

フィリピン共和国  
第三国集団研修  
「HIV 感染およびエイズによる  
日和見感染症の実験室内診断技術」  
終了時評価調査報告書

平成 13 年 1 月

国際協力事業団  
アジア第一部

## 序 文

第三国研修とは、社会的、文化的、言語的に共通の基盤をもつ同一開発途上地域に研修実施国を選定し、そこに当該地域内の途上国から研修員を受け入れ、現地事情により適合した適正技術、知識の移転を図るとともに、これにより開発途上国間技術協力の推進に寄与することを目的としています。

第三国集団研修「HIV 感染およびエイズによる日和見感染症の実験室内診断技術」は、アジア・太平洋地域に共通する課題である HIV 感染対策に携わる医療関係者を対象とし、的確な診断を行うための知識・技術の習得を目的として、フィリピン保健省管轄下の研究機関である、熱帯医学研究所 (Research Institute for Tropical Medicine : RITM) を実施機関として、平成 9 年度より 5 年間の協力期間で実施されています。

本報告書は、同研修の第 1 回から第 4 回コースを総合的に評価するため、平成 12 年 11 月 13 日から同年 11 月 24 日まで当国際協力事業団が派遣した研修終了時評価調査団の調査結果、並びにフィリピン国側関係者との協議結果を取りまとめたものです。

この報告書が今後の協力の更なる発展のための指針となるとともに、本第三国研修により達成された効果が、アジア・太平洋地域の HIV 感染対策に寄与することを祈念してやみません。

本調査の実施に際し、ご協力とご支援いただいた外務省、在フィリピン日本国大使館、フィリピン共和国関係諸機関、その他内外の関係各位に対し、心より感謝の意を表します。

平成 13 年 1 月

国際協力事業団

理事 諏訪 龍

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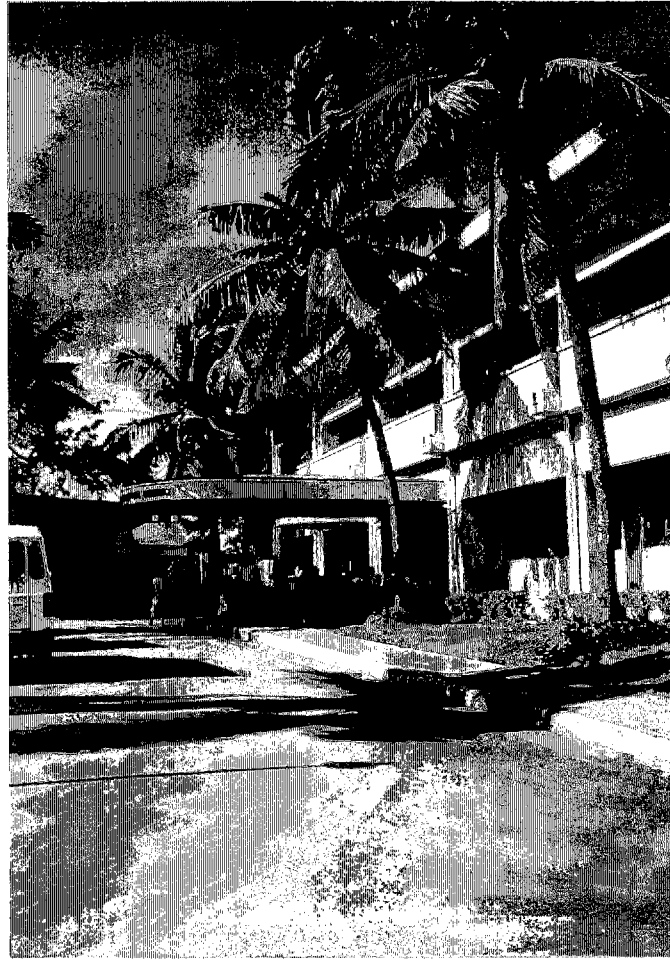
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熱帯医学研究所 (RITM)



熱帯医学研究所 (RITM) 研修員宿泊棟



熱帯医学研究所 (RITM) 附属病院



熱帯医学研究所 (RITM) 実験室



サン・ラザロ病院



サン・ラザロ病院エイズ中央共同ラボラトリー (SACCL)





協 議



ミニッツ署名

## 評価調査結果要約表

案件概要	国名：フィリピン 案件名：「HIV感染およびエイズによる日和見感染症の実験室内診断技術」																										
	分野：保健医療	援助形態：第三国集団研修																									
	所轄部署：アジア第 部 東南アジア課	協力金額（無償のみ）：																									
協力期間	(R/D):平成9～平成13年	先方関係機関：熱帯医学研究所（RITM）																									
	(延長): . . . ~ . . .	我が方協力機関：																									
	(F/U): . . . ~ . . .	他の関連協力：																									
	(E/N)〔無償〕	年度																									
<p>・協力の背景と概要</p> <p>WHOによるとアジア・太平洋地域は21世紀までに世界の中で最も感染者が多くなると推定されているが、多くの国では感染診断技術や調査方法が確立されていないことから、検査技術の教育・研修が重要な課題になっている。</p> <p>かかる背景の下、フィリピン国政府がHIV感染及び日和見感染症の診断技術向上を目的とした第三国集団研修「HIV感染およびエイズによる日和見感染症の実験室内診断技術」を実施することを提案した。</p> <p>・協力内容</p> <p>(上位目標)</p> <p>アジア・太平洋地域の参加国のエイズ対策に貢献する。</p> <p>(プロジェクト目標)</p> <p>ヒト免疫不全ウイルス(HIV)感染とエイズ発症による日和見感染症を診断するための知識・技術を向上させる。</p> <p>(成果)</p> <ol style="list-style-type: none"> <li>1) HIVの生物学的性質、感染と免疫系に対する影響を理解する。</li> <li>2) HIVの感染ルートと予防法について理解する。</li> <li>3) エイズ患者の日和見感染症について理解する。</li> <li>4) HIV抗体スクリーニング法を習得する。</li> <li>5) HIV感染診断におけるPCR法、抗原検査法、ウイルス分離法の重要性と限界について理解する。</li> <li>6) エイズ発症により日和見感染症を起こす細菌類、真菌類、原虫類、病原性ウイルス類の検査方法について理解し、検査技術を習得する。</li> <li>7) 抗生物質、抗結核剤感受性について理解し、検査技術を習得する。</li> <li>8) 検査室内における血液、体液の取り扱い、その他感染症の可能性のある物質の取り扱い方法について理解する。</li> <li>9) HIV感染、日和見感染症を検査するために実施する検体採取方法及び運搬方法について理解する。</li> <li>10) エイズ/性感染症に対するカウンセリング手法を理解する。</li> <li>11) エイズ/性感染症に関係する法的、倫理的側面を明らかにする。</li> </ol> <p>(投入)(評価時点)</p> <p>日本側：</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">長期専門家派遣</td> <td style="width: 10%;">0名</td> <td style="width: 30%;">機材供与（専門家携行機材費含まず）</td> <td style="width: 30%;">0円</td> </tr> <tr> <td>短期専門家派遣</td> <td>4名</td> <td>ローカルコスト負担</td> <td>0円</td> </tr> <tr> <td>研修員受入れ</td> <td>2名</td> <td>その他（研修諸費、受入諸費）</td> <td>2,971万2,000円</td> </tr> </table> <p>相手国側：</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">カウンターパート配置</td> <td style="width: 10%;">0名</td> <td style="width: 30%;">機材購入</td> <td style="width: 30%;"></td> </tr> <tr> <td>土地・施設提供</td> <td></td> <td>ローカルコスト負担</td> <td></td> </tr> <tr> <td colspan="4">その他（研修諸費負担分）5,121,592.5ペソ</td> </tr> </table>				長期専門家派遣	0名	機材供与（専門家携行機材費含まず）	0円	短期専門家派遣	4名	ローカルコスト負担	0円	研修員受入れ	2名	その他（研修諸費、受入諸費）	2,971万2,000円	カウンターパート配置	0名	機材購入		土地・施設提供		ローカルコスト負担		その他（研修諸費負担分）5,121,592.5ペソ			
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調査者	団長(総括) 栗村 敬 大阪大学名誉教授 団員(研修運営評価) 上飯坂 朗子 JICA アジア第一部東南アジア課 ジュニア専門員
調査期間	平成 12 年 11 月 13 日 ~ 11 月 24 日
	評価種類：終了時評価
<p>1. 評価の目的</p> <p>(1) 平成 9 年度から平成 13 年度に実施中の標記第三国集団研修に関し、これまでのコース実績を踏まえ、研修内容、コース実施運営体制、研修効果等について、評価 5 項目に準じて評価を行う。</p> <p>(2) 帰国研修員の研修成果の活用状況の調査を通じ、割当国の当該分野における現状及びニーズを確認したうえで、今後の協力方針を検討する際の参考とする。</p> <p>(3) 評価結果からフィリピン国における今後の当該分野での協力のあり方や改善点に関しての提言を導き出す。</p> <p>2. 評価結果の要約</p> <p>(1) 実施の効率性：高い</p> <p>研修コース運営状況(講師人材、事務局、研修施設、研修設備、宿泊施設等)は質量共に適切であった。研修コースの内容に関しては、予算や当該分野の技術進歩、ニーズ等を考慮した研修内容が毎年作成された。</p> <p>また、フィリピン国では英語が日常で用いられており、RITM には米国留学経験者や国際機関勤務経験者もいるため、英語での講義・実習及びテキスト作成等の能力は高い。したがって日本の対外援助としての影響力及び効率性は高いと判断される。</p> <p>(2) 目標達成度：高い</p> <p>研修目標の達成度は高い。研修開始時と終了時に行われているテストにおいて多くの研修員の理解度の向上が見られる。また、研修員の上司に対して行った質問票の結果によると、研修による研修員の検査技術の向上は高く評価されていた。</p> <p>(3) インパクト：正のインパクトが見られる</p> <p>帰国研修員に対する質問票の結果によると、ほとんどの研修員は研修参加後も HIV 診断関連の業務を続けており、研修内容を同僚と共有する努力を行った。一部の研修員は講義や出版物を通して研修成果の普及に努めたと答えている。また、講義に用いられているテキストは評価が高く、所属先で参考資料として用いている研修員が多かった。</p> <p>(4) 計画の妥当性：非常に高い</p> <p>研修の妥当性は以下の 3 点の理由により極めて高い。</p> <p>1) 研修対象国の一部では近年 HIV 感染率が急増しており、医師等の HIV 診断技術の向上は研修開始当時より増して必要になっている。</p> <p>2) エイズの日和見感染症に関する研修で、講義だけでなく検査・実習を含む研修は他に例がほとんどないため希少価値があり、当該分野への研修の要望も多い。</p> <p>3) 研修対象国からのアクセス、英語での講義・実習実施能力、研修分野における知識・経験の蓄積等の面において、フィリピン国及び RITM は地理的・社会的・人材的に好条件を備えており、研修実施国/機関として適切である。</p> <p>(5) 自立発展性：比較的高い</p> <p>質問票の結果によると、当該分野の研修に対するニーズは非常に高い。また、実施機関の研修運営能力は高く、研修運営ができる人材が育ってきていることから、資金面を除けば本研修の自立発展性は高く評価できる。</p>	

### 3. 効果発現に貢献した要因

#### (1) 我が方に起因する要因

- ア 研修講師及び関連プロ技専門家が、研修員及び研修実施機関に対して適切な指導と助言を行った。
- イ 研修講師及び関連プロ技専門家が、研修実施機関とより協力関係を築いていた。

#### (2) 相手方に起因する要因

- ア 研修実施機関が、研修分野に関する適切な知識と技術を有していた。
- イ 研修員が帰国後も利用できる、役立つ講義テキストが作成された。
- ウ 研修実施機関の講師及びスタッフの英語によるコミュニケーション能力が高かった。

### 4. 問題点及び問題を惹起した要因

#### (1) 我が方に起因する要因

特になし

#### (2) 相手方に起因する要因

特になし

### 5. 教訓（新規案件、現在実施中の他の案件へのフィードバック）

すべてのフィリピン国側スタッフが英語を巧みに操ることは、このようなコースにとって重要である。また、スタッフの一部を含めて研究所敷地内の宿泊棟に滞在しお互いに接触が大きいことも研修関係者同士のコミュニケーションを円滑にするために大きな役割を果たしている。

### 6. 提言（評価対象案件へのフィードバック（延長、フォローアップ協力の必要性等））

調査の結果、研修対象国による当該研修に対するニーズは高く、また研修実施機関の研修運営能力・自立発展度も高いと評価する。我が国のアジア・太平洋地域への感染症分野の協力の1つとして、当該第三国集団研修を延長して協力を行うことは意義がある。ただし、延長を行う場合には、研修テーマ・内容及び研修対象国/地域に関して、今回の研修運営の経験を踏まえ再検討しない限り意味が無い。

# 第 1 章 終了時評価調査団の派遣

## 1 - 1 調査団派遣の経緯と目的

アジア・太平洋地域における HIV 感染者数は平成 7 年現在 255 万人と推定されており、WHO によれば、同地域は 21 世紀までに世界のなかで最も感染者が多くなると推定されている。しかし、多くの国では感染診断技術や調査方法が確立されていないことから、実際の感染者数と報告数には大きな開きがあるといわれており、感染者の管理・治療、安全な血液及び血液製剤の供給、感染防止、住民教育といった感染経路対策を行ううえで、検査技術の教育・研修により正確な感染の状況を掴むことは重要な課題になっている。

一方、フィリピン国においては、我が国の無償資金協力により保健省管轄下の感染症研究機関として、熱帯医学研究所 (Research Institute for Tropical Medicine : RITM) が建設された。同研究所ではプロジェクト方式技術協力 (「熱帯医学研究所」昭和 55 年 10 月～昭和 63 年 3 月) が実施され、アジア・太平洋地域に共通する感染症の研究が行われた。その後、エイズの流行に伴い、RITM 内部にエイズ研究グループが発足し、今日フィリピン国内におけるエイズ対策の中核機関としての役割を果たしている。現在行われているプロジェクト方式技術協力「エイズ対策」(平成 8～平成 13 年)においては、RITM は相手側協力機関の 1 つとなっている。

RITM では、プロジェクト方式技術協力によって培った技術を広く周辺国に移転することを目的として、感染症の診断技術を向上させるための第三国集団研修「熱帯医学」を昭和 62 年度より平成 8 年度までの 10 年間にわたり実施してきた。同コースでは、平成 4 年度以降カリキュラムに HIV 感染診断が取り入れられている。

「熱帯医学」が協力期間を終了するにあたり、フィリピン国政府が HIV 感染及び日和見感染症の診断技術向上を目的とした第三国集団研修「HIV 感染およびエイズによる日和見感染症の実験室内診断技術」の実施を提案したことを受け、平成 9 年 7 月に事前調査を実施し、同年 9 月に R / D に署名・交換した。

平成 12 年度は協力期間の 4 年目にあたり、これまでの本研修コースの実績及びその効果を確認し、今後への提言・教訓を導くために、本件評価調査を実施する運びとなった。

## 1 - 2 調査団の構成

(1) 栗村 敬

団 長

大阪大学 名誉教授

(2) 上飯坂 朗子

研修運営評価

国際協力事業団 アジア第1部東南アジア課 ジュニア専門員

\*なお、本調査団は同時期に医療協力部から派遣されたフィリピン国「エイズ対策プロジェクト」終了時評価調査団との合同調査団であり、団長は両調査団の団長を兼任した。

1 - 3 調査日程

平成12年11月13日(月)から平成12年11月24日(金)まで

(詳細は付属資料1. 調査日程 参照)

1 - 4 終了時評価方法

1 - 4 - 1 評価方針

- (1) 対象案件の当初計画に対する日本・相手国双方の活動実績及び目標達成度等について評価を行う。(研修参加者及びその所属先に対しては質問票による調査を実施する。)
- (2) 協力期間終了後の対応方針について、実施機関及び援助調整機関と協議する。
- (3) 日本・相手国双方で、評価結果を議事録で確認する。

1 - 4 - 2 調査項目

評価5項目に即した具体的な調査内容、着目すべき事項、調査方法を設定する。調査項目のうち、研修実施機関からの聞き取りを想定しているものについては、事前に聞き取り内容を送付する。また、帰国研修員、帰国研修員所属先に対しては質問票を送付し、関連情報の収集を行う。

1 - 4 - 3 調査手法

以下の方法を組み合わせて調査を行う。

- (1) 関係機関からの聞き取り調査
- (2) 実施機関及び元研修員のアンケート調査(現地調査前にアンケート用紙の配付及び回収を行う)
- (3) 実施機関の研修実施報告書検討
- (4) 研修講師の業務報告書検討

## 第2章 研修の当初計画

### 2 - 1 研修の基本計画

#### 2 - 1 - 1 コース名

和文：HIV 感染およびエイズによる日和見感染症の実験室内診断技術

英文：Laboratory Diagnosis of HIV Infection and Opportunistic Infections in AIDS

#### 2 - 1 - 2 目的(Purpose)

ヒト免疫不全ウイルス(HIV)感染とエイズ発症による日和見感染症を診断するための知識・技術を向上させることにより、アジア・太平洋地域の参加国のエイズ対策に貢献することを目的とする。

The purpose of the Course is to provide opportunities for health care providers to enhance their knowledge and develop their technical skills in the diagnosis of HIV infection, and opportunistic infections in AIDS as well as strengthen international partnership among the participants.

#### 2 - 1 - 3 到達目標(Objectives)

- (1) HIV の生物学的性質、感染と免疫系に対する影響を理解する。
- (2) HIV の感染ルートと予防法について理解する。
- (3) エイズ患者の日和見感染症について理解する。
- (4) HIV 抗体スクリーニング法を習得する。
- (5) HIV 感染診断における PCR 法、抗原検査法、ウイルス分離法の重要性と限界について理解する。
- (6) エイズ発症により日和見感染症を起こす細菌類、真菌類、原虫類、病原性ウイルス類の検査方法について理解し、検査技術を習得する。
- (7) 抗生物質、抗結核剤感受性について理解し、検査技術を習得する。
- (8) 検査室内における血液、体液の取り扱い、その他感染症の可能性のある物質の取り扱い方法について理解する。
- (9) HIV 感染、日和見感染症を検査するために実施する検体採取方法及び運搬方法について理解する。
- (10) エイズ/性感染症に対するカウンセリング手法を理解する。
- (11) エイズ/性感染症に関係する法的、倫理的側面を明らかにする。

## 2 - 2 研修の活動計画

### 2 - 2 - 1 時期・期間

協力期間は平成 9 年度から平成 13 年度までの 5 年間とする。

研修期間は約 3 週間とし、初年度研修は平成 10 年 2 月 9 日から同年 2 月 27 日までとする。

### 2 - 2 - 2 割当国

バングラデシュ、カンボディア、フィジー、インド、インドネシア、ラオス、マレーシア、ミャンマー、ネパール、パキスタン、パプア・ニューギニア、中華人民共和国、大韓民国、ソロモン、スリ・ランカ、タイ、トンガ、西サモア、ヴァヌアツ、ヴィエトナム(20 か国)(冒頭「対象国地図」参照)

### 2 - 2 - 3 定員

15 名(周辺国のみ、実施国への割り当てなし)

### 2 - 2 - 4 応募資格

- (1) 割当国政府に推薦された者
- (2) メディカル・テクノロジー分野での学士号以上
- (3) 医師もしくは関連職種
- (4) クリニカル・マイクロバイオロジーもしくは HIV 実験室での経験 2 年以上
- (5) 当該分野における調査、訓練、運営管理、診断技術に従事しており、研修終了後も同様の業務を担当する者
- (6) 年齢 40 歳未満
- (7) 英語に堪能な者
- (8) 健康な者

### 2 - 2 - 5 カリキュラム

#### 第 1 週

開講式、オリエンテーション、カントリーレポート発表、世界とアジア太平洋地域における HIV 感染の疫学、援助国のエイズ対策プロジェクト概要、HIV スクリーニング方法、HIV 分離法と PCR 法、HIV の補助的診断方法

#### 第 2 週

細菌による日和見感染症、真菌による日和見感染症、現場視察



### 第 3 週

ウイルスによる日和見感染症、原虫類による日和見感染症、エイズ予防ガイドライン、評価セッション、閉講式

#### 2 - 3 研修の投入計画

##### (1) 熱帯医学研究所

- ア 研修コース実施に必要な講師として専門家を配置する。
- イ 研修場所及び機材を提供する。
- ウ 参加者の宿舎を手配する。
- エ 実施経費のうち、日本政府負担分以外について負担する。

##### (2) 日本政府

- ア 必要に応じ、予算の許す範囲内で短期専門家を派遣する。
- イ 参加者受入れにかかる諸費(航空賃、日当宿泊料、傷害保険料、空港からの送迎費用)及び研修実施にかかる諸費(教材及び消耗品購入、開講/閉講式開催費用、現場視察旅費、外部講師謝金等)を負担すること。

## 第3章 研修の実績

### 3 - 1 研修の実施体制

#### 3 - 1 - 1 研修実施機関の組織

本研修の実施機関であるフィリピン熱帯医学研究所(RITM)は、感染症の研究、予防方法の開発とそのためのマンパワー養成を目的として、昭和56年3月に設立された機関である。

研究所施設は、日本の無償資金協力により、首都マニラから南方25kmに位置するモンテンルパ州アラバンに建設されており、その後業務の拡充に伴い、再び無償資金協力で研修棟及び宿泊棟が増築されている。設立以来、フィリピン国に感染症研究中核機関として位置づけられている。

熱帯医学研究所の組織は、保健大臣を責任者としており、実際の運営は所長、副所長の下、管理部門、研究・研修部門、臨床部門の3部門制で行われている。このうち研究・研修部門には、細菌学、免疫学、病理学、疫学等8つの常設共通研究室と、特定疾患の研究を目的とした11のリサーチグループが組織されており、本研修はそのうちの1つである、エイズリサーチグループが主として担当した。

同研究所では、昭和55年度から昭和62年度までの8年間にわたって、プロジェクト方式技術協力が実施され、その後昭和62年度から平成8年度までの10年間、第三国集団研修「熱帯医学」が実施されている。

#### 3 - 1 - 2 研修実施機関のエイズ関連事業

フィリピン国政府は、昭和63年に国家エイズ対策計画を開始し、この計画は平成5年に国家エイズ及び性感染症予防対策計画に継承されて今日まで継続されている。この計画は、IEC活動、サーベイランス、検査体制整備、治療体制整備、プロジェクト管理の5つを柱としたものであり、熱帯医学研究所はこの計画の実行メンバーとして計画の開始時より参画している。

本調査団が派遣される直前の平成12年11月から、保健省機構改革によりフィリピン国のエイズ検査の中心(National Reference Laboratory)はサン・ラザロ病院 エイズ中央共同ラボラトリー(STD/AIDS Cooperative Central Laboratory : SACCL)となった。しかし、熱帯医学研究所のエイズ関連事業は、国家エイズ対策計画に先立ち、昭和60年にエイズリサーチグループを設立した時点から行われている。また、保健省機構改革後もエイズ関連研究は続行する旨、調査時に確認された。

同研究所はまた、国家エイズ対策計画の一環として昭和63年より国内の臨床検査技師に対する研修を開始したほか、医師、看護婦、ソーシャルワーカー等様々な層を対象とした研修事業

を行ってきた。

日本政府との関係では、平成4年度より第三国研修「熱帯医学」のなかにHIV感染診断法の講義及び実習が取り入れられたほか、平成7年度より現地国内研修「エイズ等診断及び管理」が実施されている。

### 3 - 1 - 3 研修実施機関の施設、建物、機材等

熱帯医学研究所は以下の研修施設及び宿泊施設を有している。

#### (1) 研修設備

ア 教室：大講堂(300名収容可能)、会議室3室、実験室2室、実験準備室

イ 講義用機材：スライドプロジェクター、OHP、ビデオ、音響機器、黒板等

ウ 実験用機材：クリーンベンチ、PCR用マルチサイクラー、ELISAリーダー、インキュベーター、オートクレーブ、遠心分離器、ゲル電気泳動装置、冷凍庫等

#### (2) 宿泊設備

講師用1人部屋及び研修員用2人部屋、60名収容可能

#### (3) その他施設

事務棟、食堂、附属病院

### 3 - 2 研修の投入実績

#### (1) 実施経費

実施機関から報告があった実施経費総額と内訳は表3 - 1のとおり。

#### (2) 専門家(第三国研修講師)派遣

平成9年度から平成12年度まで、毎年度1名、計4名の日本人講師が本研修講師として派遣された。派遣された講師は表3 - 2のとおり。

#### (3) 研修講師

本研修実施にあたり研修を担当した講師は表3 - 3のとおり。

実施機関職員のほか、国際機関(WHO、USAID等)の職員も講義を担当した。

また、プロジェクト方式技術協力「エイズ対策」関係専門家(長期・短期含む)にも講義に協力いただいた。

( 4 ) カウンターパート研修

実施機関より 2 名の研修員が日本で研修を受けた。

3 - 3 研修の活動実績

研修の活動実績は以下のとおり。

( 1 ) 研修実施期間

平成 9 年度	平成 10 年 2 月 9 日から同年 2 月 27 日まで ( 3 週間 )
平成 10 年度	平成 10 年 9 月 28 日から同年 10 月 16 日まで ( 3 週間 )
平成 11 年度	平成 11 年 9 月 20 日から同年 10 月 15 日まで ( 4 週間 )
平成 12 年度	平成 12 年 9 月 18 日から同年 10 月 13 日まで ( 4 週間 )

( 2 ) 研修員数

各年度毎・国別の研修員の数は表 3 - 4 のとおり。

各年度の研修員総数は以下のとおり。

平成 9 年度	13 名
平成 10 年度	15 名
平成 11 年度	14 名
平成 12 年度	15 名

表3-1 実施経費（平成9年度から平成12年度）

（単位：ペソ）

経費内訳	平成9年度		平成10年度		平成11年度		平成12年度（暫定）	
	日本側	フィリピン側	日本側	フィリピン側	日本側	フィリピン側	日本側	フィリピン側
I. 受入諸費								
1. 航空賃	541,966		826,613		729,885		956,671	
2. 渡航中滞在費								
3. 日当	138,000		181,800		232,200		252,000	
4. 宿泊費	123,520				161,360			
a. RITM			75,880				101,160	
b. 見学旅行			45,000				57,900	
5. 保険料	35,631		41,113		41,113		41,113	
6. 空港税							8,250	
小計 I	839,117		1,170,406		1,164,558		1,417,094	
II 研修諸費								
1. 外部講師謝金			5,600		5,600		8,400	
2. 現地備人費	90,500	537,168	96,840	537,168	97,740	537,168	98,190	537,168
3. 宿泊費（見学旅行随行者）			15,000				19,300	
4. 見学旅行随行者日当			7,500		7,500		9,000	
5. 現地交通費	63,490		100,255		103,576			
a. 航空賃（見学旅行）							32,750	
b. Incidental Expenses							5,960	
c. ガソリン代							8,691	
6. 消耗品購入費								
a. 事務用品	1,091,185		60,602		14,954		19,280	
b. 実験用品			1,178,940		1,445,053		2,055,210	
7. 会議費	49,911		82,725		67,983			
a. 開講式							31,317	
b. オリエンテーション								
c. 閉講式							33,200	
d. 会議		10,000		10,000				
8. 研修案内（G.I.）印刷費	11,250		30,935		8,625		22,114	
9. テキスト作成	116,312		40,020		86,473		162,758	
10. 修了証書印刷	1,710		1,710		1,710		2,090	
11. 光熱費・水道料金		142,350		185,055		185,055		203,561
12. 施設・設備利用費		380,000		494,000		494,000		543,400
13. 研修モニタリング・評価		10,000		20,000		20,000		24,000
14. その他（通信費）		50,000		65,000		65,000		71,500
小計 II	1,424,359		1,620,127		1,839,214		2,508,260	
合計	2,263,476	1,129,518	2,790,533	1,311,223	3,003,772	1,301,223	3,925,354	1,379,629

表 3 - 2 日本人講師派遣

年度	氏名	科目	期間
9	柴鶴 義人	Opportunistic Viral Infections	平成10年2月16日から 同年2月27日まで
10	柴鶴 義人	Laboratory Diagnosis of Viral Opportunistic Infections	平成10年9月27日から 同年10月11日まで
11	栗村 敬	Biology of HIV	平成11年10月3日から 同年10月10日まで
12	栗村 敬	Biology of HIV	平成12年9月18日から 同年9月27日まで

表 3 - 3 外部講師陣 (平成 9 年度から平成 12 年度)

年度	氏名	科目	所属機関
9	Dr. Takashi Kurimura	Diagnosis of HIV 1 & 2	Research Institute for Microbial Diseases, Japan
	Jiro Kamigatakuchi	JICA's AIDS Programmes/Activities	SACCL, Philippines
	Geoff Manthey	UNAIDS' AIDS Programmes/Activities; Epidemiology of HIV Infection/AIDS (Global/Regional)	UNAIDS, Philippines
	Dr. Corazon Manaloto	USAID's AIDS Programmes/Activities	USAID, Philippines
	Dr. Janneke Roos	EU's AIDS Programmes/Activities	Delegation of the European Commission, Philippines
	Dr. Gilles Pומרol	Interaction Between STD & HIV	World Health Organization, Philippines
	Dr. Takashi Nakano	HIV Isolation and PCR: Principle and Applications	SACCL, Philippines
	Dr. Glenn Bulmer	Laboratory Diagnosis of Opportunistic Fungal Infections	University of Sto. Tomas, Manila
	Dr. Ma. Elena Borromeo	Prevention of HIV Infection	Department of Health, Philippines
Dr. Eduardo C. Janairo	Safety of Blood Supply	Department of Health, Philippines	
10	Dr. Takashi Kurimura	Biology of HIV	Research Institute for Microbial Diseases, Japan
	Dr. Gilles Pומרol	Interaction Between STD & HIV	World Health Organization, Philippines
	Geoff Manthey	Epidemiology of HIV Infection/AIDS	UNAIDS, Philippines
	Jiro Kamigatakuchi	JICA Programmes on AIDS	SACCL, Philippines
	Dr. Takashi Nakano	HIV Isolation and PCR: Principle and Applications	SACCL, Philippines
	Dr. Jaime C. Montoya	Mycobacterial Infections	University of the Philippines-Philippine General Hospital, Philippines
	Dr. Vicente Belizario, Jr.	Opportunistic Parasitic Infections	University of the Philippines-College of Public Health, Philippines
	Dr. Ma. Elena Borromeo	Philippine Government's Response to the HIV/AIDS Epidemic	Department of Health, Philippines
Dr. Criselda Abesamis	Safety of Blood Supply	Department of Health, Philippines	
11	Dr. Victor Ortega	Epidemiology of HIV Infection/AIDS	UNAIDS, Philippines
	Dr. Hiroshi Teraoka	Recent Progress in Biotechnology and Its Application to JICA Project on AIDS	SACCL, Philippines
	Dr. Jaime C. Montoya	Mycobacterial Infections	University of the Philippines-Philippine General Hospital, Philippines
	Dr. Vicente Belizario, Jr.	Opportunistic Parasitic Infections	University of the Philippines-College of Public Health, Philippines
	Dr. Loreto Roquero, Jr.	Philippine Government's Response to the HIV/AIDS Epidemic	Department of Health, Philippines
	Dr. Liza Castro	Interaction Between STD & HIV	Department of Health, Philippines
	Dr. Linda Tamesis	Safety of Blood Supply	Philippine Blood Coordinating Council, Philippines
12	Dr. Victor Ortega	Epidemiology of HIV Infection/AIDS	UNAIDS, Philippines
	Dr. Ma. Elena Borromeo	Interaction Between STD & HIV	Department of Health, Philippines
	Dr. Seiji Kageyama	HIV Isolation and PCR: Principle and Applications	SACCL, Philippines
	Dr. Linda Tamesis	Safety of Blood Supply	Philippine Blood Coordinating Council, Philippines
	Dr. Jaime Montoya	Mycobacterial Infections	University of the Philippines-Philippine General Hospital, Philippines
	Dr. Vicente Belizario, Jr.	Opportunistic Parasitic Infections	University of the Philippines-College of Public Health, Philippines
	Dr. Hiroshi Teraoka	JICA Program on AIDS/STD	SACCL, Philippines
	Dr. Jovanni Templonuevo	Philippine Government's Response to the HIV/AIDS Epidemic	Department of Health, Philippines

表3-4 年度別・国別研修員の数(平成9年度から平成12年度)

国名		9年度	10年度	11年度	12年度	計
Bangladesh	男	0	0	1	1	2
	女	0	0	0	0	0
	計	0	0	1	1	2
Cambodia	男	0	0	1	0	1
	女	0	0	0	0	0
	計	0	0	1	0	1
Fiji	男	1	0	2	0	3
	女	1	2	0	0	3
	計	2	2	2	0	6
India	男	0	0	0	0	0
	女	0	0	0	1	1
	計	0	0	0	1	1
Indonesia	男	0	1	0	0	1
	女	0	0	0	2	2
	計	0	1	0	2	3
Laos	男	0	0	0	1	1
	女	0	0	0	0	0
	計	0	0	0	1	1
Malaysia	男	0	0	0	0	0
	女	2	0	1	1	4
	計	2	0	1	1	4
Myanmar	男	0	0	0	0	0
	女	0	2	0	0	2
	計	0	2	0	0	2
Nepal	男	0	1	0	1	2
	女	1	0	0	0	1
	計	1	1	0	1	3
Papua New Guinea	男	0	1	2	1	4
	女	0	1	0	0	1
	計	0	2	2	1	5
小計	男	1	3	6	4	14
	女	4	5	1	4	14
	計	5	8	7	8	26

国名		9年度	10年度	11年度	12年度	計
Pakistan	男	0	0	0	0	0
	女	0	1	0	0	1
	計	0	1	0	0	1
中華人民共和国	男	2	1	1	1	5
	女	1	1	0	1	3
	計	3	2	1	2	8
大韓民国	男	1	0	0	1	2
	女	0	0	0	0	0
	計	1	0	0	1	2
Solomon Islands	男	0	1	0	0	1
	女	0	0	1	0	1
	計	0	1	1	0	2
Sri Lanka	男	0	0	0	1	1
	女	0	0	0	0	0
	計	0	0	0	1	1
Thailand	男	1	1	1	1	4
	女	0	0	1	0	1
	計	1	1	2	1	5
Tonga	男	0	0	0	1	1
	女	0	0	0	0	0
	計	0	0	0	1	1
Samoa	男	0	0	1	0	1
	女	0	0	0	0	0
	計	0	0	1	0	1
Vanuatu	男	0	0	0	0	0
	女	0	0	0	0	0
	計	0	0	0	0	0
Vietnam	男	1	0	0	0	1
	女	2	2	2	1	7
	計	3	2	2	1	8
小計	男	5	3	3	5	16
	女	3	4	4	2	13
	計	8	7	7	7	29
合計	男	6	6	9	9	30
	女	7	9	5	6	27
	計	13	15	14	15	57



## 第4章 アンケート調査結果の分析

### 4 - 1 アンケート調査の実施

本終了時評価調査では、元研修員及びその上司に対するアンケート調査を以下のとおり実施した。

#### (1) アンケート調査対象者

平成9年度、10年度、11年度に当該研修に参加した研修員及びその上司

#### (2) アンケート調査方法

調査者がアンケートに用いる質問票(付属資料5.及び6.参照)を作成し、アンケート対象者に対し質問票を在外事務所を通じて配付・回収し、その結果を集計・分析する(分析結果は付属資料8.及び9.参照)。

### 4 - 2 アンケート調査の結果

質問票の配付状況及び回収状況は以下のとおり。

#### (1) 質問票配付状況

対象国20か国のうち、アンケート対象者がいたのは15か国であった。

このうちソロモン諸島は、調査実施時は内戦のためにJICA事務所が閉鎖されていたため、質問票の送付は行わなかった。

残り14か国については、各国JICA事務所等を通じて元研修員及びその上司に対して質問票を配付した。

#### (2) 質問票回収状況

##### ア 元研修員

ソロモン諸島の元研修員を除くと、アンケート調査対象者は40名であった。このうち、バプア・ニューギニアの元研修員1名に関しては通信事情が悪いため質問票の送付ができず、マレーシアの元研修員1名は海外留学中であったため、質問票の送付は行われなかった。

したがって、質問票は38名の元研修員に対して実際に配付された。

平成12年12月までに、33名の元研修員より回答があった。

#### イ 元研修員の上司

元研修員の上司に関しては、1人の上司に対し複数の元研修員が存在した場合があった。平成12年12月までに21名の上司から回答を得た。

### 4 - 3 アンケート集計結果の分析

元研修員及びその上司に対するアンケート調査の結果は、付属資料8.及び9.のとおり。アンケート調査結果の分析の結果、以下の特徴が明らかになった。

#### (1)元研修員

ア 回答者の約3割の職位が上昇している。

イ 回答者の約6割に、研修参加後職位や任務の変化があった。

ウ 回答者全員が、何らかの形で研修内容を職場同僚に伝えている。

方法としては、個人的なつきあいのなかで伝える、仕事を通じて教える、セミナー等で伝える、等が多い。

エ 9割以上の回答者が、講義テキストが役に立つと答えた。回答者の多くが帰国後もテキストを参考書として用いており、なかには所属部全体のテキストとして用いられているケースもある。

オ 回答者の約半数が、研修で学んだ技術を帰国後活用しようとする際に障害があったと回答した。理由の多くは「必要な機材がない/足りない」だった。

カ 回答者のうち、帰国後技術的な問題があったときに研修実施機関に連絡をとった者はほとんどいなかった。

キ 半数以上の回答者が、帰国後も他の研修員やRITM職員と連絡をとったと回答した。一方、研修講師と連絡をとった研修員は限られていた。

ク 回答者全員が、研修の継続を希望した。理由としては、HIV感染率の上昇、診断技術の向上のために、当該分野の研修続行が必要、等があげられた。

#### (2)上 司

ア 回答者のほぼ全員が、コース内容は対象国のニーズに見合ったものと回答している。

イ 回答者のほぼ全員が、研修は研修員の知識及び技術の向上に貢献したと回答している。

ウ 回答者のほぼ全員が、研修員の研修参加により所属機関に何らかのインパクトを与えたと回答している。具体的な内容としては、「学んだ技術・知識を同僚と共有する」「元研修員が帰国後他の職員の指導にあたっている」「帰国後講義を行って知識の普及に努めている」等がある。また、研修参加により元研修員が自分の知識や技術に自信をつけた、という効

果も何人かの上司により確認されている。

エ 所属機関の現在の問題点として、資機材の不足、資金の不足、技術者の不足、等があげられている。

オ 回答者のほぼ全員が当該第三国研修の延長を希望している。

## 第5章 実施機関との協議

### 5 - 1 協議概要

平成12年11月15日に研修実施機関の熱帯医学研究所と終了時評価調査に係る協議を行い、翌日16日にミニッツの署名を行った(付属資料1.及び写真参照)。

先方出席者は付属資料2.のとおり。主な議事内容は以下のとおりである。

### 5 - 2 主要議事内容

冒頭 Dr. Ditangco を中心に先方から、当方が事前に送付した質問票に対する回答があり(別添資料10参照) 適宜当方より補足説明を求めた。昼食後、当方よりミニッツ案を提示し、内容につき先方と協議を行った。

(1) 研修運営については過去4年間を通して大きな問題も生じず、順調に行われた様子が見られた。

(2) 研修員の資格につき、基礎知識に差が見受けられた旨報告があった。原因としては、対象国で候補者を選考する場合、G.I.(General Information)を送付せずに応募させているケースがある点が指摘された。

対応策として平成12年度は各国に対する案内状に、研修員にG.I.を配付し研修時に持参するように記載した。

今後の対応策として先方より、研修申込書とG.I.と一緒にし、申込書のなかで「G.I.と研修内容・カリキュラムを理解したうえで申し込む」という文を加えて署名をしてもらってはどうか、という提案があった。また、参考文献をあらかじめ提示して事前に熟読してもらう案も出た。

(3) 研修用資機材購入につき先方より、予算早期振り込みの要請があった。本研修は初年度を除き毎年9月に実施しているが、そのためには遅くとも7月、可能な限り6月には予算が振り込まれないと、資機材購入に支障を来す旨説明があった。ちなみに、平成12年度は継続第三国研修に関しては年度当初に一括示達を行ったため、支障はなかった旨報告があった。

平成13年度(最終年度)に関しては、「5月までに経費内容承認、6月中に予算振り込み」が要請された。

(4) 団長より、諸外国から研修員を集めてHIVの日和見感染症に関する講義と実習両方を行っている研修は少ないので、本研修運営結果につき学会等で発表するよう先方へ提案された。

## 第6章 評価結果

### 6 - 1 評価5項目による評価結果

#### 6 - 1 - 1 計画の妥当性：非常に高い

研修の妥当性は以下の3点の理由により極めて高い。

- (1) 研修対象国の一部では近年 HIV 感染率が急増している。インドでは既に500万人が感染し、中国でも60万人が感染し、このまま放置すれば 2010年には1,000万人に達すると予測する人もいる。ヴェトナム、カンボディアの患者数も急速に増えており、医師等の HIV 診断技術の向上は研修開始当時より増して必要になっている。
- (2) エイズの日和見感染症に関する研修で、講義だけでなく検査・実習を含む研修は他に例がほとんどないため希少価値があり、当該分野への研修の要望も多い。
- (3) 研修対象国からのアクセス、英語での講義・実習実施能力、研修分野における知識・経験の蓄積等の面において、フィリピン国及びRITMは地理的・社会的・人材的に好条件を備えており、研修実施国/機関として適切である。

#### 6 - 1 - 2 実施の効率性：高い

研修の効率性は以下の3点の理由により高いと評価される。

- (1) 研修コース運営状況(講師人材、事務局、研修施設、研修設備、宿泊施設等)は質量共に適切であった。実施機関が研修終了時に行っている評価調査でも、コース運営に関しておおむね好評だった。
- (2) 研修コースの内容に関しては、予算や当該分野の技術進歩、ニーズ等を考慮した研修内容が毎年作成されたことがコースカリキュラムから見受けられ、また現地調査聞き取り時にも実施機関から確認された。
- (3) フィリピン国では英語が日常で用いられており、RITMには米国留学経験者や国際機関勤務経験者もいるため、英語での講義・実習及びテキスト作成等の能力は高い。したがって日本の対外援助としての影響力及び効率性は高いと判断される。

#### 6 - 1 - 3 目標達成度：高い

本研修の目標の1つは「研修員が HIV 感染とエイズによる日和見感染症を診断するための知識と技術を向上させること」であるが、以下の理由により当目標の達成度は高いと評価できる。

- (1) 研修開始時と終了時に行われているテストにおいて多くの研修員の理解度の向上が見られる(テスト結果は付属資料 8. 及び 9. 参照)。

(2) 研修員の上司に対して行った質問票の結果によると、回答したすべての上司が、研修により研修員の診査技術に関する知識・技術の向上があったと評価している。

#### 6 - 1 - 4 インパクト：正のインパクトが見られる

以下の3点において正のインパクトが見られた。

- (1) 帰国研修員に対する質問票の結果によると、ほとんどの研修員は研修参加後も HIV 診断関連の業務を続けており、質問票の回答者のうち3割に職位の上昇が見られた。
- (2) すべての研修員が研修内容を同僚と共有する何らかの努力を行った。方法としては、業務を通じて研修で習得した技術を同僚に伝える方法が多かった。一部の研修員は講義や出版物を通して研修成果の普及に努めたと答えており、上司もこれを高く評価していた。したがって、研修効果は元研修員を通じて研修員の職場へ徐々に普及していると言えよう。
- (3) 講義に用いられているテキストは評価が高く、所属先で参考資料として活用している研修員が多かった。また、一部の研修員の職場では本研修講義テキストの一部を、新入職員の導入研修用テキストとして用いたり、担当部全体の参考資料として用いているケースがあった。

#### 6 - 1 - 5 自立発展性：比較的高い

質問票の結果によると、元研修員・上司を含めて回答者すべてが研修の継続を希望していることから、当該分野の研修に対するニーズは非常に高いと言えよう。

また、実施機関の研修運営能力が高く、研修運営ができる人材が育ってきていることから、資金面を除けば実施機関が本研修を自立的に運営する能力は高いと評価できる。

#### 6 - 2 評価結果の総括

アジア・太平洋地域で HIV 感染率増加が生じている反面、多くの国で適切な診断技術をもつ人材が不足している状況において、当該分野の人材育成を行う本研修は極めて有意義である。

特に「エイズにおける日和見感染症の診断技術」に関する研修は他に例を見ず、また実施機関の RITM は結核やマラリア等の研究を長年行っているため、RITM の日和見感染症に関する知識と経験の蓄積を周辺国に普及することは妥当である。

## 第7章 提言及び教訓

### 7 - 1 提 言

#### 7 - 1 - 1 研修計画に関する提言

(1) 各国の現状に基づき、研修成果が各国でどのように活用し得るかというセッションでまとめれば参加者に将来の目標を与えることになるであろう。

例えば、研修開始時に研修員各々がカントリー・レポートを発表することになっているが、それに対応する活動が終了時には行われていない。

終了時に「今回研修で学んだ内容を踏まえ、帰国後どのような活動が考えられるか」というテーマでブレイン・ストーミング形式のセッションを行い、各国参加者が各々の経験や意見を交換できる場を設けると、研修効果がより増大するのではないだろうか。

また、このようなブレイン・ストーミングを行うことにより、互いの国々との経験を共有・交換することも可能となることから研修員同士の連携もより強まることが予測され、研修後の交流促進にも効果があると思われる。

(2) 本第三国研修はこのように大きな成果をあげており、その研修内容を実施機関である RITM や JICA が、学会発表等何らかの方法で第三者に対し公表すれば、本第三国研修の存在を関係者以外にも知らしめるという効果が期待できる。

また、発表準備をすることにより RITM 自身の論文作成能力や発表能力の向上、及び第三者と意見交換することにより研修内容を客観的に見つめなおす機会をもつという効果が期待できる。

加えて、学会発表を行えば、研修実施を行う RITM 自身の知名度 / 評価が高まるため、実施機関に対しても研修運営に対するインセンティブになることから、実施意義は高いと考えられる。

(3) 平成 12 年度研修中に研修員の宿泊棟に関し、十分な部屋数が準備できないという状況が発生したようである。第三国研修期間中は当該研修に優先的に部屋を割り当てるよう、研修実施機関に申し入れる必要がある。

(4) 講師のなかにはかなりの速さで講義をする人もいるので、すべての研修生に分かりやすい講義になるように、あらかじめ研修員の英語レベル等を知らせておくべきであろう。

(5) 熱帯医学研究所における第三国研修がアジア・太平洋地域のエイズ対策に対する技術の向上に効果を発現するのはこれからのことであり、大いに期待される。今後効果を最大限に発現させるためには、フィリピン国で行われている他の協力案件(例えばプロジェクト方式技術協力「エイズ対策プロジェクト」)等と連携し、過去あるいは現在日本の協力にかかわっているフィリピン国の人材を第三国研修の講師等で活躍してもらえようネットワークの成立を図るべきである。

(6) よく聞かれる批判として、「こんな技術を教えて本当に母国で活用できるのか」という意見があるが、自立心と向上心をもつ指導者を育てるためには、その目標として高いレベルのコースをもち、皆で考えることの意義は大きい。

#### 7 - 1 - 2 研修の今後に関する提言

(1) HIV 診断技術及びエイズによる日和見感染症の診断技術分野の研修に関しては、アンケート調査結果からも分かるように研修対象国からの研修継続の要望は強い。また、研修実施機関のRITMは、長年にわたるJICAの支援により第三国集団研修を通じて国際貢献できるレベルに達している。近年のアジア・太平洋地域でのHIV感染率の増加や同地域の研修対象国における当該研修のニーズの高さ、及び研修実施機関の研修運営能力、自立発展度の高さを勘案すると、我が国のアジア・太平洋地域への感染症分野の協力の1つとして、当該第三国集団研修を延長して協力を行うことは意義がある。

また、日和見感染症の診断技術に関しては、HIV診断技術と併せて研修を実施中であるが、この技術が高まることによりHIV患者の延命を図ることが可能であることから、対象国に今ある技術を教える点で十分意義があると考えられる。

(2) ただし、延長を行う場合には、研修テーマ・内容及び研修対象国/地域に関して、今回の研修運営の経験を踏まえ、再検討する必要がある。

具体的には、以下の点があげられる。

ア 「指導者を養成するのか、技師を養成するのか」という研修目的を明らかにする必要がある。これは、目的によっては対象国内で現地国内研修を行う方が効率的である場合も考えられるためである。

当該第三国研修に限って言えば、各国の中堅指導者層(経験もある程度あり、技術を他人に教える地位にある人材)を対象にするべきと思われる。

イ 例えばカンボディアやミャンマーなど、国によっては技術的に現地国内研修実施が難しい国もあるので、そのような地域を優先して第三国研修へ招聘することが考えられる。



ウ 一方、中国やヴィエトナムなど、同じ国のなかでも都市部と地方部では技術や設備の面で大きな差があることから、研修参加者に関して地域等を絞って募集することも考えられる。

エ 今後、効率的な協力実施のためにテーマや対象地域等を絞って研修員の募集を行う場合は、募集方法に工夫が必要になる。一案としては、一国のなかでも対象地域を絞る、プロジェクト方式技術協力等専門家のカウンターパートを第三国研修に招聘する、等が考えられる。

(3) 研修の事前調査や終了時評価調査等を実施する際、また、研修内容や対象国絞り込み等を検討する際、RITM 職員も調査の一部に加わり、研修対象国の HIV 分野の状況や元研修員の帰国後状況等の調査を行うことは、研修の質向上やフィリピン国との協調関係構築のために意義が大きいと考えられる。

## 7 - 2 教 訓

フィリピン国での当該第三国研修が研修員より高い評価を得ていることは、これまで JICA が熱帯医学研究所に注いだ努力の結晶ともいえる。一方、すべてのフィリピン国側スタッフが英語を巧みに操ることがいかにこのようなコースにとって重要かを示している。また、スタッフの一部を含めて研究所敷地内の宿泊棟に滞在しお互いに接触が大きいことも研修関係者同士のコミュニケーションを円滑にするために大きな役割を果たしている。

第三国研修が成功するという事は、とりもなおさず JICA の活動がフィリピン国を通して世界に浸透していくことであり、フィリピン国が果たした増幅効果は大きい。今後もフィリピン国のスタッフの開放的な明るさを活用することは、我が国にとっても重要であろう。



## 付 属 資 料

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資料 10 . 実施機関(熱帯医学研究所)への質問票に対する回答



## 資料1 . 調査日程

月 日	行程
11月13日(月)	移動(大阪 マニラ(団長) 成田 マニラ(団員)) 団内打合せ
11月14日(火)	日本国大使館、保健省、JICA 事務所表敬
11月15日(水)	実施機関(RITM)表敬・協議
11月16日(木)	ミニッツ準備、ミニッツ案協議、署名
11月17日(金)	(団長)プロジェクト技術協力終了時評価調査 ミニッツ準備、ミニッツ案協議、署名 (団員)資料整理
11月18日(土)	団内打合せ
11月19日(日)	資料整理
11月20日(月)	JICA 事務所報告、大使館報告 団長帰国(マニラ 大阪)
11月21日(火)	関係諸機関からのヒアリング・資料収集
11月22日(水)	引続き、関係諸機関からのヒアリング・資料収集
11月23日(木)	関係専門家と打合せ
11月24日(金)	団員移動(マニラ 成田)

## 資料 2 . 主要面談者

### ( 1 ) 熱帯医学研究所 ( RITM )

Dr. Remigio M. Olveda	Director ( 所長 )
Dr. Gemiliano dL. Aligui	Assistant Director ( 副所長 )
Dr. Rossana A. Ditango	Third-country Training Program (TCTP) Course Director ( 第三国研修担当者 )
Dr. Fem Julia E. Paladin	Head Virology Section
Dr. Ma. Rosario Z. Capeding	Head Department of Microbiology
Dr. Agnes V. Barrientos	Head Department of Pathology
Ms. Rosa B. Mate	Bacteriology Section
Ms. Karen Q. Ilagan	Department of Parasitology and Medical Entomology
Mr. Rodolfo B. Villarico	Administrative Officer
Ms. Mae Marie E. Hernandez	Head Supply Department
Ms. Rosanna A. Castro	Third-country Training Program (TCTP) Course Coordinator

### ( 2 ) 国家経済開発庁 ( NEDA )

Ms. Carmencita Juan-Guiyab	Executive Officer Special Committee on Scholarship
Ms. Edith Abergas	Japan Desk Officer Special Committee on Scholarship

### ( 3 ) 保健省

Dr. Alberto G. Romualdez, Jr.                      Secretary ( 長官 )

### ( 5 ) 日本国大使館

三宅 邦明    二等書記官

本調査団は医療協力部プロ技「エイズ対策」終了時評価調査団と合同だったので、プロ技専門家及び比国実施機関 ( STD/AIDS Cooperative Central Laboratory : SACCL ) 職員及び関係者とも面会した。

MINUTES OF MEETINGS  
BETWEEN  
THE JAPANESE EVALUATION TEAM  
AND  
THE AUTHORITIES CONCERNED OF  
THE REPUBLIC OF THE PHILIPPINES  
ON  
THE THIRD-COUNTRY TRAINING PROGRAM  
"LABORATORY DIAGNOSIS OF HIV INFECTION  
AND OPPORTUNISTIC INFECTIONS IN AIDS"

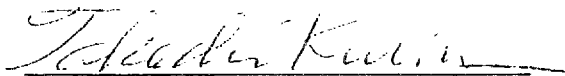
The Japanese Evaluation Team (hereinafter referred to as "the Team"), organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Dr. Takashi KURIMURA, visited the Philippines from 13 November to 16 November 2000 for the purpose of evaluating the training course "Laboratory Diagnosis of HIV Infection and Opportunistic Infections in AIDS" (hereinafter referred to as "the Course") conducted by the Research Institute for Tropical Medicine (hereinafter referred to as "the RITM") of the Department of Health, as a JICA Third-country Training Program. The Course has been carried out in the Philippines since Japanese Fiscal Year (hereinafter referred to as "JFY") 1997.

During its stay in the Philippines, the Team had a series of meetings with representatives of the RITM and related organizations with respect to the progress of the Course.

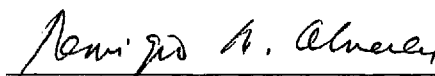
As a result of the meetings, both parties shared the view that the Course had contributed to the development of knowledge, skills and experience among Asia-Pacific countries in the relevant field.

A list of persons attending in the meetings is attached as APPENDIX I. A summary report based on the meetings is attached as APPENDIX II. A definition of evaluation criteria is attached as APPENDIX III.

Manila, 16 November 2000

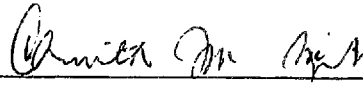


Dr. Takashi KURIMURA  
Head of the Japanese Evaluation Team  
Japan International Cooperation Agency  
(JICA)



Dr. Remigio M. Olveda  
Director  
Research Institute for Tropical Medicine  
(RITM)

Witnessed by



---

Ms. Carmencita Juan-Guiab  
Executive Officer  
Special Committee on Scholarship  
National Economic and Development Authority  
(NEDA)



APPENDIX I  
LIST OF PERSONS ATTENDING THE MEETINGS

**1) Japanese Side**

**(1) Evaluation Team**

Dr. Takashi KURIMURA	Team Leader Professor Emeritus Osaka University
Ms. Akiko KAMIISAKA	Team Member Associate Expert Southeast Asia Division Regional Department I Japan International Cooperation Agency (JICA)

**(2) Japan International Cooperation Agency (JICA)**

Mr. Tomoya YOSHIDA	Assistant Resident Representative JICA Philippines Office
Ms. Maita Alcampado	Project Liaison Officer JICA Philippines Office

**2) Philippines Side**

**(1) Research Institute for Tropical Medicine (RITM)**

Dr. Remigio M. Olveda	Director
Dr. Gemiliano dL. Aligui	Assistant Director
Dr. Rossana A. Ditangco	Third-country Training Program (TCTP) Course Director
Dr. Ma. Rosario Z. Capeding	Head Department of Microbiology
Dr. Fem Julia E. Paladin	Head Virology Section

Dr. Agnes V. Barrientos	Head Department of Pathology
Ms. Rosa B. Mate	Bacteriology Section
Ms. Karen Q. Ilagan	Department of Parasitology and Medical Entomology
Mr. Rodolfo B. Villarico	Administrative Officer
Ms. Mae Marie E. Hernandez	Head Supply Department
Ms. Rosanna A. Castro	Third-country Training Program (TCTP) Course Coordinator

**(2) National Economic and Development Authority (NEDA)**

Ms. Carmencita Juan-Guiyab	Executive Officer Special Committee on Scholarship
Ms. Edith Abergas	Japan Desk Officer Special Committee on Scholarship

APPENDIX II  
SUMMARY REPORT

**I. Background**

1. Acquired Immunodeficiency Syndrome (AIDS) due to infection with Human Immunodeficiency Virus (HIV) is a major health problem throughout the world. The number of new infections continues to rise and the Asia-Pacific region is currently experiencing a serious increase in the number of people infected with HIV.
2. Over the past decade, there have been significant advances in HIV medicine. This poses a challenge to health workers who must acquire new skills needed to detect HIV infection and diagnose opportunistic infections early and accurately.
3. The Research Institute for Tropical Medicine (RITM) in the Republic of the Philippines conducted two training courses under JICA's Third-country Training Program (TCTP) scheme in the field of tropical infectious diseases from JFY 1987 to JFY 1996.

The Japanese Evaluation Team for the above-mentioned TCTP was dispatched in March 1996. On this occasion, the RITM proposed a new TCTP in view of the increasing need to provide health care providers in the Asia-Pacific Region with up-to-date knowledge and skills in the field of laboratory diagnosis of HIV infection and opportunistic infections in AIDS.

4. In response to the request, the Japanese Preliminary Survey Team organized by JICA visited the Republic of the Philippines in July 1997.

The team held a series of discussions with authorities concerned with respect to the framework for the training course "*Laboratory Diagnosis of HIV Infection and Opportunistic Infections in AIDS*" (the Course) under JICA's training scheme.

Based on these discussions, the Government of Japan and the Government of the Republic of the Philippines have been implementing the Course since JFY 1997.

5. With the completion of the fourth training course in JFY 2000, the Japanese Evaluation Team was dispatched to the Republic of the Philippines from 13 November to 16 November 2000 in order to evaluate the Course conducted from JFY 1997 to 2000.

## **II. Objectives and Expectations of the Evaluation**

The main objectives of the program evaluation are as follows:

1. To execute a comprehensive evaluation of the course's present achievements in accordance with the original plan as described in the Record of Discussions (hereinafter referred to as "the R/D") signed on 30 September 1997.
2. To make recommendations and suggestions concerning measures to be taken after the program's completion to the authorities of the respective governments.

## **III. Methodology**

Prior to the visit of the Evaluation Team, questionnaires were distributed to the ex-participants. Their feedbacks and responses were collected and included in the evaluation.

The Team visited the RITM and had a series of discussions with the Director, the Assistant Director, the Course Advisor, the Course Director, Course Coordinators and staff of the RITM, and officers of the government coordinating authority (NEDA).

Consequently, the Team evaluated the accomplishments of the Course in terms of input, activities, output and program purpose as stated in the R/D and the General Information brochure.

The evaluation was conducted according to the following five criteria: relevance, efficiency, effectiveness, impact, and sustainability. A definition of the evaluation criteria is attached as APPENDIX III.

#### **IV. Evaluation**

1. Relevance: **Very High**

The needs of laboratory diagnosis of HIV infection are even higher since there has been an HIV pandemic in some of the invited countries.

2. Efficiency: **High**

- 1) The facilities and equipment that were donated were fully utilized.
- 2) Experts from partner agencies including those from the JICA on-going project ("Project for Prevention and Control of AIDS") cooperated for the continued improvement of program implementation.

3. Effectiveness: **High**

- 1) The participants have developed their skills and enhanced their knowledge in the field of laboratory diagnosis of HIV infection and opportunistic infections in AIDS.
- 2) International partnership among participants and staff of the RITM has been established during the Course.

4. Impact: **Moderate, positive impacts observed**

- 1) Most of the participants utilize the Course textbook and handouts as reference in their work. Many of them share the textbooks with their colleagues.
- 2) There is transfer of knowledge and skills within the institution.

5. Sustainability: **Relatively High**

There are strong needs of a training course in this field in the Asia-Pacific region. Cooperation between agencies (JICA, RITM) that have managerial, financial and technical capabilities for the continued implementation of the program has been established.

## **V. Conclusions and Recommendations**

### **Conclusion**

The Course mostly achieved its objectives and the overall performance of the implementing agency, the Research Institute for Tropical Medicine, was excellent.

### **Recommendation**

Another TCTP on the field of laboratory diagnosis of opportunistic infections in AIDS would be beneficial, as the training course in this field is unique in this region.

The RITM also proposed an extension of the Course.

APPENDIX III  
Definition of Evaluation Criteria

	Criteria	Definition
1.	Relevance	Evaluation assesses whether the partner country's needs were properly identified, and ascertains whether the project objectives remain valid at the time evaluation is conducted.
2.	Efficiency	Evaluation ascertains the level of output derived from the project input, and judges the appropriateness of the means, methods, duration, and costs involved.
3.	Effectiveness	Evaluation determines project results attained in comparison to the objectives as originally planned or subsequently revised.
4.	Impact	Evaluation identifies the positive and negative effects arising both directly and indirectly from implementation of a project. These include effects not foreseen at the initial stage.
5.	Sustainability	Evaluation determines whether the output and effects emerging from a project are sustained even after cooperation has been completed. In addition, the managerial, financial, and technical self-reliance of the implementing agency of the partner country is assessed.

ANNEX 1: The Number of Participants

ANNEX 2: Expenses of the Course

ANNEX 3: Japanese Experts for the Course from JFY 1997 to JFY 2000

ANNEX 4: External Instructors for the Course from JFY 1997 to JFY 2000



**ANNEX - 1**  
**Number of Participants from JFY 1997 to JFY 2000**

COUNTRY		JFY 1997	JFY 1998	JFY 1999	JFY 2000	TOTAL
Bangladesh	M	0	0	1	1	2
	F	0	0	0	0	0
	Total	0	0	1	1	2
Cambodia	M	0	0	1	0	1
	F	0	0	0	0	0
	Total	0	0	1	0	1
Fiji	M	1	0	2	0	3
	F	1	2	0	0	3
	Total	2	2	2	0	6
India	M	0	0	0	0	0
	F	0	0	0	1	1
	Total	0	0	0	1	1
Indonesia	M	0	1	0	0	1
	F	0	0	0	2	2
	Total	0	1	0	2	3
Laos	M	0	0	0	1	1
	F	0	0	0	0	0
	Total	0	0	0	1	1
Malaysia	M	0	0	0	0	0
	F	2	0	1	1	4
	Total	2	0	1	1	4
Myanmar	M	0	0	0	0	0
	F	0	2	0	0	2
	Total	0	2	0	0	2
Nepal	M	0	1	0	1	2
	F	1	0	0	0	1
	Total	1	1	0	1	3
Pakistan	M	0	0	0	0	0
	F	0	1	0	0	1
	Total	0	1	0	0	1
Papua New Guinea	M	0	1	2	1	4
	F	0	1	0	0	1
	Total	0	2	2	1	5
People's Republic of China	M	2	1	1	1	5
	F	1	1	0	1	3
	Total	3	2	1	2	8
Republic of Korea	M	1	0	0	1	2
	F	0	0	0	0	0
	Total	1	0	0	1	2
<b>Subtotal I</b>	M	4	4	7	6	21
	F	5	7	1	5	18
	Total	9	11	8	11	39

COUNTRY		JFY 1997	JFY 1998	JFY 1999	JFY 2000	TOTAL
Solomon Island	M	0	1	0	0	1
	F	0	0	1	0	1
	Total	0	1	1	0	2
Sri Lanka	M	0	0	0	1	1
	F	0	0	0	0	0
	Total	0	0	0	1	1
Thailand	M	1	1	1	1	4
	F	0	0	1	0	1
	Total	1	1	2	1	5
Tonga	M	0	0	0	1	1
	F	0	0	0	0	0
	Total	0	0	0	1	1
Western Samoa	M	0	0	1	0	1
	F	0	0	0	0	0
	Total	0	0	1	0	1
Vanuatu	M	0	0	0	0	0
	F	0	0	0	0	0
	Total	0	0	0	0	0
Vietnam	M	1	0	0	0	1
	F	2	2	2	1	7
	Total	3	2	2	1	8
<b>Subtotal I</b>	M	2	2	2	3	9
	F	2	2	4	1	9
	Total	4	4	6	4	18
<b>Grand Total</b>	M	6	6	9	9	30
	F	7	9	5	6	27
	Total	13	15	14	15	57

## ANNEX 2

## Expenses of the Course (in Pesos)

ITEM OF EXPENSES	JFY 1997		JFY 1998		JFY 1999		JFY 2000 (*)	
	Japanese Side	Philippines Side	Japanese Side	Philippines Side	Japanese Side	Philippines Side	Japanese Side	Philippines Side
<b>I. INVITATION EXPENSES</b>								
1. Air Fares	541,965.83		826,612.82		729,885.28		956,671.35	
2. Living Expenses for Transit stay								
3. Per Diem	138,000.00		181,800.00		232,200.00		252,000.00	
4. Accommodation	123,520.00				161,360.00			
a. RITM			75,880.00				101,160.00	
b. Study Tour			45,000.00				57,900.00	
5. Medical Insurance	35,631.18		41,112.90		41,112.90		41,112.90	
6. Airport Tax							8,250.00	
<b>SUBTOTAL I</b>	<b>839,117.01</b>		<b>1,170,405.72</b>		<b>1,164,558.18</b>		<b>1,417,094.25</b>	
<b>II. TRAINING EXPENSES</b>								
1. Honoraria								
a. Organizing Committee								
b. External Lecturers			5,600.00		5,600.00		8,400.00	
2. Employment Fee (Part Time)	90,500.00	537,168.00	96,840.00	537,168.00	97,740.00	537,168.00	98,190.00	537,168.00
a. Trainers								
b. Support Staff								
3. Accommodation (Study Tour)			15,000.00				19,300.00	
4. Per Diem (Study Tour)			7,500.00		7,500.00		9,000.00	
5. Transportation	63,490.28		100,255.44		103,575.80			
a. Air Fare (Study Tour)							32,750.00	
b. Incidental Expenses							5,960.00	
c. Gasoline Expenses							8,691.11	
6. Expendable Supplies	1,091,185.37							
a. Office Supplies (Secretariat)			60,601.60		14,954.00		19,280.10	

(\*) Partial Report

ITEM OF EXPENSES	JFY 1997		JFY 1998		JFY 1999		JFY 2000 (*)	
	Japanese Side	Philippines Side	Japanese Side	Philippines Side	Japanese Side	Philippines Side	Japanese Side	Philippines Side
b. Laboratory Supplies			1,178,939.80		1,445,053.05		2,055,209.51	
Equipment								
Small Instruments								
Diagnostic Kits/ Reagents								
Laboratory Supplies and Other Materials								
7. Meeting Expenses	49,911.45		82,725.06		67,982.50			
a. Opening Ceremonies							31,317.00	
b. Orientation Meeting								
c. Closing Ceremonies							33,199.99	
d. Meeting Expenses		10,000.00		10,000.00				
8. General Information	11,250.00		30,935.00		8,625.00		22,113.95	
9. Textbooks	116,312.00		40,020.00		86,473.32		162,758.40	
a. Training Manuals								
Lecture/References								
Laboratory Manual								
b. Training Kits								
c. Training Materials								
10. Certificate for Participants	1,710.00		1,710.00		1,710.00		2,090.00	
11. Electricity and Water Consumption		142,350.00		185,055.00		185,055.00		203,560.50
12. Use of Facilities and Equipment		380,000.00		494,000.00		494,000.00		543,400.00
13. Monitoring and Evaluation of Participants		10,000.00		20,000.00		20,000.00		24,000.00
14. Others (Communication)		50,000.00		65,000.00		65,000.00		71,500.00
<b>SUBTOTAL II</b>	<b>1,424,359.10</b>		<b>1,620,126.90</b>		<b>1,839,213.67</b>		<b>2,508,260.06</b>	
<b>GRAND TOTAL</b>	<b>2,263,476.11</b>	<b>1,129,518.00</b>	<b>2,790,532.62</b>	<b>1,311,223.00</b>	<b>3,003,771.85</b>	<b>1,301,223.00</b>	<b>3,925,354.31</b>	<b>1,379,628.50</b>

(\*) Partial Report

ANNEX 3

Japanese Experts for the Course from JFY 1997 to JFY 2000

JFY	NAME	SUBJECT	DURATION
1997	Dr. Yoshito Eizuru	Opportunistic Viral Infections	February 16 - 27, 1998
1998	Dr. Yoshito Eizuru	Laboratory Diagnosis of Viral Opportunistic Infections	Sept. 27 to Oct. 11, 1998
1999	Dr. Takashi Kurimura	Biology of HIV	October 3 - 10, 1999
2000	Dr. Takashi Kurimura	Biology of HIV	September 18 - 27, 2000

ANNEX - 4  
External Instructors for the Course from JFY 1997 to JFY 2000

JFY	NAME	SUBJECT	ORGANIZATION/COUNTRY
1997	Dr. Takashi Kurimura	Diagnosis of HIV 1 & 2	Research Institute for Microbial Diseases, Japan
	Jiro Kamigatakuchi	JICA's AIDS Programmes/Activities	SACCL, Philippines
	Geoff Manthey	UNAIDS' AIDS Programmes/Activities; Epidemiology of HIV Infection/AIDS (Global/Regional)	UNAIDS, Philippines
	Dr. Corazon Manaloto	USAID's AIDS Programmes/Activities	USAID, Philippines
	Dr. Janneke Roos	EU's AIDS Programmes/Activities	Delegation of the European Commission, Philippines
	Dr. Gilles Pומרol	Interaction Between STD & HIV	World Health Organization, Philippines
	Dr. Takashi Nakano	HIV Isolation and PCR: Principle and Applications	SACCL, Philippines
	Dr. Glenn Bulmer	Laboratory Diagnosis of Opportunistic Fungal Infections	University of Sto. Tomas, Manila
	Dr. Ma. Elena Borromeo	Prevention of HIV Infection	Department of Health, Philippines
Dr. Eduardo C. Janairo	Safety of Blood Supply	Department of Health, Philippines	
1998	Dr. Takashi Kurimura	Biology of HIV	Research Institute for Microbial Diseases, Japan
	Dr. Gilles Pומרol	Interaction Between STD & HIV	World Health Organization, Philippines
	Geoff Manthey	Epidemiology of HIV Infection/AIDS	UNAIDS, Philippines
	Jiro Kamigatakuchi	JICA Programmes on AIDS	SACCL, Philippines
	Dr. Takashi Nakano	HIV Isolation and PCR: Principle and Applications	SACCL, Philippines
	Dr. Jaime C. Montoya	Mycobacterial Infections	University of the Philippines-Philippine General Hospital, Philippines
	Dr. Vicente Belizario, Jr.	Opportunistic Parasitic Infections	University of the Philippines-College of Public Health, Philippines
	Dr. Ma. Elena Borromeo	Philippine Government's Response to the HIV/AIDS Epidemic	Department of Health, Philippines
	Dr. Criselda Abesamis	Safety of Blood Supply	Department of Health, Philippines
1999	Dr. Victor Ortega	Epidemiology of HIV Infection/AIDS	UNAIDS, Philippines
	Dr. Hiroshi Teraoka	Recent Progress in Biotechnology and Its Application to JICA Project on AIDS	SACCL, Philippines
	Dr. Jaime C. Montoya	Mycobacterial Infections	University of the Philippines-Philippine General Hospital, Philippines
	Dr. Vicente Belizario, Jr.	Opportunistic Parasitic Infections	University of the Philippines-College of Public Health, Philippines
	Dr. Loreto Roquero, Jr.	Philippine Government's Response to the HIV/AIDS Epidemic	Department of Health, Philippines
	Dr. Liza Castro	Interaction Between STD & HIV	Department of Health, Philippines
	Dr. Linda Tamesis	Safety of Blood Supply	Philippine Blood Coordinating Council, Philippines
2000	Dr. Victor Ortega	Epidemiology of HIV Infection/AIDS	UNAIDS, Philippines
	Dr. Ma. Elena Borromeo	Interaction Between STD & HIV	Department of Health, Philippines
	Dr. Seiji Kageyama	HIV Isolation and PCR: Principle and Applications	SACCL, Philippines
	Dr. Linda Tamesis	Safety of Blood Supply	Philippine Blood Coordinating Council, Philippines
	Dr. Jaime Montoya	Mycobacterial Infections	University of the Philippines-Philippine General Hospital, Philippines
	Dr. Vicente Belizario, Jr.	Opportunistic Parasitic Infections	University of the Philippines-College of Public Health, Philippines
	Dr. Hiroshi Teraoka	JICA Program on AIDS/STD	SACCL, Philippines
Dr. Jovanni Templonuevo	Philippine Government's Response to the HIV/AIDS Epidemic	Department of Health, Philippines	

資料 4 . 評価サマリー

( RITM に対する質問票に本評価サマリーを添付し、本件評価調査のガイドラインとした。)

**Narrative Summary for the TCTP**  
**Laboratory Diagnosis of HIV Infection and Opportunistic Infections in AIDS**  
**at RITM**

<b>Overall goal</b>	Techniques in the diagnosis of HIV infection and AIDS-related opportunistic infections of health care workers in the invited countries is enhanced.
<b>Project purpose</b>	To provide opportunities for health care providers to enhance their knowledge and develop their technical skills in the diagnosis of HIV infection and opportunistic infections in AIDS, as well as strengthen international partnership among the Participants.
<b>Outputs</b>	<p>By the end of the Course the participants are expected to be able to:</p> <ol style="list-style-type: none"> <li>1) understand the nature of HIV infection with regard to the biology of the virus, its natural history, and its effect on the immune system.</li> <li>2) understand the HIV/AIDS pandemic, modes of transmission, and methods of prevention.</li> <li>3) appreciate the clinical picture of patients with AIDS as it correlates with various opportunistic infections and other related diseases.</li> <li>4) demonstrate adequate knowledge and competency in performing HIV antibody screening and supplemental tests.</li> <li>5) understand the significance and limitations of other methods in HIV diagnosis, such as PCR, antigen detection, and virus isolation.</li> <li>6) demonstrate adequate knowledge and skills in performing diagnosis procedures necessary for the detection of different pathogens causing opportunistic infections in AIDS, namely bacterial, mycobacterial, fungal, parasitic, and viral pathogens.</li> <li>7) demonstrate adequate knowledge and skills in performing antibacterial/anti-TB drug susceptibility tests.</li> <li>8) understand and practice bio-safety precautions for the handling and testing of blood, body fluids and potentially infectious materials/agents in the laboratory.</li> <li>9) demonstrate knowledge of collection, handling and processing of specimens necessary for the diagnostic procedures used in the detection of HIV infection and opportunistic infections.</li> <li>10) understand specific AIDS counseling strategies.</li> <li>11) clarify some of the social, ethical, and legal issues in AIDS.</li> </ol>
<b>Inputs</b>	<p><b>[Philippines]</b>          Operating staff          Lecturers          Training facilities          Training equipment          Accommodation for participants          Training cost</p> <p><b>[Japan]</b>          Lecturers          Training cost          Training Equipment          Staff Training</p>



6 October 2000

**Dear Ex-Participant**

of the Third Country Training Program  
on *Laboratory Diagnosis of HIV Infection and Opportunistic Infections in AIDS*  
In the Philippines from JFY 1997 to JFY 2001:

**Request for Cooperation in Answering Questionnaire**

The Japan International Cooperation Agency (JICA) has been supporting the Research Institute for Tropical Medicine (RITM) in the Philippines in conducting the Third-country Training Program *Laboratory Diagnosis of HIV Infection and Opportunistic Infections in AIDS* (hereinafter referred to as *the Course*) since JFY 1997.

With the completion of the Course scheduled for next year, JICA has decided to dispatch an evaluation team to the Philippines this coming November.

The evaluation team will examine to what extent the Course has successfully achieved its objectives, namely:

*To provide opportunities for health care providers to enhance their knowledge and develop their technical skills in the diagnosis of HIV infection and opportunistic infections in AIDS as well as to strengthen international partnership among the Participants.*

In order to evaluate the Course in this light, the evaluation team would like to hear the views and suggestions of ex-participants regarding the Course.

We would appreciate it very much if you would spend some time to answer the attached questionnaire, and return it to the JICA office in your country **by 27 October 2000**.

Thank you very much for your kind cooperation.

Yours sincerely,

*Dr. Takashi Kurimura*

Team Leader  
Evaluation Team of the Third-country Training Program on  
*Laboratory Diagnosis of HIV Infection and Opportunistic  
Infections in AIDS* in the Philippines



Questionnaire on  
the Third-country Training Program  
**LABORATORY DIAGNOSIS OF HIV INFECTION AND  
OPPORTUNISTIC INFECTIONS IN AIDS**  
in the Philippines  
from JFY1997 to JFY2001

**FOR EX-PARTICIPANTS**

Please type or write your answers in **block letters**, or mark with a check where applicable.

**I. General Questions**

(1) Full Name: Mr./Ms. \_\_\_\_\_

(2) Nationality: \_\_\_\_\_

(3) Your position (at the time you participated in the Course and at present)

Dates of Service	Name of organization	Title of the post held	Type of organization
(At the time you participated)			Governmental Institute Research Institute University Other
(At present)			Governmental Institute Research Institute University Other

*(You are kindly requested to attach an organization a chart of the organization in which you are currently employed, with the number of personnel in each section, department / center. Please indicate your position on the chart.)*

(4) Were there any changes in your job position, duties, etc. after attending the Course?

YES                      NO

If YES, please check where applicable:

- |                          |                                 |                      |
|--------------------------|---------------------------------|----------------------|
| increase in salary       | promotion                       | better qualification |
| better reputation        | motivation for higher education |                      |
| better job opportunities | other                           |                      |

In case of *other*, please specify.

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**II. About the Course**

(1) Did you share what you had learned from the Course with your colleagues?

YES                      NO

a) If your answer is YES, how?

by informing colleagues personally	through lecture(s)
through training course(s) and/or seminar(s)	through publication(s)
other	

In case of *other*, please specify:

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b) If your answer is NO, please explain the reasons.

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(2) Do you use the Course textbook / handouts in your work?

YES                      NO

Are they helpful? Do you have any suggestion(s) on how to improve the materials?

---

---

(3) Did you encounter difficulties in applying what you have learned from the Course to your work?

YES                      NO

Please explain briefly.

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(4) Have you contacted RITM for technical advice since your completion of the Course?

YES                      NO

Please explain briefly.

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- |   |     |    |
|---|-----|----|
| (5) Do you still have contacts with other participants? | YES | NO |
| With RITM staff?  | YES | NO |
| With Japanese lecturers?                                | YES | NO |
| With other lecturers?                                   | YES | NO |

(6) Do you think the Course should be continued? Why do you think so?

                    YES                      NO

Reason:

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(7) Have you participated in any other training programs in the field of *diagnosis of HIV infection and opportunistic infections in AIDS* in your organization, your country, and/or abroad? If YES, please fill in the box below.

                    YES                      NOT YET

Place	Course Name	Organized by	Course Duration

**III. Others**

Do you have any other suggestions / comments / requests to RITM and JICA regarding the Course?

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*Thank you very much for your kind cooperation.*



16 October 2000

## Dear Supervisor of Ex-Participant

of the Third-country Training Program

on *Laboratory Diagnosis of HIV Infection and Opportunistic Infections in AIDS*  
in the Philippines from JFY 1997 to JFY 2001:

### Request for Cooperation in Answering Questionnaire

The Japan International Cooperation Agency (JICA) has been supporting the Research Institute for Tropical Medicine (RITM) in the Philippines in conducting the Third-country Training Program *Laboratory Diagnosis of HIV Infection and Opportunistic Infections in AIDS* (hereinafter referred to as *the Course*) since JFY 1997.

With the completion of the Course scheduled for next year, JICA has decided to dispatch an evaluation team to the Philippines this coming November.

The evaluation team will examine to what extent the Course has successfully achieved its objectives, namely:

*To provide opportunities for health care providers to enhance their knowledge and develop their technical skills in the diagnosis of HIV infection and opportunistic infections in AIDS as well as to strengthen international partnership among the Participants.*

In order to evaluate the Course in this light, the evaluation team would like to hear the views and suggestions of supervisors of ex-participants.

We would appreciate it very much if you would spend some time to answer the attached questionnaire regarding the Course, and return it to the JICA Head Quarter in Tokyo **by 27 October 2000**.

Japan International Cooperation Agency (JICA)  
Southeast Asia Division  
Shinjuku Maynds Tower  
Yoyogi 2-1-1, Shibuya-ku, Tokyo  
151-8558 JAPAN  
(Attn. Ms. Akiko Kamiisaka)

Thank you very much for your kind cooperation.

Yours sincerely,

*Dr. Takashi Kurimura*

Team Leader

Evaluation Team of the Third-country Training Program on  
*Laboratory Diagnosis of HIV Infection and Opportunistic  
Infections in AIDS* in the Philippines

Questionnaire on  
the Third-country Training Program in  
**LABORATORY DIAGNOSIS OF HIV INFECTION AND  
OPPORTUNISTIC INFECTIONS IN AIDS**  
in the Philippines  
from JFY1997 to JFY2001

**FOR SUPERVISORS**

Please type or write your answers in **block letters**, or mark with a check where applicable.

**I. General Questions**

(1) Your Name: Mr./Ms. \_\_\_\_\_

(2) Nationality: \_\_\_\_\_

(3) Name of your organization: \_\_\_\_\_

*(You are kindly requested to attach an organization chart with the number of personnel in each section).*

(4) Your position: \_\_\_\_\_

(5) Please give a brief outline of your duties.

\_\_\_\_\_  
\_\_\_\_\_

(6) You are a supervisor of the ex-participant(s) Mr./Ms. \_\_\_\_\_

(7) How long have you known him/her? \_\_\_\_\_

**II. About your country/organization**

(1) Does your country have a national AIDS program?

YES

NO

What are the program title, duration, content, and organization in charge?

Title:	
Duration:	
Content:	
Organization in charge:	

(2) What are the major difficulties your country encounters in tackling HIV/AIDS?

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(3) What is the role of your organization in the field of HIV/AIDS in your country?

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(4) What are the major difficulties your organization encounters in its daily activities?

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**III. About the Course**

(1) Do you know of the Research Institute for Tropical Medicine (RITM), the training institution of the Course?

YES

NO

(2) Have you had contact with RITM after your staff member(s) participated in the Course?

YES

NO

On what occasion and how? Please explain briefly.

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(3) Do you think the Course content addresses the needs of your organization and/or country in the field of diagnosis of HIV infection?

YES NO

Reason:

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(4) Do you think the Course has provided your staff member(s) with knowledge and skills necessary for tackling the problems your organization and/or country encounter?

YES NO

Reason:

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(5) Do you think the participation of your staff member(s) in the Course has had any impact on your organization in terms of improvement of working environment, technical improvement, implementation of new projects, etc.?

YES NO

Please explain briefly.

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(6) Do you think the Course should be continued? Why do you think so?

YES NO

Reason:

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**III. Others**

Do you have any other suggestions / comments / requests to RITM and JICA regarding the Course?

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Thank you very much for your kind cooperation.



6 November 2000

Dear Dr. Aligui  
Acting Director  
Research Institute for Tropical Medicine

**Evaluation of the Third-country Training Program**  
**"Laboratory Diagnosis of HIV Infection and Opportunistic Infections**  
**in AIDS" from JFY 1997 to JFY 2001**

With your continuous efforts and cooperation since 1997, the Third-country Training Program "*Laboratory Diagnosis of HIV Infection and Opportunistic Infections in AIDS*" (hereinafter referred to as "*the Course*") has recently completed its fourth training course. With the completion of the Course scheduled for next year, JICA has decided to dispatch an evaluation team to the Philippines from 13 to 20 November this year.

In order to evaluate the Course, the evaluation team would like to hear your opinions and suggestions from your viewpoint as the implementing body. We would appreciate it very much if you would spend some time to answer the attached questionnaire, and present your views and relevant information during the meeting planned on 15 November 2000.

For your information, a brief explanation of the standard procedure of JICA evaluations is also attached.

Thank you very much for your kind cooperation.

Yours sincerely,

Evaluation Team of the Third-country Training Program on  
*"Laboratory Diagnosis of HIV Infection and Opportunistic*  
*Infections in AIDS" in the Philippines*



Questionnaire on  
the Third-country Training Program  
**"LABORATORY DIAGNOSIS OF HIV INFECTION AND  
OPPORTUNISTIC INFECTIONS IN AIDS"**  
in the Philippines  
from JFY1997 to JFY2001

**FOR RITM**

**I. About RITM**

**1. Organizational Structure**

Please explain the organizational structure of RITM with the number of staff in each section.

**2. Role of RITM**

Please explain the role of RITM in the health sector in the Philippines.

**3. Budget and expenditure**

Please describe the annual budget and expenditure of RITM for last five years.

**4. Facilities and Equipment**

Please describe the major facilities and equipment of RITM.

**5. Changes since 1997**

Have you had any personnel, financial, or organizational changes since 1997? If so, please explain.

**II. About the Course**

**1. Section in charge of implementing the Course**

(1) Please explain the section in charge of implementing the Course: (e.g. how many staff members does it have? What role does it play in RITM?)

**2. Budget and expenditure**

(1) Please present data on the Course budget for the past years from JFY 1997 to JFY 2000.

(2) Please present data on the Course expenditure for each budget item. (Please fill in the ANNEX -2).

(3) Do you think the Course received sufficient budget? If your answer is NO, why?

(4) What comments / recommendations did you receive from participants on expenditure items (e.g. daily allowance, accommodation, training materials, and training equipment)?

How do you think RITM could respond to these comments in order to improve the Course operation and management?

### **3. Curriculum**

- (1) Please describe each year's curriculum briefly.
- (2) Please present the results of the achievement tests. Do they show improvement of knowledge and technical skills of participants in the areas of HIV infection and opportunistic infections?
- (3) Please summarize participants' comments on the Course curriculum.
- (4) Judging from the participants' country reports, where do you think the needs of invited countries lie in the field of diagnosis of HIV infection?
- (5) Do you think the Course curriculum meets those needs? Why/ Why not?
- (6) Has technology and knowledge in the field of diagnosis of HIV changed since the beginning of the Course? Is so, what measures were taken to adjust the design?
- (7) Is the duration of the Course long enough for the training purpose? Please explain.
- (8) Is the balance among lectures, laboratory bench work, and observation tours appropriate for the training purpose? Please explain.

### **4. Participants**

- (1) Please present information on the number of participants from each invited country for each year. (Please fill in the ANNEX-I.)
- (2) Please explain the procedure of selection of participants.
- (3) Please give your opinion on the following points:
  - Number of participants (15 persons each year): (e.g. was the size of the group appropriate for lectures and laboratory bench work?)
  - Number of invited countries (20 countries): (e.g. Is the number appropriate for a five-year training course to invite participants from all the invited countries?)
  - Job experience background (at least two years in a clinical microbiology and/or HIV laboratory): (e.g. Is this qualification appropriate for the purpose of the Course?)
  - Level of English language skills:
  - Educational background (at least a B.S. degree in medical technology or its equivalent, M.D. or related profession): (Is this qualification appropriate for the purpose of the Course?)
  - Level of basic knowledge (involvement in health research, training, management, or diagnostic service): (Is this qualification appropriate for the purpose of the Course?)
  - Age limit (under forty-five years old):
- (4) Have those factors caused any difficulties in conducting the Course?

### **5. Lecturers**

- (1) Please present information on the number of lecturers for each year with the subject of their lecture. Please list them according to their organization (i.e. RITM staff, other institution in the Philippines, or Japanese lecturers) by filling in the ANNEX-III.
- (2) Please explain how and why you have selected these lecturers.
- (3) Please summarize participants' evaluation of lectures and lecturers. How do you think RITM could utilize the feedback from the participants to improve Course operation and management?

## **6. Equipment**

- (1) Please describe the major equipment used for the Course.
- (2) Did you encounter any problem with the equipment? If YES, please explain.
- (3) Please summarize participants' evaluation of the training equipment/facilities. How do you think RITM can respond to their comments?

## **7. Impact**

- (1) What kind of influences do you think the Course had on the section in charge of implementing the Course, RITM, and/or the health sector in the Philippines?
- (2) Do you keep contact with ex-participants and/or their organizations? If your answer is YES, how often and in what way do you contact them? If your answer is NO, why?

## **8. Difficulties**

- (1) Did you encounter any difficulties in conducting the Course (financial, personnel, or technical?)

## **9. Overall evaluation**

- (1) How do you evaluate the Course? To what extent do you think the Course has achieved its objectives?

## **III. Others**

Do you have any comments/suggestion you wish to offer to JICA regarding the Course?

*Thank you very much for your kind cooperation.*

## 資料 8. 元研修員への質問票の集計結果

1. 平成 9 年度から平成 12 年度までの研修員合計: 42 人
2. 調査時に連絡をとれなかった研修員の数: 4 人  
理由: 政情不安による JICA 事務所の閉鎖 (ソロモン諸島の研修員 2 名)  
国内の通信事情が悪い (パプア・ニュー・ギニアの研修員 1 名)  
海外留学中 (マレーシアの研修員 1 名)
3. 実際に送付された質問票の数: 38
4. 回収された質問票の数: 33 (平成 12 年 12 月 15 日現在)
5. 返却されなかった質問票の数: 5 (平成 12 年 12 月 15 日現在)

注: 研修員からのコメントは回答をそのまま記載している。

<b>I. General Questions</b>			
(1) Full Name: Mr./Ms. _____			
(2) Nationality: _____			
(3) Your position (at the time you participated in the Course and at present)			
<b>Dates of Service</b>	<b>Name of organization</b>	<b>Title of the post held</b>	<b>Type of organization</b>
(At the time you participated)			<input type="checkbox"/> Governmental Institute <input type="checkbox"/> Research Institute <input type="checkbox"/> University <input type="checkbox"/> Other
(At present)			<input type="checkbox"/> Governmental Institute <input type="checkbox"/> Research Institute <input type="checkbox"/> University <input type="checkbox"/> Other

*(You are kindly requested to attach an organization a chart of the organization in which you are currently employed, with the number of personnel in each section, department / center. Please indicate your position on the chart.)*

### 結果

- (3) 研修参加後職位の変化があった元研修員: 11 名

(回答者の約 3 割の職位が上昇している)

変化の内容:

- \* became **student** (from Institute of Epidemiology, Disease Control and Research (IEDCR) to Birdem Academy, Deputed to MPHIL Immunology Course).
- \* from technical officer class II to **technical officer higher grade**.
- \* from technical officer to **supervising technologist**.
- \* Due to integration of the department, I was **shifted** to biochemistry after attending the course.

- \* from technical officer class II to **head of department in different hospital**.
- \* from blood bank officer to **medical officer** at the same institute.
- \* from Doctor in charge to **vice chief doctor** at the same institute.
- \* from personnel to chief of department.

(4) Were there any changes in your job position, duties, etc. after attending the Course?

YES       NO

↓

If YES, please check where applicable:

- increase in salary       promotion       better qualification  
 better reputation       motivation for higher education  
 better job opportunities       other

↓

In case of *other*, please specify.

## 結果

YES: 22 名      NO: 11 名

( 回答者の約 6 割に、研修参加後職位や任務の変化があった )

YES の内容 ( 複数回答 ): 1) increase in salary : 9 名

2) promotion : 7 名

3) better qualification : 5 名

4) better reputation : 8 名

5) motivation to higher education : 8 名

6) better job opportunities : 6 名

7) others : 2 名

others の内容 : Better awareness of the diagnostic modalities and therefore easier to monitor the sauce and easier to train other (if and when requested).

## II. About the Course

(1) Did you share what you had learned from the Course with your colleagues?

YES       NO

a) If your answer is YES, how?

- by informing colleagues personally       through lecture(s)  
 through training course(s) and/or seminar(s)       through publication(s)  
 other

In case of *other*, please specify:

b) If your answer is NO, please explain the reasons.

## 結果

YES: 33 名 NO: 0 名

( 回答者全員が、何等かの形で研修内容を職場同僚に伝えている )

YES の内訳 ( 複数回答 ):

- 1) by informing colleagues personally: 25 名
- 2) through lecture(s): 17 名
- 3) through training course(s) and/or seminar(s): 13 名
- 4) through publication(s): 3 名
- 5) other: 3 名
  - \* By working with the colleagues and lab personnel.
  - \* As counselor

(2) Do you use the Course textbook / handouts in your work?

YES  NO

Are they helpful? Do you have any suggestion(s) on how to improve the materials?

## 結果

YES: 31 名 NO: 2 名

コメント内容 :

- \* Yes, helpful. Computer CD of the material will be more helpful along with hard copy.
- \* Handouts now form part of the manuals in the department.
- \* More than enough for a person to gain knowledge (including basic and molecular technique).
- \* Yes, they are helpful, informative, and adequate.
- \* Latest PCR and immunofluorescent methods can be revised.
- \* Yes, introduction of some training technique to the laboratory staff.
- \* Very helpful and excellent.
- \* It is very helpful and useful in my work.
- \* Please add a section on virus loading tests.
- \* Yes, they are very helpful and I use them as reference especially the method of diagnosis of opportunistic infections diagnosis. The textbook should have more color pictures.
- \* I am interested in some protocol and some worksheet because I apply them for some lab in my work.
- \* Both materials are very helpful. They serve as reference material and resources.
- \* They are useful and necessary for me in my work.
- \* We need up-date publications every month.

(3) Did you encounter difficulties in applying what you have learned from the Course to your work?

YES                       NO

↓

Please explain briefly.

### 結果

YES: 15 名      NO: 18 名

#### YES の内容

- \* Lack of facilities, such as absence of fluorescence microscope, PCR facilities, and even lacking of some reagents & chemicals. Also absence of proper lab environment and infrastructure.
- \* Some of the procedures learned cannot be applied due to non-availability of equipment, reagents, etc.
- \* There were similarities in some techniques and of course some techniques were about to be developed (e.g. PCR).
- \* The AIDS program in our set up is working separately.
- \* Equipment like PCR is not available (not in use) due to circumstance beyond our control.
- \* Some of the equipment used during the course are not available in our country.
- \* Because of shortage of equipment and biochemical products.

(4) Have you contacted RITM for technical advice since your completion of the Course?

YES                       NO

↓

Please explain briefly.

### 結果

YES: 2 名      NO: 31 名

#### YES の内訳

- \* Maybe in future, since viral tissue culture is to be developed soon.
- \* I did not contact lecturers for I don't know their contact address.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| (5) Do you still have contacts with other participants? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| With RITM staff?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| With Japanese lecturers?                                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| With other lecturers?                                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

### 結果

- 1) other participants:   YES: 23 名   NO: 10 名  
 2) RITM staff:         YES: 29 名   NO: 4 名  
 3) Japanese Lecturers: YES: 3 名   NO: 30 名  
 4) other lecturers:    YES: 5 名   NO: 28 名

(6) Do you think the Course should be continued? Why do you think so?

- YES                    NO

Reason:

### 結果

YES: 33 名   NO: 0 名

理由 :

- \* It provides excellent opportunities to learn about modern lab science and exchange the views, knowledge with foreign nationals.
- \* It enhances our knowledge and exposes to the latest technologies available.
- \* Keeps officers abreast with procedures. Opportunities to learn from lecturers and fellow participants.
- \* Because it tends to teach us on the latest methods of identifying and diagnosing of infections.
- \* More people can benefit.
- \* Definitely, sharing and gaining knowledge for laboratory technique, theory, upgrading of science can be learned here.
- \* The course should be continued, as it is very beneficial for AIDS is a continuing pandemic disease. New knowledge and ever changing technology and test systems is essential for it will greatly enhance our testing ability and skill does help in our fight against AIDS.
- \* This is a way to get to know about the regional situation and latest diagnostic tools available.
- \* New diagnostic methods of AIDS/HI.
- \* Due to high incidence of HIV/AIDS in the country, more laboratory training of this



kind is very important.

- \* Because HIV/AIDS is increasing in the Asia Pacific region, improved laboratory diagnostic techniques are required. I don't think the training has covered every corner of the region.
- \* It is a good chance to improve the skill in lab sciences on diagnosis of HIV infection to the countries in Asia and also improve the friendship among the people in Asia.
- \* We want to learn more from the Philippines experiences in the field.
- \* It strengthens lab's capability of HIV testing, quality control and enhances technical level in the developing countries.
- \* Participants have learned a lot of new knowledge and skills in lab testing which are very helpful.
- \* Because it is very useful to review and improve my knowledge. Furthermore, I have gained nice friends. It enabled me to know and understand customs, tradition, etc. of their countries.
- \* Problems about HIV infection and opportunistic infection are very serious until now, therefore please keep this course to improve laboratory diagnosis of participants' skill.
- \* As a follow-up of what has been taught and/or achieved and to share ideas/to have a standardized approach in the things we do.

### **III. Others**

Do you have any other suggestions / comments / requests to RITM and JICA regarding the Course?

- \* About the Course, it should be more specific, be it serology, bacteriology, or virology. The present Course is designed to make one a master of all trades in HIV and AIDS related infection diagnosis. But it will be more helpful if there are different courses of somewhat short duration on serology/parasitology/bacteriology.
- \* I think the duration of the course should be extended. Three weeks are a bit too short considering the number of lecturers and practicals. Participants should need more time in doing practicals.
- \* More emphasis on the opportunistic infections – I have not been able to implement this due to unavailability of materials required in the procedures learned. Is there anything JICA could do to help me set this up? I am very keen.
- \* I think if the course can be lengthened by a couple of weeks because there is a lot to learn and if RITM/JICA look into the progress of participants in their own country.
- \* The Course is too short, only 3 weeks (Feb. 1998). More practical (hands on) should be included.
- \* To extend the Course. Suggest to cover 1) laboratory technique for viral infections 2) molecular technique in pathology science.
- \* The duration of the Course is a little short, another one more week will be sufficient for a more thorough practical work on laboratory diagnosis of opportunistic infections in AIDS.
- \* The course is definitely a great help and must incorporate the further update for previous participants after a five-year period.
- \* Well done and we were very well taken care of.
- \* The duration of the course was short. The Course should be long enough to cover all the

stuff that should be taught. The Course was good and helped me a lot in my career. Thank you.

\* The course should continue for at least another five years. This is because countries in our region need more trained manpower equipped with knowledge to properly diagnose HIV infection and opportunistic infections.

\* I suggest that RITM and JICA will give me more chance to learn about AIDS and others.

\* First of all, I must take this opportunity to express my deep thanks to the Team: the top management of RITM, and many thanks to JICA for your confidence in me and for providing me with the chance of advancement and progress.

The Course should be continued because it is complete in teamwork and place and everyone is very, very kind and friendly and intend to train the participants.

The Course should be extended to six or eight weeks and stress in depth of the methods of diagnosis of opportunistic infections in AIDS.

Many doctors want to know the methods.

If possible, please send new information or data or information on new methods to ex-participants.

I couldn't participate in other training courses because of the age limit (mostly under 45 years).

Once again, I would like to thank you for your support and encouragement which will remain deep in my memory.

\* This course is well including the RITM staff, accommodation, and laboratory. Internet service would be nice to have. About study tour, please add study tour to visit HIV laboratory in government hospitals or health care centers in Manila, too.

\* Perhaps another two weeks added to the time so that participants could see first hand what is done in other laboratories other than RITM.

Reduce the number of mall tours and sightseeing trips to a week.

Consider extra per diem from those participants who stay two to three days after everyone has departed because of flight schedules.

\* After the course, we want to receive up-date information from experts every month.

## 資料 9 . 元研修員の上司への質問票の集計結果

回収された質問票の数: 21 (平成 12 年 12 月 15 日現在)

(一人の上司が複数の研修員の上司である場合があるため、研修員の人数より上司の人数は少なくなっている)

### II. About your country/organization

(2) What are the major difficulties your country encounters in tackling HIV/AIDS?

- \* Program organizers, funds and technical expertise, and bureaucratic red-tapism & transfer of trained people from the institute. (Bangladesh)
- \* No enough experience in the field of the diagnosis, no large budget to promote the Program, no materials (Cambodia)
- \* HIV/AIDS can become a serious problem in Indonesia, cultural and religious norms which prevent condom promotion open discussion on sex behavioral issues. (Indonesia)
- \* Public Education in Transmission Reduction Techniques, Limited laboratory skilled personnel to handle high end specialized HIV testing such as Viral load, PCR, Genetic Sequencing. (Malaysia)
- \* Limitation of resources, multiplicity of ethnic populations, strict social and behavioral norms. (Myanmar)
- \* The scourge of HIV has spared our country due to the Islamic values followed. Although the awareness is still being created to avoid any increase in incidence of this deadly disease. (Pakistan)
- \* Properly trained manpower and funding. (PNG)
- \* Denial, inconsistent condom use. (PNG)
- \* The fund is deficient in tackling HIV/AIDS. (China)
- \* Advertising and education of people. (Thailand)
- \* No real major difficulties, but financial resources may difficulty at times. (Samoa)

(3) What is the role of your organization in the field of HIV/AIDS in your country?

- \* Surveillance of HIV (Serology Behavioral), training of lab personnel from other organizations, training of health professionals in epidemiology of HIV. (Bangladesh)
- \* Provide confirmation on diagnosis of HIV infection, take care of the patients at the latest stage of the HIV infections (Cambodia)
- \* Conduct ad-hoc STD&HIV surveys (Indonesia).
- \* Referral Center for HIV Diagnostics & Confirmation. Quality Assurance Programs for HIV Screening Centers, Consultanceis and Committee participation in Ministry of Health's AIDS control programs (Malaysia).
- \* As a reference laboratory. (Korea).

- \* Prevention, control, care and support (Myanmar).
- \* Screening for HIV, HbsAs before blood transfusion, Individual diagnostic tests for HIV, screening among STDs. (Nepal)
- \* This is a tertiary care hospital, yet screening for surgical cases, suspected cases and all blood donors routine is carried out. This hospital is attached with National AIDS control program and thus available source of data. (Pakistan)
- \* To carry out research into HIV/AIDS and other STDs in the country. This information is then relayed back to the NAS to formulate strategies to combat the disease. (PNG)
- \* Surveillance (PNG).
- \* We conduct supervision in HIV/AIDS in ZAST CHINQ. (China)
- \* Confirmation test at HIV testing, provides organization for HIV testing, reference laboratory for HIV testing. (Thailand)
- \* Surveillance of HIV/AIDS, health education of public, prevention methods, counselling, screening all blood donations before use, testing HIV, treating patients, HIV patients and opportunistic infections. (Samoa)

(4) What are the major difficulties your organization encounters in its daily activities?

- \* Absence of rolling funds to encounter various urgent needs (Bangladesh)
- \* Lack of reagents, lack of competent staff, increasing number of patients in the hospital, low salary of all staffs (Cambodia).
- \* Lack of funding in conducting studies, lack of sufficient quality of lab instruments and equipment. (Indonesia)
- \* Limited skilled laboratory personnel to handle specialized tests, such as HIV PCR and viral load assay. (Malaysia)
- \* Lack of resources and manpower. (Myanmar)
- \* Sometimes proper test kits are not available. (Nepal)
- \* Trained manpower, equipment, and funding. (PNG)
- \* Financing, funding. (PNG)
- \* Specimen delay, communication between laboratory failure in some area. (Thailand)

### **III. About the Course**

(1) Do you know of the Research Institute for Tropical Medicine (RITM), the training institution of the Course?

YES

NO

#### **結果**

YES: 19 名      NO: 3 名

(2) Have you had contact with RITM after your staff member(s) participated in the Course?  
YES NO

On what occasion and how? Please explain briefly.

**結果**

YES: 5 名 NO: 16 名

研修員の研修参加後に RITM と連絡をとった機関は若干あった。

\* We have communicated via e-mail on several occasions regarding HIV testing. (Malaysia)

(3) Do you think the Course content addresses the needs of your organization and/or country in the field of diagnosis of HIV infection?

YES NO

Reason:

**結果**

YES: 19 名 NO: 2 名

ほとんどの上司が、研修内容は研修員所属機関や対象国のニーズに見合ったものであると評価している。

- \* Seen the increasing number of HIV patients in our country we need to perform more medical staff for implementing the research. (Cambodia)
- \* Should add STD in the curriculum. (Indonesia)
- \* Improves and updates knowledge of participants in HIV diagnostics, Practical hands on training on HIV diagnostic methods. (Malaysia)
- \* It enhances the capacity of trainees. (Myanmar)
- \* Our country is rapidly affected day by day with HIV infection. We need trained manpower to diagnose earlier this dreaded disease to control the outbreak. (Nepal)
- \* The course is relevant because HIV/AIDS incidence is very high and we need to carry out laboratory tests to help towards reducing the HIV incidence. (PNG)
- \* Should include the molecular genetics methods that we do (PNG).
- \* Because many lab diagnosis of items in the course just is our blanks in diagnosis of HIV infections. (China)
- \* My country has many problem with HIV. (Thailand)
- \* We can continue screening tests for HIV here. (Samoa)

(4) Do you think the Course has provided your staff member(s) with knowledge and skills necessary for tackling the problems your organization and/or country encounter?

YES

NO

Reason:

## 結果

YES: 20 名 NO: 1 名

回答者のほぼ全員が、研修は研修員の知識と技術を向上させる機会を提供したと評価している。

- \* Before the Course there was some difficulties in the work and now everything seem to be organized but still we have difficulties. (Cambodia)
- \* This course expands the opportunities for our staff on diagnosis of HIV and opportunistic infections in AIDS. (Indonesia)
- \* Has improved technical skills of participants on latest methodologies (Malaysia).
- \* Of course, after trained my staff is providing better service with confident. (Nepal)
- \* The officer will be able to perform the necessary tests to help diagnose HIV infections. (PNG)
- \* Learned new techniques. (PNG)
- \* Because after the Course, many works development in HIV/AIDS according to the materials that the participant brought back from the Philippines. (China)
- \* Well done. (Thailand)
- \* Our participant is well versed with testing procedures, identification of opportunistic infections. (Samoa)

(5) Do you think the participation of your staff member(s) in the Course has had any impact on your organization in terms of improvement of working environment, technical improvement, implementation of new projects, etc.?

YES

NO

Please explain briefly.

## 結果

YES: 20 名 NO: 1 名

回答者のほぼ全員が、研修員の帰国後、所属機関に何等かのインパクトを与えたと回答している。

- \* The trained staff will be the trainer for other staff. (Cambodia)
- \* This course expands the opportunities for our staff on diagnosis of HIV and opportunistic infections in AIDS. (Indonesia)

- \* Increased confidence of participants with better technical skills and improved knowledge. Participants are able to handle these tests such as PCR and HIV RT PCR. (Malaysia)
- \* The capacity of personnel is enhanced. (Myanmar)
- \* I think he is now more confident regarding this field of diagnosis. (Nepal)
- \* The participant will enable the department to improve the diagnostic ability of the department as a whole. (Pakistan)
- \* The staff returned from the Course has greatly improved her technical skills in implementation of new STD projects. (PNG)
- \* Some improvement in skills. (PNG)
- \* The participant held a lot of lectures after the Course and made us know the newest trends about all kinds of HIV/AIDS, including the technical and information. (China)
- \* They can share the experience with other staff members in the diagnosis of the opportunistic infection in AIDS. (China)
- \* They can share the experience with other staff members in the diagnosis of the opportunistic infection in AIDS. (China)
- \* My technician can improve laboratory. (Thailand)
- \* He is helping educate other staff members on knowledge obtained from course. (Samoa)

(6) Do you think the Course should be continued? Why do you think so?

YES NO

Reason:

## 結果

YES: 20 名 NO: 1 名

ほぼ全員の回答者が、研修の継続を希望している。

- \* The need of the competent staff is big. (Cambodia)
- \* Not only this is good for adding knowledge and skill but also good for building a network (Indonesia).
- \* Increased confidence of participants with better technical skills and improved knowledge. Participants are able to handle these tests such as PCR and HIV RT PCR. (Malaysia)
- \* Because new members recruited, they should be trained (Korea).
- \* It acted as a continuing Education and capacity building. (Myanmar)
- \* HIV infection and AIDS is a global problem. This kind of course must be continued and organized more frequently. (Nepal)
- \* To have more trained and skilled persons. (Nepal)
- \* Regional cooperation with changing trend identification and staying ahead of the disease by careful awareness is required. (Pakistan)
- \* HIV/AIDS is an epidemic and to be able to combat it, we require highly skilled and trained staff. (PNG)
- \* It is beneficial. Should be extended to include more techniques. (PNG)
- \* It is a chance to know and grasp the advanced knowledge and skills in lab science.

(China)

- \* Provide more chance to professional staff. (China)
- \* HIV is still main problem in this region. (Thailand)
- \* The people trained on HIV/AIDS the better health education procedures. (Samoa)

### **III. Others**

Do you have any other suggestions / comments / requests to RITM and JICA regarding the Course?

- \* Course should focus on specific aspects of diagnosis of HIV and opportunistic infections in AIDS, such as serology, bacteriology, molecular biology, virology, etc. (Bangladesh)
- \* We suggest that more than one trainee should be performing from each country. (Cambodia)
- \* The course syllabus covers HIV serology adequately. My suggestion is that the syllabus should include more molecular techniques such as HIV RT PCR and viral load in order to support research and diagnostic applications. (Malaysia)
- \* Other categories of health workers such as laboratory technicians and laboratory management persons should be included. (Myanmar)
- \* I think course is good. I wish all the best for the continuation of this course so that more trained personnel will be produced. (Nepal)
- \* JICA is taking care, as per needed. Still, if you can provide more training, it will definitely have good quality impact. (Nepal)
- \* They should extend the course and also invite seminar scientist from the region to give the inputs in planning and training. (PNG)
- \* RITM and JICA may be expand the range in exchange of lab diagnostic skills, such as the diagnostic skills of O157 (EHEC) and O139 (Vibro) etc. because the situation of these disease will be very severe in Asia. (China)



QUESTIONNAIRE ON THE THIRD COUNTRY TRAINING PROGRAM  
 "LABORATORY DIAGNOSIS OF HIV INFECTION AND OPPORTUNISTIC  
 INFECTIONS IN AIDS"  
 in the Philippines  
 from JFY 1997 to JFY 2001

I. About RITM (c/o D.O.)

1. Organizational Structure
2. Role of RITM
3. Budget and Expenditure
4. Facilities and Equipment
5. Changes since 1997

II. About the Course

1. Sections in charge of implementing the Course (Please explain the section in charge of implementing the Course: e.g. how many staff members does it have? What role does it play in RITM?)

SECTION/DEPARTMENT	FUNCTIONS	NO. OF STAFF
Virology Section	Studies etiology of Acute Respiratory Infection among 0-5 years old children.	16
	Conducts virological and clinical studies of dengue infection <ul style="list-style-type: none"> <li>- Virus isolation by tissue culture</li> <li>- Identification and serotyping of dengue viruses by immunoperoxidase, immunofluorescence and ELISA</li> <li>- Antibody determination by hemagglutination-inhibition test</li> <li>- Antigen production for use in the HI test</li> </ul>	
	Researches on Seroepidemiology of HIV Infection in the Philippines through: <ul style="list-style-type: none"> <li>- screening for HIV antibody using IF, particle agglutination test and ELA</li> <li>- confirmation of HIV INFECTION by IF test, and Western Blot technique</li> <li>- T-cell subsetting using IF test</li> </ul>	
Bacteriology Section	Prepares culture for bacterial pathogens from all sources.	31

	<p>Conduct Antibiotic Sensitivity test for significant bacterial pathogens.</p> <p>Prepares microscopic examination of:</p> <ul style="list-style-type: none"> <li>- gram stained specimen for bacterial pathogens</li> <li>- acid-fast smear for mycobacteria</li> </ul>	
Mycology Section	<p>Prepares routing culture of stool specimens or rectal swabs for detection of bacterial enteric pathogens.</p> <p>Conducts special test for identifying Enterotoxigenic E. coli (ETEC), Enteroinvasive E. Coli (EIEC), Enteropathogenic E. coli (EPEC), rotavirus, Cryptosporidium, Giardia intestinalis, Entamoeba histolytica, and Vibrio cholerae 01 (using monoclonal antibody).</p> <p>Conducts antibiotic susceptibility tests on bacterial isolates.</p> <p>Prepares water bacteriologic analysis for potability.</p> <p>Plans/implements laboratory training of doctors, medical technology interns, externs and municipal sanitary infectors.</p>	
Department of Pathology	<p>Undertakes studies on anatomic pathology, including gross and histologic examination of specimens from patients admitted at the Institute.</p> <p>Develops and applies new techniques, including electron microscopy and immunofluorescent, microscopy in the study of patients.</p> <p>Undertakes autopsy studies on patients who have died from tropical diseases.</p> <p>Participates in the research activities of the Institute on tropical diseases.</p> <p>Initiates and undertakes research activities on tropical diseases.</p>	25
Department of Parasitology and Medical Entomology	<p>Provides facilities and services for the parasitologic examination of patients with tropical diseases admitted in the Institute.</p> <p>Develops and adopts new techniques in parasitology for the study of tropical diseases.</p>	11

	Initiates and undertakes researches in parasitic diseases that are endemic in the Philippines and are responsible for morbidity in the population.	
	Participates as a research arm of the Department in the control and prevention program of parasitic diseases.	
	Planning, organization and administration of research and training programs in parasitic diseases.	
	Operation of diagnostic parasitology laboratory.	
	Coordination of research activities under specific study groups.	
	Extension by way of participation or representation in special committees on research evaluation, scientific congresses, seminar/workshops, fellowship training programs/continuing medical education, and science education projects.	

## 2. Budget and Expenditure

2.1. Course Budget for JFY 1997 to JFY 2000 (Annex - IIA)

2.2. Course Expenditure for JFY 1997 to JFY 2000 (Annex - IIB)

2.3. Do you think the Course received sufficient budget? If your answer is NO, why?

Yes.

2.4.a. What comments/recommendations did you receive from participants on expenditure items (e.g. daily allowance, accommodation, training materials, and training equipment)?

- a. To increase allowance.
- b. The accommodation was excellent but found it difficult to adopt with the food (cooking style).
- c. Need public telephone near common room at the dormitory for international calls.
- d. Food should be provided.
- e. Prepare computer with internet for participants.

- f. Distributing some test kits to participants may be useful.
- g. Please contact participants in the future for supply of learning materials from RITM (i.e. new booklets etc.)

2.4.b. How do you think RITM could respond to these comments in order to improve the Course operation and management?

Due to its very limited financial resources, the only way that RITM could improve operation and management is through additional support from donor agency.

### 3. Curriculum

3.1. Please describe each year's curriculum briefly.

In general, the curriculum used during the past 4 years of the training program had the same content which included lectures on epidemiology, immunopathogenesis, diagnosis, clinical manifestation, treatment, counselling and other socio-behavioral aspects and national policies on prevention or control of HIV/AIDS. The major component of the program was on proficiency training on HIV testing, serologic testing as it applies to diagnosis of viral and bacterial opportunistic infections, PCR technology on diagnosis of HIV and other infections, technique on viral, bacterial, mycobacterial, fungal and parasitic isolation.

On the 3<sup>rd</sup> year of the program, the parasitology component added concentration technique in the training per demand of the participants and has since been incorporated in the curriculum. On this same year, the program was extended from 3 weeks to a 4-week course to increase time for benchwork on diagnosis of opportunistic infections.

3.2. Please present the results of the achievement tests. Do they show improvement of knowledge and technical skills of participants in the areas of HIV infection and opportunistic infections?

Please refer to ANNEX - V. The results show improvement of knowledge and technical skills of participants in the areas of HIV infection and opportunistic infections.

3.3. Please summarize participants' comments on the Course curriculum.

- a. Laboratory sessions should be more. Participants should be allowed to perform the tests on their own.

- b. For Histopathology, the preparation of specimen and training procedure should be done individually.
- c. Some of the techniques learned are not applicable back home for reasons like lack of equipment, different standards and of course unavailability of resources.
- d. Teaching for HIV testing is of right duration but few more time is needed for opportunistic bacterial, fungal and parasitic infections.
- e. Counselling and surveillance method to be fully covered.
- f. The next course can have a greater laboratory orientation. The research-oriented topics can be included. More interactions of research scientists on conducting research can be a great help to the participants.
- g. The course length should be extended, if possible, to allow more time to go into depth. It should be more elaborated with more practical ventures. The subject should be one particular field of diagnostic aspects for HIV, be it serology or microbiology or parasitology. The course should aim to develop the trainees as master of one field not the tackle of all trades.
- h. The program was a well-planned one. Unfortunately, most of the test done or practiced will not be done in our laboratory back home.
- i. There were lot of things to learn in a very short time.
- j. Should expand to other training courses (malaria and dengue). Should extend and as continous training program.
- k. Laboratory classes need more time.
- l. More details in some advanced techniques in some subjects.
- m. HIV is a kind of STI. Please add more STI viruses lectures and experiment (HSV-2 or HPV).
- n. Please add more quality control lectures and quality assurance program for HIV testing.
- o. Please add group discussion and presentation time for HIV control.

3.4. Judging from the participants' country reports, where do you think the needs of invited countries lie in the field of diagnosis of HIV infection?

Based on the country reports, majority of the country already have the facility at least for HIV antibody screening but with rate the infection is rising. There is a need to train more people and to have more facilities for HIV testing to cope with the increasing rate of infection especially in Asian countries. Many still lack the skill in diagnosis of common bacterial and mycobacterial infection

and pathogens causing sexually transmitted infections. These skills must be basic requirement. More advanced skills, like on PCR technique, should also be included for complete training.

- 3.5. Do you think the Course curriculum meets those needs?  
Why/Why not?

Yes.

- 3.6. Has technology and knowledge in the field of diagnosis of HIV changed since the beginning of the Course? Is so, what measures were taken to adjust the design?

Yes, these new technologies are added each time either as demonstration or on hand training.

- 3.7. Is the duration of the Course long enough for the training purpose?  
Please explain.

Yes.

- 3.8. Is the balance among lectures, laboratory bench work, and observation tours appropriate for the training purpose? Please explain.

Yes.

#### 4. Participants

- 4.1. Please present information on the number of participants from each invited country for each year. (ANNEX-I)
- 4.2. Please explain the procedure of selection of participants.

To be eligible for admission, the applicant should:

- a. be nominated by their respective governments,
- b. have at least a B.S. degree in Medical Technology or its equivalent, M.D. or related profession,
- c. have work experience of at least two (2) years in clinical microbiology and/or HIV laboratory,
- d. be involved in health research, training, management or diagnostic services and will continue to be engaged in the same activities after the completion of the Course,
- e. be under forty-five (45) years of age,

- f. have a sufficient command of spoken and written English, and
- g. be in good health both physically and mentally to complete the Course.

Deliberations by the Course Director, Heads of the Different Components, Head of the Technology Transfer Review Committee (TTRC), representatives from Japan International Cooperation Agency (JICA), National Economic and Development Authority (NEDA), Department of Health (DOH) and Department of Foreign Affairs (DFA) are based on the following merits:

- a. prevalence of HIV/AIDS in the country
- b. need for trained healthcare workers in particular country
- c. need for further training by applicants based on background information on skills and training
- d. need of particular country for more trained health workers relative to the country's capability to provide such training.

4.3. Please give your opinion on the following points:

- a. Number of participants (15 persons each year): (e.g. was the size of the group appropriate for lectures and laboratory bench work?)

Fifteen (15) is the manageable number.

- b. Number of invited countries (20 countries): (e.g. Is the number appropriate for a five-year training course to invite participants from all the invited countries?)

Twenty (20) is appropriate.

- c. Job experience background (at least two years in a clinical microbiology and/or HIV laboratory): (e.g. Is this qualification appropriate for the purpose of the Course?)

This is not a strict requirement. This requirement is more of assurance of permanence in the institution.

- d. Level of English language skills:

This is very hard to gauge since in many countries in Asia and Pacific, English is not the medium of instruction but definitely it is impossible to transfer knowledge and skills if there is a major language barrier.

- e. Educational background (at least a B.S. degree in medical technology or its equivalent, M.D. or related profession): (Is this qualification appropriate for the purpose of the Course?)

Yes.

- f. Level of basic knowledge (involvement in health research, training, management, or diagnostic service). (Is this qualification appropriate for the purpose of the Course?)

Yes, because we want to ensure that they will apply what has been learned.

- g. Age limit (under forty-five years old):

May adjust to under fifty (50) because in some countries very few have the appropriate background for the training.

- 4.4. Have these factors caused any difficulties in conducting the Course?

No.

## 5. Lectures

- 5.1. Please present information on the number of lecturers for each year with the subject of their lecture. Please list them according to their organization (i.e. RITM staff, other institution in the Philippines, or Japanese lecturers) by filling in the ANNEX-III and IV.

Please refer to ANNEXES III and IV.

- 5.2. Please explain how and why you have selected these lecturers.

They are recognized in the country to be experts in these respective fields.

- 5.3. Please summarize participants' evaluation of lectures and lecturers. How do you think RITM could utilize the feedback from the participants to improve Course operation and management?

Speak English slowly.



6. **Equipment**

6.1. Please describe the major equipment used for the Course.

Please refer to ANNEX - VI

6.2. Did you encounter any problem with the equipment? If YES, please explain.

There are equipment that were requested that were not granted.  
Please refer to ANNEX - VII.

6.3. Please summarize participants' evaluation of the training equipment/facilities. How do you think RITM can respond to their comments?

7. **Impact**

7.1. What kind of influences do you think the Course had on the section in charge of implementing the Course, RITM, and/or the health sector in the Philippines?

The course strengthens the capability of RITM as a training institution not only locally but also internationally.

7.2. Do you keep contact with ex-participants and/or their organizations? If your answer is YES, how often and in what way do you contact them? If your answer is NO, why?

There are informal correspondents through other meetings in other venues.

8. **Difficulties**

Did you encounter any difficulties in conducting the Course (financial, personnel, or technical?)

More on the administrative problem because of the small administration staff of RITM.

9. **Overall evaluation**

How do you evaluate the Course? To what extent do you think the Course has achieved its objectives?

In general, the Course was able to achieve its major objectives. The appropriate knowledge and skills were adequately transferred to the trainees based on their feedback and objective post-training evaluation.

III **OTHERS**

Do you have any comments/suggestions you wish to offer to JICA regarding the Course?

## ANNEX - 1

## Number of Participants from JFY 1997 to JFY 2000

COUNTRY		JFY 1997	JFY 1998	JFY 1999	JFY 2000	TOTAL
Bangladesh	M	0	0	1	1	2
	F	0	0	0	0	0
	Total	0	0	1	1	2
Cambodia	M	0	0	1	0	1
	F	0	0	0	0	0
	Total	0	0	1	0	1
Fiji	M	1	0	2	0	3
	F	1	2	0	0	3
	Total	2	2	2	0	6
India	M	0	0	0	0	0
	F	0	0	0	1	1
	Total	0	0	0	1	1
Indonesia	M	0	1	0	0	1
	F	0	0	0	2	2
	Total	0	1	0	2	3
Laos	M	0	0	0	1	1
	F	0	0	0	0	0
	Total	0	0	0	1	1
Malaysia	M	0	0	0	0	0
	F	2	0	1	1	4
	Total	2	0	1	1	4
Myanmar	M	0	0	0	0	0
	F	0	2	0	0	2
	Total	0	2	0	0	2
Nepal	M	0	1	0	1	2
	F	1	0	0	0	1
	Total	1	1	0	1	3
Pakistan	M	0	0	0	0	0
	F	0	1	0	0	1
	Total	0	1	0	0	1
Papua New Guinea	M	0	1	2	1	4
	F	0	1	0	0	1
	Total	0	2	2	1	5
People's Republic of China	M	2	1	1	1	5
	F	1	1	0	1	3
	Total	3	2	1	2	8
Republic of Korea	M	1	0	0	1	2
	F	0	0	0	0	0
	Total	1	0	0	1	2
Subtotal I	M	4	4	7	6	21
	F	5	7	1	5	18
	Total	9	11	8	11	39

COUNTRY		JFY 1997	JFY 1998	JFY 1999	JFY 2000	TOTAL
Solomon Island	M	0	1	0	0	1
	F	0	0	1	0	1
	Total	0	1	1	0	2
Sri Lanka	M	0	0	0	1	1
	F	0	0	0	0	0
	Total	0	0	0	1	1
Thailand	M	1	1	1	1	4
	F	0	0	1	0	1
	Total	1	1	2	1	5
Tonga	M	0	0	0	1	1
	F	0	0	0	0	0
	Total	0	0	0	1	1
Western Samoa	M	0	0	1	0	1
	F	0	0	0	0	0
	Total	0	0	1	0	1
Vanuatu	M	0	0	0	0	0
	F	0	0	0	0	0
	Total	0	0	0	0	0
Vietnam	M	1	0	0	0	1
	F	2	2	2	1	7
	Total	3	2	2	1	8
Subtotal I	M	2	2	2	3	9
	F	2	2	4	1	9
	Total	4	4	6	4	18
Grand Total	M	6	6	9	9	30
	F	7	6	5	6	27
	Total	13	15	14	15	57

## ANNEX - IIA

## Budget of the Course

ITEM OF EXPENSES	JFY 1997		JFY 1998		JFY 1999		JFY 2000	
	Japanese Side	Philippines Side	Japanese Side	Philippines Side	Japanese Side	Philippines Side	Japanese Side	Philippines Side
<b>I. INVITATION EXPENSES</b>								
1. Air Fares	415,305.00		800,000.00		826,613.00		875,862.34	
2. Living Expenses for Transit Stay							20,000.00	
3. Per Diem	157,500.00		189,000.00		252,000.00		270,000.00	
4. Accommodation								
a. RITM	81,000.00		81,000.00		112,500.00		112,500.00	
b. Study Tour	49,500.00		49,500.00		60,000.00		75,000.00	
5. Medical Insurance	48,000.00		41,112.90		45,000.00		45,000.00	
6. Airport Tax							8,250.00	
<b>SUBTOTAL I</b>	<b>751,305.00</b>		<b>1,160,612.90</b>		<b>1,296,113.00</b>		<b>1,406,612.34</b>	
<b>II. TRAINING EXPENSES</b>								
1. Honoraria								
a. Organizing Committee								
b. External Lecturers	6,300.00		6,300.00		6,300.00		6,300.00	
2. Employment Fee (Part Time)		537,168.00		537,168.00		537,168.00		537,168.00
a. Trainers	57,420.00		66,200.00		66,900.00		66,900.00	
b. Support Staff	26,784.00		29,940.00		29,940.00		29,940.00	
3. Accommodation (Study Tour)	16,500.00		16,500.00		20,000.00		25,000.00	
4. Per Diem (Study Tour)	7,500.00		7,500.00		7,500.00		7,500.00	
5. Transportation								
a. Air Fare (Study Tour)	66,600.00		66,600.00		114,440.00		132,700.00	
b. Incidental Expenses	20,000.00		20,000.00		20,000.00		20,000.00	
c. Gasoline Expenses	10,000.00		10,000.00		10,000.00		10,000.00	
6. Expendable Supplies								
a. Office Supplies (Secretarial)	13,755.00		26,600.70		16,913.25		19,531.85	

ITEM OF EXPENSES	JFY 1997		JFY 1998		JFY 1999		JFY 2000	
	Japanese Side	Philippines Side	Japanese Side	Philippines Side	Japanese Side	Philippines Side	Japanese Side	Philippines Side
<b>b. Laboratory Supplies</b>								
Equipment	77,800.00		73,597.50					
Small Instruments	75,716.00		116,181.00		227,998.00		200,742.21	
Diagnostic Kits/	741,821.00		715,194.00		827,598.95		1,304,242.32	
Reagents								
Laboratory Supplies	272,679.00		371,905.00		448,110.05		495,843.89	
and Other Materials								
<b>7. Meeting Expenses</b>								
a. Opening Ceremonies	16,250.00		22,750.00		17,225.00		19,500.00	
b. Orientation Meeting	6,500.00		11,700.00		12,025.00		13,000.00	
c. Closing Ceremonies	22,750.00		32,500.00		32,500.00		39,000.00	
d. Meeting Expenses		10,000.00		10,000.00		15,000.00		20,000.00
<b>8. General Information</b>	18,550.00		31,835.00		22,900.00		22,900.00	
<b>9. Textbooks</b>								
a. Training Manuals	84,704.00		66,290.00		41,476.25		83,381.60	
Lecture/References								
Laboratory Manual								
b. Training Kits	13,764.00		21,659.90		22,289.75		21,889.50	
c. Training Materials	10,771.00		13,433.00		19,604.75		56,017.50	
<b>10. Certificate for Participants</b>	2,431.00		1,645.00		1,645.00		2,270.00	
<b>11. Electricity and Water Consumption</b>		142,350.00		185,055.00		185,055.00		203,560.50
<b>12. Use of Facilities and Equipment</b>		380,000.00		494,000.00		494,000.00		543,400.00
<b>13. Monitoring and Evaluation of Participants</b>		10,000.00		20,000.00		20,000.00		24,000.00
<b>14. Others (Communication)</b>		50,000.00		65,000.00		65,000.00		71,500.00
<b>SUBTOTAL II</b>	1,568,595.00		1,728,331.10		1,965,366.00		2,576,638.87	
<b>GRAND TOTAL</b>	2,319,900.00	1,129,518.00	2,888,944.00	1,311,223.00	3,261,479.00	1,316,223.00	3,983,251.21	1,309,628.50

## ANNEX - IIB

## Expenses of the Course

ITEM OF EXPENSES	JFY 1997		JFY 1998		JFY 1999		JFY 2000 (*)	
	Japanese Side	Philippines Side	Japanese Side	Philippines Side	Japanese Side	Philippines Side	Japanese Side	Philippines Side
<b>I. INVITATION EXPENSES</b>								
1. Air Fares	541,965.83		826,612.82		729,885.28		956,671.35	
2. Living Expenses for Transit stay								
3. Per Diem	138,000.00		181,800.00		232,200.00		252,000.00	
4. Accommodation	123,520.00				161,360.00			
a. RITM			75,880.00				101,160.00	
b. Study Tour			45,000.00				57,900.00	
5. Medical Insurance	35,631.18		41,112.90		41,112.90		41,112.90	
6. Airport Tax							8,250.00	
<b>SUBTOTAL I</b>	<b>839,117.01</b>		<b>1,170,405.72</b>		<b>1,164,558.18</b>		<b>1,417,094.25</b>	
<b>II. TRAINING EXPENSES</b>								
1. Honoraria								
a. Organizing Committee								
b. External Lecturers			5,600.00		5,600.00		8,400.00	
2. Employment Fee (Part Time)	90,500.00	537,168.00	96,840.00	537,168.00	97,740.00	537,168.00	98,190.00	537,168.00
a. Trainers								
b. Support Staff								
3. Accommodation (Study Tour)			15,000.00				19,300.00	
4. Per Diem (Study Tour)			7,500.00		7,500.00		9,000.00	
5. Transportation	63,490.28		100,255.44		103,575.80			
a. Air Fare (Study Tour)							32,750.00	
b. Incidental Expenses							5,960.00	
c. Gasoline Expenses							8,591.11	
6. Expendable Supplies	1,091,185.37							
a. Office Supplies (Secretarial)			60,601.60		14,954.00		19,280.10	

(\*) Partial Report

ITEM OF EXPENSES	JFY 1997		JFY 1998		JFY 1999		JFY 2000 (*)	
	Japanese Side	Philippines Side	Japanese Side	Philippines Side	Japanese Side	Philippines Side	Japanese Side	Philippines Side
b. Laboratory Supplies			1,178,939.80		1,445,053.05		2,055,209.51	
Equipment								
Small Instruments								
Diagnostic Kits/								
Reagents								
Laboratory Supplies								
and Other Materials								
7. Meeting Expenses	49,911.45		82,725.06		67,982.50			
a. Opening Ceremonies							31,317.00	
b. Orientation Meeting								
c. Closing Ceremonies							33,189.99	
d. Meeting Expenses		10,000.00		10,000.00				
8. General Information	11,250.00		30,835.00		8,625.00		22,113.95	
9. Textbooks	116,312.00		40,020.00		86,473.32		162,758.40	
a. Training Manuals								
Lecture/References								
Laboratory Manual								
b. Training Kits								
c. Training Materials								
10. Certificate for Participants	1,710.00		1,710.00		1,710.00		2,090.00	
11. Electricity and Water Consumption		142,350.00		185,055.00		185,055.00		203,560.50
12. Use of Facilities and Equipment		380,000.00		494,000.00		494,000.00		543,400.00
13. Monitoring and Evaluation of Participants		10,000.00		20,000.00		20,000.00		24,000.00
14. Others (Communication)		50,000.00		65,000.00		65,000.00		71,500.00
<b>SUBTOTAL II</b>	<b>1,424,359.10</b>		<b>1,620,126.90</b>		<b>1,839,213.67</b>		<b>2,508,260.06</b>	
<b>GRAND TOTAL</b>	<b>2,263,476.11</b>	<b>1,129,518.00</b>	<b>2,790,532.62</b>	<b>1,311,223.00</b>	<b>3,003,771.85</b>	<b>1,301,223.00</b>	<b>3,925,354.31</b>	<b>1,379,628.50</b>

(\*) Partial Report



ANNEX - III

Japanese Experts for the Course from JFY 1997 to JFY 2000

JFY	NAME	SUBJECT	DURATION
1997	Dr. Yoshito Eizuru	Opportunistic Viral Infections	February 16 - 27, 1998
1998	Dr. Yoshito Eizuru	Laboratory Diagnosis of Viral Opportunistic Infections	Sept. 27 to Oct. 11, 1998
1999	Dr. Takashi Kurimura	Biology of HIV	October 3 - 10, 1999
2000	Dr. Takashi Kurimura	Biology of HIV	September 18 - 27, 2000

ANNEX - IV

External Instructors for the Course from JFY 1997 to JFY 2000

JFY	NAME	SUBJECT	ORGANIZATION/COUNTRY
1997	Dr. Takashi Kurimura	Diagnosis of HIV 1 & 2	Research Institute for Microbial Diseases, Japan
	Jiro Kamigatakuchi	JICA's AIDS Programmes/Activities	SACCL, Philippines
	Geoff Manthey	UNAIDS' AIDS Programmes/Activities; Epidemiology of HIV Infection/AIDS (Global/Regional)	UNAIDS, Philippines
	Dr. Corazon Mahaloto	USAID's AIDS Programmes/Activities	USAID, Philippines
	Dr. Janneke Roos	EU's AIDS Programmes/Activities	Delegation of the European Commission, Philippines
	Dr. Gilles Pomerol	Interaction Between STD & HIV	World Health Organization, Philippines
	Dr. Takashi Nakano	HIV Isolation and PCR: Principle and Applications	SACCL, Philippines
	Dr. Glenn Bulmer	Laboratory Diagnosis of Opportunistic Fungal Infections	University of Sto. Tomas, Manila
	Dr. Ma. Elena Borromeo	Prevention of HIV Infection	Department of Health, Philippines
	Dr. Eduardo C. Janalro	Safety of Blood Supply	Department of Health, Philippines
1998	Dr. Takashi Kurimura	Biology of HIV	Research Institute for Microbial Diseases, Japan
	Dr. Gilles Pomerol	Interaction Between STD & HIV	World Health Organization, Philippines
	Geoff Manthey	Epidemiology of HIV Infection/AIDS	UNAIDS, Philippines
	Jiro Kamigatakuchi	JICA Programmes on AIDS	SACCL, Philippines
	Dr. Takashi Nakano	HIV Isolation and PCR: Principle and Applications	SACCL, Philippines
	Dr. Jaime C. Montoya	Mycobacterial Infections	University of the Philippines-Philippine General Hospital, Philippines
	Dr. Vicente Belizario, Jr.	Opportunistic Parasitic Infections	University of the Philippines-College of Public Health, Philippines
	Dr. Ma. Elena Borromeo	Philippine Government's Response to the HIV/AIDS Epidemic	Department of Health, Philippines
	Dr. Criselda Abesamis	Safety of Blood Supply	Department of Health, Philippines
1999	Dr. Victor Ortega	Epidemiology of HIV Infection/AIDS	UNAIDS, Philippines
	Dr. Hiroshi Teraoka	Recent Progress in Biotechnology and Its Application to JICA Project on AIDS	SACCL, Philippines

JFY	NAME	SUBJECT	ORGANIZATION/COUNTRY
1999	Dr. Jaime C. Montoya	Mycobacterial Infections	University of the Philippines- Philippine General Hospital, Philippines
	Dr. Vicente Belizario, Jr.	Opportunistic Parasitic Infections	University of the Philippines- College of Public Health, Philippines
	Dr. Loreto Roquero, Jr.	Philippine Government's Response to the HIV/AIDS Epidemic	Department of Health, Philippines
	Dr. Liza Castro	Interaction Between STD & HIV	Department of Health, Philippines
	Dr. Linda Tamesis	Safety of Blood Supply	Philippine Blood Coordinating Council, Philippines
2000	Dr. Victor Ortega	Epidemiology of HIV Infection/AIDS	UNAIDS, Philippines
	Dr. Ma. Elena Borromeo	Interaction Between STD & HIV	Department of Health, Philippines
	Dr. Seiji Kageyama	HIV Isolation and PCR: Principle and Applications	SACCL, Philippines
	Dr. Linda Tamesis	Safety of Blood Supply	Philippine Blood Coordinating Council, Philippines
	Dr. Jaime Montoya	Mycobacterial Infections	University of the Philippines- Philippine General Hospital, Philippines
	Dr. Vicente Belizario, Jr.	Opportunistic Parasitic Infections	University of the Philippines- College of Public Health, Philippines
	Dr. Hiroshi Teraoka	JICA Program on AIDS/STD	SACCL, Philippines
	Dr. Jovanni Templonuevo	Philippine Government's Response to the HIV/AIDS Epidemic	Department of Health, Philippines

## ANNEX - V

1997

## RESULTS OF ACHIEVEMENT TEST

## A. HIV/AIDS

PARTICIPANTS	PRE-TEST		POST-TEST	
	RAW SCORE	%	RAW SCORE	%
Chang Ho Han	14	93.33	14	93.33
Mohammed Shahid Hassan	13	86.67	14	93.33
Mariammah A/P Krishnasamy	11	73.33	13	86.67
Van Don Le	10	66.67	13	86.67
Kim Trung Nguyen	8	53.33	13	86.67
Thi Thanh Binh Nguyen	11	73.33	12	80.00
Jyotsna Shrestha	13	86.67	14	93.33
Shalini Pravin Singh	14	93.33	15	100.0
Leok Kin Teh	10	66.67	13	86.67
Boonrat Vongchompoo	11	73.33	14	93.33
Quanbi Zhao	8	53.33	13	86.67
	<b>MEAN</b>	<b>74.55</b>	<b>MEAN</b>	<b>89.70</b>
Zhang Hui			13	86.67
Chen Yue			12	80.00

B. OPPORTUNISTIC INFECTIONS

PARTICIPANTS	BACTE 11	VIRO 5	PARA 6	MALIGNAN 5	TOTAL 27	% 100
Chang Ho Han	9	3	6	2	20	74
Mohammed Shahid Hassan	6	3	5	4	18	67
Zhang Hui	4	2	5	1	12	44
Mariamamah A/P Krishnasamy	4	2	6	2	14	52
Van Don Le	7	2	5	4	18	67
Kim Trung Nguyen	9	2	5	4	20	74
Thi Thanh Binh Nguyen	7	1.5	5	4	17.5	65
Jyotsna Shrestha	9	3	6	4	22	81
Shalini Pravin Singh	5	3	6	3	17	63
Leok Kin Teh	7	4	6	3	20	74
Boonrat Vongchompoo	9	3	6	3	21	78
Chen Yue	6	2	6	1	15	56
Quanbi Zhao	4	2	6	2	14	52
<b>TOTAL</b>	6.6	2.7	5.4	2.8	17.6	
<b>%</b>	60	55	90	57	65	

## RESULTS OF ACHIEVEMENT TEST

## A. HIV/AIDS

PARTICIPANTS	PRE-TEST		POST-TEST	
	RAW SCORE	%	RAW SCORE	%
Zhao Hongru	15	93.75	16	100
Zheng Zhongjie	16	100	16	100
Stella Siteri Driu	11	68.75	16	100
Joana Marama Tikoinadramai	7	43.75	14	87.50
Eko Rahardjo	10	62.50	15	93.75
Dr. Khin Swe Oo	13	81.25	14	87.50
Dr. Yi Yi	14	87.50	16	100
Ganesh Rai	15	93.75	16	100
Dr. Lubna Naseem	9	56.25	11	68.75
Tilda Orami Wai	13	81.25	14	87.50
Andrew Waleluma Darcy	13	81.25	14	87.50
Prayuth Kaewmalang	14	87.50	15	93.75
Dr. Tran Thi Kim Dung	9	56.25	16	100
Dr. Nguyen Thi Thu Hang	8	50	16	100
MEAN		74.55	MEAN	71.88

B. OPPORTUNISTIC INFECTIONS

PARTICIPANTS	BACTE 25	VIRO 10	PARA 7	TOTAL 42	% 100
Zhao Hongru	10	9	3.5	22.5	53.57
Zhong Zhongjie	18.5	9	3.0	30.5	72.62
Stella Siteri Driu	21.5	6	4.5	32	76.20
Joana Marama * Tikoinadramai	17	-	-	17/25	68
Eko Rahardjo	10.5	5	3.5	19	45.24
Dr. Khin Swe Oo	23.5	8	4.5	36	85.71
Dr. Yi Yi	22.5	9	4.5	36	85.71
Ganesh Rai	19.5	8	6	33.5	79.76
Dr. Lubna Naseem	21	7	5.5	33.5	79.76
Philip Golpak	19	8	3.5	30.5	72.62
Tilda Orami Wal	21.5	9	4	34.5	82.14
Andrew Walehuma Darcy	23.5	4	4.5	32	76.20
Prayuth Kaewmalang	20.5	7	5.5	33	78.57
Dr. Tran Thi Kim Dung	15.5	8	4.5	28	66.66
Dr. Nguyen Thi Thu Hang	15.5	9	3.5	28	66.66

## RESULTS OF ACHIEVEMENT TEST

## A. HIV/AIDS

PARTICIPANTS	PRE-TEST		POST-TEST	
	RAW SCORE N=20	%	RAW SCORE N=20	%
Mia MD Mortayez Amin, M.D. (*)	-	-	20	100
Pouth Penh	10	50	14	70
Shen Tongqing (*)	-	-	14	70
Josese Limaono	13	65	19	95
Armendra Prakash Sharma	17	85	20	100
Zubaidah BT Abdul Wahab, M.D.	16	80	19	95
Tony Lupiwa	17	85	18	90
Pai Mamndi	11	55	11	55
Michael Godinet	11	55	17	85
Hilda Zoleveke	8	40	14	70
Phaisan Ariyasitti	12	60	13	65
Punnarai Veeraseatakul	15	75	17	85
Cao Thi Thu Cuc	14	70	16	80
Tran Khanh Hoan	11	55	14	70
MEAN		64.58	MEAN	80.71

(\*) - Arrived on September 21 and 22, respectively.



B. OPPORTUNISTIC INFECTIONS

PARTICIPANTS	VIRO				PATHO			
	PRE-TEST N=10	%	POST-TEST N=10	%	PRE-TEST N=10	%	POST-TEST N=10	%
Mia MD Mortayez Amin, M.D.	6	60	10	100	5	50	7	70
Pouth Penh	2	20	6	60	3	30	1	10
Shen Tongqing	2	20	6	60	2	20	5	50
Josese Limaono	5	50	8	80	7	70	6	60
Armendra Prakash Sharma	5	50	6	60	7	70	4	40
Zubaidah BT Abdul Wahab, M.D.	10	100	10	100	9	90	7	70
Tony Lupiwa	6	60	10	100	6	60	5	50
Pai Mammdi	5	50	4	40	0	0	1	10
Michael Godinet	2	20	7	70	3	30	7	70
Hilda Zoleveke	2	20	7	70	2	20	3	30
Phaisan Ariyasitti	7	70	9	90	4	40	2	20
Punnarai Veeraseatakul	5	50	9	90	8	80	5	50
Cao Thi Thu Cuc	5	50	6	60	4	40	5	50
Tran Khanh Hoan	2	20	6	60	3	30	6	60

PARTICIPANTS	BACTE				PARA	
	PRE-TEST N=10	%	POST-TEST N=25	%	POST-TEST N=20	%
Mia MD Mortayez Amin, M.D.	2	20	23	92	19	95
Pouth Penh	2	20	23	92	17.5	87.5
Shen Tongqing	2	20	15	60	13	65
Josese Limaono	7	70	24	96	18.5	92.5
Armendra Prakash Sharma	8	80	24	96	19	95
Zubaidah BT Abdul Wahab, M.D.	7	70	24	96	20	100
Tony Lupiwa	6	60	23	92	20	100
Pai Mamndi	2	20	11	44	5	25
Michael Godinet	8	80	24	96	18	90
Hilda Zoleveke	6	60	25	100	18	90
Phaisan Ariyasitti	6	60	22	88	15	75
Punnarai Veeraseatakul	6	60	25	100	20	100
Cao Thi Thu Cuc	3	30	23	92	13	65
Tran Khanh Hoan	6	60	25	100	13	65

## RESULTS OF ACHIEVEMENT TEST

## A. HIV/AIDS

PARTICIPANTS	PRE-TEST		POST-TEST	
	RAW SCORE N=20	%	RAW SCORE N-20	%
MD. Abul Hussain	11	55	18	90
Dr. Deng Hong	17	85	20	100
Dr. Zhang Zhilun	17	85	19	95
Chomal Sweta Satyanaran	15	75	17	85
Lisa H.S. Mulyono	10	50	18	90
Yusra, M.D.	10	50	14	70
Ok-Jin Kim	16	80	16	80
Vimathā Pansayavong	15	75	14	70
Fazilah Binti Rais	14	70	16	80
Jaybendra Yadav	14	70	18	90
Gibson Leon Winston	13	65	16	80
Karven Janaka Cooray	18	90	19	95
Somkid Tichug	18	90	19	95
Semisi Lenati	11	55	12	60
Phan Thi Ngoc Anh	15	75	20	100
<b>MEAN</b>		<b>71.33</b>	<b>MEAN</b>	<b>85.33</b>

B. OPPORTUNISTIC INFECTIONS

PARTICIPANTS	VIRO				PATHO			
	PRE-TEST N=10	%	POST-TEST N=10	%	PRE-TEST N=10	%	POST-TEST N=10	%
MD. Abul Hussain					0	0	7	70
Dr. Deng Hong					0	0	10	100
Dr. Zhang Zhilun					0	0	10	100
Chomal Sweta Satyanaran					3	30	8	80
Lisa H.S. Mulyono					4	40	10	100
Yusra, M.D.					1	10	10	100
Ok-Jin Kim					5	50	9	90
Vimatha Pansayavong					0	0	10	100
Fazilah Binti Rais					2	20	7	70
Jaybendra Yadav					2	20	7	70
Gibson Leon Winston					3	30	7	70
Karven Janaka Cooray					9	90	10	100
Somkid Tichug					3	30	10	100
Semisi Lenati					0	0	5	50
Phan Thi Ngoc Anh					0	0	10	100

PARTICIPANTS	BACTE				PARA			
	PRE-TEST N=11	%	POST-TEST N=18	%	PRE-TEST N=10	%	POST-TEST N=10	%
MD. Abul Hussain	1	9	16	89	0	0	6	60
Dr. Deng Hong	3	27	17	94	1.5	15	3	30
Dr. Zhang Zhilun	2	18	13	72	3.5	35	6.5	65
Chomal Sweta Satyanaran	6	55	17	94	3	30	8	80
Lisa H.S. Mulyono	4	36	14	78	1	10	7	70
Yusra, M.D.	5	45	16	89	2.5	25	6.5	65
Ok-Jin Kim	3	27	11	61	2	20	5.5	55
Vimatha Pansayavong	2	18	12	67	0	0	6.5	65
Fazilah Binti Rais	3	27	14	78	3	30	6.5	65
Jaybendra Yadav	2	18	16	89	1	10	7	70
Gibson Leon Winston	6	55	16	89	2	20	8	80
Karven Janaka Cooray	6	55	18	100	5.5	55	10	100
Somkid Tichug	3	27	17.5	97	2	20	8	80
Semisi Lenati	1	9	11.5	64	2	20	6.5	65
Phan Thi Ngoc Anh	0	0	14	78	1	10	7	70

## ANNEX - VI

### MAJOR EQUIPMENT USED FOR THE COURSE

1. Abbott Commander Dynamic Incubator (borrowed from supplier)
2. Autoclave
3. Biological Safety Cabinets
4. Block Incubator (borrowed from supplier)
5. Bunsen Burner
6. CO<sub>2</sub> Incubator, 37<sup>0</sup>C
7. Centrifuge, ordinary
8. Colorimeter
9. Cytospin - borrowed from SACCL
10. Distilling Apparatus
11. Drying Oven
12. Dry Sterilizer
13. EIA Reader - borrowed from kit supplier
14. EIA Washer - borrowed from kit supplier
15. Electrophoretic Apparatus
16. Freezers, -20<sup>0</sup>C, -80<sup>0</sup>C
17. Heat Block
18. Histopath Microwave Oven
19. Ice Bath
20. Ice Maker

21. Incubators, 37°C
22. Inspissator (for media preparation)
23. Loop Incinerator
24. Microcentrifuge
25. Microscopes: ordinary, immunofluorescence, inverted, multiheaded
26. Pipettors: single channel, multichannel
27. PCR Machine
28. pH Meter, benchtop
29. Pipette Washer
30. Plate Mixer
31. Polaroid Camera
32. Push Cart
33. Refrigerated Centrifuge
34. Refrigerator
35. Table Lamp
36. Transilluminator
37. Ultrasonic Vibrator
38. Vortex Mixer
39. Water Bath
40. Weighing Balance
41. Xerox Machines
42. Binding Machine
43. Computers & Printers

44. Overhead Projector
45. Slide Projector/Screen
46. LCD
47. Laser Pointer
48. Camera
49. Sound System
50. Slide Trays
51. Fax Machine



ANNEX - VII

LIST OF EQUIPMENT THAT WERE NOT GRANTED

1. Vortex Mixer
2. Orbital Shaker
3. Multichannel Pipettor, electronic
4. Racking Water Bath
5. Multi-Media Video Projector
6. Laser Printer