

Annual Report 2001

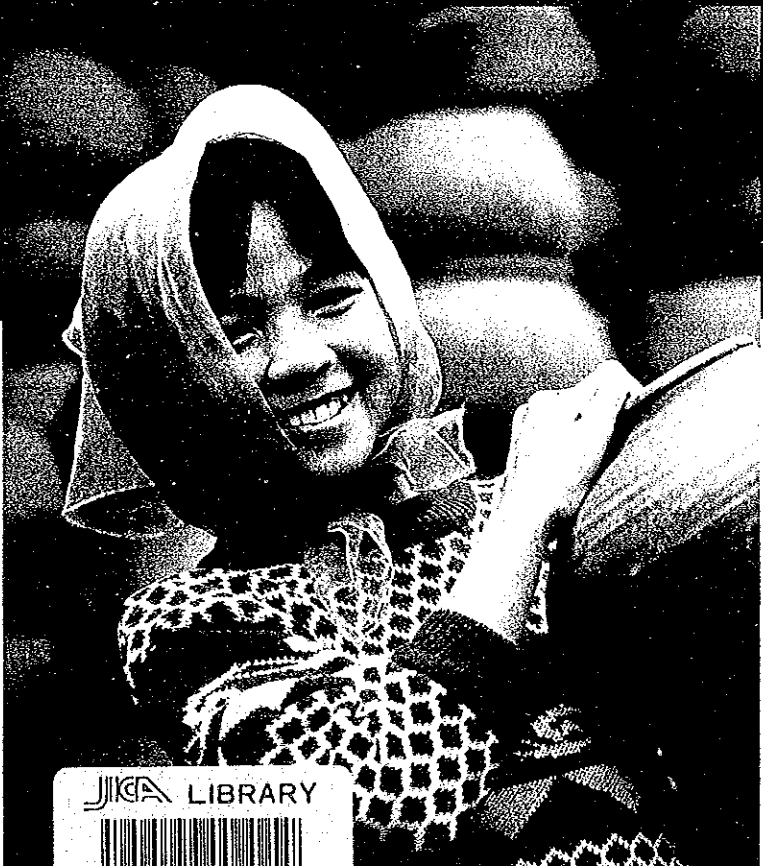
Japan International Cooperation Agency  
Annual Report

2001

# JICA

Japan International Cooperation Agency

Japan International Cooperation Agency



[Feature] ●●●

The Fight Against  
Infectious Diseases

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Human Development. National Development. Bringing People Together

Japan International Cooperation Agency



Japan International Cooperation Agency  
Annual Report

**2001**

●●● Feature ●●●

The Fight Against Infectious Diseases

Japan International Cooperation Agency

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## Introduction to JICA

1. **Founded:** 1 August 1974
2. **Aims:** JICA is a special governmental corporation established on the basis of the Japan International Cooperation Agency Law (Law No. 62 of 1974) with the aim of contributing to economic and social development in developing regions, etc., and to the promotion of international cooperation.
3. **Capital:** ¥132.6 billion  
(as of 31 March 2001)
4. **Budget:** ¥187.1 billion (FY 2001)
5. **Staff:** 1,228 (FY 2001)

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Photo/Prize-winning photographs of the International Cooperation Photo Contest  
Front Cover: Nguyen Dan "Ceramic products in Que Vo" (Viet Nam)  
Back Cover: Tatsuya Takahashi "Dancing in the Motherearth" (India)

## PREFACE



In 2001, the people of the world greeted the new century with mixed feelings of hope and anxiety. The human race has accumulated a tremendous amount of knowledge and developed advanced technology that has pushed social development forward. And yet today, many developing countries still struggle with numerous unresolved issues in areas such as poverty, population and the environment, and these countries have a deepening sense of crisis concerning the future. Whether or not this new century will usher in a prosperous world for everyone depends on the choices made by the 6.1 billion people living today.

Of course, the governments and people of the world are working hard to avert any approaching crises and to build a society in which we all can lead more comfortable lives. The agenda of the Kyushu-Okinawa Summit in July 2000 included two important items: the battle against the infectious diseases that menace humankind, and information technology (IT), which promises to help build a more prosperous world. At the Summit, participating countries reaffirmed their commitment to make progress in both areas. Furthermore, work to tackle global warming is being pursued through the establishment of a system for international cooperation that will reduce carbon dioxide emissions. And international efforts to reduce poverty are being advanced to improve living conditions for the nearly 20% of the world's population that lives on less than one dollar a day.

As a developed country, Japan intends to actively contribute to the resolution of a number of international issues, including those mentioned above. In line with the Japanese government's policies, we at the Japan International Cooperation Agency (JICA) are cooperating with developing countries in various fields. In particular, with regard to the fight against infectious diseases, JICA is deeply involved in efforts to eradicate polio and prevent malaria. JICA is also contributing to the reduction of poverty through educational programs, vocational training, agricultural development and the promotion of local industry.

The future of Official Development Assistance (ODA) is currently a topic of frequent discussion in Japan. I, for one, am convinced that the importance of ODA—and in particular JICA's Technical Cooperation through person-to-person contact—remains unchanged. It would not be too much to say that it is only by contributing to the peace and prosperity of the world as a member of the international community that Japan can ensure its own stability as well as the welfare of its people.

As part of a reorganization effort carried out in January of last year, JICA established a system that enables it to carry out country-specific and region-specific projects designed to provide assistance better tailored to the individual needs of developing countries. Furthermore, in light of the current debate on reform of public sector corporations in Japan, JICA intends to continue reviewing its operational methods to make them even more effective and efficient. Moreover, in order to garner the support and understanding of the Japanese people for JICA's activities, and to encourage their greater participation in international cooperation, we are trying to make information on our activities instantly available to the public while encouraging Japan's citizens to take part in our projects.

I hope that this report, which summarizes JICA's projects and achievements in fiscal 2000, will enhance the reader's understanding of our activities. I believe that the report will have served its purpose if, through it, we are able to receive your continuing support.

October 2001

Takao Kawakami  
President  
Japan International Cooperation Agency

A handwritten signature in black ink, reading '川崎 隆夫' (Kawakami Takao) in Japanese characters. The signature is written in a fluid, cursive style.

## Overview of the Japan International Cooperation Agency 2001 Annual Report

This report covers program results and the status of activities for the Japan International Cooperation Agency (JICA) in fiscal 2000.

### Part I ODA and JICA Programs

Part I is a bird's eye view of JICA in fiscal 2000 that captures JICA's activities from a broad perspective. By reading through Part I, it is possible to appreciate not only developments at JICA over the year, but also JICA's direction in the future.

The Feature Article and Chapter 2, "New Activities in JICA Programs," report on what JICA currently assesses to be important issues and how specifically it is tackling these issues. One of these important issues, "The Fight Against Infectious Diseases," is covered in the Feature Article at the beginning of this annual report.

Since the beginning of the 1980s, human beings have had to confront challenges from newly emerging infectious diseases that had not been encountered in the past as well as re-emerging infectious diseases against which conventional treatments are no longer effective. These diseases have demanded prompt, global-level strategies because issues such as the population explosion and destruction of the natural environment are involved. In the brief period since the Declaration of the Eradication of Natural Smallpox in 1980, it can be said that the fight against infectious diseases has moved into a new era. In response, Japan announced the Okinawa Infectious Diseases Initiative at the 2000 Kyushu-Okinawa Summit, through which it declared to the world that it would promote cooperation in this area through its ODA program.

JICA has a track record in fighting infectious diseases that goes back more than a quarter of a century. The Feature Article contains an overview of cooperation implemented on the basis of the above-mentioned initiative and results in the areas of acquired immune deficiency syndrome (AIDS), tuberculosis, malaria and other parasitic and vector-borne diseases, and polio. Reflecting on Japan's post-war experience in beating infectious diseases, it also looks to the future when it will be important for JICA to steadily promote extensive cooperation that will reduce the threat of infectious diseases based on the ownership\* of developing countries.

Chapter 2, "New Activities in JICA Programs," picks up on important issues that are in addition to the countermeasures against infectious diseases covered in the Feature Article. These are "IT Cooperation," "Strengthening Partnerships with Local Governments and Civil Society," "Study into the Formulation of Sectoral Development Plans," and "Grant Aid for Cultural Heritage."

The section entitled "IT Cooperation" reports on cooperation JICA is implementing to bridge the digital divide\* experienced by developing countries. It also features new project types (programs) made possible by the introduction of information technology (IT) into existing Technical Cooperation programs.

"Strengthening Partnerships with Local Governments and Civil Society" introduces new trends in the promotion of participatory cooperation programs, such as the JICA Grassroots Partnership Program\*, technical cooperation initiated by local governments and regional coordinators for international cooperation. These are utilized by combining the experience, knowledge and enthusiasm for international cooperation at non-governmental organizations (NGOs), municipal governments, and universities with JICA's activities.

"Grant Aid for Cultural Heritage" introduces the grant aid for cultural heritage scheme that commenced in fiscal 2000 with the aim of protecting and restoring cultural heritage. It also features JICA's activities at historic sites of the Carthaginian and Roman eras in Tunisia and at ruins of the Mayan civilization in Honduras.

Chapter 3, "Japan's ODA and an Overview of JICA Programs," provides a comprehensive report on ODA and JICA program results in fiscal 2000 (calendar year 2000 for ODA). This chapter is of use to people who wish to find out what ODA is or what JICA's role is, or to get an overview of ODA and JICA results. More detailed JICA results can be found in Part IV of this report or on the attached Annual Report 2001 Statistical Appendix CD-ROM.

### Part II JICA's Regional Activities

Part II divides the countries of the world into 11 regions and describes JICA's cooperation activities for each region.

It reports on the basic principles of JICA's assistance to each region, gives an overview of the regions, and summarizes the priority issues and measures in JICA programs. It also introduces representative projects in each region, allowing the reader to gain specific knowledge about JICA activities. The characteristics of these activities are outlined below.

## **Chapter 1: Asia**

### **1. Southeast Asia**

Countries that have made the transition from recipient to donor\* status have emerged in Southeast Asia ahead of other regions. Singapore, where Japanese cooperation ended in fiscal 1998, has already made a start as an emerging donor country. In addition, third-country training\* is being conducted in Indonesia, Malaysia and the Philippines, and JICA continues to provide assistance by supporting these developments. Overall, in addition to traditional assistance in such fields as agriculture, forestry and fisheries, social development and mining and manufacturing industries, JICA is positively taking on new challenges in areas such as IT, World Trade Organization (WTO) accession and finances.

Moreover, in East Timor, where JICA established an office in March 2000, we are supporting nation-building to promote the territory's independence in 2002. This includes participation in third-country training in cooperation with the Association of Southeast Asian Nations (ASEAN) and formulation of a medium-term development plan for agriculture.

### **2. Indochina**

Four of the five countries in Indochina, with the exception of Thailand, have experienced civil war or political unrest in recent years. While there is now political stability in the region, reconstruction will require a long-term strategy. JICA is focusing in particular on urgent challenges including administrative and fiscal reform and the achievement of a capitalist economy, and it has provided intellectual support for legal systems and economic policy.

In addition, JICA has promoted cross-border cooperation that unites the entire Mekong River basin. Japan has positioned Thailand as a base for cooperation directed at the Mekong River basin countries and ASEAN. JICA plans to actively promote third-country training and region-wide projects in the future.

### **3. East Asia**

China, which has seen spectacular economic development, and Mongolia, which is in the process of systemic transition, naturally require different approaches in terms of JICA's cooperation efforts. Taking the area of support for systems and organization-building, in China this involves support in establishing tax and trading systems that conform to global standards and the promotion of small and medium-sized enterprises. On the other hand, the focus in Mongolia is on the establishment of law and economic policy for the transition to a market economy.

In addition, JICA provides support to China for environmental problems and the elimination of regional disparities. It also provides support to Mongolia in the promotion of agriculture and livestock raising (which are basic industries), education and health care.

### **4. Central Asia and Caucasia**

The common challenges for the countries of this region are the breakaway from the systems of the former Soviet Union and the establishment of systems as independent nation states. In response to this, JICA provides cooperation in areas such as advice on policy for the establishment of a market economy, personnel training, and establishment of basic infrastructure\*.

Moreover, regarding measures against environmental issues, JICA dispatched environmental policy advisors particularly in response to the shrinking of the Aral Sea and the occurrence of damage caused by salinity. JICA is also implementing cooperation in response to specific areas such as preservation of biological diversity\*.

### **5. Southwest Asia**

While the region's economy is showing a tendency to grow, as demonstrated by the development of light industry and spectacular growth of the IT industry in India, a common problem remains the eradication of poverty in a region where half of the world's poor live. It is important to plan well-balanced cooperation to address basic livelihood improvements and stable economic growth. While providing assistance in basic human needs\* (BHN) in such areas as health care and securing of safe water, JICA conducts a wide range of cooperation that includes promotion of agriculture, fostering of small

and medium-sized enterprises, and establishment of an economic base to create economic growth.

Moreover, JICA has dispatched study teams to each country that have been examining cooperation in the IT area since the end of fiscal 2000.

#### **Chapter 2: Middle East**

Areas with high development needs in the Middle East include water resource management, environmental protection and promotion of industry. With this in mind, JICA is promoting cooperation that matches the circumstances of each country in this region of great political, economic and social diversity.

The attainment of peace is the region's greatest challenge. To support this goal, JICA is providing Grant Aid to Palestine, which is a party directly concerned with the peace issue, in BHN fields that include health care and education. JICA also accepts Palestinian trainees for occupational training and administration in Japan, while providing mid-level technical training for Palestinians in Egypt and Jordan.

In addition, JICA supports South-South cooperation\* conducted by Egypt, Turkey, Morocco, Saudi Arabia and other countries through third-country training held in these countries for African, Middle Eastern and Central Asian countries.

#### **Chapter 3: Africa**

At the Second Tokyo International Conference on African Development (TICAD II) held in Japan in 1998, the Tokyo Agenda for Action, which forms the basic policy for cooperation to Africa, was adopted. Based on this action plan, JICA believes that: (1) social development, (2) agricultural development, (3) private sector development, (4) good governance\* and peace-building, and (5) follow-up to Prime Minister Mori's January 2001 visit to Africa are the five key issues with regard to Africa. With an understanding that the ultimate goal in the region's development is alleviation of poverty, JICA is actively involved in capacity building\* in African countries.

In addition, in order to give concrete form to the Okinawa Infectious Diseases Initiative announced at the July 2000 Kyushu-Okinawa Summit, JICA is promoting the creation of centers for personnel training and research in Kenya and Ghana to implement measures against parasites through South-South cooperation.

#### **Chapter 4: Latin America**

##### **1. Central America and the Caribbean**

Central America includes countries with differing stages of development that are united by the common languages of Spanish and English. Therefore, JICA promotes cross-border cooperation using South-South cooperation centered on Mexico. Many Caribbean nations are extremely similar, and JICA provides support for common development issues in the region by working with regional organizations such as the Caribbean Community and Common Market (CARICOM).

Moreover, Central America and the Caribbean is a region where natural disasters such as hurricanes and earthquakes occur frequently. Therefore, JICA continues to provide cooperation for disaster reconstruction and strengthening of disaster prevention capacity.

##### **2. South America**

While some countries in South America are classified as mid to high income, there are also countries with low levels of development. JICA has concluded Partnership Programs\* with Chile, Brazil, and Argentina, which belong to the former group, and supports them as centers for South-South cooperation with Latin American and African countries. Meanwhile, we are focusing on health care, agricultural development and the establishment of infrastructure in countries with low social indicators. In addition, environmental issues such as the preservation of forests and atmospheric pollution are common challenges for the region, and we provide cooperation that suits the actual circumstances in each country.

One of the characteristics of this region is that there are a large number of Japanese emigrants and ethnic Japanese people. JICA provides assistance in the form of Technical Cooperation to these people, while at the same time making use of their unique skills in JICA's Technical Cooperation by dispatching them as third-country experts\* under the South-South cooperation scheme.

#### **Chapter 5: Oceania**

Economic independence, environmental protection, education and health care are the main issues in Oceania. There are also many issues that need to be examined on a region-wide basis, including environmental problems,



inter-island transport and telecommunications. This situation makes it important to take an integrated approach to the region. Japan hosted the Japan-South Pacific Forum (currently the Pacific Island States Forum) in April 2000 and achieved consensus concerning the building of a comprehensive partnership and priority areas for cooperation. JICA is planning and implementing assistance based on this consensus.

In addition, JICA is providing aid in cooperation with other donors, and has implemented projects in Papua New Guinea in collaboration with Australia that include cooperation on subterranean structural analysis of volcanoes.

#### **Chapter 6: Europe**

Ten years after the collapse of the socialist system, there are significant disparities among formerly socialist countries in terms of their transitions to a market economy and reform of their social and economic sectors. It is important to strengthen JICA's approach in line with the circumstances of development and orientation of each country. For example, JICA has conducted cooperation that focuses on transferring industrial technology and expertise to Poland and Czech, which are planning to join the European Union (EU) around 2004. However, in countries where reform is lagging behind, such as Bulgaria and Macedonia, traditional economic and social development cooperation (such as economic infrastructure development, medical care and agricultural development) is also required.

In addition, JICA provides assistance to countries facing conflict, such as Bosnia-Herzegovina, that focuses on post-conflict\* stabilization and medium to long-term reconstruction and development while taking account of ethnic balance.

#### **Part III Outline of JICA Activities**

Part III provides an overview of JICA activities by examining its cooperation programs.

For example, if a reader wishes to know about JICA's acceptance of technical trainees, he or she can open the relevant page and find out about the details of the Acceptance of Technical Training Participants program and its developments in fiscal 2000.

Part III does not just introduce individual programs. It also allows an appreciation of the entire structure and process of JICA programs, including how projects are formed, in what forms projects are implemented, how feedback is conducted after the end of a project, and what activities are needed for each project to proceed smoothly.

#### **Part IV Fiscal 2000 Results**

Part IV provides more detail on fiscal 2000 programs, which were introduced briefly in Chapter 3 of Part I, by sector, region and country. Even more detailed results may be seen on the Annual Report 2001 Statistical Appendix CD-ROM. In addition to a variety of statistical results, overviews of individual projects may also be seen on the CD-ROM.

#### **Columns**

Part I, Part II and Part III include columns called Front Line and Close Up.

Front Line columns focus on topics in fiscal 2000 submitted by JICA organizations worldwide, including overseas offices and domestic centers. Close Up columns introduce new developments in individual JICA programs.

#### **Reading the Annual Report of the Japan International Cooperation Agency**

1. This annual report summarizes the activities of JICA in fiscal 2000 (1 April 2000 to 31 March 2001).
2. The figures contained in the report are those for the fiscal year mentioned above in the case of JICA and for the calendar year 2000 (1 January 2000 to 31 December 2000) in the case of ODA.
3. All sums indicated with a dollar sign (\$) refer to US dollars and are calculated at an exchange rate of ¥107.80 to the US\$ (the official Development Assistance Committee (DAC) rate in 2000).
4. All maps contained in the report are approximate. National boundaries that are under dispute or unclear have been entered merely for convenience.  
The maps for each region in Part 2 display regional areas in green, and in principle those countries where JICA activities for fiscal 2000 occurred are marked in bold type, and those countries where no activities occurred are marked in a normal type.
5. Terms marked with an asterisk (\*) are explained in the glossary of Development Assistance Terminology and JICA Terminology.

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## Part I

# ODA and JICA Programs

# The Fight Against Infectious Diseases



A child with HIV/AIDS symptoms receiving a nutritional supplement (Zambia).

## The Current Status of Infectious Disease and Control Measures

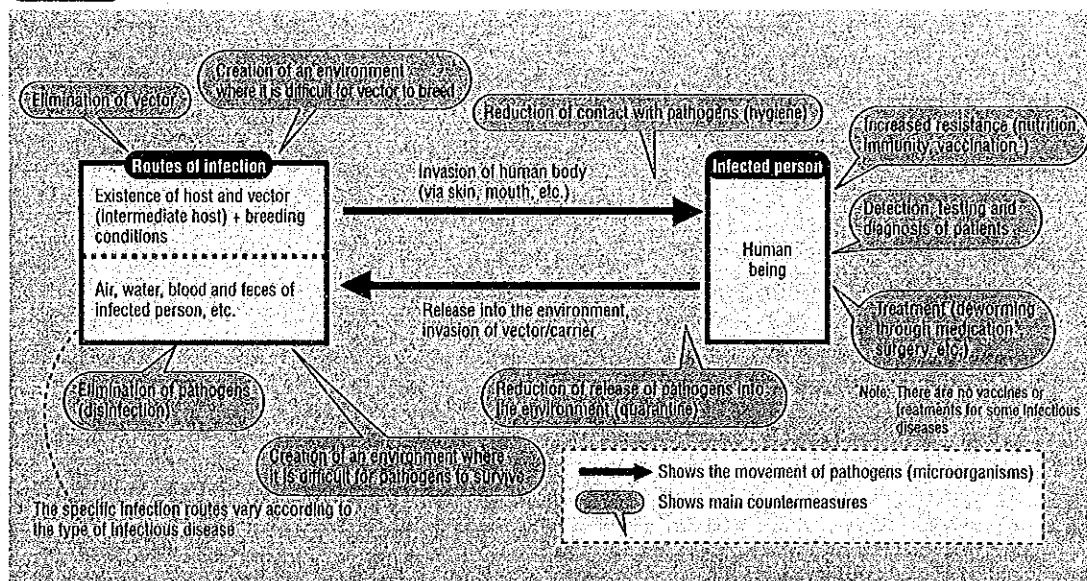
Around 1970, momentum was gained that may have led to infectious diseases being brought under control. This was due to the development and spread of antibiotics and vaccines, improvements in sanitation, and better nutrition, and it was exemplified by the declaration of smallpox eradication in 1980. Since that time, however, human beings have come under assault from previously unknown infectious diseases.

The typical example of this is acquired immune

deficiency syndrome (AIDS), which was first reported in 1981 and is now a socio-economic problem for developing countries. In addition, newly emerging infectious diseases<sup>\*1</sup> such as Creutzfeld-Jakob disease<sup>\*2</sup>, Ebola hemorrhagic fever, Legionnaires' disease, and O-157 have emerged. Furthermore, drug resistant strains of re-emerging infectious diseases<sup>\*3</sup> such as tuberculosis and malaria have spread widely, rendering previous treatments ineffective. Diseases such as whooping cough, salmonella, rabies and dengue fever also continue to be prevalent.

Behind the question of why attention was once again

Figure 1-1 The Mechanism of Infectious Diseases





focused on these kinds of infectious diseases in the 1990s is the impact of globalization. The frequent international movement of people and goods meant that infectious diseases that had previously been considered local became worldwide problems. In addition, as a result of the population explosion and environmental destruction, human areas of habitation have encroached on animal habitats that had previously been separate. This has led to an increase in zoonosis. There is also the impact of unsanitary environments involving drinking water, sewage systems, and so forth. (refer to Figure 1-1).

With the global spread of infectious diseases, control measures have been on the agenda at forums for international discussion. At the 1998 G8 Birmingham Summit, Japan proposed the "Hashimoto Initiative for Global Parasitic Disease Control." Further, at the 2000 Kyushu-Okinawa Summit, Japan was instrumental in initiating the "Okinawa Infectious Diseases Initiative," in which developed nations announced a strengthening of measures against infectious disease.

### Outline of JICA's Activities to Combat Infectious Disease

JICA's work against the problem of infectious diseases dates back to the early days of Japan's ODA after World War II when its predecessor, the Overseas

Technical Cooperation Agency (OTCA), began control projects against tuberculosis. Cooperation projects were later conducted over a wide range of fields, including malaria and childhood infectious diseases.

Below is an outline of JICA's cooperation activities against major infectious diseases such as AIDS, tuberculosis, parasitic diseases and vector-borne diseases, malaria and polio. These are the priorities in the infectious disease control strategy based on the Okinawa Infectious Diseases Initiative and other policies described previously.

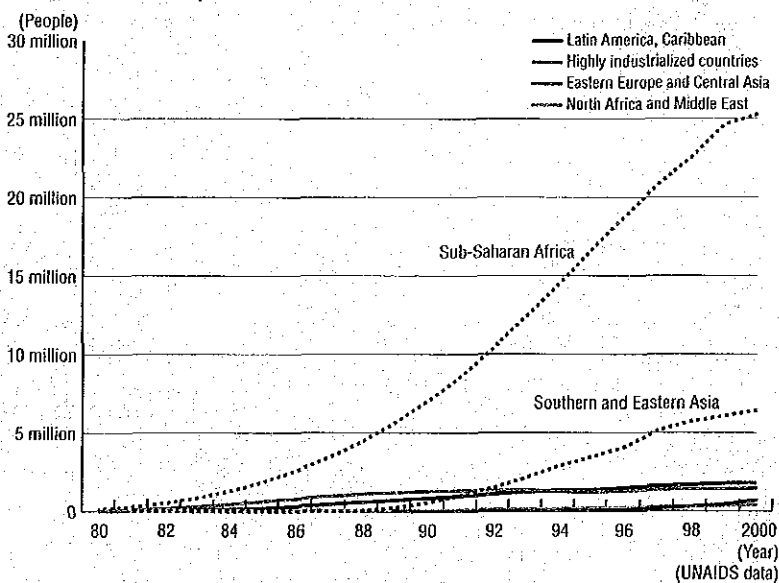
### HIV/AIDS

Currently over 36 million people around the world are infected with the human immunodeficiency virus<sup>24</sup> (HIV), and 21.8 million have already died from AIDS as of December 2000. In addition, at present approximately 16,000 people are infected every day, and it is estimated that 95% of those infections take place in developing countries (refer to Figure 1-2).

AIDS was first reported in 1981, and JICA became involved in control measures against AIDS a few years later.

The AIDS serological diagnosis and seroepidemiological research, which was conducted as part of the Noguchi Memorial Institute for Medical Research project (October 1986 to September 1991) in Ghana,

Figure 1-2 Trend in the Number of People Infected with HIV



## Feature The Fight Against Infectious Diseases

was JICA's first effort to tackle AIDS. Since then, JICA has implemented Technical Cooperation projects across a wide range of fields, including prevention, education, human resources development for basic research, and measures to prevent transmission from mother to infant. These projects have mainly taken place in Asia and Africa, including Thailand, the Philippines, Kenya, Ghana and Zambia.

In addition, JICA has also provided equipment for AIDS diagnosis, blood testing and educational activities for anti-AIDS campaigns through its Anti-AIDS Equipment Donation programs. The Japanese Government decided to provide equipment for blood screening and educational activities against AIDS through Grant Aid programs for the first time in Viet Nam.

In Thailand, where the number of people infected with HIV has risen sharply since the end of the 1980s, JICA has implemented AIDS cooperation projects that are based at the National Institute of Health, which was constructed by Japanese Grant Aid. By strengthening the research and analytical capacities and improving education materials, JICA has supported the basic infrastructure\* for anti-AIDS activities in Thailand.

There are still many hurdles which we have to overcome for the control of AIDS—no vaccine or



The Third International Parasite Countermeasures Workshop was held based on the Hashimoto Initiative. Eighteen administrators involved in the formulation of anti-parasite measures from 13 countries in Asia and Africa visited Japan for training.

treatment has been developed for AIDS. Furthermore, treatment to delay the onset of symptoms involves the long-term use of a number of medications, which is expensive. Enormous cost is also required to control opportunistic infections<sup>5</sup> such as tuberculosis and in infection prevention programs.

### Tuberculosis

It is estimated that approximately 1.9 billion people, or one-third of the global population of six billion, are already infected with the tubercle bacillus. Every year eight million of these people contract the disease.

### Main Cooperation over the Last Ten Years

#### AIDS

- Project-type Technical Cooperation
  - Philippines: Project for Prevention and Control of AIDS (July 1996–June 2001)
  - Thailand: Project for Prevention and Control of AIDS in the Kingdom of Thailand (July 1993–June 1996)
  - Thailand: Project for Model Development of Comprehensive HIV/AIDS Prevention and Care (February 1998–January 2003)
  - Thailand: Project for Strengthening of National Institute of Health Capabilities for Research and Development on AIDS and Emerging Infectious Diseases (March 1999–February 2004)
  - Ghana: The Noguchi Memorial Institute Project, Phase II in Ghana (October 1991–September 1997)
  - Ghana: The Infectious Diseases Project at the Noguchi Memorial Institute for Medical Research (January 1999–December 2003)
  - Kenya: The Research and Control of Infectious Diseases Project in Kenya: Phase II (May 1996–April 2001)
  - Kenya: Research and Control of Infectious and Parasitic Diseases Project (May 2001–April 2005)
  - Zambia: Infectious Diseases Control Project (April 1995–March 2000)
  - Zambia: The Strengthening of Laboratory Systems for HIV/AIDS and TB Control Project (March 2001–March 2006)
  - Brazil: The Clinical Research Project of State University of Campinas in Brazil (April 1999–March 2002)
- Equipment Supply Program for AIDS Strategy and Blood Testing (1996–)
  - Provision of HIV testing equipment, testing kits, AIDS educational materials, and other items to Philippines, India, Pakistan, Brazil, Tanzania, Ghana, Kenya, Mexico and South Africa
- Training in Japan
  - Virological Diagnosis Techniques of HIV Infection (AIDS) (1993–)

#### HIV/AIDS Control Plan (1996)

- Seminar on Epidemiology and Control of AIDS/ATL Diseases (1998–)
- South Asia HIV/AIDS Control Plan (1998–)
- Third-country Training
  - Philippines: Laboratory Diagnosis of HIV and Opportunistic Infections in AIDS (1997–2000)
  - Kenya: Blood Screening for Viral Hepatitis and HIV/AIDS (1999–)
- Community Empowerment Program
  - Thailand: Northern Thailand AIDS Prevention Care Through Community Organization
  - South Africa: Adolescent Sexual Health HIV/AIDS Project
  - Zambia: Zambia HIV Prevention Borders Initiative
  - Zimbabwe: Reproductive Health Care for Young People
  - Mexico: Sexual Health Program for Street Children
- Grant Aid
  - Viet Nam: The Project for Prevention and Control of HIV/AIDS Transmission (2000)

#### Tuberculosis

- Project-type Technical Cooperation
  - Cambodia: National Tuberculosis Control Project in the Kingdom of Cambodia (August 1999–July 2004)
  - Myanmar: Leprosy Control and Basic Health Service Project (April 2000–March 2005)
  - Nepal: The National Tuberculosis Control Project Phase I, II (April 1987–July 2000)
  - Nepal: Community Tuberculosis and Lung Health Project (September 2000–August 2005)
  - Philippines: Public Health Development Project (September 1992–August 1997)
  - Philippines: Tuberculosis Control Project in the Philippines (September 1997–August 2002)
  - Yemen: The Tuberculosis Control Project I-III (1983–1993, 1993–1998,

Many tuberculosis patients are poor women of reproductive age, and this means the disease has a major impact on families, children and society. Because symptoms are chronic and treatment takes time, the vicious cycle of poverty and tuberculosis problems presents a serious challenge.

Control measures against tuberculosis are an area where the experience and knowledge gained from Japan's post-war success can be utilized, and JICA is currently conducting projects in Cambodia, the Philippines, Nepal and Yemen.

These projects have been implemented in a collaborative manner with the World Health Organization (WHO) and are based on the Directly Observed Treatments Short-course\*6 (DOTS) strategy. In particular, JICA's anti-tuberculosis project in the Philippines has contributed to the WHO in establishing its worldwide DOTS strategy. The success of the project was well received and became the prototype for subsequent WHO anti-tuberculosis programs.

There is also a new threat from the sharply increasing number of people infected with HIV who are at high risk of contracting tuberculosis as an opportunistic infection. Therefore, combined strategies to address tuberculosis and AIDS have become a major issue.

## Malarial and Other Parasitic and Vector-Borne Diseases

JICA has also provided Technical Cooperation in the area of parasitic and vector-borne diseases. This includes work against malaria in Indonesia, Sri Lanka, Afghanistan and Tanzania, and control programs against onchocerciasis and Chagas' disease in Central and South America.

Further, since the concept of primary health care (PHC) was hammered out in the 1978 Alma-Ata Declaration, JICA has implemented strategies to combat parasitic diseases in countries such as the Solomon Islands, Malawi and Zimbabwe as part of PHC projects.

In the Solomon Islands, JICA conducted a primary health care promotion project based at the Malaria Education and Research Center, which was established with the support of Japanese Grant Aid. The results included a reduction in the number of malaria patients in the capital of Honiara, the pilot area.

In recent years, JICA has established bases for human resources development and research activities in Asia and Africa based on the Hashimoto Initiative for Global Parasitic Disease Control, drawing on Japan's post-war experience in parasitic disease control. In order to give concrete shape to the concept of

- August 1999–August 2004)  
 Ghana: The Infectious Diseases Project at the Noguchi Memorial Institute for Medical Research (January 1999–December 2003)  
 Zambia: The Strengthening of Laboratory Systems for HIV/AIDS and TB Control Project (March 2001–March 2006)  
 Solomon Islands: The Project for Promotion of Primary Health Care in Solomon Islands (September 1991–September 1996)
- Training in Japan
  - Laboratory Works for Tuberculosis Control (1993–1994)
  - Tuberculosis Control for Administrative Medical Officers (1993–1995)
  - National Tuberculosis Programme Management (1996–)
  - Tuberculosis Control Laboratory Management (2000–)
  - Managing Tuberculosis at Intermediate Level (2000–)
  - Community Empowerment Program
  - The Philippines: Relief Program of Indigent Tuberculosis Patients
  - Grant Aid
  - Cambodia: The Project for Improvement of the National Tuberculosis Center (1999)
  - China: The Project for Improvement of Equipment for the Tibet Tuberculosis Control Center (1994)
  - China: The Project for Tuberculosis Control in Poor Areas (2000)
  - Philippines: The Project for Establishment of the National Tuberculosis Reference Laboratory (2000)
  - Yemen: The Project for Expansion of National Tuberculosis Control Program (1991)
  - Yemen: The Project for Expansion of Tuberculosis Control in the Southern Governorate (2000)

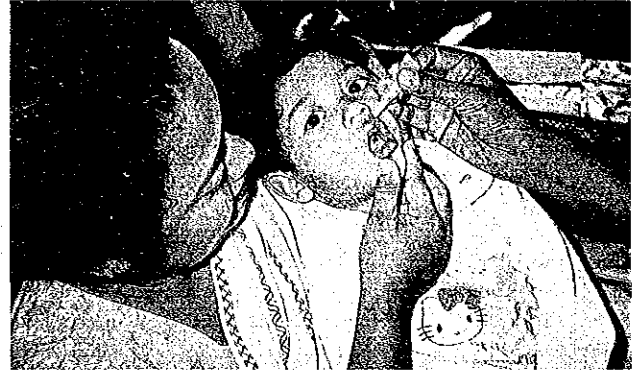
### Malarial and Other Parasitic and Vector-Borne Diseases

- Project-type Technical Cooperation
- Laos: Joint Japan/WHO Technical Cooperation for the Primary Health Care Project in the Lao People's Democratic Republic (October 1992–September 1998)

- Thailand: The Project for the Asian Center for International Parasite Control (March 2000–March 2005)
- Ghana: The Noguchi Memorial Institute Project, Phase II in Ghana (October 1991–September 1997)
- Ghana: The Infectious Diseases Project at the Noguchi Memorial Institute for Medical Research (January 1999–December 2003)
- Kenya: Research and Control of Infectious and Parasitic Diseases Project (May 2001–April 2006)
- Malawi: Community Health Sciences Project (September 1994–August 1999)
- Zimbabwe: The Project of Infectious Diseases Control (July 1996–June 2001)
- Guatemala: Project of Research for Control of Tropical Diseases in Guatemala (October 1991–September 1998)
- Paraguay: The Research on Chagas' Disease and Other Parasitic Diseases (March 1988–March 1993)
- Paraguay: Community Health Project in Paraguay (December 1994–November 1999)
- Solomon Islands: The Project for Promotion of Primary Health Care in Solomon Islands (September 1991–August 1996)
- Training in Japan
- Seminar on Parasite Control Administration for Senior Officers (1993–1998)
- Echinococcosis Control Measures (1994–2000)
- Seminar on Parasite Control Administration for Senior Officers—A Step Towards Primary Health Care—(1999–)
- Japan Overseas Cooperation Volunteers
- Dispatch of Volunteers such as malaria control, community development, laboratory technician and nursing to Laos, Guatemala, Niger and Senegal.
- Community Empowerment Program
- Ghana: Integrated Family Planning, Nutrition and Parasitic Control Project
- Grant Aid
- Laos: The Project for Malaria Control (1998)
- Senegal: The Project for Reinforcement of Mother and Child Health and Measures Against Malaria (2000)

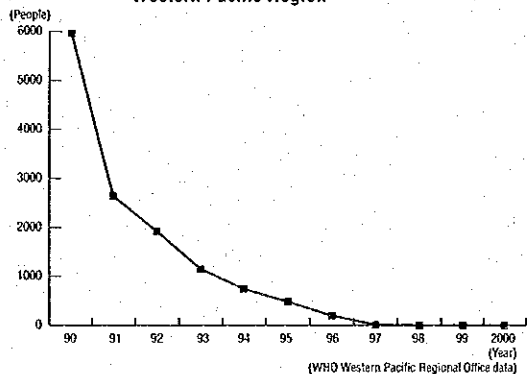
## Feature The Fight Against Infectious Diseases

promoting countermeasures against parasitic diseases from the perspective of South-South cooperation\*, JICA has advanced projects that are the focus for cooperation in human resources development and research in Asia and Africa. In March 1999, JICA began a project at Mahidol University in Thailand that will become the Asian center for human resources development for neighboring countries (refer to p.57). Furthermore, in the spring of 2001, we began a project at Kenya's Central Medical Research Institute, to be the center for East Africa. At the Noguchi Memorial Institute for Medical Research in Ghana, which is expected to be the regional core center for infectious diseases control in West Africa, we are advancing



A child receiving a polio vaccine on National Immunization Day (NID) (Bangladesh).

**Figure 1-3** Trends in the Number of Polio Cases in the Western Pacific Region



preparations for third-country training\*, in order to improve the skills of researchers in the field of parasites from neighboring countries.

### Polio

The eradication of polio was advocated at the 41<sup>st</sup> WHO General Meeting in 1988, and since then Japan has provided active support for the realization of this objective. At the end of October 2000, it was announced in Kyoto that transmission of the wild polio virus had been eradicated in the Western Pacific region (refer to Figure 1-3). This is a success story in which aid from Japan, the largest donor\* nation in the region, produced visible results.

#### ● JICA Partnership Program

Papua New Guinea: Integrated Cooperative Research for Malaria Control (2001)

#### Polio

##### ● Project-type Technical Cooperation

China: Polio Control Project in the People's Republic of China (December 1991-December 1999)

Indonesia: Fundamental Technology Transfer Project for Production of Live Attenuated Measles and Poliovirus Vaccines in Indonesia (September 1989-August 1996)

Laos: Joint Japan/WHO Technical Cooperation for the Primary Health Care Project in the Lao People's Democratic Republic (October 1992-September 1998)

Laos: Pediatric Infectious Diseases Prevention Project in the Lao People's Democratic Republic (October 1998-September 2001)

Mongolia: Maternal and Child Health Project in Mongolia (October 1997-September 2002)

Ethiopia: Laboratory Support for Polio Eradication: LAST Polio Project (April 2001-April 2004)

##### ● Equipment Supply Program for Measures Against Infectious Diseases (Measures Against Polio)

Provision of supplies (including vaccines and cold chain) needed for immunization to China, Viet Nam, Cambodia, Laos, Papua New Guinea, Mongolia, Bhutan, Myanmar, Nepal, Yemen, Tanzania, Central Africa and Cameroon.

##### ● Training in Japan

Virological Diagnosis Technique for Polio Eradication Programme (1991-)

##### ● Third-country Training

Ghana: Vaccine Potency Testing and Polio Diagnosis Procedures (1991-1996)

Ghana: Laboratory Diagnosis of Yellow Fever and Other EPI Viral Diseases (Polio and Measles) (1996-1998)

##### ● Japan Overseas Cooperation Volunteers

Dispatch of polio control volunteers to Bangladesh, Niger and Kenya

##### ● Grant Aid

Bangladesh: The Project for the Eradication of Poliomyelitis (1995-1997)

China: The Project for the Eradication of Poliomyelitis (1993-1995)

India: The Project for the Eradication of Poliomyelitis (1996-1997)

Indonesia: Project for the Construction of the Facilities for Live Attenuated Oral Poliomyelitis and Measles Vaccine Production (1991)

Pakistan: The Project for the Eradication of Poliomyelitis (1996)

Côte d'Ivoire: The Project for the Eradication of Poliomyelitis (1997)

Ghana: The Project for the Eradication of Poliomyelitis (1997)

Kenya: The Project for the Eradication of Poliomyelitis (1997)

Tanzania: The Project for the Eradication of Poliomyelitis (1997)

#### Other Infectious Diseases

##### ● Project-type Technical Cooperation

China: Expanded Program on Immunization Strengthening Project (June 2000-May 2005)

India: The Project for Prevention of Emerging Diarrheal Diseases in India (February 1998-January 2003)

Myanmar: Leprosy Control and Basic Health Service Project (April 2000-March 2005)

The anti-polio project in China, which began in 1990, made a pioneering and significant contribution to the eradication of polio in this region. In addition, we have implemented Technical Cooperation projects and polio countermeasures in both Laos and Mongolia. We have also provided equipment and supplies that include vaccines and cold chain transport needed for national immunization days (NIDs), which are essential for polio eradication, to various countries in Asia and Africa. This aid comes to a total of approximately 3.1 billion yen (1993-2000, approximately 16 billion yen if Grant Aid is included) and has contributed to a reduction in the number of polio patients.

Between 1989 and 1996, we conducted the Fundamental Technology Transfer Project for Production of Live Attenuate in Indonesia, and transferred production technology for polio and measles vaccines.

Even today, nearly 6,000 cases of polio are reported every year in approximately 30 countries. Many cases are still being reported in Southwest Asia and Africa.

The eradication of polio cannot be accomplished by some specific countries or regions. That is why it is necessary to provide ongoing support for the global eradication of polio while working in collaboration with international organizations such as the WHO and United Nations Children's Fund (UNICEF).

### Other Infectious Diseases

There are many infectious diseases that have been challenges in developing countries for many years in addition to those described above.

In particular, it is estimated that more than 10 million children aged five and under die every year. Ninety-nine percent of these children live in developing countries, of whom 63% die from infectious diseases (1998 WHO estimates). The main infectious diseases are acute respiratory infections such as pneumonia, which kills approximately 2 million per year; diarrhea caused by salmonella and cholera, which kills approximately 1.5 million per year; measles (about 1 million); and malaria (about 1 million).

As part of measures to address these infectious diseases, JICA has implemented cooperation that includes human resources development through Technical



Specially offered training, "Tuberculosis Control for Administrative Medical Officers." JICA has conducted training that targets people in charge of tuberculosis programs at the national level.

- Thailand: Project for Strengthening of National Institute of Health Capabilities for Research and Development on AIDS and Emerging Infectious Diseases (March 1999-February 2004)
- Turkey: The Infectious Diseases Control Project in the Republic of Turkey (October 1997-September 2002)
- Ghana: The Noguchi Memorial Institute Project, Phase II in Ghana (October 1991-September 1997)
- Kenya: The Research and Control of Infectious Diseases Project in Kenya: Follow up (May 1990-April 1996)
- Kenya: The Research and Control of Infectious Diseases Project in Kenya: Phase II (May 1996-April 2001)
- Zambia: Infectious Disease Control Project (April 1995-March 2000)
- Training in Japan
  - Management and Technology in Microbiological Laboratory (1992-1998)
  - Patient Care for Infectious Diseases (1993-1995)
  - Seminar on Blood Transmitted Diseases (Special Reference to AIDS, ATL & Hepatitis) (1993-1997)
  - Infectious Disease Medicine (1996-2000)
  - Seminar on Infectious Hepatitis, its Epidemiology and Control (1998-2000)
  - Diagnoses and Control of Rabies and Other Viral Zoonoses (1996-2000)
- Grant Aid
  - Bangladesh: The Expanded Program on Immunization Plan for Neonatal Tetanus Elimination and Control of Measles (1998-1999)
  - Cambodia: The Project for Improvement of Equipment for Immunization (1995)
  - China: The Project for Improvement of Equipment for Immunization (1994)
  - China: The Project for Virus Examination Equipment Supply (1997)
  - China: The Expanded Program on Immunization Plan (1998)

- Indonesia: Project for the Construction of the National Medical Center for Infectious Diseases (1991-1992)
- Indonesia: The Expanded Program on Immunization Plan for Neonatal Tetanus Elimination and Control of Measles (1998)
- Laos: The Project for Improvement of Equipment for Immunization (1995)
- Uzbekistan: The Project for Provision of Vaccines for Children (2000)
- Viet Nam: The Project for Improvement of Equipment for Immunization (1995)
- Viet Nam: The Project for Accelerated Measles Control (2000)
- Yemen: The Project for Improvement of Cold Chain System (1998)
- Palesine: The Project for the Expansion of Immunization (1999), The Project for the Expansion of Immunization (Phase II) (2000)
- Angola: The Project for Improvement of Child Health (2000)
- Central Africa: The Project for Reinforcement of Mother and Child Health and Measures Against Diseases (2000)
- Ghana: The Project for Improvement of the Noguchi Memorial Institute for Medical Research (1997, 1998)
- Guinea: The Expanded Program on Immunization Plan (2000)
- Kenya: The Project for Strengthening the System for Immunization (1999)
- Mali: The Expanded Program on Immunization Plan (2000)
- Tanzania: The Project for Improvement of the Equipment for Immunization and Micronutrient Program (1999)
- Bolivia: The Expanded Program on Immunization Plan (1996)
- Haiti: The Project for Improvement of Child Health (1997); The Project for Improvement of Child Health (Phase II) (1999)
- Nicaragua: The Project for Improvement of Child Health (1998), The Project for Improvement of Child Health (Phase II) (2000)

## Feature The Fight Against Infectious Diseases

Cooperation and the provision of equipment (such as vaccines, medical examination equipment to combat acute respiratory infections and diarrhea and essential drugs<sup>\*7)</sup> in order to support the Expanded Program on Immunization<sup>\*8</sup> (EPI) in developing countries.

These diseases are not major challenges in developed countries. However, in developing countries, where many children live with poor nutrition and sub-standard sanitation and without adequate medical services, they are a significant and chronic challenge.

### Future Issues and Strategies

As previously stated, JICA has used a variety of methods to implement cooperation to combat infectious diseases in many developing countries. However, the threat of infectious diseases has not yet diminished.

Until now, JICA has implemented cooperation focused on research on the viruses and bacteria that cause infectious diseases, improvements in examination technology and preventative health education. Infectious diseases are a hindrance to people's lives. From this perspective, it is necessary to pay attention to everything related to the lives of human beings. In other words, in addition to cooperation as implemented up to now, an extremely wide range of cooperation that covers a variety of fields is required. These fields include cooperation to facilitate the supply of safe water, cooperation to enhance resistance to disease through stable food supplies and nutrition and literacy education so that people can obtain the information they need to lead lives free from disease.

In the field of health and medical cooperation, there are naturally limits to eradication of infectious diseases one by one. Even in cases where cooperation is devoted to one infectious disease, it is important that attention is given to strengthening the system of supply for medical services, improving people's awareness of health issues and expanding the effects of cooperation to other infectious disease strategies and the prevention of non-infectious diseases.

In the process of conquering infectious diseases in post-war Japan, the public played the major role in securing drinking water, establishing toilets, eradicating flies, mosquitoes and mice, improving nutrition, and school health care. On top of this social infrastructure\*,



A young girl suffering from polio who cannot walk unaided. The vaccine is ineffective once polio is contracted (Niger).

a health care system for immunization and maternity and child health examination was established. While it is not necessary for developing countries to follow this process exactly, it is necessary for JICA to work in harmony with international aid trends to combat infectious diseases and to steadily promote a wide range of cooperation in order to decrease the threat from infectious diseases while promoting developing countries' ownership\* of cooperation.

#### Notes:

1. A previously unknown, newly recognized infectious disease that constitutes a public health problem either locally or internationally (WHO definition).
2. A disease leading to dementia that is believed to originate from mad cow disease in which the human brain becomes spongy.
3. A previously known infectious disease—for which the number of cases had decreased to a level where it was no longer considered a public health problem—that has begun to spread again with increasing numbers of cases (WHO definition).
4. The virus that causes AIDS. It invades immune cells and decreases immunity.
5. Infectious diseases that occur when the host's immunity is lowered. Caused by micro-organisms with low toxicity levels that are not usually pathogenic.
6. A method of treatment in which a health worker checks each time a patient takes a dose of medication.
7. Defined as medicines that meet the medical treatment needs of the majority of people. A list of pharmaceuticals is defined by each country with the purpose of supplying drugs effectively, safely and at low cost with limited government finances.
8. A project to promote immunization against six major childhood diseases including polio, measles and whooping cough.