

ラオス国
小児感染症予防プロジェクト
運営指導調査団報告書

平成11年11月

国際協力事業団
医療協力部

序 文

ラオス国小児感染症予防プロジェクト（以下プロジェクトという）は、同国における予防接種水準の向上を図るため拡大予防接種計画（EPI： The Expanded Programme on Immunization）への住民の参加をよりいっそう強化させることを目的に 1998 年 10 月から 3 年間の予定で実施され、今回、約 1 年を経過したところで今までの活動を関係機関と合同で確認を行い、今後の対処方針および来年度の計画を策定するための協議をするため、吉武克宏 国立国際医療センター国際医療協力局派遣協力第一課長が団長として 1999 年 10 月 12 日より 19 日まで派遣されました。

調査団は保健省副大臣を代表とするラオス人民民主共和国関係者とプロジェクトチームとの合同委員会に出席し、その結果についてミニッツにとりまとめ、署名を行いました。

本報告書は、その調査結果を取りまとめたものです。

ここに、本調査にご協力を賜りました関係各位に深甚なる感謝の意を表しますとともに、プロジェクトの効果的な実施のために、今後とも、ご指導、ご鞭撻をお願い申し上げます。

平成 11 年 11 月

国際協力事業団

医療協力部長 遠藤 明



打合せの様子



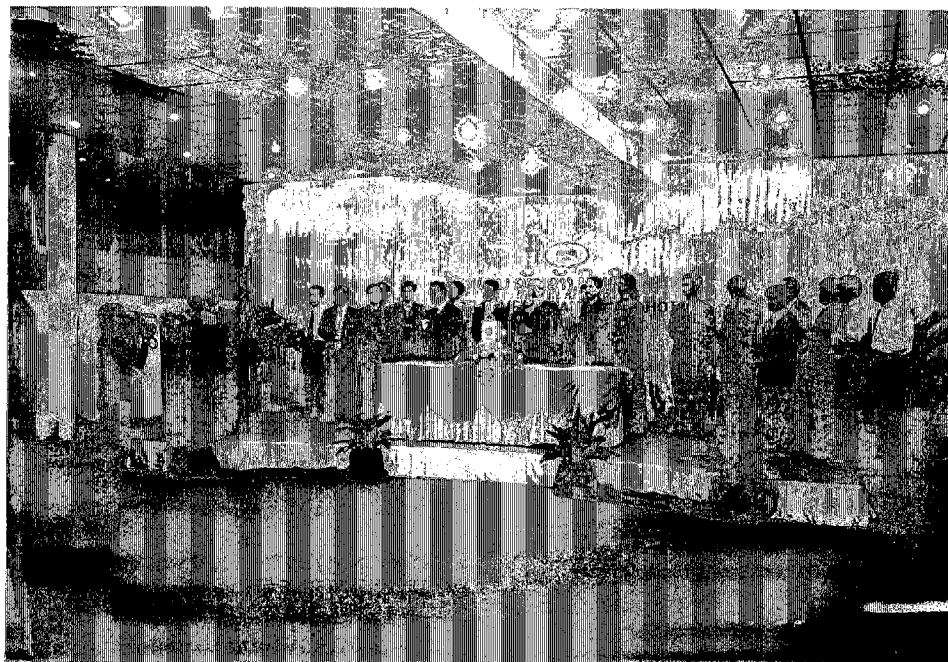
機材の視察



JCC（Joint Coordination Committee）会議



ミニッツ署名・交換の席



ミニッツ署名・交換の席

Laos



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1. 運営指導調査団派遣

1－1 調査団派遣の経緯と目的

ラオス人民民主共和国（以下、「ラオス」と略す）における乳児死亡率、幼児死亡率とも途上国のなかでも最悪に近い水準である。乳児死亡の原因には、予防接種により発症を防ぐことのできる麻疹、新生児破傷風、ジフテリア等の感染症が多く含まれている。

また、死亡のみならず障害も高く、年間 500 名以上のポリオの患者が発生していた。

1982 年に本格的な予防接種が開始されたラオスでは、その後予防接種サービスの普及が遅々として発展しなかったため、1993 年 4 月の首相令により拡大予防接種計画（以下、EPI / Expanded Programme on Immunization）が施行された。

これに協力する形で、1992 年より JICA 公衆衛生プロジェクトのなかでの EPI 支援が行われた。特にポリオについては、このプロジェクトの実施によりポリオワクチンの全国一斉投与、サーベイランス体制の整備等、ポリオ根絶への道筋が敷かれ、ラオスにおいても WHO が提唱する西暦 2000 年までのポリオ根絶が実現可能なものとなりつつある。

このような状況のもと、ラオス政府は、ポリオ根絶を確実にするためのさらなる支援と EPI 活動とサーベイランスを活用した、麻疹・新生児破傷風等の感染症予防活動の実践に重点を置いた、プロジェクト方式技術協力をわが国に要請してきた。

それを受け、1998 年 10 月より、サーベイランスの強化を通じた EPI プログラムの質を高めることを目標とした、小児感染症予防プロジェクトを実施することになった。

今回、ちょうど約 1 年を経過したところで、今までの活動を関係機関と合同で確認を行い、今後の対処方針および来年度の計画を策定するための協議をするため、吉武克宏 国立国際医療センター国際医療協力局派遣協力課長を団長として、運営指導調査団を 10 月 12 日より 19 日まで派遣することになった。

1－2 調査団の構成

	担 当	氏 名	所 属
団長	総 括	吉武 克宏	国立国際医療センター国際医療協力局派遣協力課長
団員	感染症対策	増田 和茂	国立感染症研究所企画主幹
団員	協 力 企 画	松永 龍児	国際協力事業団医療協力部医療協力第一課課長代理

1-3 調査日程

日順	月 日	曜日	移動および業務
第1日	10月12日	火	成田→バンコク
第2日	10月13日	水	バンコク→ビエンチャン 日本大使館・JICA事務所・保健省・UNICEF・WHO協議
第3日	10月14日	木	JCC会議(保健省) タットルアン倉庫視察 NCLAラボ視察 プロジェクト打合せ
第4日	10月15日	金	ミニッツ署名・交換 日本大使館・JICA事務所・保健省報告
第5日	10月16日	土	ビエンチャン→バンコク(吉武、松永) ビエンチャン→ルアンプラバン(増田) フィールド調査
第6日	10月17日	日	フィールド調査 ルアンプラバン→ビエンチャン(増田)
第7日	10月18日	月	ビエンチャン→バンコク(増田)
第8日	10月19日	火	バンコク→成田

1-4 主要面談者

(1) ラオス側

1) 保健省

Dr. Davone VONGSACK

Vice Minister

Dr. Khemphet VANTHANOUVONG

General Director of Health Care Sector Cooperation with Japan

Mr. Phoukhong CHOMMALA

Director of Foreign Relation Division

Mr. Thongphachanh SONNASINH

Director

(2) その他国際機関

1) WHO ラオス事務所

Dr. Stephen G. KDAREL

Programme Management Officer

(3) 日本側

1) 在ラオス日本大使館

宮本 吉範

特命全権大使

長野 誠司	二等書記官
2) JICA ラオス事務所	
青木 真	所長
熊谷 信広	所員
3) 小児感染症予防プロジェクト	
黒岩 宙司	リーダー
森中 紘一	調整員
原田 恵津子	専門家
野口 奈佳恵	専門家
後藤 博文	専門家

2. 総 括

本プロジェクトは、これに先立つラオス公衆衛生プロジェクトから実施されてきたポリオ根絶を中心に据えた予防接種拡大プロジェクトである。その根幹をなすポリオ根絶は、サーベイランス指標がすでに WHO 基準をクリアしており、かつ 1996 年以来ラオスにおいて野生株ポリオウィルスが検出されていないところから、根絶宣言が可能なレベルまで達してきたとみなされている。特に本プロジェクトは WHO および UNICEF と組んだマルチ・バイ協調案件として、国際的に認知された案件として、その目標（拡大予防接種計画（以下、EPI）プログラムの強化）達成については、内外からの期待は高い。

今回の運営指導調査にあたっては、プロジェクト日本人専門家との協議、WHO、UNICEF との個別協議、それにラオス政府保健省、WHO、UNICEF、JICA 事務所、JICA 専門家からなる合同共同会議で、プロジェクトの諸活動について協議を重ね、かつ EPI 関連の諸施設を訪問調査した。以上の結果を総括すると、以下のようなものである。

プロジェクト開始 1 年後の成果は総体的にいて、高いレベルに達しているといえる。すなわち、急性弛緩性麻痺（AFP）サーベイランス指標はすでに WHO 基準に達した。またこのサーベイランス手法は麻疹サーベイランスに活かされて、週ごとにケースレポートされるようになり、さらに IgM 検査を用いた流行状況調査が行われるようになった。またラオス特有のゾーンゼロ戦略（保健医療施設にアクセス可能な地域ほど予防接種率が低いことに対する戦略）は、UNICEF の援助資金の運用方法が効率化され、施設利用率が上がったこともプロジェクトの成果である。コールドチェーン・ロジスティクスも日本人専門家の協力によりシステム化され、ワクチンの配布と調達は効率化された。EPI 関連の資機材用の倉庫管理が整備され、EPI 活動全般のバックアップ体制が整ったといえる。

課題としては、これまでの本プロジェクトの活動はかなりの部分が日本人専門家主導で行われてきた結果、ラオス側に受身の姿勢がめだつ。プロジェクトが 2 年目を迎えるにあたって、本プロジェクトが 3 年で終了することを考慮すると、ラオス側の自立発展性へ向けた活動の主体性の確立を図る必要がある。特にポリオ根絶宣言後の活動の持続は財政的、人的資源の投入を相当期間必要としている。ラオス政府の断固とした施策を促す支援が必須である。

個別的な課題をいえば、予防接種率の向上と安定化は努力を必要とする。さらには EPI 活動やサーベイランスの手薄なラオス周辺国との国境地域への対策、麻疹対策の具体的な戦略づくり、ゾーンゼロ戦略の具体的なプログラム化、コールドチェーンの維持整備体制の制作化、ワクチン調達のシステム化などが課題である。特に EPI 諸活動のラオス政府保健省の予算化は、現在ほとんどの経費をドナーに依存している状態から、少しでも自前の予算にさせていく努力は、WHO、

UNICEF とも協議を積み重ねて政府に促していかねばならない。この国の援助依存体質を恒常化させない努力は、後年、厳しく問われることを関係者は意識しておかなければならない。

3. プロジェクトの進捗状況

3-1 ポリオ根絶

ラオス国内では1996年に最後のポリオ症例が確認されて以来、現在までのところ約3年3カ月にわたりポリオの発生はなく、現在までのポリオ撲滅のための努力は評価できる。たとえWHO 西太平洋地域事務所（以下、WPRO）管内のポリオ根絶が達成されたとしても、今後とも、ポリオが世界から根絶されるまで努力するよう、感染研として希望するとともに協力を惜しまない旨、合同委員会（以下、JCC）の席上で発言した。

また、急性弛緩性麻痺（以下、AFP）サーベイランスの報告に関して、1999年9月18日の時点で、本年1月以降ラオス国内のAFP症例69例がWPROのポリオサーベイランス事務局に報告されているが、Compatible症例が今年になって1例も報告されていない点から、AFPサーベイランスの精度に問題があるのではと指摘したところ、Compatible症例1例のビデオ紹介があり、今後国内判定委員会で十分検討する予定であるとのことであった。

またJCC会議に出席していたWHO ラオス事務所のDr. Baoping（拡大予防接種計画（以下、EPI）オフィサー）からは、この症例はWHOとしても把握しており今後判定委員会で検討されるとの補足があった。

本プロジェクトが開始してのち、これに先立つ公衆衛生プロジェクトから実施されてきたポリオ根絶のためのAFPサーベイランス指標は、WHOの基準に達した（非ポリオAFP率 $>1/100000$ 、適性便検体提出率 $>80\%$ 、便検体からの野生株検出：0）。一方、1996年以来、野生株ポリオ症例は現在に至るまで1例も出ていない。この結果プロジェクトの上位目標であるWPROでの2000年の根絶宣言が可能という見通しが立ってきた。プロジェクトではAFP症例をすべてビデオに記録して、最終判定のために、ラオス・ポリオ根絶委員会へ提出している。1998年のバイバイポリオ・キャンペーンを皮切りに広報活動が積極的に行われた結果、本プロジェクトがメディアに頻繁に取り上げられるなど、ポリオ根絶の気運は盛り上がってきている。

このポリオ根絶に向けた活動は、WHOからの技術的指導によるところも大きい。特に計画策定、対策実施に対しては常にWHOと連絡をとりつつ行われている。AFP症例のウィルス検査のためのリファレンスラボ（日本の国立感染症研究所）への便検体送付は、WHOが担当している。

3-2 麻疹サーベイランス

AFPサーベイランスで開発された週ごとの症例報告手法をもとに、はじめてIgM抗体検査を用いた流行状況調査が実施されるようになった。また都市部ビエンチャンにおける年齢別麻疹抗体陽性率が明らかになり、麻疹ワクチン接種対象人口の決定等、今後の麻疹対策に資する有用な情

報も得られていた。

麻疹のパイロットキャンペーンが西暦 2000 年 3 月から、他国の援助によりモデル県で実施されることになっているが、JICA 現地プロジェクトチームでは、本キャンペーン実施により、ラオス側スタッフの労力が割かれたり負担になることにより、ポリオ根絶に影響が出ることを懸念していた。

国境を接する隣国ミャンマーで今年になって数例ポリオ症例が確認されていることから、たとえラオス国内あるいは WPRO 管内でポリオ根絶が確認されても、「世界根絶宣言の日」まで決して気を緩めることなく、WHO の four – pronged strategies を確実に継続して実施する必要があることを指摘し、ラオス側もその必要性について理解はしているという感触は得られた。

なお、調査団の帰国直後の 10 月 18 日から 1 週間、WPRO および米国 CDC のスタッフがラオスを訪問し、JICA、UNICEF 等 JCC メンバーとラオスにおける具体的な麻疹コントロール計画についての協議が予定されていた。

3 – 3 母子保健ゾーンゼロ・ソーシャル・モビライゼーション戦略

保険医療施設へのアクセスの難易により、地域をゾーン別 4 段階に区分けしてある。これはラオス特有のシステムである。ゾーンゼロは保健医療施設に徒歩でアクセス可能な地域で、最も恵まれた地域といえる。逆にゾーン 3 は、保健医療施設へはどんな交通手段を使っても日帰りには不可能な区域を指しており、保健医療サービスに最も恵まれない地域といえる。

現実にはゾーンゼロが最も予防接種率が低いというのが現状である。このためゾーンゼロの保健医療施設の受診率を高めるために、特別の戦略が立てられ、対策が実施されている（ソーシャル・モビライゼーション戦略）。ゾーンゼロにおいては住民が自ら保健医療施設に出かけて予防接種を受けなければならないが、住民の意識の低さと保健医療施設のサービスが貧弱である理由などから、住民が保健医療施設を受信しないために、結果として、この地域は予防接種率が低い。一方ゾーンゼロ以外は保健医療施設に恵まれないという理由で、予防接種はモバイルサービスとして、プロバイダーが地域に赴いて住民にサービスが提供されている。結果、比較的高い接種率が得られている。

このゾーンゼロ戦略への支援も EPI の強化策として JICA の技術協力のひとつとなっており、保健婦専門家がこれを担当している。JICA の活動としてはゾーンゼロ EPI 強化のパイロット地区であるルアンプラバンが技術協力場となっている。一方ではこのゾーンゼロの保健医療施設であるディスペンサリーは保健省母子保健課の管轄にあるが、この部門の制作実施能力が低く、UNICEF からの資金援助でさまざまな強化策がとられている。

ところが本プロジェクト母子保険専門家派遣開始時には UNICEF からの資金援助が中断し、ゾーンゼロ対策の活動も中断していた。これは UNICEF の資金援助に対して県衛生局から会計報告が

提出されていなかったために、資金援助が中断されたからである。これに対して日本人専門家が会計報告作成、年間予算支出計画作成、予算請求方法等につき指導した結果、UNICEF から資金援助が再開されて、活動が活性化されてきた。

パイロット地区での活動は Knowledge, Attitudes and Practices (以下、KAP) サーベイによる住民の意識調査、保健教育イベントの開催、県の行政官と実務者（母子健康手帳（MCH）スタッフ）との協議などを専門家の指導で実施して、保健医療施設の住民の利用を高める努力がなされている。

4. 課題と問題点

4－1 ポリオ根絶

WHO の South East Asian Region Office (SEARO) のラオス国境沿い（ミャンマー・タイ）で野生株ポリオが発生した場合の対策がまだ策定されていない。1999 年 4 月にミャンマーのラオス国境付近で野生株症例が発生したとの報告があった。この点は WHO との協議でも話題になった。WHO は SEARO と連絡をとる体制をとり、詳しい情報を得たいと言っていた。UNICEF は同じアジア担当地域なので、いつでもその国の UNICEF 事務所と連絡がとれると言っていた。ラオスは大使館を通じて対象国と連絡をとりたいと言っていた。2000 年、ラオス保健省は 1 月、2 月にラオス領内ミャンマー国境沿いの地域で部分的ポリオワクチン一斉投与（以下、SNID）を実施する予定とも言っていた。いずれにしてもポリオ根絶が失敗する場合は、国境付近での発生の可能性が最も高い。具体的な対策が必要である。近々、これらの点に関して近隣諸国との連絡会議を開きたいと言っていたが、有効な対策が立てられることを期待したい。

また、ポリオ根絶宣言後の施策もきわめて重要である。急性弛緩性麻痺（以下、AFP）サーベイランスの実施、予防接種率の向上を図る努力など、継続・強化していく必要がある。JICA からの技術協力は 2002 年まで続くが、協力期間の終了後は、組織的・予算的投入を保健省独自で行っていく必要がある。特にワクチンの購入についての予算措置につき、今後数年以上は確保する長期的計画を立てる必要がある。可能性としては、日本からの協力終了後はほかのドナーからの資金援助が要請されるであろうが、その時のドナーとなる可能性の高い UNICEF や WHO とは今のうちから、援助依存的体質に陥らせないように、ラオス自身の自立発展継続性について協議しておく必要がある。いったん援助依存的体質に陥ってしまったら、不測の事態に対処しようがなくなり、せっかくの根絶計画が失敗する可能性が高い。

4－2 麻疹サーベイランス

本プロジェクトでは予防接種事業全般の強化という意味で、麻疹への対策強化が図られているが、これは将来に向けた初期段階への支援である。つまり将来的な麻疹対策にポリオ対策の経験を結び付けておく試験的な試みである。いまだ麻疹対策については国際的なコンセンサスが確立されていない段階である。本プロジェクトの活動は決して麻疹根絶に向けた協力ではない。あくまでも本プロジェクトの中心はポリオ根絶へ向けられていることは関係化各位へ周知徹底させる必要がある。

4-3 母子保健ゾーンゼロ・ソーシャル・モビライゼーション戦略

ゾーンゼロ対策の最大の問題点は、ゾーンゼロの担当部署である母子保健課の行政能力が弱い点である。これはラオス側も相当意識している点であり、多分に保健省内の人事に関する点であるために、JICA 側も内政問題としてどの程度、干渉していいものか判断が難しい。ゾーンゼロ戦略が拡大予防接種計画（以下、EPI）事業強化のプロジェクト目標達成へ、どの程度重要かで判断されるべきで、担当部署強化についての働きかけは、専門家の判断だけに頼らず、JICA 事務所、大使館、JICA 本部と相談の上、慎重を期することが肝要である。

ゾーンゼロ対策に関する UNICEF からの資金援助については、日本側の関与は最小限にとどめるべきだ。あくまでも技術的支援の範囲内で協力するべきで、会計上の責任は被らないように注意が肝要である。またこの分野への技術協力に際して、UNICEF からの協力と重なる部分がある場合、UNICEF との相互の理解と連携を図ることが肝要である。

また、ゾーンゼロ対策についての技術協力がパイロット的にアンブラバンで行われているが、ここで得た成果を全国的にどのように展開するかは、このプロジェクトの継続性と発展性の上で、きわめて重要な点である。専門家チームはこの点を十分に考慮して、技術協力終了後の成果の拡大をカウンターパートおよび保健省に保証させなければならない。プロジェクトの後半に向けて、この点の具体的な方策をそろそろ講じるときにきている。

なお本プロジェクトとは直接関係ないことではあるが、ラオス全体の人口の 10% 前後しか保健医療施設へのアクセスが容易な地域（ゾーンゼロ）に居住していないことは、プライマリー・ヘルスケア（以下、PHC）上、きわめて深刻な状態と考えざるを得ない。残りの人口の 90% には保健医療施設が整備されていないことになるからである（ゾーン 1、2、3）。途上国の保健医療問題については、すべてに優先して、住民が一次保健医療施設にアクセスできる状態にあることが重要であるからである。この点は今回の合同委員会（JCC / Joint Coordination Committee）の席上で保健省幹部へ質問したが、この点を認識しているとのことであった。このことは今後、この国への保健医療協力を考えるうえで最も気をつけなければならないことである。つまり、一次保健医療へのアクセスが保証されていない地域や国では、病院の整備はプライオリティが低いことを銘記すべし。

5. その他観察報告

5-1 国立検査・疫学センター (Center for National Laboratory and Epidemiology (CNLE), (旧) National Institute of Hygiene and Epidemiology (NIHE))

ポリオウィルスの分離、血清型判定、ワクチン株・野生株の鑑定のために、急性弛緩性麻痺（以下、AFP）症例から採取された糞便検体は、ラオスにおける中央レファレンスラボラトリーである CNLE に集められ、定期的に WHO 西太平洋地域事務所（以下、WPRO）管内のレファレンスラボである日本の国立感染症研究所へ発送されている。検体の取り扱いについて確認したところ、検体の収集、梱包、保存等は適正な温度で実施されていた。

CNLE では別紙参考に示すように、デング熱、日本脳炎、肝炎、エイズ、麻疹等のウィルスの血清学的検査やデング熱に関してウィルスの分離、PCR 検査が可能な施設である。

検査機器等は 1992 年～1998 年に実施された JICA 公衆衛生プロジェクトで供与されたものであり、ほとんどすべての機器が適正に稼働していた。

5-2 ルアンプラバン県チョンベト郡 EPI / ゾーンゼロ啓蒙キャンペーン事業実施視察

視察に先立ちアンブラバン県保健局を訪問し、副保健局長のアモン女子よりルアンプラバン県の拡大予防接種計画（以下、EPI）実施状況等の説明があった。県内の各種ワクチンの接種率はほぼ 50% 程度であり、今後の EPI / ゾーンゼロキャンペーンに期待している旨の発言があった。

翌日ルアンプラバン市内からボート（船外エンジン付き 2～3 分程度）でナムスオン側対岸のチョンベト郡の村で実施されていた EPI / ゾーンゼロ啓蒙キャンペーン事業を視察した。

啓蒙対象者は一応、EPI 対象の子どもをもつ、あるいはその可能性のある母親または女性（母子健康手帳（以下、MCH）対象を含む）とのことであったが、村長をはじめ男性も参加していた。また子供達もたくさん参加していた。（全員で 100 人程度）

キャンペーンは EPI、MCH、かんがい技術センター（以下、IEC）の 3 つの部門の職員・専門家が実行チームを構成して準備・司会・進行に至るまで主体的に実施しているとのことであった。

会場では IEC 担当の職員が、ポリオ撲滅のキャンペーンソング「バイバイポリオ 2000」などの歌を織り交ぜながら、ポリオなどの EPI 対象疾患等に関するクイズを出したりして、イベントを単に見せ物で終わらせないよう、健康教育を意識して関係者全体が意欲的に取り組んでいる様子がうかがえた。また、村民達にも素直に楽しんでおり好評であった。夜は EPI、MCH 関係の種々の啓発用ビデオを活用して、さらに健康教育を行うとのことであった。

6. 合同委員会の協議事項

「ラオス小児感染症予防プロジェクト JCC 会議議事録」

1999 年 10 月 14 日 8 時 30 分～12 時 10 分

於：保健省、カンファレンスルーム

出席者：ラオス側：Ms. チャンタノム（保健省官房長官、オープニングのみ）

Dr. ナオブッタ（副官房長官）

Mr. プーコン（Director of Foreign Relation Division）

Dr. ソムサナ（Director of Center for Pediatric Infectious Disease, 国家
EPI マネージャー）

Dr. プートン（Deputy Director of CPID）

Dr. カムサイ（Staff of Zone Zero Strategy, Institute of Mother and Child
Health）

Dr. シーサワン（Chief of Cold Chain and Logistics, CPID）

WHO : Dr. ヤンバオピン（EPI オフィサー）

UNICEF : Dr. ムン（Head of Health and Nutrition）

日本側 : 吉武団長（国立国際医療センター）

増田先生（感染症研究所）

松永代理（JICA、HQ）

長野二等書記官（日本大使館、オープニングのみ）

青木ラオス JICA 事務所長（オープニングのみ）

熊谷ラオス JICA 事務所プロジェクト担当官

黒岩リーダー（兼 EPI / サーベイランス専門家）

森中調整員

原田母子保健 / ゾーンゼロ専門家

野口コールドチェーンロジスティクス専門家

後藤在庫管理短期専門家

JCC 会議内容

ラオス側 Ms. チャンタノム（官房長官）の開催の挨拶ののちに、青木真 JICA ラオス事務所所長の挨拶、吉武団長の挨拶があった。

(1) Dr. ソムサナの報告

カウンターパートの Dr. ソムサナより以下の報告があった。

1) 1998 年 6 月 29 日署名、討議議事録 7 頁のうち (1) - 4 - 5 の Research は誤植であり、Search が正しく、Search に変更する。

2) PDM の修正：オリジナルを PDM0（添付 1）として、PDM1（添付 2）、PDM2（添付 3）への修正が以下のとおりあった。

・PDM 1：第 1 回 JCC 会議を 1999 年 3 月 18 日に開き、ラオス側と検討し添付の通りに PDM0 から PDM1 への若干の修正があった。

〔修正点〕 Output 2 が、Surveillance system is upgraded から Surveillance system for EPI target diseases, especially AFP and measles, is maintained and upgraded に。

Output 6 に修正 Basic warehouse management, especially for EPI, is attained が加わった。

Means of Verification の 2 - 2 に Report of JICA EPI / Surveillance Expert が加えられた。

・PDM 2：第 2 回 JCC 会議を 8 月 3 日に開き、PDM1 は PDM2 へ若干の修正がなされた。変更の大きな理由は母子健康手帳（以下、MCH）分野で、活動を実際に行ううちに、ゾーンゼロ・ソーシャル・モビライゼーション戦略の整備が実はよくなされておらず、ゾーンゼロの村名も明確ではなく、専門家の活動は、中央レベルのマネージメントを支援することに主におかれ、当初考えられていた成果をめざすのは、時期尚早であることが明らかになった。

〔修正点〕 Output 3, Service at fixed center is improved および Output 4, More parents take Their children for immunization in zone 0 が以下のように修正された。

Output 3： Zone Zero strategy is clarified

Output 4： Management of zone zero strategy at central level is improved

Output 5： Services of EPI, surveillance and MCH at fixed centers with zone zero strategy at least in pilot area is improved

(2) ポリオ根絶：Output 1, 2（以下、最新の PDM2 に基づく）

Dr. ソムサナからさらに以下の発表があった。

- ・ Output 1、2： ポリオ根絶に関するサーベイランス指標は（ポリオ 0 例、非ポリオ AFP 報告率、適正便検体報告率）すべて満たし順調に進展している。上位目標であるラオスにおける根絶宣言は、来年の 10 月に可能となった。SNID（部分的ポリオワクチン一斉投与）は 88%を達成している。これを推進するための広報活動も、1998 年のバイバイポリオ 2000 年キャンペーンを皮切りに、メディアを利用して活発に行われている。
- ・ Output 2： ミャンマーのラオス国境付近（ラッショ）で今年の 4 月にポリオ症例が発生した。国境を越えてラオスに進入しないように早急な対策が必要であり 2000 年の SNID に国境沿いのポンサリ県が加えられた。

（補足説明、黒岩専門家）

- ・ 急性弛緩性麻痺（以下、AFP）症例を迅速に調査しハイリスク AFP 症例を迅速に把握し、クラスターで出現した場合にはその地域での迅速な一斉投与が必要である。根絶委員会で最終判定症例（Compatible Case）をビデオで検討し、症例の証拠を残すなどのアイデアをだしている。（AFP 症例のビデオを会場で放映）
- ・ HRRI（Mopping — up）を国境の 3 県で行い、さらに戸別訪問で施行するのは、スタッフの労力を要し定期接種に影響を与えるため、人口流入の多い郡を選んで負担のない形で迅速な一斉投与を行うなどの案が必要だ。

【発言】

- ・ 進展はめざましい。2000 年が根絶宣言予定で 10 月に京都で西太平洋地域の宣言が予定されている。ラオス政府のご理解の賜物である。宣言まであと 1 年であり、SEARO 地域での症例や中国などとの国境地域での SNID などの慎重な対策が必要である。（吉武団長）
- ・ South East Asian Region Office（SEARO）と国境をなすラオスは特に世界宣言まで数年、根絶後も定期接種率を高く保ちがなければならない。そのためには、今後さらに SNID のみならずワクチンの定期接種活動の努力を継続していただきたい。（松永代理）
- ・ 西太平洋地域での根絶宣言後は、さらに AFP サーベイランスに力を入れる必要がある。特に SEARO と国境を接し陸続きのラオスは最重要地域である。そのためには、ポリオのウィルス分離は今以上に重要になる。ラオスからのラボシステムは感染症研究所としてもお手伝いを続けたい。また中国などはポリオの最終判断に、コンパティブルケースが含まれることは、より信頼性の高さを示すものである。（増田先生）
- ・ ICC 会議を通し、さらにプロジェクトの協力で、ポリオ根絶のプログラムは順調に進展している。（ラオス側）
- ・ SNID は慎重に行うことが肝心で、国境地域での対策は大変重要である。11 月にはミャン

マーと中国の国境会議が開催されるが、ラオス側スタッフを2名参加してもらい、この問題を確実に処理していきたい。JICA との協力で進展はめざましく、ポリオキャンペーンや新聞広告はラオスの人たちの意識をあげるのに大変効果の高いものである。コンパティブル症例は1998年は15例あったが、最終段階のラオス根絶委員会で検討された。また、日本のSNIDには、便検体の分離をしていただいていたいて大変感謝している。また、報告も迅速で、その仕事ぶりの質の高さが大変すばらしい。今後ともよろしくご協力をお願いしたい。(WHO)

- ・ICC 会議を通して、EPI に携わる各機関は互いに協調をとって成果をあげている。国境問題は実に重要な問題である。また、ミャンマーはWHO の区分では別であるが、UNICEF ではラオスと同じ区分であるので、コミュニケーションが取りやすく、できる限りのことはしたい。(UNICEF)

(3) 麻疹サーベイランス：Output 2

黒岩専門家から以下の発表があった。

- ・日本は麻疹撲滅に対して支援することは決定していないが、ラオスにおいて麻疹の罹患者が多く、重要な疾患であることは事実である。
- ・AFP サーベイランスが開発された週例報告をもとに、大きなアウトブレイクに対応することができ、はじめてIgM を用いた流行に対する診断の基礎が完成した。さらに地方における流行に対する疫学情報が解明され、5歳から14歳の学童の麻疹陽性率も高い。
- ・都市部、ビエンチャンにおける、麻疹抗体陽性率が年齢ごとに明らかになり、かなり抗体陽性率が高いことが証明されつつある。
- ・ブースターを施行するなら都市部では5歳未満、それ以外では学童も無視できない。

【発言】

- ・麻疹パイロットキャンペーンが始まるが、日本にもまだ麻疹は存在し、麻疹撲滅はポリオ根絶の数倍の困難さが予想される。当プロジェクトとしては、サーベイランスの基礎づくりを支援しており、麻疹コントロールの初期段階を支援していることをご理解いただきたい。(指導団)
- ・プロジェクトの活動成果は今後の麻疹対策に大変有用である。ラオスでは初めての科学的な証拠であり、できれば今後、ラオスの北部と南部でも同様の調査をわれわれとともに施行していけばラオスの実状がより正確に把握できる。(ラオス側)
- ・コメントにあるようにプロジェクトのデータは、疫学情報および麻疹の抗体保有率は共に大変有用である。今後サンプル数が増えてさらに信頼性が増えることを期待したい。麻疹

はパイロットキャンペーンであり、優先は発表のとおりポリオ根絶である。徐々に様子をみながら広げて行く必要がある。(WHO)

- ・麻疹に関して UNICEF はアディショナルなファンドを得ている。資金的に支援できる体制ができている。(UNICEF)

(4) 母子保健、ゾーンゼロ戦略

原田専門家から以下の発表があった。

- ・ Output 3：ゾーンゼロ戦略を明確にすることは、GIS に各村のゾーン（全国の資料がどこにもないまま、この戦略が行われていた）を調査し、インプットし、70%は整理でき、進行中である。またパイロット地域での接種率や施設利用率もデータは得られた。今後ゾーン0、1での比較を検討していく。
- ・ Output 4：中央におけるマネジメントが極端に弱かった。UNICEF が資金を出したゾーンゼロ戦略の会計報告が県からあがってこないなどの問題があったが、専門家がサポートしてすべての県から報告があがり、今後の資金援助が可能になった。効率的な会計報告法を開発し、計画なども、地区会議を通して完成した。かなり完成度の高い成果でラオス側が継続していけることが期待される。
- ・ Output 5：機材リストが完成し、EPI のみならず MCH およびマネジメントを考慮した適正な機材配布が行われ、県のみならず郡レベルでの MCH 活動の向上が期待される。今後モニターをしていく。パイロット地域はルアンプラバン県のチョンペト郡に選定され、フォーカスグループディスカッション、KAP サーベイなどを施行し、順調に科学的な基礎がためがなされている。IEC 活動、保健教育イベントは大変好評で、EPI、MCH に対する知識を高め、病院に行くことの重要性を住民が感じている。イベントの後のミーティングでは、住民の行政官（郡知事）と実務者（MCH スタッフ）の間で、いかにしたら住民の施設へのアプローチがより活発になるかを討議され、有用である。今後、ラオス側の機関が、自分たちで施行できるように活動を進めていく。
- ・ 活動ビデオ上映：①保健大臣のバイバイポリオメッセージ（テレビスポット）②プロジェクトの活動説明（共にラオス語）

【発言】

- ・ 今までゾーンゼロ・ソーシャル・モビライゼーション戦略は小児感染症予防プロジェクト (PIDP) が開始されるまで、実質的な活動ができていなかった。プロジェクトが開始されて次々と活動が整理され、具体的な実行可能な活動が提示されている。パイロット地域での活動の成果をもとに、ぜひとも全国へ向けて広げていきたい。感謝している。(Dr. ソ

ムサナ)

- ・ゾーンゼロ戦略という概念があまり聞きなれない。(ラオス側の補足説明ののちに)。郡病院や診療所(ヘルスセンター)の支援が重要であるということであろうか?(指導団)
- ・ゾーンゼロ・ソーシャル・モビライゼーションの概念を説明し、郡やヘルスセンターを強化、整備することにより、多くの人々を救うことができる。個人的には優先が高いと考える。(Dr. ソムサナ)
- ・郡病院、診療所が重要なことは論をまたない。しかしながらタイへ治療を受けに行き、そこでの高額な医療費がかかることを考えれば、ラオス国内に充実した病院があることは望ましいことである。私もラオス国内で利用したい。(Dr. ナオブッタ)
- ・ゾーンゼロ戦略の情報が整理され、いままで正確な村の位置、ゾーンごとの数などが次々と明らかになり、ゾーンごとの接種率も出されようとしており大変大きな成果である。今後の活動に期待するとともに協力を続けたい。(WHO)
- ・UNICEF としてはPIDP プロジェクトで整備された活動をどんどん取り入れていきたいし、チョンペト郡での活動はJICAにまかせている。資金援助をこの有用な活動に投入していきたい。(UNICEF)
- ・ゾーンゼロ戦略の活動がMCH 向上のキーとなり、重要である。それだけに今後しっかりした活動を行っていきたい。(Dr. カムサイ)

(5) コールドチェーンロジスティクス

野口専門家より以下の発表があった。

- ・Output 6: 中央ワクチン倉庫の棚卸しを開始し、毎月施行しているが、当初めだっていた記録上の数と実数の不一致は、6 月には完全になくなり、現在も継続している。さらにワクチンを有効に使用するシステムを開発しており、月ごとに在庫量と消費予測量のグラフを作成して、月例 ICC 会議で提示しながら管理を行っている。9 月の ICC 会議ではワクチンの有効利用を積極的に討論され、さらに保健省(MOH)、関係機関の会議が行われ改善している。さらに県レベルで最大最小在庫に基づくワクチン在庫管理システムを開始し、4 月からはすべて正式のフォームを用い、ワクチンの定期請求が 90%以上の県で施行され、長足の進展をみせている。県、郡レベルの活動をモニターするチェックリストが完成し、これを用いた地方視察が開始された。
- ・Output 7: 予防接種関連機材の中央倉庫において、マネージメントの基礎である 5 S(整理、整頓、清掃、清潔、躰)を徹底させ、倉庫管理の基礎を築いた。さらに、床の色分け、機材の下にパレットを置くなどの倉庫の改善を効率よく行い、モデル倉庫として位置づけ、JICA、プロジェクトのロゴ入りの看板を設置した。また、初めて本格的な倉庫の棚卸し

を施行し、それをもとに管理台帳を完成した。出入庫の記録が開始された。順調に成果はあがっている。

【発言】

- ・最大最小在庫に基づくワクチンの在庫管理システムが導入され、県レベルの在庫切れ、過剰在庫が減少し、2 カ月ごとの報告がされるようになったことは大きな進歩である。野口専門家には任期を延長してもらい、プロジェクトの最後までいていただきたい。(Dr. シーサワン)
- ・EPI は日本が自信と誇りをもって支援している分野であり、コールドチェーン・ロジスティクスはポリオ根絶、麻疹のコントロールの基本となる重要な分野である。今後は効率的にワクチンを使用することがますます必要になってくるが、ラオス政府のご尽力でその体制が着実に構築されていく点はすばらしい。これらのシステムをラオス側が自主的に発展、維持していただくことを期待する。(指導団)
- ・ワクチン供与に関して日本は通減方式をとり、供与国のすべてで毎年 20% の減量を実施している。サステナビリティ方針は日本の援助の基本であり、貴国の自立繁栄を念じてのこととご理解いただきたい。(黒岩リーダー)
- ・ワクチン在庫管理システムの導入やタットルアン倉庫の倉庫管理の基盤が整備されたことは喜ばしい。この分野への協力を今後ともお願いしたい。(Dr. ソムサナ)
- ・プロジェクトの参画以来、ワクチン管理、倉庫管理など飛躍的な進展をみせている。県レベルでの在庫管理も初めて正確に開始された。今までなかなかわからなかったワクチンの在庫状況の問題点を早期発見することができ、具体的な対策を立てることが可能になった。地方視察でもチェックリストにより問題点が明らかになり、対策をとることが可能になった。大変すばらしい活動で感謝している。(WHO)
- ・サブコミティーを通してワクチン管理が確実に整備されている。特に緊急時のフローチャートは、MOH、JICA、WHO、UNICEF がプロジェクトの呼びかけで一同に会して作成したもので、ワクチン中央倉庫の危機管理に対する貴重なシステムで、今後、ぜひ残していくべき重要なものである。(UNICEF)

(6) 機材配布状況の進展、研修員の成果、メディアにおける紹介
森中調整員より以下の報告があった。

(7) 来年度プロジェクト計画の説明(黒岩リーダー)

(8) ラオス側報告 (Dr. ソムサナ)

供与機材、日本への研修員の成果、特にワクチンの有効活用の改善、進展へのラオス側の取り組み。さらに技術移転における成果などが述べられ、日本の協力に対する謝辞が述べられた。

最後に Dr. ナオブッタから実に活発な会議でありすばらしかったと感動のコメントがあり、黒岩リーダーからプロジェクトに有用であったと謝辞が述べられた。団長から、ポリオ根絶を目前にしてメンバーの気持ちが引き締まることができ、大変有意義な会議であった点が述べられ、さらにプロジェクトはラオスに対して支援しているに過ぎず、活動の主体はラオス側にあるので、次回の JCC 会議では他の専門分野でもカウンターパートが主体的に発表をしていただくように提言された。

附 属 資 料

① ミニッツ

② JCC 資料

MINUTES OF DISCUSSIONS
BETWEEN
THE JAPANESE MANAGEMENT CONSULTATION TEAM
AND
THE AUTHORITIES CONCERNED OF THE GOVERNMENT
OF THE LAO PEOPLE'S DEMOCRATIC REPUBLIC
ON
JAPANESE TECHNICAL COOPERATION FOR
THE PEDIATRIC INFECTIOUS DISEASE PREVENTION PROJECT

The Japanese Management Consultation Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Dr. Katsuhiro YOSITAKE visited the Lao People's Democratic Republic for the purpose of reviewing the activities of the Pediatric Infectious Disease Prevention Project (hereinafter referred to as "the Project"), and discussing the future implementation plan for the Project.

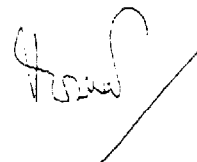
During its stay, the team exchanged views and had a series of discussions with the Lao authorities concerned about the implementation of the Project.

As a result of the discussions, both sides agreed upon the matters referred to in the document attached hereto.

Vientiane, 14 October, 1999



Dr. Katsuhiro YOSITAKE
Leader
Management Consultation Team
Japan International Cooperation Agency



Mrs. Chanthanom MANODHAM
Director of Cabinet
Ministry of Health
Lao People's Democratic Republic

ATTACHED DOCUMENT

1. GENERAL REVIEW

The Project started in Lao PDR on 1 October 1998, for overall goal of achievement of Polio Eradication, and project purpose of strengthening of EPI system with emphasis on surveillance system of EPI target diseases except TB in order to fully immunize children.

In accordance with the Record of Discussions (hereinafter referred to as "R/D") signed on 29 June, 1998 by both sides, JICA has dispatched 4 long-term experts to Lao PDR and accepted 5 counterpart personnel as trainees in Japan, and also provided equipment to activate the implementation of the Project. Both sides reviewed the activities in regard to the implementation of the Project. Based on the common understanding of the present situation and the lessons learned from the one-year-period implementation of the Project, both sides discussed the future implementation of the Project.

2. SUMMARY OF DISCUSSION

I. Correct the R/D signed on 29 June, 1998

"Research" in page 7 (1)-4-5 was misprinted, so it was corrected to "Search"

II. Modification of Project Design Matrix (PDM)

Original PDM is called PDMo, which was modified to PDM1, and PDM2.

(1) P D M 1

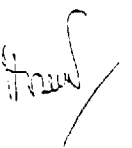
The first Joint Coordination Committee (JCC) meeting without Mission was held on 18 March 1999, and the PDMo was modified and became PDM1. The following are the major points of modification.

- "Surveillance system is upgraded" in output 2 was modified to "Surveillance system for EPI target diseases, especially AFP and measles, is maintained and upgraded"

- "Basic warehouse management, especially for EPI, is attained" was added to output 6.

(2) P D M 2 (Annex I)

The second JCC meeting was held on 3 August 1999 without Mission, and P D M 1 was modified and became P D M 2. The main modifications were done in output of MCH/Zone Zero Social Mobilization Strategy for feasibility after realizing the present condition of Zone Zero Social Mobilization Strategy.



- In PDM1, "Service at fixed center is improved" in output 3 and "More parents take their children for immunization in zone 0" in output 4 were modified as follows:
- "Zone Zero strategy is clarified" in output 3
- "Management of zone zero strategy at central level is improved" in output 4
- "Services of EPI, surveillance and MCH at fixed centers with zone zero strategy at least in pilot area is improved" in output 5

III. Main Activities and Outputs in PDM2

(1) Polio Eradication

- Polio eradication programme has made a substantial progress in Lao PDR, and the declaration of polio eradication in Western Pacific Region is expected in October 2000. Only one year remains for the date of this great goal, so further efforts without losing concentration are required.
- Sub-National Immunization Days or SNIDs of oral polio vaccine (OPV) should be carefully conducted especially border areas in Lao PDR between Myanmar, China, Thailand, Cambodia, and Vietnam.
- Lao PDR borders the countries of South-East Asia Region such as Thailand, Myanmar, where wild polio viruses are still reported, so prompt action should be taken in case of the wild polio virus is reported from that Region. Besides, after declaration of polio eradication in Western Pacific Region, acute flaccid paralysis or AFP surveillance becomes very much important and high OPV coverage should be maintained to stop the transmission of wild polio virus into Western Pacific Region from South-East Asia Region until the global polio eradication.
- The good combination and cooperation of surveillance and EPI section is the essential for the achievement of polio eradication.

(2) Measles surveillance

- The project activity focuses on measles control in early phase especially on surveillance, and Japan has not yet decided to adopt the goal of measles elimination from Western Pacific Region so far because of expected several difficulties compared to polio eradication.
- The preliminary data on measles antibody positive rate by age and measles epidemiology by outbreak investigation, which were obtained by the Project in collaboration with MOH, are quite useful for National Measles Control Plan in Lao PDR.
- JICA puts priority on Polio Eradication until the date of the achievement of

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certification in Western Pacific Region, and hopes that the measles pilot campaign will not become too much burden to local staff as well as central staff.

(3) Mother and Child Health/Zone Zero Social Mobilization Strategy

- The impact of polio eradication in Lao PDR is not only limited to EPI, but is extending to other health sectors such as Mother and Child Health (MCH), and the activities are integrated with MCH, EPI, and Cold Chain and Logistics, which are very effective outcomes of Japanese International Cooperation. Financial management developed by the expert would facilitate central management on zone zero social mobilization.
- The modified activities learned by lessons in the pilot area will be transferred to Lao side, and will live forever in Lao PDR in collaboration with UNICEF and WHO, which meets the principle of JICA's international cooperation of sustainability and cooperation with various international agencies.
- IEC activities on health education have big impacts, and free discussion after event show with governor, MCH staff, health workers and village head have provided good opportunity to solve the problems of low utilization of health facilities by village people. In addition, the various public relations, such as bye-bye polio campaign, have made great influences on polio eradication programme.

(4) Cold Chain and Logistics

- EPI is one of the best fields in which Japan has supported with confidence and pride, and cold chain and logistics is the most important field for supporting polio eradication and measles control activities. Efficient usage of vaccine is getting more important, and it is good that the system for efficient vaccine usage is developing in the Project, which provides valuable lessons to the world.
- Equipment supply is one of the main activities of the Japanese international cooperation, and establishment of basic management system in central warehouse is the very good outcome of the project. This implies that all equipment supported by Japanese people's tax are used effectively and without waste. The team would like to expect Laos side to develop and sustain this very important system in collaboration with our experts.
- Every equipment has its last moments of its life, so rapid action procedure of flowchart in case of emergency of central cold room and freezer is quite useful. The team expects Lao side updating the flowchart in collaboration with UNICEF, WHO, and JICA. Concerning vaccine supply, Japan adopts tapering-off method, in which the amount of

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vaccine provision is reduced by 20% every year in all countries where vaccine have been supplied. This method is based on the policy of Japanese international cooperation, that is, sustainability of the aid by host countries. In other word, Japan sincerely hope the prosperity of Lao PDR by yourself after the project ends and withdraws from here.

IV. ACHIEVEMENT OF TENTATIVE SCHEDULE OF IMPLEMENTATION

The technical cooperation activities under the Project that have been carried out by the middle of October 1999 are presented. Annual progress of each activity should be summarized in an interim report for further consultation and recommendation.

V. TENTATIVE SCHEDULE OF IMPLEMENTATION

According to the present situation of progress of the Project, both sides jointly formulated the Implementation Plan of the Project. The timetable of the Implementation of the Project is presented. Each activity of the Project will be assessed and evaluated each year and may be modified /revised as appropriate.

KLH.

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Project Summary	Indicators	Means of Verification	Assumption
Overall Goal Polio is eradicated Infant mortality is reduced. Infectious diseases are reduced. Children's immunity is strengthened. The Government spends less money for the treatment of EPI target diseases.	No evidence of indigenous poliovirus transmission for a period of at least three consecutive years. Mortality due to infectious diseases is reduced to a national goal level.	National Committee for the Certification of Poliomyelitis Eradication Information from National Center for Statistics	
Project Purpose EPI system, with emphasis on surveillance system of EPI target diseases except TB, is strengthened in order to fully immunize children.	Immunization coverage nears a national goal by 2001. Adequate information is collected for effective control activities.	EPI review Report of EPI/Surveillance section	Hygiene conditions are not worsened. Nutritional status is maintained. No severe natural disasters inducing massive outbreaks occur.
Outputs (All target children are fully immunized) 1. Immunization teams visit villages regularly. 2. Surveillance system for EPI target diseases, especially AFP and measles, is maintained and upgraded. 3. Zone zero strategy is clarified 4. Management of zone zero strategy at central level is improved 5. Services of EPI, surveillance and MCH at fixed centers with zone 0 strategy at least in pilot area is improved (Potent vaccines are available) 6. Cold chain and logistics management is improved. 7. Basic warehouse management, especially for EPI, is attained.	1-1. Health workers visit villages 4 times a year. 2-1. Complete, timely surveillance reports on target diseases coming from districts increases. 2-2. AFP surveillance maintains international indicators every year. 2-3. Quality of surveillance is upgraded. 3-1. Location and name of village and medical facility in each zone are obtained. 3-2. Data of EPI coverage and utilization of fixed center in zone 0 and 1 in Luang Prabang province, in which pilot district exists, are obtained. 4-1. Annual workplan and budget plan is available at central level and provincial level 4-2. Regional workshops for management are held according to needs. 5-1. Rate of fully immunized children at fixed centers of zone 0 strategy increases. 5-2. Appropriate equipment are provided to fixed centers of zone zero strategy. 5-3. Public awareness in EPI, surveillance and MCH at least in pilot area improve 6-1. Frequency of discrepancy between record and physical stock of vaccines in central storage is decreased. 6-2. Stock-out of vaccine at central vaccine storage is disappeared. 6-3. 80% of province request vaccine based on National Policy. 6-4. Frequency of stock-out of vaccine at provincial and district level is decreased. 7-1. 5S levels is improved to 30% on the 5S radar chart by year 2000. 7-2. Difference between stock in ledger and actual stock in warehouse is decreased.	1-1. Weekly reports from districts 2-1. Report of EPI/Surveillance section 2-2. Report of EPI/Surveillance section 2-3. Report of JICA EPI/Surveillance expert 3-1. Report from provincial EPI section (based on 1995 census and GIS) 3-2. Report at Pilot District Hospital. Report of JICA PIDP project (cluster survey in Luang Prabang) 4-1. Report of JICA MCH/Zone zero expert 4-2. Reports on workshop from MCH annual and quarterly reports on budget/workplan from provinces 5-1. EPI 10 and zone zero form in MCH sending from provinces 5-2. Report of equipment monitoring form 5-3. Report of JICA MCH/Zone zero expert (interview with key personnel and focus group) 6-1. Vaccine stock record and report on stock-taking 6-2. Vaccine stock record and report on stock-taking 6-3. Vaccine Request form from provinces 6-4. Vaccine Request form from provinces and checklist on cold chain & logistics 7-1. Report of JICA Cold chain & logistics expert 7-2. Report of CPID (stock in ledger and physical stock)	UNICEF maintains its OS. Enough vaccines are available. Community size is maintained. Cold chain equipment is kept its current shape. Road conditions are not worsened. Existing hospitals maintain their facilities.

Activities(tentative) 1-1 organize ICC meeting. 1-2 organize meeting in each village twice a year. 1-3 organize meeting on EPI managers on planning and management (national EPI workshop) 1-4 organize annual EPI reviews and planning at central level. 1-5 establish Geographic Information system (GIS) on EPI/surveillance. 1-6 implement routine immunization. 1-7 implement SNIDs (subnational immunization days). 1-8 implement mop-up (HRRD), when needed. 1-9 train local staff on equipment management and immunization techniques. 1-10 train local staff on IEC. 1-11 train VHW on EPI/surveillance. 1-12 make the list of the immunized children in villages. 1-13 provide adequate S&E. 1-14 conduct monitoring once a year. 2-1 supervise and monitor reporting and data collection. 2-2 conduct 60 days follow-up. 2-3 conduct immediate investigation of high risk AFP 2-4 conduct active case search in high-risk areas. 2-5 conduct active case search in border areas. 2-6 collect adequate stool specimens shipping to NIID. 2-7 train local staff on measles and NNT as well as AFP surveillance. 2-8 award good AFP report. 2-9 conduct outbreak investigation (EPI target disease, especially measles). 2-10 conduct measles sero-epidemiology 2-11 produce feedback reports. 2-12 produce IEC material on EPI/surveillance. 3-1 obtain nation-wide data of village name and facility. 3-2 put data into GIS. 3-3 conduct 30 cluster survey in zone 0 and 1 in L.P. 4-1 make work plan at national level 4-2 make clear the 1997 finance report from province. 4-3 organize Regional Management Workshop. 4-4 establish system for annual work-plan and budget. 4-5 obtain assistance from MCH at central level. 4-6 coordinate between MCH and EPI, logistics, and surveillance. 4-7 conduct monitoring and supervision. 5-1 distribute adequate equipment. 5-3 organize CMC meeting at district and village level. 5-4 coordinate village head and mass organization. 5-5 coordinate effective fixed center staff training conducted by other organizations. 5-6 promote immunization through the mass media. 5-7 identify susceptible children and women through zone zero strategy. 5-8 conduct IEC event at village level 5-9 award active parents (including event). 5-10 provide IEC material. 5-11 select pilot area. 5-12 disseminate vaccine and MCH service schedule. 5-13 conduct baseline survey (FGD, KAP) in pilot area	Target group: Parents and Children under 5 years old Target area: Laos Nationwide Cooperation period: 3 years Inputs Laos side Health workers Government's fund Daily substance allowance Cold chain equipment Project office Japanese side: Long-term experts (Chief adviser, EPI/surveillance, Project Coordinator, MCH, Cold chain and logistics) Short-term experts (EPI/Surveillance, Stock management, MCH, IEC) Equipment for EPI/surveillance, cold chain & logistics, MCH for Zone 0 Training in Japan Necessary running cost for project implementation	Safety/security in rural areas is maintained at current level. Provincial health directors and local administrative committees support EPI activities. Vehicles are exclusively used for project activities. Newly joined staffs have already had basic knowledge about the field they are assigned to. Living and working conditions are not worsened. Necessary budget is available without much delay. Red tape does not severely disrupt project activities. Trained staffs continue to work. CMC understands and cooperates in EPI activities. Consultants, advisers are available when necessary. Kerosene gas is supplied.
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6-1.check physical stock of vaccine at central storage monthly. 6-2.estimate vaccine requirement and submit requests to partner agencies. 6-3.monitor/supervise vaccine stock control system. 6-4.supervise on information flow between central and province. 6-5.hold training seminars on cold chain and logistics. 6-6.conduct monitoring/supervision visit to provinces and districts. 7-1.check 5S activities twice a year. 7-2.implement stock-taking in That Luang warehouse and update the inventory twice a year.		
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Note:

No 1. Outputs: 1. Immunization teams visit villages regularly :

EPI outreach teams visit villages where zone zero strategy is not carried out, so people in the villages without zone zero strategy receive immunization either by outreach teams of EPI/MCH or by visiting fixed centers (hospitals or dispensary).

No 2. Indicators: 2-3. 'Quality of surveillance is upgraded' means as follows:

1. AFP, measles, NNT cases are well analyzed using database and GIS etc.
2. Measles investigation is conducted in each big outbreak using Ig M test.
3. Serological diagnosis for measles is conducted for the first time at National Hospital or Mahosot hospital.
4. Public awareness in detection and reporting of target diseases is improved.

No 3. Activities: 4-7. 'conduct monitoring and supervision' has three objectives as follows:

1. Activities of zone zero strategy.
2. Equipment provided by PIDP Project, and other equipment in the future.
3. IEC materials provided by PIDP Project, and other IEC materials in the future.

ANNEX II TENTATIVE SCHEDULE OF IMPLEMENTATION FOR JAPANESE FISCAL YEAR 2000-2001 (APRIL 2000 to MARCH 2001)

Item	Contents	4	5	6	7	8	9	10	11	12	1	2	3
Overall Goal Project Purpose	- Polio is eradicated. - EPI system, with the emphasis on surveillance system of EPI target diseases except TB, is strengthened in order to fully immunize children.							=					
Meeting	-Polio Certification Committee in Lao PDR -ICC(Interagency Coordinating Committee) & Sub-committee meeting -JCC (without Mission) -EPI Review & Planning	= = = =	=	=	=	=	=	=	=	=	=	=	=
Training	EPI manager training in Khon Kaen University						===						
Mission	JICA Consultation team							=					
Special event	Bye-bye polio campaign in Lao PDR								=				
Expert Dispatch	Long term	1)Chief Adviser/EPI, Surveillance 2)Coordinator 3)Mother & Child Health 4)Cold Chain & Logistics	=== === === ===	=== === === ===	=== === === ===	=== === === ===	=== === === ===	=== === === ===	=== === === ===	=== === === ===	=== === === ===	=== === === ===	=== === === ===
	Short term	1)Measles laboratory surveillance 2)Active case search 3)Surveillance management(GIS) 4)Stock Management 5)IEC 5)Mother & Child Health 6)MCH (basic data collection) 7)EPI, Surveillance 8)EPI, Surveillance 9)EPI, Surveillance	=== === === === === === === === ===	=== === === === === === === === ===	=== === === === === === === === ===	=== === === === === === === === ===	=== === === === === === === === ===	=== === === === === === === === ===	=== === === === === === === === ===	=== === === === === === === === ===	=== === === === === === === === ===	=== === === === === === === === ===	=== === === === === === === === ===
Counterpart Training	1)EPI Polio Eradication 2)Stock management 3)IEC 4)Mother & Child Health 5)Surveillance		=== === === === ===	=== === === === ===	=== === === === ===	=== === === === ===	=== === === === ===	=== === === === ===	=== === === === ===	=== === === === ===	=== === === === ===	=== === === === ===	=== === === === ===
Provision of Equipment							===	===	===				
Local Cost for Japanese Expert		===	===	===	===	===	===	===	===	===	===	===	===

② JCC 資料

**Tentative Schedule for Joint Coordinating Committee (JCC) Meeting
for MOH-JICA Pediatric Infectious Disease Prevention
at Meeting Room of MOH, on 14 October 1999**

- 8:30 Opening Speech by the Chairperson of JCC
Remarks by Resident Representative of JICA in Laos Office,
and Mission Leader from Tokyo, Japan
- 8:45 Coffee Break
- 9:00 Deputy Director of Cabinet will coordinate the meeting
(Dr. Nao Boutta)
Report of R/D and Revised PDM by Chief Adviser
Report of Activities of Experts
- Dr. Kuroiwa for EPI/ Surveillance
- Ms. Harada for MCH or Zone Zero Social Mobilization Strategy
 Project Activity Video Show (7 min)
- Ms. Noguchi for Cold Chain and Logistics
(20 minutes for each expert and 10 minutes discussion for each)
- 11:15 Coffee Break
- 11:30 Report of Equipment and Trainees (Mr. Morinaka)
- 11:45 Report of Tentative Schedule for Japanese Fiscal Year
(April 2000 to March 2001) by Chief Adviser
Report from Laos Counterpart, Dr Somthana Douangmala
Other business
- 12:15 Closing by Dr. Nao Boutta

Report on outcome of the implementation of PIDP-Project to the JCC – Meeting held on October 14, 1999 at MOH, Lao PDR.

by : Dr. Somthana DOUANGMALA
Director of CPID
National EPI – Manager
MOH, Lao PDR

I. Introduction.

Since its implementation on October 01, 1998, the project has performed many achievements which have positive impact to improving the Polioeradication efforts and strengthening the routine EPI activities including the Zone 0 mobilization strategy at central and peripheral levels.

The surveillance of EPI target diseases continues to be strengthened in particular the AFP Surveillance. The high non Polio AFP rate is still maintained at highest level in the Region.

No Polio case is reported from the surveillance network during 03 years and 03 months since the last Polio case.

Some minor modifications of the PDM have been jointly done by MOH and JICA aiming to make it more appropriate to the real Lao situation and requirement.

II. Performances.

The activities performed can be divided into 03 groups :

1. Provision of equipment. mainly consisted of :

- Vaccines : all kinds needed for SNID's and Routine EPI service delivery.
- Supplies : needles – syringes.
- Vehicles – motobikes – boat engine, tak-tak.
- Office supplies : for Zone 0 strategy and EPI.
- IEC – Materials
- Materials and tools to improve the management of logistics.

2. Training.

- 02 high level MOH staff attended the comprehensive ^{study} and observation of Health care and EPI in Japan (02 weeks).^x
- 02 senior staff attended the counterpart training for 1 to 1,5 month in Japan.

- 30 provincial, district EPI Managers and senior staff at CPID attended the one month training course on Planning, Management and Surveillance activities in KKU, Thailand.

3. Technical transfer.

The technical transfer is being done through the implementation of the planned activities together with PIDP-JICA Experts in different fields such as :

- Planning
- Logistics management including vehicles, transport.
- Cold chain and supplies.
- IEC
- Zone 0 strategy.
- Surveillance :
 - AFP : investigation – stool specimen collection.
 - Serological study of Measles cases.

All of these activities are in line with the PDM and in the framework of the Annual EPI National Plan of Action adopted by the MOH.

The collaboration with other supporting agencies such as : UNICEF, WHO, Ausaid was coordinated by the regular monthly ICC-Meeting chaired by the Vice-Minister of Health or by the Director of CPID and National EPI Manager.

All problems and constraints encountered were discussed in the ICC to find out appropriate solutions.

III. Conclusion

1. The MOH highly appreciates the output and progresses made by the project. This project backs up strongly the Lao Government efforts for Polioeradication enabling Lao PDR to prepare all necessary requirements for free Polio certification by the year 2000.
2. The MOH also appreciates the support of JICA/PIDP-project in providing sufficiently the vaccines requirements not only OPV but also BCG, DPT, TT and Measles. The MOH pays special attention together with JICA, UNICEF and WHO for effective use of the provided vaccines.
3. The MOH/CPID hopes that the project will be implemented fruitfully during the 2nd year and wishes that the project provides positive impact to strengthen the managerial capacity of EPI/Zone 0 strategy teams at all levels.
4. The MOH/CPID expresses its sincere thanks to JICA as well as to Government and people of Japan for their effective support and close collaboration.

ゾーンゼロ戦略について

PIDP 母子保健専門家 原田 恵津子

ゾーンゼロ戦略が打ち出された背景

これまでのおよそ10年にわたる EPI の経験から、1) ゾーンゼロの地域住民の医療施設利用が少ない、2) ゾーンゼロの予防接種率が他のゾーンよりも低い、3) 移動チームによる予防接種活動に係る経費と担当職員数の限界、の3つの主な理由から、このゾーンゼロ戦略が打ち出された。

Zone Zero Social Mobilization Strategy が目指すもの

医療施設の周辺に住む住民に対する予防接種活動を、移動チームが村に行く方法から、住民に医療施設に来てもらい、予防接種を受けてもらおうというもの。医療施設に来てもらえば、①予防接種のほかの母子保健向上プログラムを、住民に利用してもらえる、②少なくとも移動チームで行うよりも、より良い技法による予防接種が可能である。③ワクチン使用量の節約が期待されること

Zone Zero Social Mobilization Strategy が目指すものを実現するために何が必要か

i) 住民に、予防接種の必要性、重要性を理解してもらうこと、ii) 住民が医療施設を利用して満足してもらえるように、サービスの向上をすること、iii) この成果を知るために必要な情報を得ること、iv) 活動を行うにあたって、基本になる管理能力があること

— — * — —

実際に活動するにあたっての問題点

- A. ゾーンゼロ戦略が打ち出された背景の、1) 2) 3) それぞれを示す指標が提示されていないこと
- B. Zone Zero Social Mobilization Strategy が目指すものを実現するための適切な医療施設を、限定していないこと。

活動継続にあたっての上記問題点の解決策

- A. に対して
 - 各県別郡別ゾーン別の村数、人口を収集する
 - 各医療施設(県・郡病院、診療所)の所在地を収集する
 - 可能な場所から、ゾーン別の予防接種率を収集する
 - ゾーンゼロの中で、ゾーンゼロ戦略を実施しているそれぞれの医療施設と対象村に関する情報収集とその整理をする。
 - 少なくともパイロット地域における FGD、KAP サーベイ、クラスターサーベイを行うこと
- B. に対して
 - ゾーンゼロ戦略実施郡村数を増やすことなく、活動実施内容の充実を成果にして今後の継続をすること
 - これまでの EPI 活動が、充実している場所を中心に展開して行くこと

特記事項

国家政策として打ち出された母子健康の改善を実施するにあたり、政府は、母子委員会を設立した。これは、外務省に国家母子委員会を設置し、各県、郡、村レベルで、行政が母子健康の向上に関わって行こうというもの。

しかし、行政側、テクニカル側(保健、教育、労働省等)ともに、具体的にどのような活動もしくは協力をして行くべきか模索状態にある。

ゾーンゼロ戦略は、Zone Zero Social Mobilization Strategy が目指すものを実現するために、住民との掛け橋役として、各レベルの母子委員会との協力関係体制が不可欠である。

Summary of EPI/Surveillance Activities

1

EPI/Surveillance main activities in the past 12 months

1. Polio Eradication:

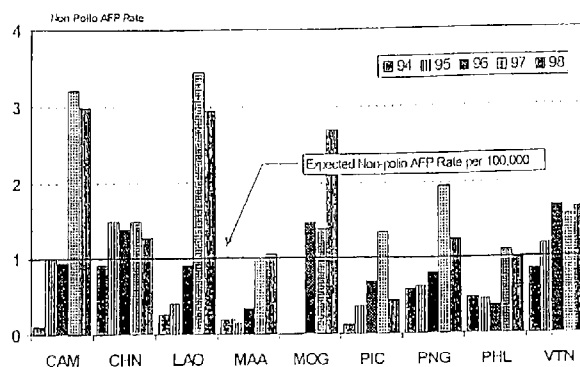
- (1) Polio campaign, bye-bye polio 2000 !!
- (2) Investigation for AFP (a cluster of high risk)
- (3) Polio Eradication Certification Committee meeting
- (4) 1999 SNIDs and 2000 SNIDs
- (5) Action Plan for wild polio case in Myanmar

2. Measles Surveillance:

- (1) Outbreak investigation with IgM test
- (2) Antibody positive rate by Age 6 mo.-14yo.

4

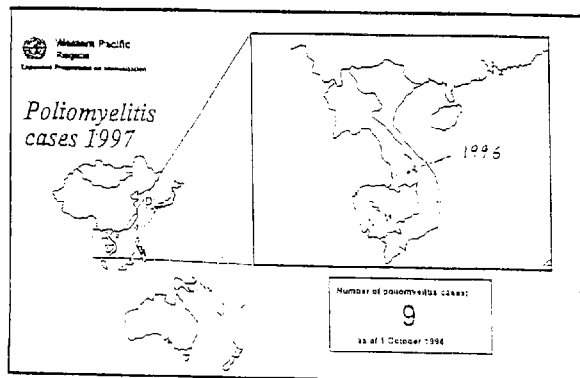
Non-polio AFP Rates per 100,000 Population < 15 Years,
Western Pacific Region, 1994-1998*



*Data from WHO/WPRO CEIS, as of 1 October 1998

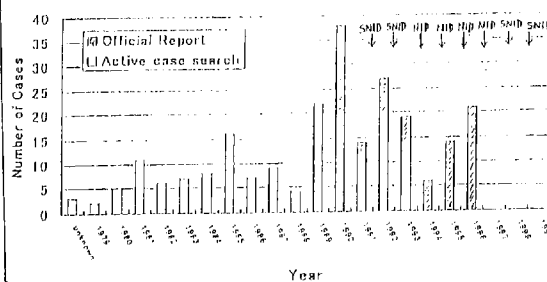
2

Distribution Of Poliomyelitis Cases in Western Pacific Region, 1997



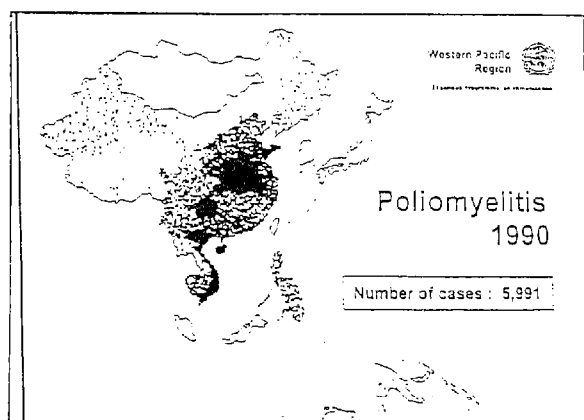
5

Polio Cases in Lao PDR by Year



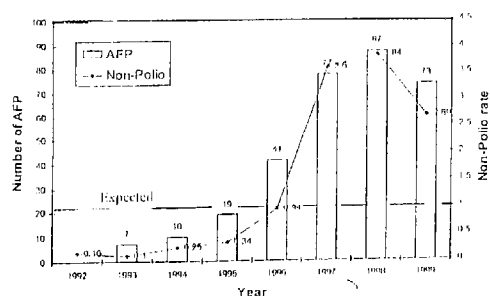
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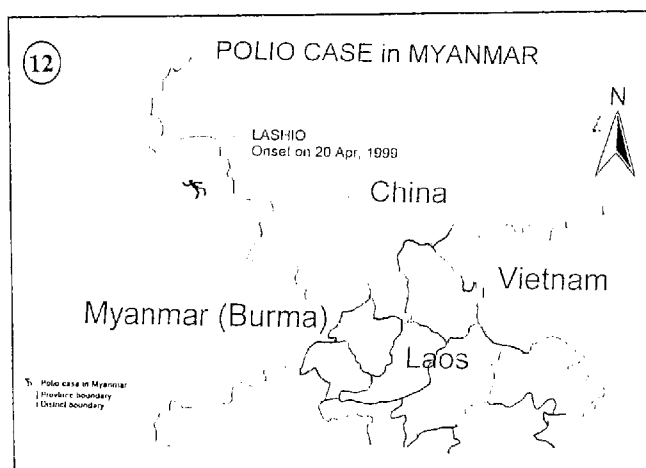
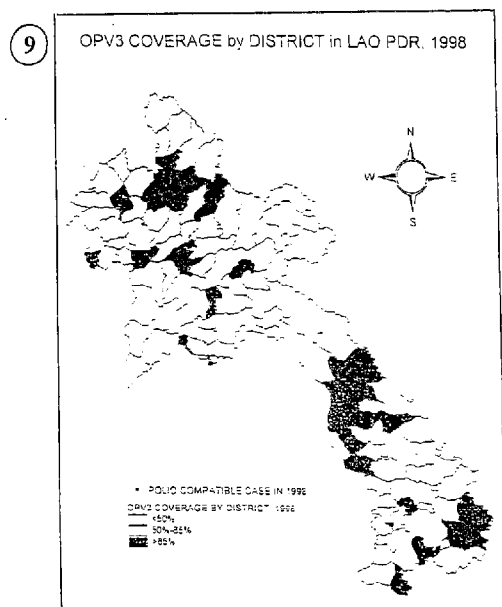
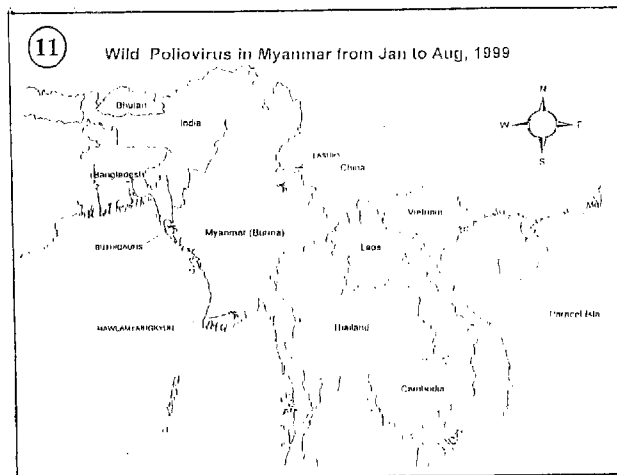
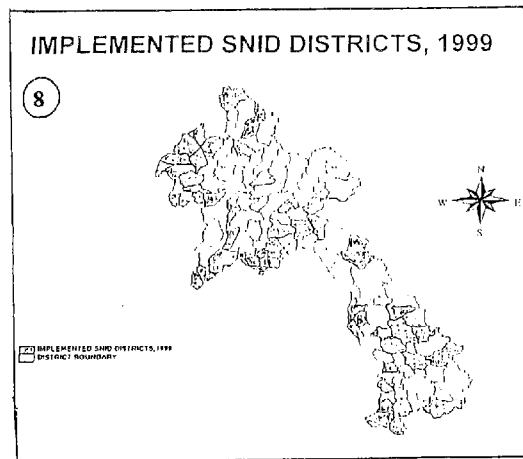
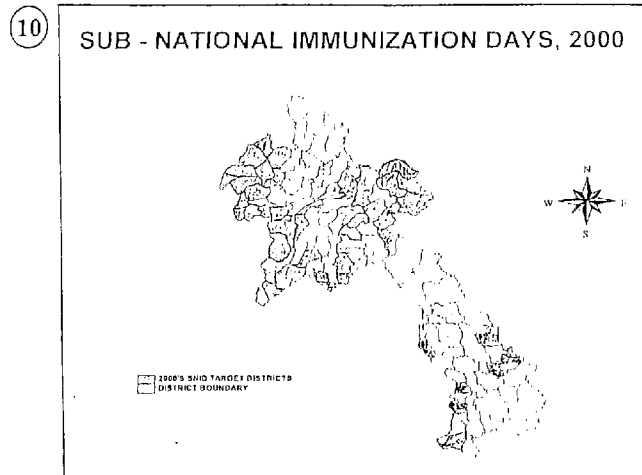
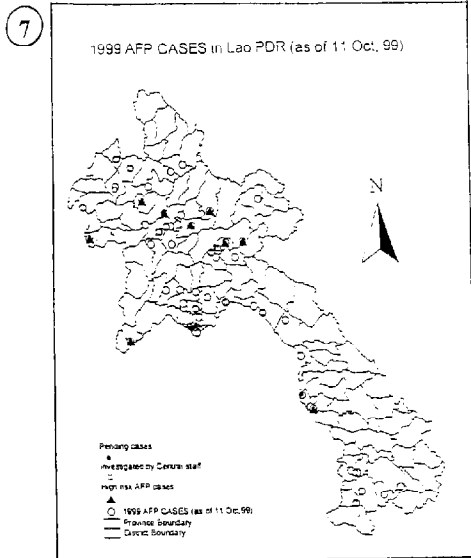
Map 2: Distribution of Poliomyelitis Cases in Western Pacific Region, 1990



6

Non-Polio AFP Rate and AFP cases by Year
(as of 11th Oct, 1999)





13 Findings and Recommendations

1. Polio eradication will be declared in October 2000
2. Prompt AFP investigation is needed
3. SNIDs in 2000 should be concentrated, especially in border areas
4. Prompt feasible action is needed for wild polio case in SEAR (Myanmar, Thailand)
5. After declaration, AFP surveillance and routine immunization becomes more and more important
6. Priority is on polio until eradication

14

Measles outbreak investigation using IgM in Lao PDR

Choshi Kuroiwa
JICA Pediatric Infectious Disease Prevention (PIDP) Project

15

Measles Surveillance types

1. Control phase (when measles is endemic)
 - Routine reporting from peripheral to central level
 - Only outbreaks should be investigated
2. Outbreak prevention phase (when low incidence)
 - Routine reporting
 - All outbreaks be investigated immediately, case-based data
 - Outbreaks should be confirmed by serology (IgM) on the first few cases only
3. Elimination phase
 - Every case should be investigated immediately
 - Every case should be confirmed by serology (IgM)

16

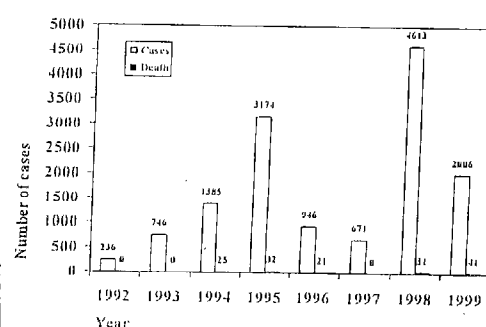
1. Background

- Lao PDR is measles endemic, and control phase
- More than 3000 cases occurred in 1998
- Measles immunization coverage is about 70%
- Diagnosis is given clinically

2. Purpose

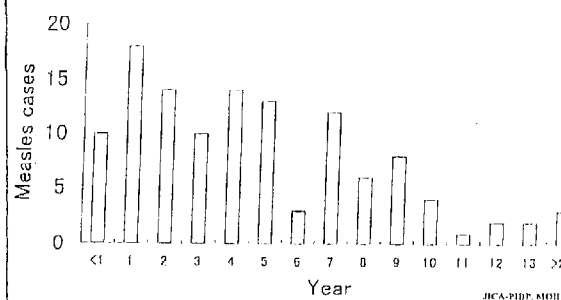
- to ascertain reported outbreaks by using measles IgM test
- to monitor progress of incidence and coverage
- to identify areas at high risk or with poor measles control activities.
- If measles mass campaign or two dose measles immunization are organized in the future, information to determine the target populations will be provided

17 REPORTED MEASLES CASES in LAO PDR from 1992 to 1999 (as of 2 Oct, 1999)



18

Age distribution of Measles cases in Lao PDR



19

1. Activities

- March: Khammouan province, Savannakhet, province
- April: Xiengkwan province
- May: Savannakhet province
- Since May, IgM test has been started at Mahosot National Hospital

2. Findings

- The above four outbreaks were confirmed as measles due to IgM test
- 42% of measles cases had immunization: Vaccine efficacy
- 55% were under 5 years old, and 31.7% to 42.5% school-aged children: Target population for pilot mass campaign.
- Some tribe refused for blood drawing, (child die for drawing blood)
- Difficulty laboratory diagnosis on each case if elimination comes.
- After rainy season started, the access for some big outbreaks becomes impossible: A characteristics for the outbreak.

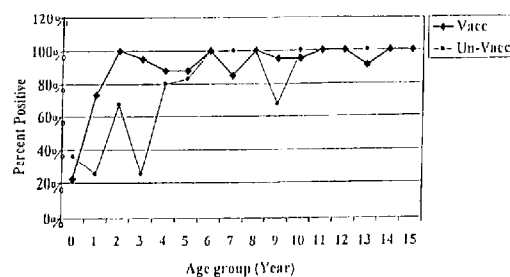
20

Measles Sero-Epidemiology by Age in Vientiane Municipality, Lao PDR

Chushi Kuroiwa,
MOH-JICA PDDP project

23

Anti-Measles antibody positive rate between Vaccinated and Non-Vaccinated age group



JICA PDDP, MOH

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1. Purpose:

To make clear measles antibody positive rate by collecting measles antibody data by age. The results will provide Lao PDR to determine the target population for mass immunization campaign or for second dose of measles vaccine.

2. Methods

Collect blood sample for IgG from outpatients at pediatric department at National Mahosot Hospital, Vientiane Municipality. The target is about 20 persons by each age group ranging from 6 month old to 15 years of age.

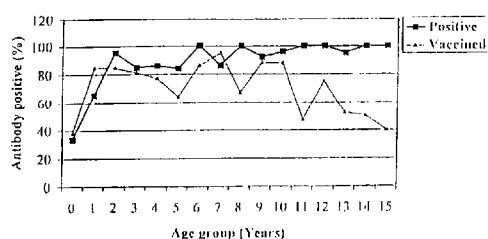
24

3. Findings:

- More than 85% are positive in children ≥ 2 years
- 65% positive in one year group, although 85% vaccinated
- Nearly 100% are positive ≥ 10 years, although vaccinated are low %
- More unvaccinated children are positive than vaccinated in one year group
- 1-5 year group are less positive in unvaccinated than in vaccinated
- More than 88% are positive ≥ 2 years
- 100% are positive except 9 year group ≥ 2 years in unvaccinated

22

Anti-Measles antibody positive rate and Vaccination rate among children in Lao PDR



JICA PDDP, MOH

25

4. Conclusion:

- Excellent EPI activities and cold chain in V.M.
- Antibody transmission from mothers
- Natural infection in school age
- 1-5 year group are less positive in unvaccinated than in vaccinated

* Booster might be targeted < 15 years in rural area, and < 5 or 6 in urban area like V.M.

Project Summary	Indicators	Means of Verification	Assumption
Overall Goal Polio is eradicated Infant mortality is reduced. Infectious diseases are reduced. Children's immunity is strengthened. The Government spends less money for the treatment of EPI target diseases.	No evidence of indigenous poliovirus transmission for a period of at least three consecutive years. Mortality due to infectious diseases is reduced to a national goal level.	National Committee for the Certification of Poliomyelitis Eradication Information from National Center for Statistics	
Project Purpose EPI system, with emphasis on surveillance system of EPI target diseases except TB, is strengthened in order to fully immunize children.	Immunization coverage nears a national goal by 2001. Adequate information is collected for effective control activities.	EPI review Report of EPI/Surveillance section	Hygiene conditions are not worsened. Nutritional status is maintained. No severe natural disasters inducing massive outbreaks occur.
Outputs (All target children are fully immunized) 1. Immunization teams visit villages regularly. 2. Surveillance system for EPI target diseases, especially AFP and measles, is maintained and upgraded. 3. Zone zero strategy is clarified. 4. Management of zone zero strategy at central level is improved. 5. Services of EPI, surveillance and MCH at fixed centers with zone 0 strategy at least in pilot area is improved. (Potent vaccines are available) 6. Cold chain and logistics management is improved. 7. Basic warehouse management, especially for EPI, is attained.	1-1. Health workers visit villages 4 times a year. 2-1. Complete, timely surveillance reports on target diseases coming from districts increases. 2-2. AFP surveillance maintains international indicators every year. 2-3. Quality of surveillance is upgraded. 3-1. Location and name of village and medical facility in each zone are obtained. 3-2. Data of EPI coverage and utilization of fixed center in zone 0 and 1 in Luang Prabang province, in which pilot district exists, are obtained. 4-1. Annual workplan and budget plan is available at central level and provincial level. 4-2. Regional workshops for management are held according to needs. 5-1. Rate of fully immunized children at fixed centers of zone 0 strategy increases. 5-2. Appropriate equipment are provided to fixed centers of zone zero strategy. 5-3. Public awareness in EPI, surveillance and MCH at least in pilot area improve. 6-1. Frequency of discrepancy between record and physical stock of vaccines in central storage is decreased. 6-2. Stock-out of vaccine at central vaccine storage is disappeared. 6-3. 80% of province request vaccine based on National Policy. 6-4. Frequency of stock-out of vaccine at provincial and district level is decreased. 7-1. 5S levels is improved to 30% on the 5S radar chart by year 2000. 7-2. Difference between stock in lodger and actual stock in warehouse is decreased.	1-1. Weekly reports from districts 2-1. Report of EPI/Surveillance section 2-2. Report of EPI/Surveillance section 2-3. Report of JICA EPI/Surveillance expert 3-1. Report from provincial EPI section (based on 1995 census and GIS) 3-2. Report at Pilot District Hospital, Report of JICA PIDP project (cluster survey in Luang Prabang) 4-1. Report of JICA MCH/Zone zero expert 4-2. Reports on workshop from MCH annual and quarterly reports on budget/workplan from provinces 5-1. EPI 10 and zone zero form in MCH sending from provinces 5-2. Report of equipment monitoring form 5-3. Report of JICA MCH/Zone zero expert (interview with key personnel and focus group) 6-1. Vaccine stock record and report on stock-taking 6-2. Vaccine stock record and report on stock-taking 6-3. Vaccine Request form from provinces 6-4. Vaccine Request form from provinces and checklist on cold chain & logistics 7-1. Report of JICA Cold chain & logistics expert 7-2. Report of CPID (stock in lodger and physical stock)	UNICEF maintains its OS. Enough vaccines are available. Community size is maintained. Cold chain equipment is kept its current shape. Road conditions are not worsened. Existing hospitals maintain their facilities.

Activities(tentative) 1-1.organize ICC meeting. 1-2.organize meeting in each village twice a year 1-3.organize meeting on EPI managers on planning and management (national EPI workshop) 1-4.organize annual EPI reviews and planning at central level. 1-5.establish Geographic Information system (GIS) on EPI/surveillance. 1-6.implement routine immunization. 1-7.implement SNIDs (subnational immunization days). 1-8.implement mopping-up (HRRD), when needed. 1-9.train local staff on equipment management and immunization techniques. 1-10.train local staff on IEC. 1-11.train VW on EPI/surveillance. 1-12.make the list of the immunized children in villages. 1-13.provide adequate S&I. 1-14.conduct monitoring once a year. 2-1 supervise and monitor reporting and data collection. 2-2.conduct 60 days follow-up. 2-3.conduct immediate investigation of high risk AFP. 2-4.conduct active case search in high-risk areas. 2-5.conduct active case search in border areas. 2-6.collect adequate stool specimens shipping to NIID. 2-7.train local staff on measles and NNT as well as AFP surveillance. 2-8.award good AFP report. 2-9.conduct outbreak investigation (EPI target disease, especially measles). 2-10.conduct measles sero- epidemiology 2-11.produce feedback reports. 2-12.produce IEC material on EPI/surveillance. 3-1.obtain nation-wide data of village name and facility. 3-2.put data into GIS. 3-3.conduct 30 cluster survey in zone 0 and 1 in L.P. 4-1.make work plan at national level 4-2.make clear the 1997 finance report from province. 4-3.organize Regional Management Workshop. 4-4.establish system for annual work-plan and budget. 4-5.obtain assistance from MCH at central level. 4-6.coordinate between MCH and EPI, logistics, and surveillance. 4-7.conduct monitoring and supervision. 5-1.distribute adequate equipment. 5-2.organize CMC meeting at district and village level. 5-3.coordinate village head and mass organization. 5-5.coordinate effective fixed center staff training conducted by other organizations. 5-6.promote immunization through the mass media. 5-7.identify susceptible children and women through zone zero strategy. 5-8.conduct IEC event at village level 5-9.award active parents (including event). 5-10.provide IEC material. 5-11.select pilot area. 5-12.disseminate vaccine and MCH service schedule. 5-13.conduct baseline survey (FGD, KAP) in pilot area.	Target group: Parents and Children under 5 years old Target area: Laos Nationwide Cooperation period: 3 years Inputs Lao side : Health workers Government's fund Daily substance allowance Cold chain equipment Project office Japanese side: Long-term experts (Chief adviser, EPI/surveillance, Project Coordinator, MCH, Cold chain and logistics) Short-term experts (EPI/Surveillance, Stock management, MCH, IEC) Equipment for EPI/surveillance, cold chain & logistics. MCH for Zone 0 Training in Japan Necessary running cost for project implementation	Safety/security in rural areas is maintained at current level. Provincial health directors and local administrative committees support EPI activities. Vehicles are exclusively used for project activities. Newly joined staffs have already had basic knowledge about the field they are assigned to. Living and working conditions are not worsened. Necessary budget is available without much delay. Red tape does not severely disrupt project activities. Trained staffs continue to work. CMC understands and cooperates in EPI activities. Consultants, advisers are available when necessary Kerosene gas is supplied.
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6-1.check physical stock of vaccine at central storage monthly. 6-2.estimate vaccine requirement and submit requests to partner agencies. 6-3.monitor/supervise vaccine stock control system. 6-4.supervise on information flow between central and province. 6-5.hold training seminars on cold chain and logistics. 6-6.conduct monitoring/supervision visit to provinces and districts. 7-1.check 5S activities twice a year. 7-2.implement stock-taking in Thai Luang warehouse and update the inventory twice a year.		
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Note:

No 1. Outputs: 1. 'Immunization teams visit villages regularly' :

EPI outreach teams visit villages where zone zero strategy is not carried out, so people in the villages without zone zero strategy receive immunization either by outreach teams of EPI/MCH or by visiting fixed centers (hospitals or dispensary).

No 2. Indicators: 2-3. 'Quality of surveillance is upgraded' means as follows:

1. AFP, measles, NNT cases are well analyzed using database and GIS etc.
2. Measles investigation is conducted in each big outbreak using Ig M test.
3. Serological diagnosis for measles is conducted for the first time at National Hospital or Mahosot hospital.
4. Public awareness in detection and reporting of target diseases is improved.

No 3. Activities: 4-7. 'conduct monitoring and supervision' has three objectives as follows:

1. Activities of zone zero strategy.
2. Equipment provided by PIDP Project, and other equipment in the future.
3. IEC materials provided by PIDP Project, and other IEC materials in the future.

ANNEX III

TENTATIVE SCHEDULE OF IMPLEMENTATION FOR JAPANESE FISCAL YEAR 2000-2001 (APRIL 2000 to MARCH 2001)

Item	Contents	4	5	6	7	8	9	10	11	12	1	2	3
Overall Goal Project Purpose	- Polio is eradicated. - EPI system, with the emphasis on surveillance system of EPI target diseases except TB, is strengthened in order to fully immunize children.							=					
Meeting	-Polio Certification Committee in Lao PDR -ICC(Interagency Coordinating Committee) & Sub-committee meeting -JCC (without Mission) -EPI Review & Planning	= = = =	= = = =	= = = =	= = = =	= = = =	= = = =	= = = =	= = = =	= = = =	= = = =	= = = =	= = = =
Training	EPI manager training in Khon Kaen University						===						
Mission	JICA Consultation team							=					
Special event	Bye-bye polio campaign in Lao PDR								=				
Expert Dispatch	Long term	1)Chief Adviser/EPI, Surveillance 2)Coordinator 3)Mother & Child Health 4)Cold Chain & Logistics	=== === === ===	=== === === ===	=== === === ===	=== === === ===	=== === === ===	=== === === ===	=== === === ===	=== === === ===	=== === === ===	=== === === ===	=== === === ===
	Short term	1)Measles laboratory surveillance 2)Active case search 3)Surveillance management(GIS) 4)Stock Management 5)IEC 6)Mother & Child Health 7)EPI, Surveillance 8)EPI, Surveillance 9)EPI, Surveillance	 === === === === === ===	 === === === === === ===	 ===	 ===	 ===	 ===	 ===	 ===	 ===	 ===	 ===
Counterpart Training	1)EPI Polio Eradication 2)Stock management 3)IEC 4)Mother & Child Health 5)Surveillance	 ===	 ===	 === === ===	 === === ===	 === === ===	 ===	 ===	 ===	 ===	 ===	 ===	 ===
Provision of Equipment							===	===	===				
Local Cost for Japanese Expert		===	===	===	===	===	===	===	===	===	===	===	===

Summary of Activities in Cold Chain & Logistics

For JCC on 14th Oct., 1999

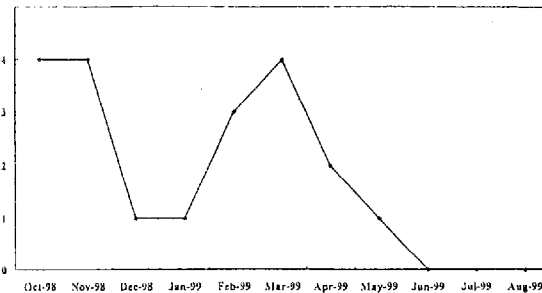
By Nakae Noguchi, JICA Expert for PIDP Project

①

- 6-1 Check physical stock of vaccine at central storage monthly.
- 6-2 Estimate vaccine requirement and submit requests to partner agencies.
- 6-3 Monitor/supervise vaccine stock control system.
- 6-4 Supervise on information flow between central and provinces
- 6-5 Hold training seminars on cold chain and logistics.
- 6-6 Conduct monitoring/supervision visit to provinces and districts.
- 7-1 Check SS activities twice a year.
- 7-2 Implement stock-taking in That Luang warehouse and update the inventory twice a year.

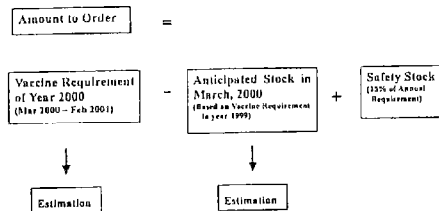
②

No. of vaccine which record does not match to the physical stock



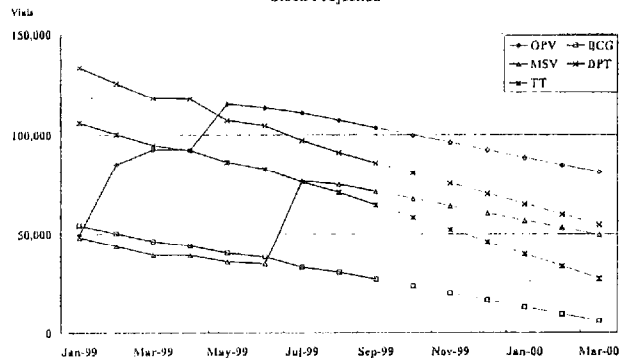
③

Basic Principle of the Calculation of Vaccine Amount to Order



④

Stock Projection



⑤

Formula of Vaccine Requirement

$$\text{No of Vials Required} = \frac{\text{Total Pop} \times \% \text{ of Target Pop} \times \text{Doses per Child} \times \text{Wastage Factor}}{\text{Doses per Vial}}$$

EX: Requirement of DPT Vaccine for 2000

$$5,158,038 \times 4\% \times 3 \text{ doses} \times 2 \div 10 \text{ doses} = 123,793 \text{ Vials}$$

⑥

Lao PDR Oral Polio Vaccine Requirement for sNID and HIRRI in the year 2000

No	Item	Unit	Quantity	Unit Cost (\$)	Total Cost
1	OPV for sNID	Vial (20 dose)	42,000	1.42	59,640
2	OPV for HIRRI	Vial (20 dose)	24,000	1.42	34,080
3	SUZUKI TS 125	EA.	10	1567	15,670
Total					109,390
Freight 20%					21,878
Grand Total (\$)					131,268
Grand Total (Yen)					15,752,160

Items No.1 and 2 are priorities

Please put following conditions at the order to UNICEF Copenhagen

- 1) Vaccines should have shelf lives of at least 2 years at arrival.
- 2) Be sure to provide accurate shipment information in advance, directly to Dr. Somihana Douangmalak, Director of National Center for Pediatric Infectious Diseases, National EPI Manager, Fax: +856-21-312121
- 3) Deadline of vaccine delivery is the end of December, 1999.

⑦

Lao PDR Requirement of Vaccines and Equipment for Routine Immunization in the year 2000
(Multi-bi Cooperation between Japan and UNICEF)

No	Item	Unit	Quantity	Unit Cost (\$)	Total Cost
1	OPV	Vial (20 dose)	24,000	1.42	34,080
2	Measles	Vial (10 dose)	11,000	1.13	12,650
3	BCG	Vial (20 dose)	50,000	1.3	65,000
4	DPT	Vial (10 dose)	55,000	0.72	39,600
5	TT	Vial (10 dose)	70,000	0.45	31,500
6	Cotton absorbent wool	Roll (100g)	15,000	0.42	6,300
7	Stabilizer#	EA.	70	288	20,160
Total					209,290
Freight (20%)					41,858
Grand Total (\$)					251,148
Grand Total (Yen)					30,137,760

Stabilizer: Model PF 500/4R (UNICEF PIS Code: E7/11)

Items No.1-5 are priorities

Please put following conditions at the order to UNICEF Copenhagen

- 1) Vaccines should have shelf lives of at least 2 years at arrival.
- 2) Be sure to provide accurate shipment information in advance, to Dr. Somihana DOUANGMALA, Director of National Center for Pediatric Infectious Diseases, National EPI Manager, Fax: +856-21-312120
- 3) Deadline of vaccine delivery is the end of March, 2000.

VACCINE REQUEST FROM PROVINCES BEFORE OCT. '98

No	Province	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
1	Vientiane Mun.	●	●		●	●		●	●●		●
2	Phongsaly	●	●								
3	Luangnamtha	●	●●					●			●
4	Oudomxay		●	●		●				●	
5	Bokeo		●	●							
6	Luangprabang	●			●●			●	●	●	●
7	Houaphanh		●							●	
8	Xayaboury	●●		●	●		●				●
9	Xiangkhouang					●			●		●
10	Vientiane	●●	●●					●●	●●	●	●
11	Borikhamxay	●●			●			●	●●	●	●
12	Khammouane		●	●	●●					●	●
13	Savannakhet					●	●	●		●	●
14	Saravau	●●		●					●	●	●●
15	Sekong		●				●			●	
16	Champasak		●	●●●	●●	●				●●	●
17	Attapeu					●					
18	Xaysomboun	●●	●					●	●	●	

Vaccine Request from Provinces in April - September, 1999

No	Province	Apr	May	Jun	Jul	Aug	Sep
1	Vientiane Mun.		●		●		●
2	Phongsaly	●		●			
3	Luangnamtha				●		●
4	Oudomxay	●				●	
5	Bolken						●
6	Luangprabang		●		●	●	
7	Houaphanh		●				●
8	Xayaboury		●	●			●
9	Xiangkhouang		●				●
10	Vientiane				●		
11	Borikhamxay		●			●	
12	Khammouane				●		●
13	Savannakhet	●					
14	Seruvan	●			●		●
15	Sekong		●				
16	Champasak	●		●	●		●
17	Attapeu		●		●		
18	Xayxouaboun			●		●	●

Field visit to monitor & supervise on cold chain & logistics in 1999

- Champasak
- Saravane
- Sekong
- Attapeu
- Xiengkouang
- Houaphanh
- Luangnamtha
- Phongsaly
- Bokeo

បេសកកម្មនាំចូលការងារស្រាវជ្រាវស្រាវអង្កេត និង បេសកកម្មការងារ

EPL Cold Chain and Logistics Masterlist & Subscription Check List

- ၁။ နိယာမအကျဉ်း
 Summary of Ordinances
 ၂။ နိယာမအကျဉ်း
 Summary of Ordinances
 ၃။ နိယာမအကျဉ်း
 Summary of Ordinances

- [illegible]

2. ថិរកាឈប់ដឹកនាំនៅក្នុងរយៈពេល ១០០ ឆ្នាំរបស់ក្រុងស្រីរាជ្យ(ក្រុងស្រីរាជ្យ)

[illegible]

3. វិធានការណ៍កាត់បន្ថយហានិភ័យ៖ (ឃើញនូវការចងក្រងផែនការ)

Vaccine Request Form

< Province → Central >

Regular Request	
Urgent Request	

Tick Either Box

Name of province:

Date:

Prepared by:

Stock for (Circle One):

Jan-Feb

Mar-Apr

May-Jun

Jul-Aug

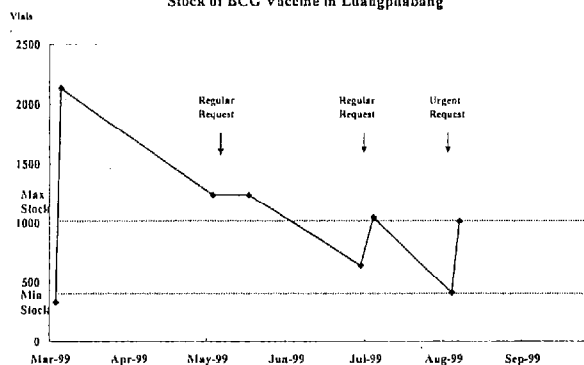
Sep-Oct

Noy-Dec

Item	Unit (dose / vial)	Current Stock (1)	Stock Level		Amount Requested (2) - (1)	Remarks
			Minimum	Maximum (2)		
OPV	20					
Measles	10					
DPT	10					
BCG	20					
TT	10					

1. Regular order is placed on 1st to 10th of January, March, May, July, September and November.
2. This order form should be sent to CPID every two months, even stock level remains at Maximum Stock Level.
3. Whenever stock falls below Minimum Stock Level, Urgent Order is placed immediately.

Stock of BCG Vaccine in Luangphabang



5S=Five Items on keeping working place in good condition

- Good arrangement (Seiri)
- Putting articles in order (Seiton)
- Cleaning (Seiso)
- Cleanliness (Seiketsu)
- Discipline (Shituke)

Ministerio de Relaciones Exteriores de la República Democrática Alemana
 Abteilung 101, 10119 Berlín, Ullrichstr. 10, 10119 Berlin, G.D.R.

California Department of Public Health
 1601 California Street, Suite 100
 Oakland, CA 94612-3209
 Tel: 415.704.7000
 Fax: 415.704.7001
 Email: info@cdph.ca.gov
 Website: www.cdph.ca.gov

ឱ្យដឹង) អំពី = ចាប់ពី ឧទាហរណ៍ ឱ្យដឹងពីចំណុច អំពី របស់អ្នកបង្ហាញ

ឆ្នាំចេញផ្សាយ៖ ៣០/០៣ - ០២/០៤/១៩៩៩

Year	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397
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[illegible]

ບໍລິເວນການຂາດ, ຄຸນນະພາບ ແລະ ເຄື່ອງອາໄຫລ່ຂອງ ໂຄງການນັກບາງປັນຍະບາດແຫ່ງຊາດ
LISTING OF EPI EQUIPMENT & SPARE PARTS

[illegible]

Action taken for emergency measure against trouble in central vaccine freezer & cold room

- Had a meeting among related organizations
- Held a seminar on trouble shooting
- Negotiated with private company for back-up of freezer & cold room
- Made a flow chart on emergency measures and distributed to all related staff

```

graph TD
    Start([Trouble Occurs  
Thermostatic machine or  
Refrigerator is shut down more than 1 hour]) --> Step1[Date keeper or someone who find the trouble]
    Step1 --> Step2[Contact to  
①Dr. Sivavanh Tel: 3 1 3 5 6 9]
    Step2 --> CanContact1{Can contact}
    Step2 --> CannotContact1{Cannot contact}
    
    CanContact1 --> Step3a[Contact to  
②Mr. Samphanh Tel: 4 1 9 2 3  
or  
③Dr. Kongsay Tel: _____  
or  
④Mr. Chansavong Tel: 2 1 9 2 2]
    CannotContact1 --> Step3b[Contact to  
⑤Mr. Samphanh Tel: 4 1 9 1 8  
or  
⑥Dr. Phouthou Tel: 3 1 4 0 0]
    
    Step3a --> Step4a[①Dr. and ②Mr. ③  
come to CPID to solve the trouble]
    Step3b --> CanContact2{Can contact}
    Step3b --> CannotContact2{Cannot contact}
    
    CanContact2 --> Step4a
    CannotContact2 --> Step4b[Contact to  
another CPID staff]
    
    Step4a --> CanSolve1{Can solve  
the trouble}
    Step4a --> CannotSolve1{Cannot solve  
the trouble}
    
    CanSolve1 --> Step5a[Stay until the temperature reaches  
-15°C (freezer) or 8°C (cold room)  
and abnormal lamp goes out]
    CannotSolve1 --> Step5b[Immediately contact and ask to come to CPID  
①Mr. Sengda Tel: 3 1 5 3 4 2  
or  
②Mr. Takasaka Tel: 3 1 4 3 4 8]
    
    Step5a --> LeaveCPID[Leave CPID]
    Step5b --> CanCome1{Can come}
    Step5b --> CannotCome1{Cannot come}
    
    CanCome1 --> Step6a[Try to solve the trouble]
    CannotCome1 --> Step6b[Report to Mr. Sengda or Mr. Takasaka  
within 12 hrs and ask him to  
come and check the freezer or  
cold room]
    
    Step6a --> CanSolve2{Can solve}
    Step6a --> CannotSolve2{Cannot solve  
the trouble}
    
    CanSolve2 --> Step6b
    CannotSolve2 --> CannotCome2{Cannot come}
    
    CannotCome2 --> Step7[Report to Dr. Samphanh and  
related organizations  
(UNICEF, WHO, JICA)  
within 48 hrs]
    
    Step6b --> Step8[Immediately contact to  
CPID  
Dr. Samphanh Tel: 4 1 4 8 1 8  
UNICEF  
Mr. Khamthoung Tel: 2 2 2 3 3 9  
and  
Dr. Insong Tel: _____  
and  
Dr. Mung Tel: 3 1 4 7 4 1 mobile: 020-516300  
WHO  
Dr. Yang Boungtel Tel: 2 1 2 9 3 8 (ex 1346)  
or  
Mr. Khamphou Tel: 3 1 3 8 2 4  
JICA  
Ms. Noguchi Tel: 4 1 4 9 1 9  
Mr. Morinaka Tel: 3 1 2 8 9 2 mobile: 020-517873  
and  
Dr. Kuroiwa Tel: 3 1 2 5 1 5  
and  
Mr. Kumagai Tel: 4 1 4 5 9 5]
    
    Step8 --> Step9a[Within 12 hrs, urgent meeting is  
arranged by CPID staff with all  
related organizations]
    Step8 --> Step9b[CPID staff observes the temperature  
all day alternately]
    
    Step9a --> Freeze{Freeze}
    Step9a --> ColdRoom{Cold room}
    
    Step9b --> Freeze
    Step9b --> ColdRoom
    
    Freeze --> Step10a[If the temperature rises above 0°C,  
put all ice packs to the freezer]
    ColdRoom --> Step10b[If the temperature rises above 15°C, take  
the following action:  
I. Put all BCG vaccine to freezer  
II. Put all DPT and TT vaccine to cold  
box with ice packs  
If refrigerators stored at Thai Lasing  
Warehouse are available, put DPT and TT  
vaccine to the refrigerators]
    
    Step10a --> Step11[If the temperature rise over 8°C,  
all vaccine are moved to cold room]
    
```

If the trouble can not be solved for more than 2 weeks, CPID staff can contact to a commercial company and ask to put some vaccines into their refrigerator temporarily.

Contact Address: LAO TECHNICAL SERVICES
Mr Chris Burrows, Managing Director
Tel: 217148

Summary of activities in Mother and Child Health / IEC

For JCC on 14th Oct., 1999

1

Mother and Child Health / Zone Zero Social Mobilization Strategy - IEC Activity

1. Zone Zero Social Mobilization Strategy
2. Degree of fulfillment based on Outputs / PDM2
3. Show the PDP TV spot
 - Bye-bye Polio 2000!! (1 minute)
 - Bye-bye Polio by Pantomime (7 minutes)



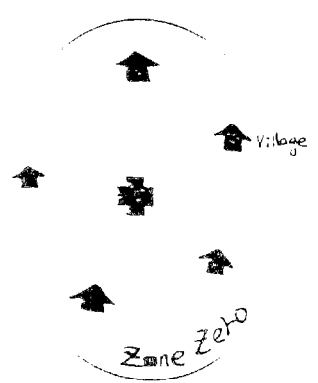
2

Point to Remember

1. The attendance of mothers and children to the health center in Zone 0 for polio immunization is very important
2. Coverage of immunization in Zone 0 is lower than other Zone
3. Number of staff are limited so it is hard to manage activity

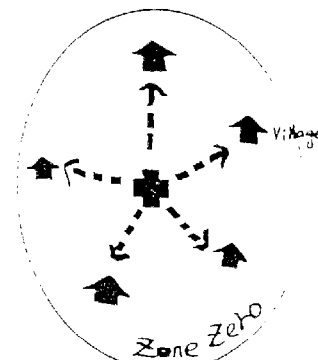
3

Aim of Zone Zero Social - Mobilization Strategy



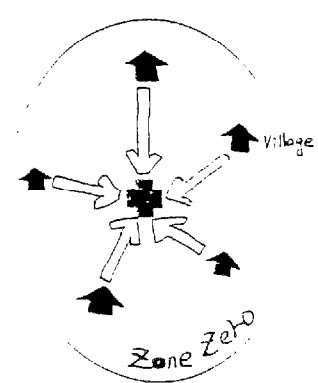
4

Aim of Zone Zero Social - Mobilization Strategy



5

Aim of Zone Zero Social - Mobilization Strategy

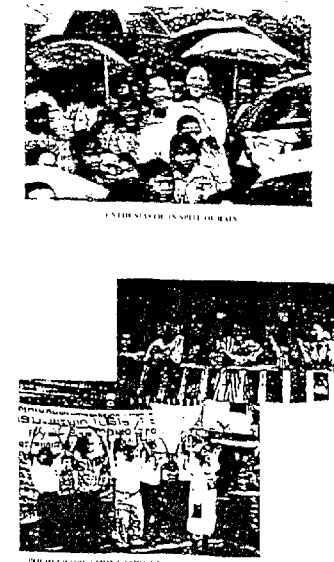


6

Necessary Subjects for Implementation

- a. to make residents well known about importance and necessity of immunization
- b. to improve the quality of service at fixed center
- c. to collect the information to know the achievement
- d. should have basic management capability

7



ENTER CENTER IN RAIN OR SUN

THE BE CARE ABOUT CHILD'S SOME REFERENCE



9

-

- Utilisation of fixed center in Zone 0 are obtained
- Location and name of village and medical facility in each Zone are obtained
- Status of EPI coverage in Zone 0 and 1 are obtained
- ICAP survey and cluster survey are implemented at least pilot area.

13-2

13-3

14

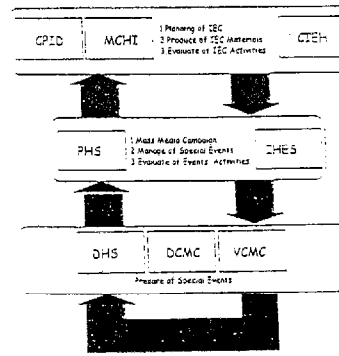
Necessary Subjects for Implementation

- to make residents well-known about importance and necessity of immunization
- to improve the quality of service at fixed center
- to select the information to know the achievement
- should have basic management capability

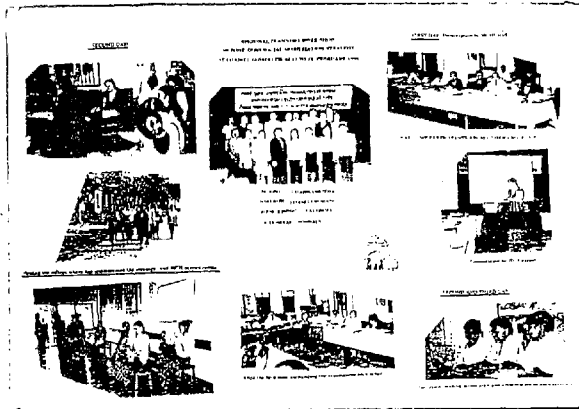


18

MODEL CHART OF IEC ACTIVITY



15



Activities in Pilot Area

- Expert technical transfer:
 - Received ZDS (Zone Zero Social Mobilization Strategy) - interesting with IEC MCH activities supported by government Health Service
 - Management - Intimate new expenditure report system to PIMP
 - Monitor and supervise cold chain and logistics and EPI/Surveillance
 - Coordinate integration of EPI, MCH and hospital staff
 - Event (EPI) show, public campaign activity
- Facility support:
 - Adequate equipment and water supply etc.

* Note: Dakhong Dispensary is potential for upgrading dispensary activities like ANC & MCH kit and staff training will be supported this year. But so far, the pilot Area is limited four villages of District Hospital

17

PILOT AREA of PIMP PROJECT in CHOMPHEI DISTRICT LUANGPRABANG PROVINCE.



PILOT AREA ACTIVITY PLAN at CHOMPHEI DISTRICT, LUANG PRABANG (km/h)

ACTIVITY	Schedule												Section in charge	Remark
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010		
1. To review current IEC activities in the district													CHOMPHEI DISTRICT	
2. To implement IEC activities in the district													CHOMPHEI DISTRICT	
3. To implement IEC activities in the district													CHOMPHEI DISTRICT	
4. To implement IEC activities in the district													CHOMPHEI DISTRICT	
5. To implement IEC activities in the district													CHOMPHEI DISTRICT	
6. To implement IEC activities in the district													CHOMPHEI DISTRICT	
7. To implement IEC activities in the district													CHOMPHEI DISTRICT	
8. To implement IEC activities in the district													CHOMPHEI DISTRICT	
9. To implement IEC activities in the district													CHOMPHEI DISTRICT	
10. To implement IEC activities in the district													CHOMPHEI DISTRICT	
11. To implement IEC activities in the district													CHOMPHEI DISTRICT	
12. To implement IEC activities in the district													CHOMPHEI DISTRICT	

REPORT OF ACTIVITY IMPLEMENTED by ZONE ZERO SOCIAL MOBILIZATION STRATEGY (ZDS) IEC FROM OCTOBER 1999 to SEPTEMBER 2000

ACTIVITY	Schedule												Section in charge	Remark
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010		
1. To review current IEC activities in the district													CHOMPHEI DISTRICT	
2. To implement IEC activities in the district													CHOMPHEI DISTRICT	
3. To implement IEC activities in the district													CHOMPHEI DISTRICT	
4. To implement IEC activities in the district													CHOMPHEI DISTRICT	
5. To implement IEC activities in the district													CHOMPHEI DISTRICT	
6. To implement IEC activities in the district													CHOMPHEI DISTRICT	
7. To implement IEC activities in the district													CHOMPHEI DISTRICT	
8. To implement IEC activities in the district													CHOMPHEI DISTRICT	
9. To implement IEC activities in the district													CHOMPHEI DISTRICT	
10. To implement IEC activities in the district													CHOMPHEI DISTRICT	
11. To implement IEC activities in the district													CHOMPHEI DISTRICT	
12. To implement IEC activities in the district													CHOMPHEI DISTRICT	

REPORT of ACTIVITY IMPLEMENTED for ZONE ZERO SOCIAL MOBILIZATION STRATEGY AND IEC

FROM OCTOBER 1998 to SEPTEMBER 1999

Etsuko Harada, Mother and Child Health expert, Project of PIDP/JICA

ACTIVITY	1998												Sharng agency, equipment/contents	Expenses
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	
1. Meeting/Work shop * PDM work shop . * ICC Meeting . * Sup committee Meeting . * EPI Planning Meeting . * EPI national work shop * JCC meeting. * Regional Meeting . North Central South	=												2days/Supplementary bud. Supplementary budget	5,298,000kip
	=	=	=	=	=	=	=	=	=	=	=	=	8 provinces LuangPrabang	5,191,190 kip
	=	=	=	=	=	=	=	=	=	=	=	=	5 provinces Bolikhamxay	2,955,160 kip
			=										5 provinces Champasak	3,447,875 kip
2. Management * Solved the Financial problem 17 provinces * Made activity plan * Filing system advice . * Office renovation . * Set up office materials . * Collecting the name and . Number of Village medical facility in zone zero strategy. * introduce GIS.	=	=	=	=	=	=							MCHH	
				=									MCHH	
					=	=							MCHH/filing shaves computer,copy	13,643 \$
						=	=						MCHH	1,295 \$
										=	=	=		1,592,200 kip
										=	=			1,853 \$
3. Preparation of pilot area (Luangprabang) * visit a candidate area . * Focus Group Discussion * KAP study trip * starting activity						=				=			MCHH,MCHP CPID,MCHI	
													CPID,MCHP,EPIP,MCHI	
													PHS,MCH,EPI,IEC,DHS,	
4. To join monitoring trip * LuangPrabang . * Vientiane Province . * Vientiane M .		=											Sub-committee members UNICEF FUND	
5. Equipment * Ordering the equipment 1 2 3 * Making distribution plan * Distribution				=									JICA supplementary budget	6,1663 \$
					=								PIDP project budget	18,949.70 \$
6. IEC * Event show for EPI/Zone O * Broad casting EPI massage (6 pediatric in diseases) on radio programme . * Promotion Polio eradication using stickers . * friend-ship sports * Event at pilot area													MCHI,CPID,CIEH CPID	
													CPID,EPIP	
													CPID,CLE,CLS,CAIDS, MCHI	
													CPID,CIEH,PIEC,DHS	

PIROT AREA ACTIVITY PLAN at CHOMPHEI DISTRICT, LUANG PRABANG (draft)

PIDP/JICA

Activity	Schedule																								Section in charge	Remark												
	1999												2000														2001											
	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3														
1. To implement FGD, 4 villages Zone 0																									CPID/PHS	745,600kip 169,800kip 292,180kip												
2. To implement KAP survey at Chomphet dist.																									CPID/PHSDr. Kurosawa													
To summarize(Japan)																									Short term expert													
To analyze(Japan)																									Short term expert													
3. To implement KAP survey at Ponxay district																									CPID/PHS													
To summarize(Japan)																									Short term expert													
To analyze(Japan)																									Short term expert													
4. To implement cluster survey /province																									CPID/PHSDr. Kurosawa													
To summarize																									Short term expert													
To analyze																									Short term expert													
5. Strategy action;①Meeting DCMC, VCMC																									PMCH/PEPI/DHS	504,000k 2,222,000k 2,150,000k checking												
②training																									PMCH/DHS													
③data collection																									PMCH/DHS													
④monitoring by province																									PMCH/MCHI													
⑤event by pantomime																									IEC/MCH/EPI													
⑥enlightenment event at the villages																									IEC													
6. To renovate : ①making water tank																									PHS/DHS													
Hospital facility;②water drainage,partition																									PHS/DHS													
③multipurpose meeting																									PHS/DHS													
④furniture for reception																									PHS/DHS													
7. To improve ;①EPI manager to KKU																									CPID													
technical; ②1 Paklung dispensary staff to training(SRC)																									PMCH/SRC													
③study tour for management																									CPID/MCHI													
8. To improve;①provision of equipment																									CPID/MCHI													
the service;②management of vaccine																									CPID													
③management of reporting																									PHS/CPID/MCHI													
④effective data use																									PHS/CPID/MCHI													



More Than 2 Years Without Polio!

Poliomyelitis surveillance:
Weekly report for week 37, ending September 18, 1999

(As of 24 Sep 1999)

Table 1: Acute flaccid paralysis (AFP) cases by week of onset, last 12 weeks

Country	AFP Onset 1998 Total	AFP Onset 1999 to date	Week ending:											
			Jul 03	Jul 10	Jul 17	Jul 24	Jul 31	Aug 07	Aug 14	Aug 21	Aug 28	Sep 04	Sep 11	Sep 18
CAM	170	80	4	1	2	6	3	0	1	0	0	0	NR	NR
CHN	3,043	3,101	124	120	104	107	82	69	80	62	65	34	9	0
LAO	87	69	3	4	3	2	1	2	3	0	2	1	0	NR
MAA	86	42	1	2	1	0	3	0	1	NR	NR	NR	NR	NR
MOG	43	10	0	0	0	0	0	0	0	0	0	0	0	0
PIC	5	4	0	1	0	0	0	0	0	0	0	0	NR	NR
PNG	33	20	0	1	1	1	0	0	0	0	0	0	0	0
PHL	264	154	6	6	7	8	5	4	2	0	1	0	0	NR
VTN	634	335	8	12	13	6	4	6	1	0	0	NR	NR	NR
OTH	53	29	0	1	1	0	1	0	1	1	0	0	0	NR
TOT	5,420	5,844	146	148	132	130	99	81	89	63	68	35	9	0

Table 2: Classification of AFP cases with onset in 1999 and key surveillance indicators

Country	AFP Onset 1999 to date	Confirmed Polio	Polio- Compatible	Non-polio (discarded)	Pending	Non-polio AFP rate	% reported within 2 wks of onset	% with 2 specimens w/in 2 wks of onset	Dataset Source Date
CAM	80	0	4	54	22	2.01	77 %	71 %	17-Sep-99
CHN	3,101	0	9	2,571	521	1.32	91 %	87 %	23-Sep-99
LAO	69	0	0	36	33	4.22	88 %	84 %	09-Sep-99
MAA	42	0	0	24	18	0.65	31 %	45 %	17-Sep-99
MOG	10	0	0	0	10	1.00	80 %	90 %	14-Sep-99
PIC	4	0	0	2	2	0.43	50 %	50 %	04-Sep-99
PNG	20	0	0	7	13	1.41	65 %	40 %	23-Sep-99
PHL	154	0	0	118	36	0.78	83 %	76 %	23-Sep-99
VTN	335	0	0	277	58	1.50	93 %	94 %	26-Aug-99
OTH	29	0	0	11	18	0.10	0 %	72 %	14-Sep-99
TOT	5,844	0	13	3,100	751	1.19	89 %	86 %	

Table 3: Polio cases by month of onset in 1999

Country	Polio Onset 1998 Total	Polio Onset 1999 to date	Polio 1999 by month											
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
CAM	0	0	0	0	0	0	0	0	0	0	0	NR	NR	NR
CHN	0	0	0	0	0	0	0	0	0	0	0	NR	NR	NR
LAO	0	0	0	0	0	0	0	0	0	0	0	NR	NR	NR
MAA	0	0	0	0	0	0	0	0	0	0	NR	NR	NR	NR
MOG	0	0	0	0	0	0	0	0	0	0	0	NR	NR	NR
PIC	0	0	0	0	0	0	0	0	0	0	0	NR	NR	NR
PNG	0	0	0	0	0	0	0	0	0	0	0	NR	NR	NR
PHL	0	0	0	0	0	0	0	0	0	0	0	NR	NR	NR
VTN	0	0	0	0	0	0	0	0	0	0	NR	NR	NR	NR
OTH	0	0	0	0	0	0	0	0	0	0	0	NR	NR	NR
TOT	0	0	0	0	0	0	0	0	0	0	0	0	0	0

CAM=Cambodia, CHN=China, LAO=Laos, MAA=Malaysia, MOG=Mongolia, PIC=Pacific Island Countries, PNG=Papua New Guinea, PHL=Philippines, VTN=Vietnam OTH=Other

¹ All countries use the virological case classification by 1997.

NR = No report.

² Annualized rate of non-polio AFP cases per 100,000 children under 15; includes pending cases and may overestimate true rate in countries with high inci



Poliomyelitis surveillance:
Laboratory results up to week 37, ending September 18, 1999

Table 4: Laboratory investigation of AFP cases with stool specimens received in 1999

National Polio Laboratories	Country	AFP with specimens submitted 1999	AFP cases positive for :					AFP cases pending lab results	% positive for NPEV	% results reported w/in 28 days	Latest Report Date
			P1	P2	P3	Polio mix	Polio/ NPEV				
NIID, Tokyo	CAM	89	0	0	0	0	0	14	35%	100%	09/09/99
Provincial Labs	CHN	2,995	21	105	27	31	12	315	8%	85%	23/09/99
NIID, Tokyo	LAO	75	0	1	0	0	2	13	44%	100%	14/09/99
IMR, KL	MAA	39	0	0	0	0	0	1	3%	100%	03/09/99
Ulaanbaatar	MOG	11	0	0	0	0	0	2	22%	100%	06/08/99
PNG IMR	PNG	15	0	0	0	0	0	0	0%	79%	21/09/99
RITM, Manila	PHL	181	0	0	1	0	0	12	9%	93%	14/09/99
Hanoi	VTN (N)	162	0	0	0	0	0	11	15%	100%	19/08/99
Ho Chi Minh	VTN (S)	189	0	0	1	0	0	18	16%	100%	08/09/99
VIDRL, Aus.	AUS	21	0	0	0	0	0	0	10%	93%	22/09/99
Hong Kong	HOK	15	0	1	0	0	0	0	27%	92%	08/09/99
Seoul	KOR	6	1	0	0	0	0	0	0%	83%	16/09/99
Wellington	NEZ	1	0	0	0	0	0	0	0%	100%	31/08/99
VIDRL, Aus.	PIC	4	0	0	0	0	0	0	50%	100%	22/09/99
Singapore	SIN	6	0	0	2	0	0	0	0%	89%	11/09/99
Total		3,809	22	107	31	31	14	386	10%	87%	

NPEV = non-polio enterovirus

Table 5: Intratypic differentiation of polio isolates from AFP cases with specimens received in 1999

Regional Reference Labs	Country	AFP with wild-virus in 1998	AFP with polio isolates submitted to labs in 1999	Intratypic differentiation results						Results Pending	ID ¹ results w/in 90 days of stool collection
				Polio 1		Polio 2		Polio 3			
				Total	Wild	Total	Wild	Total	Wild		
NIID, Tokyo	CAM	0	0	0	0	0	0	0	0	0	
CAPM, Beijing	CHN	0	196	19	0	73	0	35	0	5	100%
NIID, Tokyo	LAO	0	3	1	0	2	0	1	0	0	100%
VIDRL, Aus.	MAA	0	0	0	0	0	0	0	0	0	
NIID, Tokyo	MOG	0	0	0	0	0	0	0	0	0	
VIDRL, Aus.	PNG	0	0	0	0	0	0	0	0	0	
	PHL	0	1	0	0	0	0	1	0	0	100%
NIID, Tokyo	VTN	0	1	0	0	0	0	1	0	0	100%
VIDRL, Aus.	AUS	0	0	0	0	0	0	0	0	0	
	HOK	0	1	0	0	0	0	0	0	0	
NIID, Tokyo	KOR	0	1	1	0	0	0	0	0	0	100%
VIDRL, Aus.	NEZ	0	0	0	0	0	0	0	0	0	
	PIC	0	0	0	0	0	0	0	0	0	
	SIN	0	2	0	0	0	0	1	0	0	100%
Total		0	205	21	0	75	0	39	0	5	-

¹ ID=intratypic differentiation

Pediatric Infectious Disease Prevention Project

Coordinator Mr.Koichi Morinaka Presentation resume No.1

Annex II (1)

A. Achievement of Dispatch of Japanese Experts

As of September 30, 1999

1. Long Term

Name of Expert	Field	Duration
1. Dr. Chushi Kuroiwa	Chief Advisor: EPI & Surveillance	01. October, 1998 -
2. Mr. Koichi Morinaka	Co-ordinator	01. October, 1998 -
3. Ms. Eisuko Harada	Mother & Child health	01. October, 1998 -
4. Ms. Nakae Noguchi	ColdChains & Logistics	01. October, 1998 -

2. Short Term

Name of Expert	Field	Duration
1. Ms Ayako Nakamon	Information Education & Communication	01. October, 1998 - 05. December, 1998
2. Mr Yasumitsu Ida	Project Management Cycle	15. October, 1998 - 26. October, 1998
3. Mr. Hirooumi Goto	Stock Management	11. January, 1999 - 09. April, 1999
4. Dr. Dainku Hazumi	Geographic Information System	03. May, 1999 - 28. May, 1999
5. Ms. Kumiko Kanai	Mother & Child health	23. June, 1999 - 20. July, 1999
6. Dr. Satoru Nakamura	Measles Laboratory Surveillance	10. July, 1999 - 28. August, 1999
7. Dr. Michiko Kurosawa	KAP Survey	24. July, 1999 - 08. August, 1999
8. Ms Ayako Nakamon	Information Education & Communication	03. August, 1999 - 04. September, 1999

Annex II (2)

B. Achievement of Trainings

(1) Achievement of Counterpart Trainings In Japan

Name of participant	Course Title	Duration
1. Dr. BOUNKQUANG PHICHIT	Comprehensive Observation of Health Care and EPI in Japan	03. August, 1998 - 19. August, 1998
2. Dr. SOMTHANA DOUANGMALA	Comprehensive Observation of Health Care and EPI in Japan	03. August, 1998 - 19. August, 1998
3. Mr. VISIT KHAMLUSA	Production of Audio Visual Communication Media	06. May, 1999 - 26. August, 1999
4. Dr. SISAVANH SUNDARA	Stock Management and Inventory System	12. July, 1999 - 10. August, 1999
5. Dr. VANXAY SOUVANNAMETHY	Seminar on Eradication of Vaccine Preventable Diseases	26. July, 1999 - 30. August, 1999

(2) Achievement of Third Country Trainings In Japan

Number participants	Course Title and Place	Duration
Central & Provincial 15 EPI Managers	Third Country training on EPI Management and Surveillance Activities of EPI Target Diseases for Lao Health Personnel (at KhonKaen University)	21. February, 1999 - 20. February, 1999
Central & Provincial/District 15 EPI Managers	Third Country training on EPI Management and Surveillance Activities of EPI Target Diseases for Lao Health Personnel (at KhonKaen University)	02. September, 1999 - 30. September, 1999

Coordinator Mr.Koichi Morinaka Presentation resume No.2

Annex 3 (2)

C. Achievement of Provision of Equipment (as of September 30, 1999)

1998 Budget Provision of Equipment

[illegible]

1999 Budget: Provincial Expenditure

Price of Purchase (Annual 1981)

[illegible]

List of Equipment Provided (1998)

HCA

Pediatric Infectious Disease Prevention Program

Sl. No.	Description of Assets	Quantity	Price per Unit	Amount (₹)	Remarks	Value
1	Gold Jewellery	100	10000	1000000	Gold Jewellery	1000000
2	Real Estate (Plot No. 123)	1	1000000	1000000	Real Estate (Plot No. 123)	1000000
3	Motor Vehicle (Maruti Suzuki)	1	100000	100000	Motor Vehicle (Maruti Suzuki)	100000
4	Bank Deposits (Savings)	1000000	100000	100000000	Bank Deposits (Savings)	100000000
5	Fixed Deposits (5 years)	1000000	100000	100000000	Fixed Deposits (5 years)	100000000
6	Shares (Reliance Industries)	1000000	100000	100000000	Shares (Reliance Industries)	100000000
7	Real Estate (Flat No. 456)	1	1000000	1000000	Real Estate (Flat No. 456)	1000000
8	Motor Vehicle (BMW)	1	1000000	1000000	Motor Vehicle (BMW)	1000000
9	Bank Deposits (Current)	1000000	100000	100000000	Bank Deposits (Current)	100000000
10	Fixed Deposits (1 year)	1000000	100000	100000000	Fixed Deposits (1 year)	100000000
11	Shares (Tata Steel)	1000000	100000	100000000	Shares (Tata Steel)	100000000
12	Real Estate (Plot No. 789)	1	1000000	1000000	Real Estate (Plot No. 789)	1000000
13	Motor Vehicle (Honda)	1	100000	100000	Motor Vehicle (Honda)	100000
14	Bank Deposits (Fixed)	1000000	100000	100000000	Bank Deposits (Fixed)	100000000
15	Fixed Deposits (3 years)	1000000	100000	100000000	Fixed Deposits (3 years)	100000000
16	Shares (Infosys)	1000000	100000	100000000	Shares (Infosys)	100000000
17	Real Estate (Flat No. 101)	1	1000000	1000000	Real Estate (Flat No. 101)	1000000
18	Motor Vehicle (Mercedes)	1	1000000	1000000	Motor Vehicle (Mercedes)	1000000
19	Bank Deposits (Savings)	1000000	100000	100000000	Bank Deposits (Savings)	100000000
20	Fixed Deposits (2 years)	1000000	100000	100000000	Fixed Deposits (2 years)	100000000
21	Shares (Wipro)	1000000	100000	100000000	Shares (Wipro)	100000000
22	Real Estate (Plot No. 234)	1	1000000	1000000	Real Estate (Plot No. 234)	1000000
23	Motor Vehicle (Volvo)	1	1000000	1000000	Motor Vehicle (Volvo)	1000000
24	Bank Deposits (Fixed)	1000000	100000	100000000	Bank Deposits (Fixed)	100000000
25	Fixed Deposits (4 years)	1000000	100000	100000000	Fixed Deposits (4 years)	100000000
26	Shares (Zinnov)	1000000	100000	100000000	Shares (Zinnov)	100000000
27	Real Estate (Flat No. 567)	1	1000000	1000000	Real Estate (Flat No. 567)	1000000
28	Motor Vehicle (Audi)	1	1000000	1000000	Motor Vehicle (Audi)	1000000
29	Bank Deposits (Savings)	1000000	100000	100000000	Bank Deposits (Savings)	100000000
30	Fixed Deposits (1 year)	1000000	100000	100000000	Fixed Deposits (1 year)	100000000
31	Shares (Nestle)	1000000	100000	100000000	Shares (Nestle)	100000000
32	Real Estate (Plot No. 890)	1	1000000	1000000	Real Estate (Plot No. 890)	1000000
33	Motor Vehicle (Ferrari)	1	1000000	1000000	Motor Vehicle (Ferrari)	1000000
34	Bank Deposits (Fixed)	1000000	100000	100000000	Bank Deposits (Fixed)	100000000
35	Fixed Deposits (5 years)	1000000	100000	100000000	Fixed Deposits (5 years)	100000000
36	Shares (Larsen & Toubro)	1000000	100000	100000000	Shares (Larsen & Toubro)	100000000
37	Real Estate (Flat No. 123)	1	1000000	1000000	Real Estate (Flat No. 123)	1000000
38	Motor Vehicle (Porsche)	1	1000000	1000000	Motor Vehicle (Porsche)	1000000
39	Bank Deposits (Savings)	1000000	100000	100000000	Bank Deposits (Savings)	100000000
40	Fixed Deposits (2 years)	1000000	100000	100000000	Fixed Deposits (2 years)	100000000
41	Shares (Titan)	1000000	100000	100000000	Shares (Titan)	100000000
42	Real Estate (Plot No. 456)	1	1000000	1000000	Real Estate (Plot No. 456)	1000000
43	Motor Vehicle (Jaguar)	1	1000000	1000000	Motor Vehicle (Jaguar)	1000000
44	Bank Deposits (Fixed)	1000000	100000	100000000	Bank Deposits (Fixed)	100000000
45	Fixed Deposits (3 years)	1000000	100000	100000000	Fixed Deposits (3 years)	100000000
46	Shares (Asian Paints)	1000000	100000	100000000	Shares (Asian Paints)	100000000
47	Real Estate (Flat No. 789)	1	1000000	1000000	Real Estate (Flat No. 789)	1000000
48	Motor Vehicle (Rolls Royce)	1	1000000	1000000	Motor Vehicle (Rolls Royce)	1000000
49	Bank Deposits (Savings)	1000000	100000	100000000	Bank Deposits (Savings)	100000000
50	Fixed Deposits (1 year)	1000000	100000	100000000	Fixed Deposits (1 year)	100000000
51	Shares (Nestle)	1000000	100000	100000000	Shares (Nestle)	100000000
52	Real Estate (Plot No. 123)	1	1000000	1000000	Real Estate (Plot No. 123)	1000000
53	Motor Vehicle (Ferrari)	1	1000000	1000000	Motor Vehicle (Ferrari)	1000000
54	Bank Deposits (Fixed)	1000000	100000	100000000	Bank Deposits (Fixed)	100000000
55	Fixed Deposits (5 years)	1000000	100000	100000000	Fixed Deposits (5 years)	100000000
56	Shares (Larsen & Toubro)	1000000	100000	100000000	Shares (Larsen & Toubro)	100000000
57	Real Estate (Flat No. 123)	1	1000000	1000000	Real Estate (Flat No. 123)	1000000
58	Motor Vehicle (Porsche)	1	1000000	1000000	Motor Vehicle (Porsche)	1000000
59	Bank Deposits (Savings)	1000000	100000	100000000	Bank Deposits (Savings)	100000000
60	Fixed Deposits (2 years)	1000000	100000	100000000	Fixed Deposits (2 years)	100000000
61	Shares (Titan)	1000000	100000	100000000	Shares (Titan)	100000000
62	Real Estate (Plot No. 456)	1	1000000	1000000	Real Estate (Plot No. 456)	1000000
63	Motor Vehicle (Jaguar)	1	1000000	1000000	Motor Vehicle (Jaguar)	1000000
64	Bank Deposits (Fixed)	1000000	100000	100000000	Bank Deposits (Fixed)	100000000
65	Fixed Deposits (3 years)	1000000	100000	100000000	Fixed Deposits (3 years)	100000000
66	Shares (Asian Paints)	1000000	100000	100000000	Shares (Asian Paints)	100000000
67	Real Estate (Flat No. 789)	1	1000000	1000000	Real Estate (Flat No. 789)	1000000
68	Motor Vehicle (Rolls Royce)	1	1000000	1000000	Motor Vehicle (Rolls Royce)	1000000
69	Bank Deposits (Savings)	1000000	100000	100000000	Bank Deposits (Savings)	100000000
70	Fixed Deposits (1 year)	1000000	100000	100000000	Fixed Deposits (1 year)	100000000
71	Shares (Nestle)	1000000	100000	100000000	Shares (Nestle)	100000000
72	Real Estate (Plot No. 123)	1	1000000	1000000	Real Estate (Plot No. 123)	1000000
73	Motor Vehicle (Ferrari)	1	1000000	1000000	Motor Vehicle (Ferrari)	1000000
74	Bank Deposits (Fixed)	1000000	100000	100000000	Bank Deposits (Fixed)	100000000
75	Fixed Deposits (5 years)	1000000	100000	100000000	Fixed Deposits (5 years)	100000000
76	Shares (Larsen & Toubro)	1000000	100000	100000000	Shares (Larsen & Toubro)	100000000
77	Real Estate (Flat No. 123)	1	1000000	1000000	Real Estate (Flat No. 123)	1000000
78	Motor Vehicle (Porsche)	1	1000000	1000000	Motor Vehicle (Porsche)	1000000
79	Bank Deposits (Savings)	1000000	100000	100000000	Bank Deposits (Savings)	100000000
80	Fixed Deposits (2 years)	1000000	100000	100000000	Fixed Deposits (2 years)	100000000
81	Shares (Titan)	1000000	100000	100000000	Shares (Titan)	100000000
82	Real Estate (Plot No. 456)	1	1000000	1000000	Real Estate (Plot No. 456)	1000000
83	Motor Vehicle (Jaguar)	1	1000000	1000000	Motor Vehicle (Jaguar)	1000000
84	Bank Deposits (Fixed)	1000000	100000	100000000	Bank Deposits (Fixed)	100000000
85	Fixed Deposits (3 years)	1000000	100000	100000000	Fixed Deposits (3 years)	100000000
86	Shares (Asian Paints)	1000000	100000	100000000	Shares (Asian Paints)	100000000
87	Real Estate (Flat No. 789)	1	1000000	1000000	Real Estate (Flat No. 789)	1000000
88	Motor Vehicle (Rolls Royce)	1	1000000	1000000	Motor Vehicle (Rolls Royce)	1000000
89	Bank Deposits (Savings)	1000000	100000	100000000	Bank Deposits (Savings)	100000000
90	Fixed Deposits (1 year)	1000000	100000	100000000	Fixed Deposits (1 year)	100000000
91	Shares (Nestle)	1000000	100000	100000000	Shares (Nestle)	100000000
92	Real Estate (Plot No. 123)	1	1000000	1000000	Real Estate (Plot No. 123)	1000000
93	Motor Vehicle (Ferrari)	1	1000000	1000000	Motor Vehicle (Ferrari)	1000000
94	Bank Deposits (Fixed)	1000000	100000	100000000	Bank Deposits (Fixed)	100000000
95	Fixed Deposits (5 years)	1000000	100000	100000000	Fixed Deposits (5 years)	100000000
96	Shares (Larsen & Toubro)	1000000	100000	100000000	Shares (Larsen & Toubro)	100000000
97	Real Estate (Flat No. 123)	1	1000000	1000000	Real Estate (Flat No. 123)	1000000
98	Motor Vehicle (Porsche)	1	1000000	1000000	Motor Vehicle (Porsche)	1000000
99	Bank Deposits (Savings)	1000000	100000	100000000	Bank Deposits (Savings)	100000000
100	Fixed Deposits (2 years)	1000000	100000	100000000	Fixed Deposits (2 years)	100000000
101	Shares (Titan)	1000000	100000	100000000	Shares (Titan)	100000000
102	Real Estate (Plot No. 456)	1	1000000	1000000	Real Estate (Plot No. 456)	1000000
103	Motor Vehicle (Jaguar)	1	1000000	1000000	Motor Vehicle (Jaguar)	1000000
104	Bank Deposits (Fixed)	1000000	100000	100000000	Bank Deposits (Fixed)	100000000
105	Fixed Deposits (3 years)	1000000	100000	100000000	Fixed Deposits (3 years)	100000000
106	Shares (Asian Paints)	1000000	100000	100000000	Shares (Asian Paints)	100000000
107	Real Estate (Flat No. 789)	1	1000000	1000000	Real Estate (Flat No. 789)	1000000
108	Motor Vehicle (Rolls Royce)	1	1000000	1000000	Motor Vehicle (Rolls Royce)	1000000
109	Bank Deposits (Savings)	1000000	100000	100000000	Bank Deposits (Savings)	100000000
110	Fixed Deposits (1 year)	1000000	100000	100000000	Fixed Deposits (1 year)	100000000
111	Shares (Nestle)	1000000	100000	100000000	Shares (Nestle)	100000000
112	Real Estate (Plot No. 123)	1	1000000	1000000	Real Estate (Plot No. 123)	1000000
113	Motor Vehicle (Ferrari)	1	1000000	1000000	Motor Vehicle (Ferrari)	1000000
114	Bank Deposits (Fixed)	1000000	100000	100000000	Bank Deposits (Fixed)	100000000
115	Fixed Deposits (5 years)	1000000	100000	100000000	Fixed Deposits (5 years)	100000000
116	Shares (Larsen & Toubro)	1000000	100000	100000000	Shares (Larsen & Toubro)	100000000
117	Real Estate (Flat No. 123)	1	1000000	1000000	Real Estate (Flat No. 123)	1000000
118	Motor Vehicle (Porsche)	1	1000000	1000000	Motor Vehicle (Porsche)	1000000
119	Bank Deposits (Savings)	1000000	100000	100000000	Bank Deposits (Savings)	100000000
120	Fixed Deposits (2 years)	1000000	100000	100000000	Fixed Deposits (2 years)	100000000
121	Shares (Titan)	1000000	100000	100000000	Shares (Titan)	100000000
122	Real Estate (Plot No. 456)	1	1000000	1000000	Real Estate (Plot No. 456)	1000000
123	Motor Vehicle (Jaguar)	1	1000000	1000000	Motor Vehicle (Jaguar)	1000000
124	Bank Deposits (Fixed)	1000000	100000	100000000	Bank Deposits (Fixed)	100000000
125	Fixed Deposits (3 years)	1000000	100000	100000000	Fixed Deposits (3 years)	100000000
126	Shares (Asian Paints)	1000000	100000	100000000	Shares (Asian Paints)	100000000
127	Real Estate (Flat No. 789)	1	1000000	1000000	Real Estate (Flat No. 789)	1000000
128	Motor Vehicle (Rolls Royce)	1	1000000	1000000	Motor Vehicle (Rolls Royce)	1000000
129	Bank Deposits (Savings)	1000000	100000	100000000	Bank Deposits (Savings)	100000000
130	Fixed Deposits (1 year)	1000000	100000	100000000	Fixed Deposits (1 year)	100000000
131	Shares (Nestle)	1000000	100000	100000000	Shares (Nestle)	100000000
132	Real Estate (Plot No. 123)	1	1000000	1000000	Real Estate (Plot No. 123)	1000000
133	Motor Vehicle (Ferrari)	1	1000000	1000000	Motor Vehicle (Ferrari)	1000000
134	Bank Deposits (Fixed)	1000000	100000	100000000	Bank Deposits (Fixed)	100000000
135	Fixed Deposits (5 years)	1000000	100000	100000000	Fixed Deposits (5 years)	100000000
136	Shares (Larsen & Toubro)	1000000	100000	100000000	Shares (Larsen & Toubro)	100000000
137	Real Estate (Flat No. 123)	1	1000000	1000000	Real Estate (Flat No. 123)	1000000
138	Motor Vehicle (Porsche)	1	1000000	1000000	Motor Vehicle (Porsche)	1000000
139	Bank Deposits (Savings)	1000000	100000	100000000	Bank Deposits (Savings)	100000000
140	Fixed Deposits (2 years)	1000000	100000	100000000	Fixed Deposits (2 years)	100000000
141	Shares (Titan)	1000000	100000	100000000	Shares (Titan)	100000000
142	Real Estate (Plot No. 456)	1	1000000	1000000	Real Estate (Plot No. 456)	1000000
143	Motor Vehicle (Jaguar)	1	1000000	1000000	Motor Vehicle (Jaguar)	1000000
144	Bank Deposits (Fixed)	1000000	100000	100000000	Bank Deposits (Fixed)	100000000
145	Fixed Deposits (3 years)	1000000	100000	100000000	Fixed Deposits (3 years)	100000000
146	Shares (Asian Paints)	1000000	100000	100000000	Shares (Asian Paints)	100000000
147	Real Estate (Flat No. 789)	1	1000000	1000000	Real Estate (Flat No. 789)	1000000
148	Motor Vehicle (Rolls Royce)	1	1000000	1000000	Motor Vehicle (Rolls Royce)	1000000
149	Bank Deposits (Savings)	1000000	100000	100000000	Bank Deposits (Savings)	100000000
150	Fixed Deposits (1 year)	1000000	100000	100000000	Fixed Deposits (1 year)	100000000
151	Shares (Nestle)	1000000	100000	100000000	Shares (Nestle)	100000000</

Provision of Equipment in FY 1989 (purchased locally in LAO)

CA PEDIATRIC INFECTIOUS DISEASE PREVENTION PROJECT - LAS ANIMAS

ITEM	QTY	UNIT	UNIT PRICE	AMOUNT	AMOUNT \$	REMARKS
					256	
						ITEM 14
						Master and Slave C-10000
						1 Chamberlain Slave C-2, Lumpy Pressing (10000)
						2 Chamberlain Master Slave
						Subcontract:
						For this contract and amount:
						11-10 room low and high 10000
						12-10 room low and high 10000
						13-10 room low and high 10000
						14-10 room low and high 10000
						15-10 room low and high 10000
						16-10 room low and high 10000
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Pediatric Infectious Disease Prevention Project

Coordinator Mr.Koichi Morinaka Presentation resume No.3

PIDP Project in local Newspapers(as of 3,October 1999)

PIDP Project in local Newspapers(as of 3,October 1999)

Name of Newspaper	Date	Title (Content)	Page
Vientiane Times	4 Dec 98	JICA cooperation in polio control (introduction of PIDP project)	1
Vientiane Times	11 Dec 98	Bye-bye Polio 2000 (Development / Campaign of our project introduction of PIDP project and long term experts)	1 and 11
Vientiane Mai	5 Dec 98	Introduction of PIDP Project and long term experts	
Parason	28 Nov 98	Local-Japan cooperation against Polio measles	1
Parason	1 Dec 98	News report: Bye Bye Polio campaign conference at Lao Nien Plaza (introduction of PIDP Project and long term experts)	124
January 99 - March 99			
Name of Newspaper	Date	Title (Content)	Page
Vientiane Times	29 Jun 99	Bye-bye polio 2000 (Dr. Kuratsune thesis)	1, 10 and 11
Vientiane Times	12 Mar 99	JICA donates immunization equipment to MOH (Handover Ceremony 1998 budget locally purchased Equipment and others)	4
Vientiane Times	16 Mar 99	Health personnel training at Khon Kaen University (One month period 15 Lao EPI managers's Third Country Training)	4
Vientiane Mai	29 Jun 99	Bye-bye polio 1999 (Dr. Kuratsune thesis)	Series
Vientiane Mai	29 Jun 99	Bye-bye polio 1998 (Dr. Kuratsune thesis)	Series
Vientiane Mai	1 Feb 99	Bye-bye polio 1995 (Dr. Kuratsune thesis)	Series
Vientiane Mai	2 Feb 99	Bye-bye polio 1994 (Dr. Kuratsune thesis)	Series
Vientiane Mai	3 Feb 99	Bye-bye polio 1993 (Dr. Kuratsune thesis)	Series
Vientiane Mai	4 Feb 99	Bye-bye polio 1992 (Dr. Kuratsune thesis)	Series
Vientiane Mai	5 Feb 99	Bye-bye polio 1991 (Dr. Kuratsune thesis)	Series
Vientiane Mai	6 Feb 99	Bye-bye polio 1990 (Dr. Kuratsune thesis)	Series
Vientiane Mai	7 Feb 99	Bye-bye polio 1989 (Dr. Kuratsune thesis)	Series
Vientiane Mai	8 Feb 99	Bye-bye polio 1988 (Dr. Kuratsune thesis)	Series
Vientiane Mai	9 Feb 99	Bye-bye polio 1987 (Dr. Kuratsune thesis)	Series
Vientiane Mai	10 Feb 99	Bye-bye polio 1986 (Dr. Kuratsune thesis)	Series
Vientiane Mai	11 Mar 99	Japanese Government donates immunization equipment (Handover Ceremony 1998 budget locally purchased Equipment and others)	1 and 11
Vientiane Mai	16 Mar 99	Health personnel training at Khon Kaen University (Third Country Training)	1 and 11
Parason	1 Feb 99	Polio eradication by the year 2000 (Dr. Kuratsune thesis)	
Parason	2 Feb 99	Japanese donates immunization equipment to MOH (Handover Ceremony 1998 budget locally purchased Equipment and others)	1 and 11
Parason	11 Mar 99	Health personnel training at Khon Kaen University (Third Country Training)	1 and 11

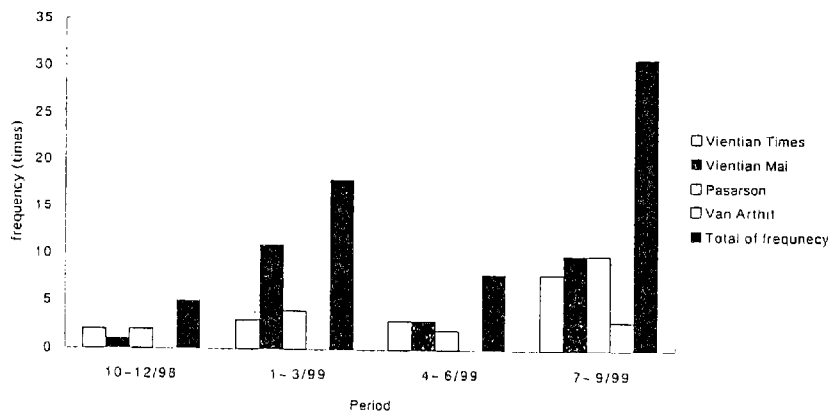
April 99 - June 99

Name of Newspaper	Date	Title (Content)	Page
Vientiane Times	4 Apr 99	Japanese expert suggests management and maintenance techniques (Short term expert Mr. Goto's activities introduction of the basis of Japanese Management's)	1
Vientiane Times	5 Apr 99	JICA donates office equipment to MOH (Some of Equipment of Provision go to Mother and Child Health activities)	4
Vientiane Times	1 Jun 99	The importance of health care (Mother and Child Health activities / Photomontage show by PIDP project)	1 and 11
Vientiane Mai	1 Apr 99	Suggestion of JICA expert Mr. Minemura GOTO Mr. Goto's activities about teaching the basis of Japanese Management's	1 and 11
Vientiane Mai	5 Apr 99	JICA donates office equipment to MOH (Mother and Child Health activities)	1 and 11
Vientiane Mai	1 Jun 99	Shawnee's come zero social mobilization activities (Photomontage Show for social mobilization conducted by PIDP Project)	1 and 11
Parason	2 Apr 99	Experience on management Japanese expert (Short term expert Mr. Goto's activities)	1
Parason	29 May 99	JICA arranges for Mother and Child Health zero social mobilization activities (Photomontage Show for social mobilization conducted by PIDP Project)	1 and 11

July 99 - September 99

Name of Newspaper	Date	Title (Content)	Page
Vientiane Times	21 Jul 99	Caring about the health of Lao Women and Children introduction of Long term expert Mr. Goto's activities in Mother and Child Health	1
Vientiane Times	16 Aug 99	Advertisement of provision for Bites 1999 Equipment Provision locally purchased	1
Vientiane Times	23 Aug 99	Efforts to prevent and control measles (Short term expert Dr. Nakamura's activities in Mother and Child Health)	10
Vientiane Times	1 Sep 99	JICA donates immunization equipment to MOH 98 budget equipment purchased in Japan and others	10
Vientiane Times	10 Sep 99	Japanese Government's pays more attention to Child Health Care (Exchange of Technique program / Training of Lao 15 EPI managers at Khon Kaen University for one month period)	10
Vientiane Times	10 Sep 99	Advertisement about Vaccines for a Lao local staff for PIDP Project	1
Vientiane Times	24 Sep 99	Introduction of activities of Training in Japan of three Lao Health Officers	1
Vientiane Mai	13 Jul 99	JICA-MOH cooperation promotes of Mother and Child Health introduction of Long term expert Mr. Goto's activities in Mother and Child Health	1 and 11
Vientiane Mai	23 Jul 99	Advertisement of provision for Bites 1999 Equipment Provision locally purchased	1 and 11
Vientiane Mai	13 Aug 99	JICA supported Measles Survey (Short term expert Dr. Nakamura's activities in Mother and Child Health)	1 and 11
Vientiane Mai	13 Aug 99	JICA donates equipment to MOH 98 budget equipment purchased in Japan and others	1 and 11
Vientiane Mai	1 Sep 99	Health personnel training at Khon Kaen University (Exchange of Technique program / Training of Lao 15 EPI managers at Khon Kaen University for one month period)	1 and 11
Vientiane Mai	1 Sep 99	Advertisement of Vaccines for a Lao local staff for PIDP Project	1 and 11
Vientiane Mai	1 Sep 99	JICA-MOH cooperation promotes of Mother and Child Health	1 and 11
Parason	17 Jul 99	Evaluation of PIDP and local partner's role	1
Parason	17 Jul 99	JICA-MOH cooperation promotes of Mother and Child Health	1
Parason	16 Aug 99	Advertisement about Vaccines for a Lao local staff for PIDP Project	1
Parason	16 Aug 99	Measles control for Children of JICA-MOH Project	1
Parason	11 Aug 99	Expert Dr. Nakamura's activities in Mother and Child Health (Short term expert)	1 and 11
Parason	4 Sep 99	JICA donates equipment to MOH 98 budget equipment purchased in Japan and others	1 and 11
Parason	4 Sep 99	JICA supported Health personnel training at Khon Kaen University (Exchange of Technique program / Training of Lao 15 EPI managers at Khon Kaen University for one month period)	1 and 11
Parason	10 Sep 99	Advertisement about Vaccines for a Lao local staff for PIDP Project	1 and 11
Parason	24 Sep 99	Training of Health Officers in Japan (Introduction of contents of new trainings)	1 and 11
Van Arthit	1 Aug 99	JICA-MOH cooperation promotes of Mother and Child Health introduction of Long term expert Mr. Goto's activities in Mother and Child Health	1 and 11
Van Arthit	2 Sep 99	Japanese Government Supports Lao-measles personal training course (Training Exchange of Technique program / Training of Lao 15 EPI managers at Khon Kaen University for one month period)	1 and 11
Van Arthit	2 Oct 99	Training of Health Officers in Japan (Introduction of contents of new trainings)	1 and 11

Pediatric Infectious Disease Prevention Project in Lao PDR
Frequency of appearance of related news in local news papers
1998.10-1999.9



VIENTIANE TIMES

Established 1994

VOLUME 6

NUMBER 83

October 19 - 21, 1999

4000 KIP



Signing of MOU agreement of JICA's Pediatric Infection Disease Prevention Project.

Co-operation for prevention of children's diseases

By Manichanh

FOLLOWING a Joint Co-ordination Committee meeting between Ministry of Public Health officials and Japanese health experts, a Minutes of Discussions of the JICA Pediatric Infection Disease Prevention Project was signed on October 15, in Vientiane.

The Lao and Japanese sides reviewed the project over the past year and discussed co-operation in future implementation plans.

A Memorandum of Understanding was signed between Chanthanom Manotham of the Ministry of Public Health, and Japan's Dr Katsunori Yoshitake.

Japan International Co-operation Agency dispatched a management consultation team headed by Dr Katsunori Yoshitake, International Medical of Japan, MOH of Japan, for the purpose of receiving and discussing the project.

The JICA Pediatric Infection Disease Prevention Project was signed on June 29, 1998 and has been in

operation since October 1, 1998. To date, the project has cost the Japanese Embassy more than US\$ 500,000. The project is supported by the United Nations Children's Fund (UNICEF).

Witnessing the signing of the agreement were Vice Minister of Public Health Dr Bounkhong Phichit, and Japanese Ambassador to Laos, Mr Yoshinori Miyamoto.