List of the planned procurement items

| Classification | Description | Formulation | Dosage Form | Quantity | Indications |
|---|--------------------------------|--------------------------------|--------------------|------------|---|
| Analgesics | Acetaminophen | 120mg/5ml | Syrup | 1,604,000 | Otitis, Malaria, Throat infections |
| | | 500mg | Tablet | 26,190,000 | " |
| | Ibuprofen | 400mg | Tablet | 27,220,000 | Acute respiratory tract infections, Coryza, Severe inflammation |
| Antihistamines | Chlorpheniramine Maleate | 4mg | Capsule | 7,890,000 | Allergic disease, Anaphylaxis |
| Drugs used in the treatment of the respiratory system | Salbutamol Sulfate | 100 μ g/Inhalation | Aerosol Inhalation | 10,000 | Bronchial asthma, Bronchitis (Inhalation) |
| | | 2mg/5ml | Liquid | 264,000 | Bronchial asthma, Bronchitis (Oral) |
| | | 5mg/ml | Nebuliser Solution | 31,000 | Bronchial asthma, Bronchitis (Inhalation) |
| | | 4mg | Tablet | 3,880,000 | Bronchial asthma, Bronchitis (Oral) |
| Antibiotics • Antibacterial agents | Procaine Penicillin | 3.0MIU+1.0MIU ^{*7} | Injection | 129,000 | Pneumonia, Bronchitis, Other infective disease |
| | Benzylpenicillin | 5.0MIU | Injection | 236,000 | Pneumonia, Bronchitis, Other infective disease |
| | Amoxycillin | 125mg/5ml | Suspension | 204,000 | Pneumonia, Otitis Media, Invasive salmonellosis |
| | | 500mg | Capsule/Tablet | 19,970,000 | " |
| | Chloramphenicol | 250mg | Capsule | 940,000 | Meningitis, Typhoid, Severe infective diseases |
| | Doxycycline | 100mg | Capsule | 210,000 | Exacerbations of infections, Gonorrhea, Cholera |
| | Erythromycin Ethyl Succinate | 250mg | Tablet | 5,010,000 | Mycoplasma pneumonia, Chlamydia infection |
| | Sulphamethoxazole-Trimethoprim | 480mg | Tablet | 15,640,000 | Pneumonia, Otitis, Bacillary dysentery, Urinary tract infection |
| | | 240mg/5ml | Suspension | 335,000 | Pneumonia, Otitis, Bacillary dysentery, Urinary tract infection |
| Antiprotozoal agents | Metronidazole | 200mg/5ml | Suspension | 94,000 | Amoebic dysentery, Trichomoniasis, Giardia lamblia, Pseudomembranous colitis |
| Anti-infective eye preparations | Tetracycline Chlorhydrate | 1% | Eye Ointment | 43,000 | Ophtalmia neonatorum, Conjunctivitis, Hordeol |
| Anti-infective skin preparations | Neomycin+Bacitracin | 5mg Neomycin+ 500IU Bacitracin | Ointment | 134,000 | Traumatic infection, Skin infection |
| Others | Sodium Fluoride | 500 μ g | Unit | 801,000 | Prevention of dental caries |
| | Oral Rehydration Salt | 27.9g | Pack | 1,971,000 | Replace fluid and electrolyte loss in diarrhea, Maintain optimal hydration |
| Antiseptics | Povidone Iodine Solution | 1% | Liquid | 10,000 | Skin disinfection |
| Syringes | Syringe Disposable 3ml | 21G ^{*8} x 1.1/2" | Piece | 730,000 | For penicillin injections |
| | Syringe Disposable 10ml | 21G x 1.1/2" | Piece | 365,000 | For preparation (dilution) for penicillin injections (with Water for injection) |

⁷ International Unit (IU) is an internationally unified standard to express the potency of the product.

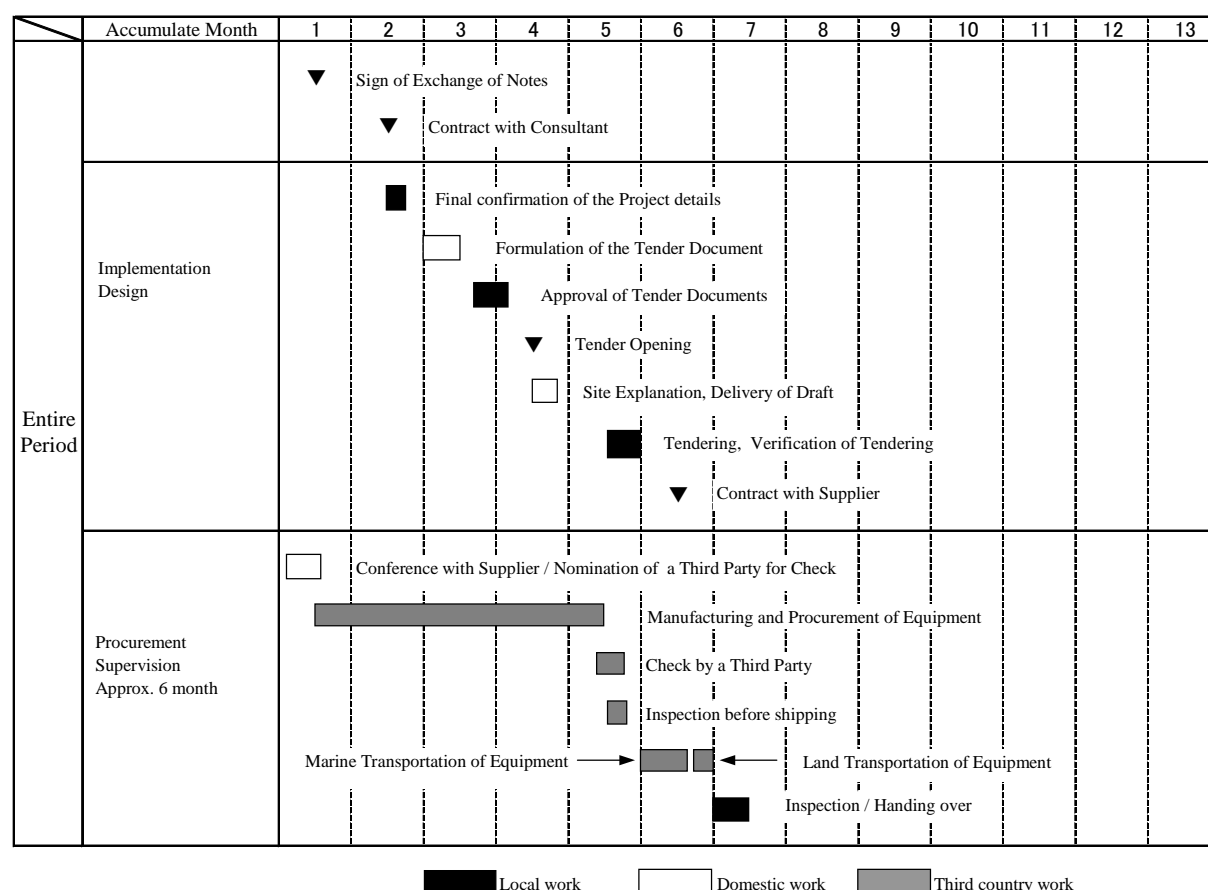
⁸ G: Abbreviation of gauge, which is a measuring unit indicating the external diameter of needle. Ten types of needles from 18G (external diameter of 1.25 mm) to 27G (external diameter of 0.40 mm) are generally used.

Chapter 3 Project Plan

3-1 Implementation Schedule

3-1-1 Implementation Concept

The Work Implementation Schedule has been prepared in accordance with the Japan's grant aid scheme as shown below.



3-1-2 Obligations of the Recipient Country

The obligations of El Salvador for implementing this Project are as follows.

(1) Obligations common to the grant aid project

1) To ensure all the expenses and prompt execution for unloading, customs clearance at the port of disembarkation and internal transportation of the products purchased under the Grant Aid.

2) To exempt Japanese nationals from customs duties, internal taxes, and other fiscal levies which will be imposed in the recipient country with respect to the supply of the products and services under the Verified Contracts.

3) To accord Japanese nationals whose services may be required in connection with the supply of the products and services under the Verified contracts, such facilities as may be necessary for their entry into the recipient country and stay therein for the performance of their work.

4) “Proper Use”

The recipient country is required to maintain and use the facilities constructed and the equipment purchased under the Grant Aid properly and effectively and to assign the necessary staff for operation and maintenance of them as well as to bear all the expenses other than those covered by the Grant Aid.

5) Banking Arrangement (B/A)

a) The Government of the recipient country or its designated authority should open an account in the name of the Government of the recipient country in a bank in Japan (hereinafter referred to as “the Bank”). The Government of Japan will execute the Grant Aid by making payment in Japanese yen to cover the obligations incurred by the Government of the recipient country or its designated authority under the Verified Contracts.

b) The payments will be made when payment requests are presented by the Bank to the Government of Japan under an authorization to pay issued by the Government of the recipient country or its designated authority.

(2) Obligations of the recipient country specific to this Project

1) To implement proper distribution based on the drugs distribution plan.

2) To implement necessary customs procedures.

3) To give instructions on the proper prescription and administration at each public health unit.

4) To report the distribution state after the delivery to the Japanese government via the JICA El Salvador office every three months.

3-2 Maintenance plan

(1) Storage of equipment

The essential drugs to be procured by this Project do not need to be stored in cool place of less than 15°C. The quality can be maintained by being stored at room temperature of 1 to 30°C. The Central Warehouse satisfy the above mentioned conditions. Furthermore, because the Central Warehouse is shaded and is equipped with a burglar prevention system, it is suitable for storing the items. However the weather of El Salvador is of high temperature and humidity. Therefore, the strengthening of shading and ventilation management shall be confirmed so that the equipment should not be deteriorated by storage at and the delivery to the terminal public health units.

When considering the transportation period, the quality guarantee period shall be a minimum of 2 years and a half. Especially when the products that are procured by the Ministry of Health are mixed in the same place, care must be taken so that the products should be used within the shelf life by thoroughgoing the use of the products delivered most previously first.

The warehouses of public health units are properly managed for the prevention of burglary with the installation of iron grids and strict lock system.

(2) Maintenance system

The present maintenance and distribution system is sufficiently functioning. The District Health Offices have started to use computers one after another. In the future, a comprehensive distribution management by linking the Ministry of Health, District Health Offices, Central Warehouse, and local warehouses is aimed. In order to effectively use the said new system, budgetary measures to educate and train the managerial staff, the staffs in charge of the Ministry of Health, warehouse, and transportation system are necessary.

Chapter 4 Project Evaluation and Recommendation

4-1 Project effect

The main diseases in El Salvador in recent years are in the order of acute respiratory infections, intestinal parasitic diseases, diarrhoea, and pneumonia. Among these diseases, patients of acute respiratory infections and diarrhoea are often found in children under-five, especially in infants. Thus, these two diseases are considered the main causes of children's death. Under these circumstances, the government of El Salvador indicated the improvement of the health of local residents as one of the subjects it should handle. The government then demonstrated the reduction of morbidity and mortality, strengthening of primary health care, and the improvement of covering ratio of primary health care as its main objectives. More concretely, the government showed an objective to reduce the infant mortality rate of 31 among 1,000 in 1996 to 18 among 1,000 by 2003 by taking the activities emphasising not only the treatment but the preventative measures.

However, the attack of "Mitch" increased the morbidities of acute respiratory infections and diarrhoea of children under-five. Due to the unhygienic environment caused by lack of clean drinking water and flooding of sewage as many of the water supply and sewage systems were destroyed, the morbidity is still increasing now. Increase of the number of patients raised the demand for drugs, but the budget of the Ministry of Health cannot satisfy those demand.

The budget of the Ministry of Health has been suppressed year after year, among which the effect to the actual activity budget is large. The Ministry of Health has handled this situation by reducing the budget for the drugs. However since the attack of "Mitch", reduction of budget has become impossible. Instead, the Ministry of Health must increase the budget. As a result, the budgets for facility maintenance cost or operation cost necessary for various health programmes are reduced. Thus it is anticipated that the implementation of the primary projects of the Ministry of Health is in trouble.

Under these circumstances, implementation of this Project having the basic concept to supply essential drugs and syringes to three hundred fifty-four public health units throughout El Salvador means that the children under-five having threatened of their lives with the deteriorated living environment which used to be poor with the attack of "Mitch" and the increase of infectious diseases can be treated properly with the essential drugs having guaranteed quality whenever necessary.

This fact is expected to enable the early treatment of patients. As a result, the infection

sources and the transmission of infectious disease are expected to be exterminated and the spreading of diseases can be prevented. Direct effects are also expected such as the improvement of the quality of medical services in local communities, reduction of the mortality of pregnant women and infants, as well as the contribution to the improvement of health indices throughout El Salvador.

As the indirect effects, it is expected to increase the reliance of residents towards medical institutions and medical employees, and promote the understanding and participation by the residents on the prevention and health educational activities. Penetration of prevention and health educational activities will lead to the reduction of the manifestation rate of main diseases which are highly depending on environmental factors. Thus it will contribute to the reduction of burdens to purchase essential drugs necessary for these diseases. In addition, with the reduction of the ratio of purchasing drugs among the budget of the Ministry of Health, primary activities of the Ministry of Health such as the mother and child health and preventative medicine are expected to become normal.

The beneficiaries of this Project are wide being the entire nation of El Salvador. In implementing this Project, the Japan side will procure the pharmaceutical products. After the items are delivered to El Salvador, they will be supplied to the residents after distributed to public health units, which are the Project facilities, through the existing distribution system. Because the items to be supplied are consumables and they are demonstrated having no adverse effect to environment, this Project is considered to be adequate to be implemented by the grant aid cooperation.

As the technical cooperation by Japan in the medical field, a nurse education project has been implemented since 1997, but it has no contact with this Project. Supply of essential drugs by the UNICEF does not overlap with this Project because the UNICEF supplies micronutrients for the purpose of nutritious improvement. The USAID has a plan of personnel education programme in the essential drug distribution field, but no actual linkage with this Project could be found.

4-2 Recommendation

Because from this Project, an enormous effects can be expected to the child health of El Salvador as mentioned before as well as this Project will contribute to the improvement of the health of the entire nation of El Salvador, implementation of this Project under the grant aid cooperation is considered adequate. In addition, because the operation will use the existing

system, both the personnel and the fund systems of El Salvador are considered sufficient and have no problem. However if the following points are improved, this Project might be implemented more smoothly and effectively.

(1) Monitoring

Although the essential drugs and syringes to be supplied by this Project shall have the absolute conditions to be securely delivered to public health units without missing any and properly used, it is important for the smooth distribution of these items to feed back the order results and the use situation at public health units to the Central Warehouse, which is the managerial organisation, one by one. With regard to the collection and analysis of information, computerization has been proceeded. However because El Salvador is still in the transition period at present, it is important that computerization is securely implemented without any confusion in the future.

(2) Securing of budget

By supplying the essential drugs insufficient in number because of the disaster of "Mitch" through this Project, the current budget for pharmaceutical products is expected to be indirectly transferred to the operating expenses of the Ministry of Health. For this reason, even while this Project is being implemented, it is important that the current budget for the actual activities shall not be reduced and the environment for sufficient activities can be generated by securing the budget for preventative medicine and health education which were insufficient in the past.

(3) Development of the measures to secure continuity

This Project is a single-year supply plan. Therefore, after the Project, El Salvador must procure pharmaceutical products just like in the past. At present, drugs are free at public health units and procured by the Ministry of Health. However, securing of budget for pharmaceutical products has become difficult. Some public health units collect 5 to 10 colons for the medical services. The collected money is used for supplementing the activity expenses at the public health units and none is used for purchasing pharmaceutical products. Several years ago, a revolving fund system of drugs was tried in some areas under the guidance of the UNICEF. However the retrieval rate was 80% and none could be revolved. It is necessary to discuss the use of medical service expenses as well as to develop the measures for securing the sustainability in the future.

(4) Good Manufacturing Practice (GMP)

In El Salvador, the GMP is authorised by the Health Senior Committee, which is an independent national supervision organisation. The actual operation of GMP has been started from this year, but the information on which has not been sufficiently provided to the related companies. Therefore, no domestic manufacturer has obtained the GMP certificate. This fact can be one of the causes to weaken the international competition of the pharmaceutical companies in El Salvador, and prompt measures are expected.

(5) Instruction on administration at public health units

Two items of the essential drugs to be supplied have different amounts of ingredients from the ones recorded on the Basic Drug List of El Salvador. These items were adopted because equivalent products were supplied by other donors in the past and used in public health units. However in order to avoid the confusion at site, proper instruction must be given to public health units.

(6) Essential Drug List

Because in El Salvador, urban areas and rural areas differ greatly and the disease structure differs between the same also, and there are seven national special hospitals in the country, the present Basic Drug List is compiled from wide range of drugs. A list of special drugs for the hospitals is formulated, but there is no drug list for public health units.

Although the Basic Drug List was formulated by referring to the definition of The WHO Model List of Essential Drugs, there are some points that need improvements. The selection standard for listing the drugs is only based on the results of using items at site. Some drugs that should have been primarily recorded on the list are missed by considering the WHO Model List of Essential Drugs or the results of using in other countries.

From the above mentioned reasons, reconsideration of the selection standard of drugs, revision of the list in proper timing, and formulation of a Essential Drug List by considering the use of these items at the public health unit level are desired.

- | | |
|---------------------------|--|
| 1 . Mr. KAMISHIMA Atsushi | Leader Japan International Cooperation Agency Representative, JICA/JOCV El Salvador Office |
| 2 . Mr. SUGAWARA Toshio | Equipment Japan International Cooperation System |
| 3 . Miss. FUJITA Naoko | Procurement Japan International Cooperation System |
| 4 . Mr. KODAMA Tetsuo | Procurement Japan International Cooperation System |
| 5 . Mr. IRIE Shigeru | Interpreter Japan International Cooperation Centre |

Survey schedule

| Date | | Survey contents | Place |
|----------------|----------|--|--------------------------------|
| Sept. 18 (Sat) | | Depart Tokyo. | |
| Sept. 19 (Sun) | PM: | Arrive San Salvador. | |
| Sept. 20 (Mon) | AM: | Honorary visit to JICA El Salvador Office | JICA |
| | | Honorary visit to the Managing Director of the Health Service Planning Department of the Ministry of Health | Ministry of Health |
| | PM: | Honorary visit to the Minister of Health | |
| Sept. 21 (Tue) | AM: | Visit to USAID office and exchange of opinions | USAID |
| | | Visit to the Ministry of External Relations. Interview with the staff in charge of foreign cooperation | Ministry of External Relations |
| | PM: | Honorary visit to WHO/PAHO and exchange of opinions | WHO/PAHO |
| | | Honorary visit to the Japanese Embassy in El Salvador | Japanese Embassy |
| Sept. 22 (Wed) | AM: | Honorary visits to the Executive Director of Health of the Ministry of Health | Ministry of Health |
| | All day: | Interview with the staff at the Ministry of Health | |
| Sept. 23 (Tu) | AM: | Guayapa Abajo Public Health Unit | Ahuahcapán District |
| | | Survey of Acajutla International harbor | Sonsonate Drictrict |
| | PM: | Ayacachapa Public Health Unit | Sonsonate District |
| | | Mizata Public Health Unit | La Libertad District |
| Sept. 24 (Fri) | AM: | Nuevo Amanecer Public Health Unit | Usultan District |
| | | La Canoa Public Health Unit | |
| | PM: | Tierra Blanca Public Health Unit | San Miguel District |
| | | Local Warehouse of San Miguel District Office Pharmaceutical Management Center | San Miguel city |
| Sept. 25 (Sat) | AM: | Milagro de la Paz Public Health Unit of San Miguel city | San Miguel city |
| Sept. 26 (Sun) | All day | Sorting and arrangement of materials | |
| Sept. 27 (Mon) | AM: | Report and discussion of surveyed materials | Ministry of Health |
| | | Exchange of opinions with the specialist of the nurse education project at JICA | |
| | PM: | Detail discussion on the request with the staff in charge of pharmaceutical management in the Ministry of Health | |
| Sept. 28 (Tue) | AM: | Central Warehouse of the Ministry of Health | Matazano, San Salvador |
| | | Discussion with the Managing Director of Mother and Child Health Planning Department of the Ministry of Health | Ministry of Health |
| | PM: | Visit to UNICEF and exchange of opinions | UNICEF |
| Sept. 29 (Wed) | AM: | Discussion on the requested items with the Managing Director of Health Service Planning Department and the Head of Pharmaceutical Management Section in the Ministry of Health | Ministry of Health |
| | PM: | Discussion on the procurement and quality control with the Procurement Section of the Ministry of Health | |
| | | Survey of the Central Laboratory (Pharmaceutical product quality control laboratory) of the Ministry of Health | San Salvador city |
| Sept. 30 (Thu) | AM: | Discussion on specifications and minutes | Ministry of Health |
| | | Exchange of opinions with the specialist of nursing education project at JICA | |
| | PM: | Discussion on the additional items | |
| Oct. 1 (Fri) | AM: | Survey of local pharmaceutical manufacturer (VIJOSA) | San Salvador city |
| | | Survey of pharmaceutical manufacture (BAYER) | |
| | PM: | Survey of local pharmaceutical manufacturer (BONIMA) | |
| Oct. 2 (Sat) | All day | Sorting and arrangement of materials | |
| Oct. 3 (Sun) | All day | Sorting and arrangement of materials | |
| Oct. 4 (Mon) | AM: | Discussion on specifications | Ministry of Health |
| | PM: | Signing the minutes | |
| Oct. 5 (Tue) | AM: | Survey of domestic transportation company | San Salvador city |
| | PM: | Discussion on specifications | Ministry of Health |
| Oct. 6 (Wed) | AM: | Report to JICA | JICA |
| | PM: | Report to the Japanese Embassy | Japanese Embassy |
| | | Depart San Salvador | Arrive New York |
| Oct. 7 (Thu) | AM: | Depart New York | |
| Oct. 8 (Fri) | PM: | Arrive Tokyo | |

The List of Parties Concerned in the Recipient Country

1 . Embassy of Japan

| Name | Position |
|-------------------|-----------------|
| Mr. YUZAWA Saburo | Ambassador |
| Mr. ISHII Kiyoshi | First Secretary |

2 . JICA/JOCV El Salvador Office

| | |
|-----------------------|---|
| Mr. KAMISHIMA Atsushi | Representative |
| Ms. SUGAWRA Yoshiko | Project Leader, JICA Nurse Education Project |
| Ms. MURAKAMI Yumiko | Expert JICA Nurse Education Project |
| Mr. MATSUOKA Takeshi | JOCV Coordinator |
| Ms. EGAWA Yumi | JOCV Coordinator |

3 . Ministry of Public Health and Social Assistance

| Name | Position |
|--------------------------------|---|
| José Francisco López Beltrán | Minister |
| Herbert A. Betancourt | Deputy Minister |
| Carlos Alfred Rosales Argueta | Executive Director of Health |
| Santiago Roberto Almeida | Managing Director of Epidemiology |
| Silvio Aimando Portillo | Director of Medicines Unit |
| Patricia Martinez de Hernandez | Head of Drug Management Section |
| Mario Cerpa | Staff |
| Dinorah Arteaga de Molina | Director of Quality Control Division |
| Carlos Alberto Melendes | Managing Director of National Health Personnel |
| Ana Elena Chévez | Head of Mother and Child Health |
| Nieves Plave Farrzs | Staff (Cooperación España) |
| Julio Campos Yada | Head of Dental Section |
| Mario Ernesto Cruz Peñate | Managing Director of Planning of Health Service |
| Rosa del Carmen Moran | Director of International Cooperation Division |
| Sonia Esperanza C. de Tobías | Staff |
| Nuvia Esmeralda Orellana | Head of Procurement Section |

4 . Ministry of External Relations

| | |
|------------------------------|--|
| Carlos Alberto Riras Santana | Managing Director of Planning and Survey |
| Mirma Alas de Miranda | Director of Public Relations |

5 . Central Medical Stores Complex Matazano

| | |
|----------------|-------------------------------------|
| Antonio Oporto | Director of Administration Division |
|----------------|-------------------------------------|

6 . Provincial Medical Stores, San Miguel

| | |
|---------------------|----------------|
| Jose Héctor Aguilar | Representative |
|---------------------|----------------|

7 . Guayapa Abajo Health Centre, Ahuachapán District

| | |
|------------------|--|
| Jóse Roberto Gil | Representative |
| Roberto Florez | District Health and Environment Supervisor |

8 . Salinas de Ayacachapa Health Centre, Sonsonate District

| Name | Position |
|----------------------|--|
| Corina Amada Cabrer | Representative |
| Solio Alberto Brmero | District Health and Environment Supervisor |
| Guillermo Flamenco | Dentist |
| Melix Estrada | Health Inspector |

9 . Mizata Health Centre, La Libertad District

| | |
|---------------------|--|
| Elizabeth Bautsta | Representative |
| Rina Elizabeth Rods | District Health and Environment Supervisor |
| Fanny E. Rdriguez | Medical Officer |

1 0 . Nuevo Amanecer Health Centre, Usulután District

| | |
|---------------------|----------------|
| Luis Fernando Cañas | Representative |
|---------------------|----------------|

1 1 . La Canoa/Jiquilisco Health Centre, Usulután District

| | |
|-----------------------------|----------------|
| Juan Carlos Pacheco Cardona | Representative |
|-----------------------------|----------------|

1 2 . Tierra Blanca/Chirilagua health Centre, San Miguel District

| | |
|--------------------------------|----------------|
| Carlos Alberto Camillo Turcios | Representative |
|--------------------------------|----------------|

1 3 . Milagro de la Paz, San Miguel City, San Miguel

| | |
|----------------|------------------|
| Sra de Aguilar | Health Inspector |
|----------------|------------------|

1 4 . WHO / PAHO

| | |
|---------------------|--|
| Heracio Toro Ocampo | Representative |
| Mauricio Romero | Managing Director of Mother and Child Health |

1 5 . UNICEF

| | |
|--------------------|--------------------------------|
| Ximena de la Barra | Representative |
| Vicente Gavidia | Director of Public Information |

1 6 . USAID

| | |
|------------------------|---------------------------|
| Terrence Tiffany | Managing Director, Health |
| Rosa Margarita de Lobo | Staff |

1 7 . Vijosa (Manufacturer)

| | |
|-------------------|-----------|
| Victor Jorge Saca | President |
|-------------------|-----------|

1 8 . Bayer (Manufacturer)

| | |
|--------------|-------------------|
| Sra de Giron | Secretary General |
|--------------|-------------------|

1 9 . Bonima (Manufacturer)

| | |
|---------------------|-----------|
| Humberto G. Cuestas | President |
|---------------------|-----------|

MINUTA DE ACUERDO

ESTUDIO DEL PROYECTO DE FORTALECIMIENTO DEL PROGRAMA
MATERNO INFANTIL
(PROYECTO DE APOYO A LA SALUD DE NIÑOS)
EN LA REPUBLICA DE EL SALVADOR

En respuesta a la solicitud de la República de El Salvador, el Gobierno de Japón decidió llevar a cabo el Estudio del proyecto de Fortalecimiento del Programa Materno y Infantil, denominado en lo sucesivo "el Proyecto", y encargó esta responsabilidad a la Agencia de Cooperación Internacional del Japón (JICA).

Del 19 de septiembre al 06 de octubre de 1999, JICA envió a la República de El Salvador una Misión de Estudio del Proyecto de Fortalecimiento del Programa Materno Infantil, denominado en lo sucesivo "La Misión".

La Misión sostuvo una serie de deliberaciones con personeros del Gobierno de El Salvador y visitas de estudio a las zonas objeto del proyecto.

Como resultado de estas deliberaciones y estudios realizados, ambas partes dan su conformidad a los puntos descritos en el Documento Adjunto.

San Salvador, 4 de octubre de 1999



Lic. Atsushi Kamishima
Jefe de Misión de Estudio
Proyecto de Apoyo a la Salud de Niños
JICA



Dr. José Francisco López Beltrán
Ministro de Salud Pública
y Asistencia Social

DOCUMENTO ADJUNTO

1. OBJETIVO

El presente Proyecto tiene como objetivo contribuir al Mejoramiento de la Salud de Niños y Mujeres Embarazadas en la República de El Salvador y el Fortalecimiento del Programa de Suministro de Medicamentos e Insumos, que se utilizarán en el primer nivel de atención en salud.

2. AREA OBJETO DEL PROYECTO

El área objeto de este Proyecto comprende todo el territorio de la República de El Salvador.

3. ENTIDAD RESPONSABLE Y EJECUTORA

La Entidad Responsable y Ejecutora del Proyecto es el Ministerio de Salud Pública y Asistencia Social y la Unidad Ejecutora es la Gerencia de Atención Integral a la Niñez.

4. SOLICITUD DEL GOBIERNO DE EL SALVADOR

Después de deliberaciones con la Misión de Estudio, se presentó la solicitud de cooperación, descrita en el anexo 1. Sin embargo, los componentes incluidos serán objeto de un análisis posterior en el Japón para su aprobación definitiva.

5. SISTEMA DE COOPERACION FINANCIERA NO REEMBOLSABLE DEL JAPON

- 1) El Gobierno de El Salvador tuvo conocimiento del sistema de Cooperación Financiera No Reembolsable del Japón, descrita en el anexo 2, a través de la Misión de Estudio.
- 2) El Gobierno de El Salvador, en caso de aprobarse la implementación del Proyecto bajo el Sistema de Cooperación Financiera No Reembolsable, se comprometerá a asumir la responsabilidad descrita en el anexo 3, a fin de lograr una buena ejecución del Proyecto.

6. OTROS ASUNTOS RELACIONADOS

La parte Japonesa y Salvadoreña, han confirmado sobre los asuntos que se detallan a continuación:

- 1) La recepción será en el Plantel El Matazano, donde se encuentra las bodegas centrales del Ministerio de Salud Pública y Asistencia Social.
- 2) El Ministerio de Salud Pública y Asistencia Social, informará sobre la situación de distribución cada tres meses después de la entrega al Gobierno de Japón, a través de la Oficina de JICA en El Salvador.
- 3) Los Medicamentos que se suministren a través de este proyecto deberán ser productos de Fabricantes con Certificado Internacional GMP (Buena Práctica de Fabricación).
- 4) De acuerdo al resultado de cálculo aproximado de costo total del proyecto, existe la posibilidad de dividir la ejecución en dos gestiones.

- a) Confirmación de los antecedentes, el objetivo, la eficiencia del Proyecto, y la capacidad de la organización responsable para la administración y mantenimiento del Proyecto.
- b) Examen de la viabilidad técnica y socio-económica.
- c) Confirmación del concepto básico del Plan Optimo del Proyecto a través de la mutua deliberación con el país receptor.
- d) Preparación del Diseño Básico del Proyecto.
- e) Estimación del costo del Proyecto.

El contenido del Proyecto aprobado arriba mencionado no necesariamente coincide totalmente con la Solicitud original, sino que se confirma en consideración al esquema de la Cooperación Financiera No Reembolsable.

Al realizar el Proyecto bajo la Cooperación Financiera No Reembolsable, el Gobierno del Japón desea que el Gobierno del país receptor tome todas las medidas necesarias para promover su auto-suficiencia. Esas medidas deberán asegurarse aunque estén fuera de la jurisdicción de la entidad ejecutora del Proyecto en el país receptor. Por lo tanto, la ejecución del Proyecto es confirmada por todas las organizaciones relevantes en el país receptor mediante las Minutas de las Discusiones.

2) Selección de la compañía consultora

Al realizar el Estudio, JICA selecciona una de las compañías consultoras - entre aquellas registradas en JICA - mediante una licitación en la que presentan sus propuestas. La compañía seleccionada realiza el Estudio de Diseño Básico y elabora el Informe bajo la supervisión de JICA. Después de la firma de Canje de Notas, con el fin de asegurar coherencia técnica entre el Diseño Básico y el Diseño Detallado, JICA recomienda al país receptor emplear la misma compañía consultora que se hizo cargo del Diseño Básico para el Diseño Detallado y supervisión de la realización del Proyecto.

3. Esquema de la Cooperación Financiera No Reembolsable

1) Cooperación Financiera No Reembolsable

La Cooperación Financiera No Reembolsable consiste en la donación de fondos que no requiere la obligación de reembolso por parte de los países receptores, y permiten a través del fondo adquirir equipos, materiales y servicios (técnicos, transportes, etc.) necesarios para el desarrollo económico y social de los países, bajo las normas siguientes y las leyes relacionadas del Japón. La Cooperación no se extiende a donaciones en especie.

2) Firma de Canje de Notas

En la realización de la Cooperación Financiera No Reembolsable, se necesita el acuerdo y la firma del Canje de Notas (C/N) entre ambos gobiernos. En el C/N se aclaran el objetivo, el periodo efectivo de la donación, las condiciones de realización y el límite del monto de la donación.

3) Periodo de ejecución

El periodo efectivo de la donación debe ser dentro del mismo año fiscal del Japón (del 1 de abril hasta el 31 de marzo del siguiente año) en el que el Gabinete aprobó la cooperación. Durante este periodo debe concluirse todo el proceso desde la firma del C/N hasta el contrato con la compañía consultora o constructora, incluyendo el pago final.

Sin embargo, en el caso de un retraso en el transporte, instalación o construcción por la condición de clima u otros, existe la posibilidad de prolongar a lo más por un año (un año fiscal) previa consulta entre ambos gobiernos.

4) Adquisición de los productos y servicios

La Cooperación Financiera No Reembolsable será utilizada apropiadamente por el Gobierno del país receptor para la adquisición de los productos japoneses o del país receptor y los servicios de nacionales japoneses y nacionales del país receptor para la ejecución del Proyecto: (El Término "nacionales japoneses" significa personas físicas japonesas o personas jurídicas japonesas controladas por personas físicas japonesas.)

No obstante, lo arriba mencionado, la Cooperación Financiera No Reembolsable podrá ser utilizada, cuando los dos Gobiernos lo estimen necesario, para la adquisición de productos de terceros países (excepto Japón y el país receptor) y los servicios para el transporte que no sean de los nacionales japoneses ni de nacionales del país receptor.

Sin embargo, considerando el esquema de la donación del Japón, los contratistas principales para la ejecución del Proyecto como consultores, constructores y proveedores deberán ser nacionales japoneses.

5) Necesidad de Aprobación

El Gobierno del país receptor o la autoridad designada por él, concertará contratos, en yenes japoneses, con nacionales japoneses. A fin de ser aceptable, tales contratos deberán ser verificados por el Gobierno del Japón. Esta verificación se debe a que el fondo de Donación proviene de los impuestos generales de los nacionales japoneses.

6) Responsabilidad del Gobierno Receptor

El Gobierno del país receptor tomará las medidas necesarias como sigue:

a) Asegurar la adquisición y preparación del terreno necesario para los lugares del Proyecto, y limpiar y nivelar terreno previamente al inicio de los trabajos de construcción.

b) Proveer de instalaciones para la distribución de electricidad, suministro de agua, el sistema de desagüe y otras instalaciones adicionales dentro y fuera de los lugares del Proyecto.

c) Proporcionar los edificios y los espacios necesarios en caso de que el Proyecto incluya la provisión de equipos.

d) Asegurar todos los gastos y la pronta ejecución del desembarco y despacho aduanero en el país receptor y en el transporte interno de los productos adquiridos bajo la Cooperación Financiera No Reembolsable.

e) Eximir del pago de derechos aduaneros, impuestos internos y otras cargas fiscales que se impongan a los nacionales japoneses en el país receptor con respecto al suministro de los productos y los servicios bajo los Contratos Verificados.

f) Otorgar a nacionales japoneses, cuyos servicios sean requeridos en conexión con el suministro de los productos y los servicios bajo los Contratos Verificados, las facilidades necesarias para su ingreso y estadía en el país receptor para el desempeño de sus funciones.

g) Uso Adecuado

El país receptor deberá asegurar que las instalaciones construidas y los productos adquiridos bajo la Cooperación Financiera No Reembolsable sean debida y efectivamente mantenidos y utilizados asignando el personal necesario para la ejecución del Proyecto.

Deberá también sufragar todos otros gastos necesarios, a excepción de aquellos gastos a ser cubiertos por la Donación.

h) Reexportación

Los productos adquiridos bajo la Cooperación Financiera No Reembolsable no deberán ser reexportados del país receptor.

7) Arreglo Bancario

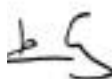
a) El Gobierno del país receptor o la autoridad designada por él deberá abrir una cuenta bancaria a nombre del Gobierno del país receptor en un banco en el Japón (en adelante, referido como "el



Banco"). El Gobierno del Japón llevará a cabo la Cooperación Financiera No Reembolsable efectuando pagos, en yenes japoneses, para cubrir las obligaciones contraídas por el Gobierno del país receptor o la autoridad designada por él, bajo los Contratos Verificados.

- b) Los pagos por parte del Japón se efectuarán cuando las solicitudes de pago sean presentadas por el Banco al Gobierno del Japón en virtud de una autorización de pago (A/P) expedida por el Gobierno del país receptor o la autoridad designada por él.

Arch.Min.JICA03



| No. | NOMBRE DEL MEDICAMENTO | PRESENTACION Y CONCENTRACION | CANTIDAD TOTAL PAIS |
|-----|--|--|---------------------|
| 1 | ACETAMINOFEN JARABE | 120-160mg/5ml, FRASCO 100-120ml | 1,769,000 |
| 2 | ACETAMINOFEN TABLETA | TABLETA 500mg | 28,887,000 |
| 3 | AMOXICILINA POLVO PARA SUSPENSION | 125mg/5ml FRASCO 100-120ml | 286,000 |
| 4 | AMOXICILINA CAPSULA O TABLETA RANURADA | CAPSULA O TABLETA RANURADA 500mg | 20,467,000 |
| 5 | CLORANFENICOL CAPSULA | CAPSULA 250mg | 1,460,000 |
| 6 | CLORFENIRAMINA MALEATO TABLETA RANURADA | TABLETA RANURADA 4mg | 9,003,000 |
| 7 | DOXICICLINA CAPSULA | CAPSULA 100mg | 201,000 |
| 8 | ERITROMICINA (ETIL SUCCINATO) TABLETA RANURADA | TABLETA 250mg | 5,551,000 |
| 9 | FLUORURO DE SODIO | 0.2%, SOBRE DE GRANULOS 2g | 802,000 |
| 10 | IBUPROFENO TABLETA RANURADA | TABLETA RANURADA 400mg | 36,003,000 |
| 11 | METRONIDAZOL (BENZOL) SUSPENSION ORAL | 200mg/5ml FRASCO 100-120ml | 124,000 |
| 12 | NEOMICINA (SULFATO) + BACITRACINA (ZINC) TUBO | 5mg + 500 U.I. TUBO 15-25g | 158,000 |
| 13 | PENICILINA G. PROCAINICA POLVO PARA DILUCION PARA USO IM | (PROCA. 3MILL. +SOD. 1MILL)U.I. FRASCO VIAL C/DILUENTE | 102,000 |
| 14 | PENICILINA G. SODICA. POLVO PARA DILUCION PARA USO IM | 5.0MILL. U.I. FRASCO VIAL CON DILUENTE PARA USO I.M. | 315,000 |
| 15 | SALBUTAMOL (SULFATO) AEROSOL ORAL | 100mcg/INH. FRASCO INHALADOR 200-250 INH. | 43,000 |
| 16 | SALBUTAMOL (SULFATO) JARABE | 2mg/5ml FRASCO 100-120ml | 292,000 |
| 17 | SALBUTAMOL (SULFATO) SOLUCION PARA NEBULIZAR | 0.5% FRASCO 20ml PARA NEBULIZAR | 37,000 |
| 18 | SALBUTAMOL (SULFATO) TABLETA RANURADA | TABLETA RANURADA 4mg | 4,251,000 |
| 19 | SALES REHIDRATACION ORAL | POLVO, SOBRE 27.9g | 2,100,000 |
| 20 | TETRACICLINA CLORHIDRATO UNGUENTO OFTALMICO | 1% TUBO 3 A 5g | 56,000 |
| 21 | TRIMETOPRIMA + SULFAMETOXAZOL | 80mg+400mg TABLETA RANURADA | 4,655,000 |
| 22 | TRIMETOPRIMA + SULFAMETOXAZOL SUSPENSION ORAL | 40mg+200mg/5ml FRASCO 100-120ml | 377,000 |
| 23 | JERINGA DESCARTABLE 3ml, CON AGUJA 21 x 1 1/2" | | 954,000 |
| 24 | JERINGA DESCARTABLE 10ml, CON AGUJA 21 x 1 1/2" | | 477,000 |
| 25 | JABON LIQUIDO ANTISEPTICO, QUIRURGICO, BASE YODO | 1% YODO LIBRE, GALON | 10,000 |

SISTEMA DE LA COOPERACION FINANCIERA NO REEMBOLSABLE DEL JAPON

1. Procedimiento de la Cooperación Financiera No Reembolsable del Japón

El procedimiento de la Cooperación Financiera No Reembolsable del Japón es el siguiente.

1) Solicitud (Presentación de una solicitud oficial por el país receptor)

Estudio (Estudio de Diseño Básico conducido por JICA)

Evaluación y Aprobación (Evaluación del Proyecto por el Gobierno del Japón y aprobación por el Gabinete)

Decisión de Realización (Firma del Canje de Notas por ambos Gobiernos)

Realización (realización del Proyecto)

2) En la primera etapa, el Gobierno del Japón (el Ministerio de Relaciones Exteriores) estudia la solicitud formulada por el país receptor si el Proyecto es apropiado para la Cooperación Financiera No Reembolsable. Si se confirma que la solicitud tiene alta prioridad como Proyecto para la Cooperación Financiera No Reembolsable, el Gobierno del Japón ordena a JICA efectuar el Estudio.

Luego viene la segunda etapa, que se refiere al Estudio de Diseño Básico; JICA realiza este estudio, en principio, contratando una compañía consultora japonesa.

En la tercera etapa, la Evaluación y la Aprobación, el Gobierno del Japón evalúa y confirma que el Proyecto es apropiado para la Cooperación Financiera No Reembolsable, en base al informe de Diseño Básico elaborado por JICA en la segunda etapa, luego envía el contenido del Informe al Gabinete para su aprobación.

En la cuarta etapa, la Decisión de Realización, el Proyecto aprobado por el Gabinete se firma un Canje de Notas por los representantes del Gobierno del Japón y del Gobierno receptor.

Durante la realización del Proyecto, JICA extenderá ayudas necesarias al Gobierno receptor en los procesos de licitación, contrato, etc.

2. Estudio de Diseño Básico

1) Contenido del Estudio

El Estudio de Diseño Básico conducido por JICA está destinado a proporcionar el documento básico necesario para que el Gobierno del Japón evalúe si el Proyecto es viable o no para el sistema de la Cooperación Financiera No Reembolsable del Japón. El contenido del Estudio incluye:

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PRINCIPALES MEDIDAS QUE HAN DE TOMAR AMBOS GOBIERNOS

| Nº | Item | Cubierto por la cooperación financiera no reembolsable | Cubierto por el país receptor |
|----|---|--|-------------------------------|
| 1. | Pagar las comisiones siguientes en concepto al banco japonés de cambio extranjero de servicios bancarios basados en el A/B | | |
| | 1) Comisión de aviso de A/P | | <input type="checkbox"/> |
| | 2) Comisión de pago | | <input type="checkbox"/> |
| 2. | Descarga y trámite aduanero en el puerto de desembarque del país receptor | | |
| | 1) Transporte marítimo (aéreo) de productos desde el Japón hasta el país receptor | <input type="checkbox"/> | |
| | 2) Exención de impuestos y despacho de aduanas de productos en el puerto de desembarque | | <input type="checkbox"/> |
| | 3) Transporte interno desde el puerto hasta el sitio del proyecto | (<input type="checkbox"/>) | (<input type="checkbox"/>) |
| 3. | Otorgar a los nacionales japoneses, cuyos servicios sean requeridos en conexión con el suministro de los productos y servicios estipulados en los contratos verificados, las facilidades necesarias para su ingreso y estadía en el país receptor para el desempeño de sus funciones. | | <input type="checkbox"/> |
| 4. | Eximir del pago de derechos aduaneros, impuestos internos y otras cargas fiscales que se impongan a los nacionales japoneses en el país receptor con respecto al suministro de los productos y los servicios bajo los contratos verificados | | <input type="checkbox"/> |
| 5. | Mantener y utilizar adecuada y efectivamente los equipos suministrados por la cooperación financiera no reembolsable | | <input type="checkbox"/> |
| 6. | Sufragar todos los gastos necesarios para el transporte e instalación del equipo que no sean cubiertos por la cooperación financiera no reembolsable | | <input type="checkbox"/> |

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