No.

STUDY REPORT
ON
THE PROJECT
FOR
TUBERCULOSIS CONTROL IN POOR AREAS
(PHASE II)
IN
THE PEOPLE'S REPUBLIC OF CHINA

May 2002

Japan International Cooperation Agency

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PREFACE

In response to a request from the Government of the People's Republic of China, the Government of Japan decided to conduct a study on the project for Tuberculosis Control in Poor Areas (Phase II) (Grant Aid for Infectious Diseases Control), and entrusted the Japan International Cooperation Agency (JICA).

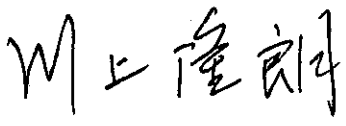
JICA sent to China a study team February 27 to March 16, 2002.

The team held discussions with the officials concerned of the Government of the People's Republic of China, and conducted a field survey at the study area. After the team returned to Japan, further studies were made. Then, a mission was sent to the People's Republic of China, the present report was finalized.

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

I wish to express my sincere appreciation to the officials concerned of the Government of the People's Republic of China for their close cooperation extended to the team.

May 2002



Takao Kawakami
President
Japan International Cooperation Agency

Location Map

Province name

1. Xinjiang 新疆ｳｨｸﾞﾙ自治区
2. Xizang チベット自治区
3. Qinghai 青海省
4. Gansu 甘粛省
5. Ningxia 寧夏省
6. Nei Mongol 内ﾓﾝｺﾞﾙ自治区
7. Heliongjiang 黒龍江省
8. Jilin 吉林省
9. Liaoning 遼寧省
10. Hebei 河北省
11. Beijing 北京市
12. Tianjin 天津市
13. Shaanxi 陝西省
14. Shanxi 山西省
15. Shandong 山東省
16. Henan 河南省
17. Jiangsu 江蘇省
18. Sichuan 四川省
19. Chongqing 重慶市
20. Hubei 湖北省
21. Anhui 安徽省
22. Shanghai 上海市
23. Zhejiang 浙江省
24. Fujian 福建省
25. Jiangxi 江西省
26. Hunan 湖南省
27. Guizhou 貴州省
28. Yunnan 雲南省
29. Guangxi 広西自治区
30. Guangdong 広東省
31. Hainan 海南省

Abbreviations

AD	Auto-disable syringe
AIDS	Acquired Immunodeficiency Syndrome
CDC	Center for Disease Control
DFB	Damian Foundation Belgium
DFID	Department for International Development(United Kingdom)
DOTS	Directly Observed Treatment, Short Course
HIV	Human Immunodeficiency Virus
GDP	Gross Domestic Product
GMP	Good Manufacturing Practice
GNP	Gross National Product
SDA	State Drug Administration
WB	World Bank
WHO	World Health Organization
WPRO	Western Pacific Regional Office

Table of Contents

Chapter 1 Background of the Project

The percentage of the nationwide population in China covered by the DOTS strategy had remained at 64% ever since 1997, but since 2000 has been rising slightly (Table 1-1).

Table 1-1. Shifts in percentage of population covered by DOTS in high-burden countries (%)

High-burden Order	Country	1995	1996	1997	1998	1999	2000
1	India	1.5	2.0	2.3	9.0	14	30
2	China	49	60	64	64	64	68
3	Indonesia	6.0	14	28	80	90	98
4	Nigeria	47	30	40	45	45	47
5	Bangladesh	41	65	80	90	90	92

Data taken from: WHO Report 2002, Global Tuberculosis Control

Since 1993, the Government of China has been implementing measures for combating tuberculosis through the DOTS strategy in 12 provinces, two autonomous regions and one city under direct control, but the government provides only partial assistance, and the various regional governments are required to assure the budgets for these measures in large part, making it impossible to implement the DOTS strategy in poverty-stricken regions that are not able to obtain financing from the World Bank. In order to achieve the DOTS expansion proclaimed internationally, the Government of China issued a request to the Government of Japan for the anti-tuberculosis drugs and microscopes that are the most indispensable components for DOTS for nine provinces and three autonomous regions that are the most poverty-stricken (for the years 2002 to 2006). The Government of China plans to expand the percentage of the population covered by DOTS in poverty-stricken regions in a stepwise progression over the next five years, from 35% to 50% to 70% to 80% and finally to 90%, so that 90% of the nationwide population will be covered by DOTS by the year 2005. The Government of Japan received the request for assistance in implementing the DOTS strategy in poverty-stricken regions, and implemented the Project for Tuberculosis Control in Poor Areas (Primary Plan) in JFY2000, providing grant aid to procure anti-TB drugs, microscope and so on to nine provinces and two autonomous regions for the 2002 procurement portion of the undertaking. The request targeted nine provinces and three autonomous regions, but because assistance in anti-tuberculosis drugs was planned by the Damian Foundation Belgium for the Tibet Autonomous Region in 2002, this region was excluded from the regions targeted for grant aid.

The percentage of the population targeted for coverage under the first phase was 35.0%, and 28.6% for counties, but in this project, the Project for Tuberculosis Control in Poor Areas (Phase II), the Tibet Autonomous Region will be added to the regions targeted by the Primary Plan, and the number of counties participating in the plan will be increased as well, to nine provinces and three autonomous regions, because assistance in anti-tuberculosis drugs will not be provided by the Damian Foundation Belgium to the Tibet Autonomous Region from 2003, and only technical guidance and financial support will be provided. The target population covered by DOTS will be 59.0%, with 52.6% set as the target for coverage in the counties. The number of counties targeted by the Phase II will be 619, in contrast to the 315 targeted by the Primary Plan.

The nine provinces and three autonomous regions for which the Government of China requested assistance are Sichuan Province, Qinghai Province, Henan Province, the Inner Mongolia Autonomous Region, Jiangxi Province, Shaanxi Province, Anhui Province, Guizhou Province, Yunnan Province, Shanxi Province, the Guangxi Zhuangzu Autonomous Region, and the Tibet Autonomous Region. Not only is it impossible to assure the entire budget through the regional government budgets, but because the regional governments are not able to formulate repayment plans, there are regions that cannot obtain funding from the World Bank or cannot obtain funding in sufficient amounts. As their ultimate goal, the regional governments are planning to implement the DOTS strategy in the counties in all of the provinces and autonomous regions, but the equipment, personnel, budgets and other factors will be studied, and counties in which it is recognized that DOTS can be implemented will be selected as targeted regions (however, there were regions (100 counties) in the Sichuan Province alone that were able to obtain funding from the World Bank when the Primary Plan was implemented, so these 100 counties have not been included in the targeted regions for which regional governments requested aid from the Government of Japan). The materials and equipment to be procured through this project (anti-tuberculosis drugs and syringes, solvents, microscopes, instructional pamphlets, etc.) will be provided free of charge to the various provinces and autonomous regions through the Ministry of Health, and tuberculosis patients targeted for DOTS coverage will be diagnosed and treated at no charge.

Chapter 2 Contents of the Project

2-1 Basic Concept of the Project

The support requested by the Government of China consists of the materials and supplies (anti-tuberculosis drugs, microscopes, etc.) needed in order to expand the DOTS strategy in poverty-stricken areas over a five-year period (2002 to 2006), and the goal of the project is to gradually increase the percentage of the population in poverty-stricken regions covered by the DOTS strategy to 35, 50, 70, 80, and finally to 90%, so that more tuberculosis patients are being treated and the spread of infection to those around the patients will be prevented, ultimately decreasing the number of tuberculosis patients. To achieve this goal, the Government of Japan provided assistance in the form of anti-tuberculosis drugs, microscopes and other supplies necessary in order to initiate the DOTS strategy in nine provinces and two autonomous regions in 2002. The materials and supplies have already been distributed by the various provinces and the county level, and tuberculosis control is underway. This grant aid (Phase II) is designed to procure anti-tuberculosis drugs, microscopes and other supplies necessary to expand the DOTS strategy in poverty-stricken regions in 2003, which is the second year of the project. The following table shows the target values for the DOTS expansion plan, categorized by province.

Province/Autonomous Region	Population Coverage by DOTS Strategy（%）				
	2002	2003	2004	2005	2006
Sichuan Province	39.1	63.4	90	95	95
Qinghai Province	69.8	73.9	95	100	100
Henan Province	51.7	81.4	-	-	90 or higher
Inner Mongolia Autonomous Region	43.3	64.3	-	62	-
Jiangxi Province	13.8	42.4	72	87	100
Shaanxi Province	20.3	51.9	96.6	96.6	100
Anhui Province	25.6	54.4	80	-	-
Guizhou Province	38.8	57.4	-	90	90
Yunnan Province	31.1	47.5	80	90	95
Shanxi Province	36.2	51.9	-	-	95
Guangxi Zhuangzu Autonomous Region	34.9	52.1	100	100	100
Tibet Autonomous Region	-	68.5	-	-	-

Table 2-1. DOTS strategy expansion planning for the various provinces

Note) The figures for 2002 and 2003 are determined figures, while those for 2004 through 2006 are prospective, based on the implementation planning formulated by the each province in 2002.

2-2 Basic Design of the Requested Japanese Assistance

2-2-1 Design Policy

This project aims at providing financing to procure materials and supplies such as anti-tuberculosis drugs and microscopes, in order to support tuberculosis control based on the DOTS strategy. Financial aid will be provided in the phase II (2003), with planning to be formulated in cooperation with the Ministry of Health, WHO, and other donor organizations, based on the policy outlined below. The anti-tuberculosis drugs that are procured will be made available to tuberculosis patients at no charge. The first phase (2001) was implemented in 315 counties of nine provinces, two autonomous regions (covering approximately 35% of the population), but the second phase will be expanded to 619 counties in nine provinces and three autonomous regions including the Tibet Autonomous Region (covering approximately 59% of the population).

2-2-2 Basic Plan

1) Targeted regions (nine provinces and three autonomous regions)

The regions targeted for tuberculosis control in 2003 have been divided into three categories based on the fulfillment of all three of the following selection conditions: they are poverty-stricken regions, they are regions in which DOTS is being implemented, and they are regions that are not receiving anti-tuberculosis drugs from other donors.

① Continuing aid in counties where aid was begun in fiscal 2002 (315 counties)

② Counties where aid is being newly initiated in fiscal 2003 (242 counties) (additional request of 123 counties should be considered in next phase.)

③ Counties where technical aid is being provided by the Damian Foundation Belgium (62 counties)

(The Damian Foundation Belgium gratuitously provided anti-tuberculosis drugs until 2002, but as a result of adjustments made among the donors, a decision was made to discontinue aid pertaining to anti-tuberculosis drugs starting from 2003, and to provide only administrative and technical aid. As a result of this policy reversal, 12 counties in the Inner Mongolia Autonomous Region and 50 counties in the Tibet Autonomous Region became targeted regions for this project.)

In terms of the targeted regions, the percentage of the population covered in the counties will be expanded from 28.6% under the first phase in 2002 to 52.6% under the phase II in 2003 (Table 2-2).

Table 2-2. Regions and populations targeted for fiscal 2003

Province/Autonomous Region	No. of Region			No. of Countries					Total Population	Targeted Population	Percentage of Population Covered
	Overall	Starting in 2002	Starting in 2003	Overall	Starting in 2002	Starting in 2003	DFB Country	Covered Percentage			
Sichuan Province	7	7	0	46	10	21	0	67.4%	7,371,966	4,677,334	63.4%
Qinghai Province	8	8	0	43	23	7	0	69.8%	5,258,369	3,884,344	73.9%
Henan Province	18	18	0	158	78	38	0	73.4%	98,042,552	79,818,850	81.4%
Inner Mongolia Autonomous Region	12	10	2	101	30	10	12	51.5%	24,217,524	15,568,457	64.3%
Jiangxi Province	19	3	8	99	11	29	0	40.4%	42,571,529	18,041,834	42.4%
Shaanxi Province	15	6	5	107	18	30	0	44.9%	36,729,964	19,073,043	51.9%
Anhui Province	19	14	3	105	24	26	0	47.6%	64,323,308	34,972,372	54.4%
Guizhou Province	9	9	0	86	31	16	0	54.7%	36,576,624	21,009,463	57.4%
Yunnan Province	19	13	3	129	30	25	0	42.6%	41,018,001	19,475,765	47.5%
Shanxi Province	11	11	0	119	40	20	0	50.4%	34,264,469	17,786,917	51.9%
Guangxi Zhuangzu Autonomous Region	18	11	4	110	20	20	0	36.4%	48,339,704	25,186,050	52.1%
Tibet Autonomous Region	7	0	7	73	0	0	50	68.5%	2,760,000	1,890,411	68.5%
Total	162	110	32	1,176	315	242	62	52.6%	441,474,010	261,384,840	59.2%

2） Targeted patients

Based on the DOTS strategy being implemented by the Ministry of Health, the targeted patients will include smear-positive pulmonary cases (new cases/retreatment cases) and new smear-negative pulmonary cases, severe form, while those patients who are new smear-negative cases without pulmonary cavities and miliary tuberculosis will not be targeted for grant aid (Table 2-3). The number of targeted patients will be calculated by multiplying the estimated percentage of patients with smear-positive pulmonary tuberculosis who apply by the targeted population. For the estimated percentage of reported patients with smear-positive pulmonary tuberculosis, the estimated nationwide figure based on the fiscal year in which DOTS was initiated was used (Table 2-4). With regard to the Inner Mongolia Autonomous Region, the Tibet Autonomous Region and Quinghai Province, for which detailed past figures are available, the estimated percentage of tuberculosis patients expected to be reported in fiscal 2003 is used, as shown in Table 2-5. From the above results, the total number of tuberculosis patients targeted in the nine provinces and three autonomous regions in 2003 is estimated to be approximately 87,000 people (Table 2-6).

Table 2-3. Tuberculosis patients as defined by DOTS

Tuberculosis patients	Definition
New smear-positive pulmonary cases	Patients who have had positive results in sputum smear examinations in the past but have not been treated with anti-tuberculosis drugs, or were treated with anti-tuberculosis drugs for one month or less
Retreatment cases of smear-positive pulmonary patients	Patients who have had positive results in sputum smear examinations in the past and were treated with anti-tuberculosis drugs for one month or more
Smear-negative pulmonary cases, severe form	Patients who have had negative results in sputum smear examinations in the past and have not been treated with anti-tuberculosis drugs, or were treated with anti-tuberculosis drugs for one month or less, and have pulmonary cavities or miliary tuberculosis
* New smear-negative pulmonary cases	Patients who have had negative results in sputum smear examinations and have no pulmonary cavities or miliary tuberculosis (treated at a charge)

* Note) Because new smear-positive pulmonary cases have a low degree of contagion and there is no danger of the disease being spread to neighboring residents, they are excluded from the gratuitous treatment provided at government expense.

Table 2-4. Estimated percentage of tuberculosis patients reported after the introduction of DOTS

(per population of 100,000)

After introduction of DOTS	New smear-positive pulmonary cases	Retreatment cases of smear-positive pulmonary patients
1st year	12	15
2nd year	17	14
3rd year	22	12
4th year	26	11
5th year	31	8

Table 2-5. Percentage of pulmonary tuberculosis patients notified (per population of 100,000)

Province / autonomous region	New smear-positive pulmonary cases	Retreatment cases of smear-positive pulmonary patients	Smear-negative pulmonary cases, severe form
Estimated number of patients discovered in counties where aid was begun in fiscal 2002	17	14	3.4
Estimated number of patients discovered in counties where aid will be begun in fiscal 2003	12	15	2.4
12 counties in the Inner Mongolia Autonomous Region receiving technical aid from the Damian Foundation Belgium	30	10	6
23 counties in Qinghai Province, beginning from 2002	40.5	16.5	8.1
Tibet Autonomous Region	63.4	15.8	12.68

Note） The number of smear-negative pulmonary cases, severe form is estimated to be 20% of the number of new smear-positive pulmonary cases.

Table 2-6. Estimated number of targeted patients

Province/Autonomous Region	New Smear-positive Pulmonary Cases	Retreatment Cases of Smear-positive Pulmonary Patients	Smear-negative Pulmonary Cases, Severe Form	Total No. of Targeted Tuberculosis Patients
Sichuan Province	708	669	142	1,519
Qinghai Province	1,573	641	315	2,529
Henan Province	12,159	11,401	2,432	25,992
Inner Mongolia Autonomous Region	2,914	2,079	583	5,576
Jiangxi Province	2,477	2,627	495	5,599
Shaanxi Province	2,679	2,766	536	5,981
Anhui Province	5,047	5,047	1,009	11,103
Guizhou Province	3,242	2,993	648	6,883
Yunnan Province	2,985	2,779	597	6,361
Shanxi Province	2,763	2,531	553	5,847
Guangxi Zhuangzu Automonous Region	3,879	3,590	776	8,245
Tibet Autonomous Region	1,199	299	240	1,738
Total	41,625	37,422	8,326	87,373

3) Principal procurement items

A） Anti-tuberculosis drugs (approved by the China GMP or the SDA, and conforming to Chinese Pharmacopoeia)

Anti-tuberculosis drugs that are effective for at least one and a half years (from the time of transfer) will be procured. Oral anti-tuberculosis drugs will be procured in the form of the blister packages outlined in B1 to B3 below, in order to make guidance in taking the medications very simple (one package is taken each time). Streptomycin sulphate is an injected drug, and thus cannot be included in the blister packages. In accordance with the DOTS strategy, three types of tuberculosis patients will be treated with five types (H, R, Z, E, S) of anti-tuberculosis drugs for six to nine months, in keeping with the methods outlined in Table 2-7 for taking the medications.

Table 2-7. Types and combinations of anti-tuberculosis drugs (symbols)

Type of tuberculosis patient	Intensive phase (2-3 months)	Continuation phase (4-6 months)
① New smear-positive pulmonary patients 20% of new smear-positive pulmonary cases do not test negative after 2 months, so these patients will take anti-tuberculosis drugs in the intensive phase for an additional one-month period.	$2H_3R_3Z_3E_3$（B1） or $3H_3R_3Z_3E_3$（B1）	$4H_3R_3$（B2）
② Smear-negative pulmonary cases, severe form	$2H_3R_3Z_3E_3$（B1）	$4H_3R_3$（B2）
③ Retreatment cases of smear-positive pulmonary patients 30% of these patients do not test negative after 2 months, so these patients will take anti-tuberculosis drugs in the intensive phase for an additional one-month period.	$2H_3R_3Z_3E_3S_3$（B1＋SM） or $3H_3R_3Z_3E_3S_3$（B1＋SM）	$6H_3R_3E_3$（B3）
Notes）H: Isoniazid（INH）, 600 mg（300 mg X 2 pills） R: Rifampcin（RFP）, 600 mg（300 mg X 2 capsules） Z: Pyrazinamide（PZA）, 2000 mg（500 mg X 4 pills） E: Ethambutol hydrochloride（EB）, 1250 mg（250 mg X 5 pills） S: Streptomycin sulphate（SM）, 750 mg（750 mg X 1 vial） （Example）$2H_3R_3Z_3E_3S_3$：INH・RFP・PZA・EB・SM are each administered three times a week (essentially every other day, or 15 times a month), for two months.		

B) Solvents for injections (approved by the Chinese GMP or SDA, and conforming to the Chinese Pharmacopoeia)

The amount of injection solvent necessary for each vial of a streptomycin sulphate injection (5 ml/ampule) will be procured.

C) Syringes（ISO9002 and GB15810）

5 ml disposable syringes with needles will be procured in the quantity necessary to dissolve streptomycin sulphate and administer it intra-muscularly.

D） Microscopes（ISO9001 and ISO14001）

Binocular microscopes used for sputum smear examinations of acid-fast bacteria in the sputum will be procured.

E) Instructional pamphlets and posters

Pamphlets will be procured for those receiving treatment at tuberculosis treatment institutions (20 times the number of tuberculosis patients) and their families, for educational and instructional purposes, and instructional posters will be procured for regional residents.

4）Quantity/content

The contents, procurement quantities, and applications of the primary materials and supplies to be procured are listed in Table 2-8.

Table 2-8. Scale and contents of procured materials and supplies

	Materials/supplies		Contents	Procurement quantity	Applications, etc.
1	Anti-tuberculosis drugs	$H_3R_3Z_3E_3$（B1）blister packages	15 blister packages per box (1 month's worth)	194,291 boxes	22 boxes/10 people, for new smear-positive pulmonary cases 20 boxes/10 people, for smear-negative pulmonary cases, severe form 23 boxes/10 people for retreatment cases of smear-positive pulmonary patients
		H_3R_3（B2）blister packages	15 blister packages/box (1 month's worth)	199,796 boxes	40 boxes/10 people for new smear-positive pulmonary cases 40 boxes/10 people for smear-negative pulmonary cases, severe form
		$H_3R_3E_3$（B3）blister packages	15 blister packages/box (1 month's worth)	224,522 boxes	60 boxes/10 people for retreatment cases of smear-positive pulmonary patients
		Streptomycin sulphate	50 vials/box	25,820 boxes	345 vials/10 people for retreatment cases of smear-positive pulmonary patients
2	Solvents for injections		5 ml ampules, 50/box	25,820 boxes	For dissolving streptomycin sulphate Same number as vials of streptomycin sulphate
3	Syringes		5 ml, with needles 100 syringes/box	12,910 boxes	For injecting streptomycin sulphate Same number as vials of streptomycin sulphate
4	Microscopes		Binocular, x100 oil immersion lenses, with reflecting mirror as accessory, Planachromat objective lens, unlimited distance correction, mildew-proof	322 microscopes	For sputum smear examinations. Those with a single eyepiece (narrow field of view), those that are old (10 years or more elapsed since purchase), and those that have broken down will be renovated. Two for regional facilities, two for counties with populations of 500,000 or more, one for counties with populations of less than 500,000.
5	Instructional pamphlets		10,000/package, in Chinese	181 packages	Distributed to all persons undergoing tuberculosis testing, for patient instruction. Total number of tuberculosis patients x 20.
6	Instructional posters		1,000/package, in Chinese	82 packages	For instruction of regional residents. Each province / region / county x 100

5) Quantities of materials to be distributed to each province/autonomous region

Table 2-9 shows the quantities of anti-tuberculosis drugs, solvents for syringes, and syringes to be distributed to each province.

Table 2-9. Quantities of materials to be distributed to each province/autonomous region

Province/Autonomous Region	Anti-tiberculosis Drugs (15 Blister Packages per Box)			Streptomycin Injections (50 Syringes per Box)	Solvents (50 Syringes per Box)	Syringes (100 per Box)
	B1	B2	B3			
Sichuan Province	3,380	3,400	4,013	462	462	231
Qinghai Province	5,564	7,551	3,845	442	442	221
Henan Province	57,836	58,362	68,407	7,867	7,867	3,933
Inner Mongolia Autonomous Region	12,358	13,988	12,473	1,434	1,434	717
Jiangxi Province	12,482	11,889	15,761	1,813	1,813	906
Shaanxi Province	13,327	12,858	16,596	1,909	1,909	954
Anhui Province	24,731	24,228	30,281	3,482	3,482	1,741
Guizhou Province	15,313	15,559	17,960	2,065	2,065	1,033
Yunnan Province	14,152	14,328	16,671	1,917	1,917	959
Shanxi Province	13,004	13,261	15,185	1,746	1,746	873
Guangxi Zhuangzu Automonous Region	18,341	18,619	21,538	2,477	2,477	1,238
Tibet Automonous Region	3,803	5,753	1,792	206	206	103
Total	194,291	199,796	224,522	25,820	25,820	12,910

Table 2-10 shows the quantities of microscopes and instructional pamphlets and posters to be distributed. With regard to microscopes, if a province currently has one or more usable microscopes, the planning was organized based on the type and quantity of those microscopes (Appendix 7. Types of Microscopes in the Various Provinces), in order to avoid duplication. The names of the regions/counties to which microscopes will be distributed through the project, and the quantities to be distributed, are as indicated in Appendix 8. County-specific Distribution Destinations of Microscopes.

Table 2-10. Quantities of materials to be distributed to each province/autonomous region

Province/Autonomous Region	Microscopes Regions Starting from 2003		Pamphlets (10,000 per Package)	Posters (10,000 per Package)
	Region	Country		
Sichuan Province	0	21	4	4
Qinghai Province	0	7	6	4
Henan Province	0	54	52	14
Inner Mongolia Autonomous Region	2	10	12	7
Jiangxi Province	16	27	12	6
Shaanxi Province	10	40	12	6
Anhui Province	6	34	23	7
Guizhou Province	0	18	14	6
Yunnan Province	6	17	13	8
Shanxi Province	0	21	12	8
Guangxi Zhuangzu Autonomous Region	8	25	17	6
Tibet Autonomous Region	0	0	4	6
Total	48	274	181	82

2-2-3 Implementation Plan

2-2-3-1 Implementation Policy

Materials/supplies	Country of procurement			Reason
	Japan	China	3rd country	
Four types of oral anti-tuberculosis drugs (Isoniazid, Rifampicin, Pyrazinamide, Ethambutol)	○	○	○	These items are manufactured in China, but few companies have obtained a GMP assuring quality, and because there have been no cases of these items being imported to China from Japan, it is presumed that third-country products will be used.
Streptomycin sulphate for injections	○	○	○	
Solvents for injections	○	○	○	
Syringes	○	○	○	These items are manufactured in China, but few companies have obtained ISO9000 or other certification assuring quality, and because there have been no cases of these items being imported to China from Japan, it is presumed that third-country products will be used.
Microscopes	○	○	○	Japanese companies are manufacturing this item in China, but because there are few plants certified for ISO9000 and ISO14000 series quality inspections, it is presumed that third-country products will be used.

2-2-3-2 Implementation Conditions

Pharmaceuticals will be delivered in two deliveries because of the problem of expiration dates running out. The first delivery, consisting of half of the total volume, will be delivered by March 2003, in conjunction with the implementation schedule of the project, and the second delivery, consisting of the remaining half, will be delivered six months later. Other materials and supplies will be transported at the same timing as the first delivery of pharmaceuticals. If arrangements can be made on the receiving end in China, however, the second delivery may be made earlier.

The Tibet Autonomous Region is at an altitude of 4,000 meters and there is a risk of altitude sickness. Also, February and March, when delivery will be made, are extremely cold, making it easy to catch pneumonia. Persons delivering the shipments, providing guidance in microscope assembly, and checking the delivered items against the orders will need to be especially careful with regard to their health.

2-2-3-3 Scope of Works

Chinese domestic products will be transported directly from the plants to the Health Bureau warehouses in the each province.

	Destination
1	Sichuan・ Chengdu
2	Qinghai・Xining
3	Henan・ Zhengzhou
4	Neimenggu・ Huhhot
5	Jiangxi・ Nanchang
6	Shaanxi・ Xi’an
7	Anhui・ Hefei
8	Guizhou・ Guiyang
9	Yunnan・ Kunming
10	Shanxi・ Taiyuan
11	Guangxi Zhuangzu・ Nanning
12	Xizang Lasa・ Lhasa

Basically, railroads will be used for transportation, but trucks or air transport will be used in the Tibet Autonomous Region in some cases. Foreign products will be transported from the import port (or airport) to the Health Bureau warehouses in the various provinces. This project does not involve any installation, but one technician (Japanese) from the microscope maker’s plant will be dispatched to the sites to provide guidance in assembling the microscopes.

To be borne by Japan	To be borne by China
To the Health Bureau warehouses in the various provinces	From the Health Bureau warehouses in the various provinces to the regions/counties

2-2-3-4 Consultant Supervision

The following consultant personnel will be provided: work supervisors, and consultants for Procurement Planning 1 and Procurement Planning 2.

2-2-3-5 Procurement Plan

Materials/supplies	Country of procurement			Route
	Japan	China	3rd country	
Four types of oral anti-tuberculosis drugs (Isoniazid, Rifampicin, Pyrazinamide, Ethambutol)		○		Chinese domestic products will be transported directly from the plants to the Health Bureau warehouses in the various provinces. Basically, railroads will be used for transportation, but trucks or air transport will be used in the Tibet Autonomous Region in some cases. Foreign products will be transported from the import port (or airport) to the Health Bureau warehouses in the various provinces.
Streptomycin sulphate for injections		○		
Solvents for injections		○		
Syringes		○		
Microscopes	○			

2-2-3-6 Quality Control Plan

① Inspection of pharmaceutical samples

Domestic pharmaceuticals in China will be inspected by the State Drug Administration (Central) upon being shipped from the plant.

② GMP

Pharmaceutical manufacturers will be limited to those whose plants have obtained GMP certification. (This attests that the quality standards of the pharmaceuticals manufacturing plant equipment and manufacturing processes meet GMP and international standards.)

③ Mildew-proof

Because microscopes can mildew in humid locations, mildew-proof specifications will be applied.

④ ISO（International Standards Organization）

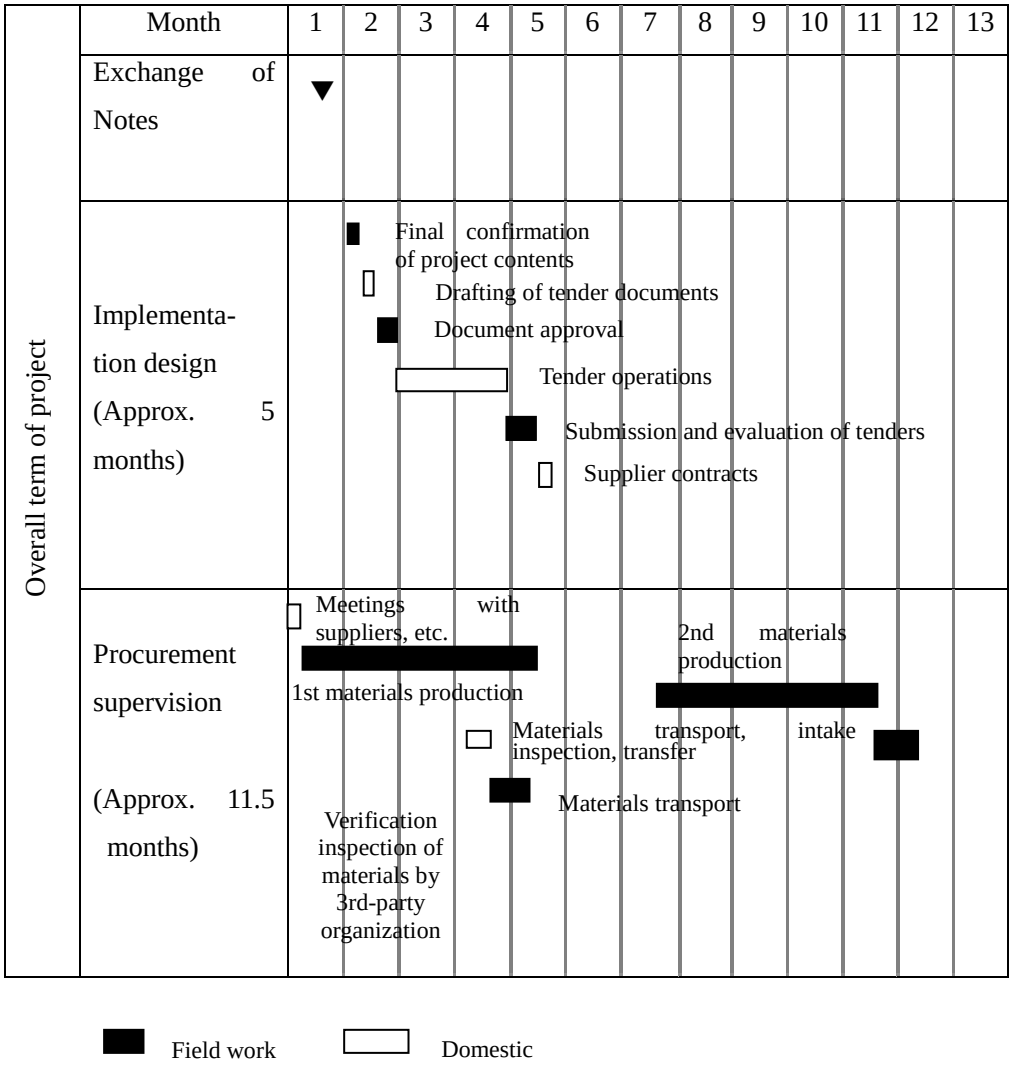
Syringes and microscopes must meet ISO standards, which are international quality and environment standards.

2-2-3-7 Implementation Schedule

Overall term of work (from E/N to transfer): 16.5 months

From E/N to supplier contracts: 5 months

Delivery (from supplier contracts to transfer): 11.5 months



2-3 Obligation of Recipient Country

The items for which China is to be responsible when the project is implemented are as noted below.

① Processing the procured materials through Customs appropriately and rapidly

② Assuring the necessary warehouses for storing the procured materials

③ Distributing the procured materials from the warehouse supervised by the province/autonomous region to the final destination in the region

④ Providing guidance by experts from the Central Government to users at lower levels of the organization in using and managing the microscopes

⑤ Assuring budgets for DOTS implementation

⑥ Appropriate operation / use / maintenance control of the procured materials

⑦ Bearing the expenses for issuing the Authorization to Pay (A/P) for project implementation and payment fees

⑧ Reporting to The Government of Japan concerning the usage and warehouse conditions for the anti-tuberculosis drugs (quarterly) and when evaluation surveys are carried out

2-4 Project Operation Plan

The materials and supplies procured through this project will be transported directly to the Health Bureau warehouses in the various provinces/autonomous regions. The provinces/autonomous regions will distribute the materials and supplies in the necessary quantities to lower-level organizations in accordance with the system set up for tuberculosis control. Systematic records of storage and control are being kept at the county level and there are no problems in this area. When a patient is diagnosed with tuberculosis at a county treatment center, the patient himself or herself receives one month's worth of pharmaceuticals from those stored at the tuberculosis prevention and treatment center in the respective county and brings them back to the health center in the village where the patient lives. The village physician at the health center administers the anti-tuberculosis drugs to the patient receiving treatment, while the patient is present, every other day. If streptomycin sulphate injections are being given to a retreatment patient, the village physician does the injections. The patient visits the county hospital every month or two until the treatment ends, to undergo examinations or to have medications administered.

In the regions targeted by the project, technology is being transmitted to organizations with responsibility in newly targeted areas, through technical guidance (education / training / supervision) provided by the Ministry of Health and by WHO. With respect to microscopes, guidance in operation methods is being provided by expert technicians. The microscopes are being procured from manufacturers who can supply after-sales services (purchasing of spare parts, and repairs) through domestic agencies in China, and the materials and supplies being procured are simple items, so no particular problems are foreseen with maintenance control.

The local governments and autonomous governing authorities of the regions and counties in the nine provinces and three autonomous regions will have responsibility for operating/maintenance control under this project, and expenses are being borne in the same proportions among the Central Government and provinces, the provinces and regions, and the regions and counties. The Central Government is assuring an amount of approximately 600 million yen to cover expenses each year, and approximately 60 million yen is being paid out of that amount to the National Center for Tuberculosis Control and Prevention, as an operating and management budget for the project as a whole. The remaining approximately 540 million yen is being distributed to the local governments and autonomous regions to cover expenses for purchasing anti-tuberculosis drugs and for patient management expenses in poverty-stricken areas.

In Table 2-11, the operating expense budgets for Qinghai Province, Anhui Province, Guizhou Province, and the Tibet Autonomous Region have not yet been decided, but Guizhou Province is able to use loans from the World Bank/DFID for operation and maintenance control. In Qinghai Province and the Tibet Autonomous Region, the Damian Foundation Belgium is planning to provide approximately 30 million yen to each in fiscal 2003 (DFB, 2003 – 2007 planning) for operating and maintenance control expenses. With respect to Anhui Province, a field study was carried out and 2002 planning implemented, and it has been confirmed that the 2003 planning can also be implemented (the supervisor of the Anhui Province Health Bureau accurately understands the contents of the project, has a grasp of the estimated number of patients and necessary expenses for fiscal 2003, and has explained that budgetary measures are possible for fiscal 2003. Table 2-12 shows the budgets that have been assured by the various provinces for fiscal 2002). Moreover, in the three provinces where budgets are likely to be insufficient (Anhui, Sichuan and Shanxi), petitions have been submitted to the Global Fund for financial assistance.

Table 2-11. Fiscal 2003 operating/maintenance control expenses for tuberculosis control in the various provinces

(Unit: 10,000 yen)

Province/Autonomous Region	Medical Care Expenses	Anti-tuberculosis Drugs Expenses	DOTS Supervision Expenses	Health Education Expenses	Training Expenses	Equipment Expenses	Others	Total
Sichuan Province			451			649	3,367	4,468
Qinghai Province								Not Determined
Henan Province	3,417	8,070	9,910	2,829	5,195	8,874	6,911	45,205
Inner Mongolia Autonomous Region	491	1,274	1,499	3,442	4,686	4,391	5,425	21,209
Jiangxi Province	764	1,936	1,058	216	387	4,638	7,233	16,232
Shaanxi Province	1,391	3,174	1,762	2,273	3,083	11,340		23,023
Anhui Province								Not Determined
Guizhou Province								Not Determined
Yunnan Province	704	2,178	1,105	2,319	3,821	13,143	204	23,474
Shanxi Province	940	2,207	455	309	473	3,247	464	5,887
Guangxi Zhuangzu Autonomous Region								1,855
Tibet Autonomous Region								Not Determined

1 yuan ＝15.46 yen

In the various provinces/autonomous regions, the person in charge of tuberculosis control for the region reviewed the materials, personnel, budgets and other aspects of the region, and only those provinces that passed the review were selected for the project.

Table 2-12. Budgets assured by the provinces for tuberculosis control for fiscal 2002 (Unit: 10,000 yen)

Province/Autonomous Region	Fiscal 2002 Budget
Sichuan Province	2,998
Qinghai Province	11,764
Henan Province	41,495
Inner Mongolia Autonomous Region	15,907
Jiangxi Province	7,792
Shaanxi Province	19,266
Anhui Province	2,551
Guizhou Province	20,111
Yunnan Province	23,587
Shanxi Province	5,720
Guangxi Zhuangzu Autonomous Region	1,855
Tibet Autonomous Region	-
Total	153,046

1 Yuan = 15.46 Yen

Chapter 3 Project Evaluation and Recommendations

3-1 Project Effect

(1) Direct Effect

① For fiscal 2003, the total population in the targeted nine provinces and three autonomous regions will be approximately 440 million, and the resident population in the targeted counties will be approximately 260 million (approximately 59.2% of the entire nine provinces and three autonomous regions will benefit indirectly). The number of new tuberculosis patients discovered in 2003 is estimated to be approximately 87,000 (directly benefiting population) in this project area. With more than 50% of the patients unable to receive treatment for tuberculosis because of insufficient education about the disease and economic poverty, grant aid will allow patients to be treated with no burden of payment, and 100% of the patients will be treated, so that more than 80% are expected to recover completely (less than 70% were being cured before the project was implemented).

② Curing patients who are smear-positive pulmonary cases, who are a major source of contagion, will prevent contagion to the patient's family members and to neighboring residents, and will break the chain of contagion.

(2) Indirect Effect

① Many of the patients are in the working age range of 15 to 54, and their inability to be engaged in labor production because of tuberculosis is a hard blow both for their families and for China. China as a whole spends an estimated 60 billion yuan (approximately 900 billion yen) on tuberculosis treatment annually (World Bank Report, 2001), and the total loss of national productivity is conjectured to be even higher. It is thought that preventing tuberculosis will have a significant effect both economically and in terms of the public health of rural society as a whole.

② Local governments for which budgetary measures are problematic will be provided with financial assistance, and the establishment of health and medical systems that are inadequately refurbished will be promoted.

3-2 Recommendations

The following items are thought to be necessary in order for the project to be effective.

(1) Continuation of grant aid cooperation

Of the five essential points of the DOTS strategy (Government commitment to TB control, Microscope, Standardized short-course chemotherapy, A regular supply of high quality and inexpensive anti-TB drugs, A standardized recording and reporting system), the Japanese Government is providing grant aid cooperation with regard to two points: sputum smear examinations using microscopes, and the regular supply of anti-tuberculosis drugs. However, taking into consideration the importance of continuity of the DOTS strategy and the budgetary problems of the governments of poverty-stricken regions, it is thought that continuous assistance will need to be provided over the requested five-year period.

(2) Cooperation with other donors (regular conferences, exchange of information, etc.)

The “National Tuberculosis Control” that were begun in 2002 are being implemented under the leadership of the Chinese Ministry of Health, but are being carried out with assistance from WHO, the World Bank, the British International Development Bureau, and the Damian Foundation Belgium, in addition to the Japanese Government. For the purpose of achieving cooperation among the related organizations, the Ministry of Health convenes an ICC (Interagency Coordinating Committee) approximately once every six months. Additionally, during the survey conducted for this project, WHO proposed holding a donor conference twice a year (May and November). At this conference, the previous year’s implementation data would be analyzed, and planning for the following year would be discussed. This is thought to be an opportunity for the various donors to share their planning and objectives, and participation is strongly considered to be necessary.

(3) Monitoring of treatment

The anti-tuberculosis drugs that are the target of the project cause side effects such as interfering with liver function in some cases, due to the nature of the drugs. For this reason, the sentence “If any side effects occur,

immediately consult a physician" has been included in the instructional pamphlets for the project. Also, with this project, the prescriptions used are largely the same as those used in the World Bank project, and based on the treatment results of that project (more than 90% of new smear-positive pulmonary cases were cured, meaning that the number of patients who drop out because of side effects is very low), it is thought that side effects will not cause significant problems. However, in accordance with the national tuberculosis control, the dosages of the anti-tuberculosis drugs targeted by the project are uniform dosages, and it will be difficult to adjust the dosages based on body weight. Also, side effects can occur even at the appropriate dosage. Given these two factors, it will be necessary to make sure that careful attention is paid to side effects on the Chinese side.

(4) Making arrangements for safe injections

At treatment sites in poverty-stricken regions, problems have been pointed out such as syringes being reused. There is little difference in the prices of auto-disable syringes, which can be used only once, and disposable syringes, and if there is an increase in the usage figures, (two syringes are necessary, one is for dissolving and the other is for injection), including waste disposal from ordinary diagnostic procedures, and in the number of manufacturers, the use of auto-disable syringes should be taken into consideration with regard to the DOTS strategy as well.

(5) Contribution to human resources education and training

The Government of Japan has been conducting education and training for Chinese experts and technicians in tuberculosis control through a variety of methods, but hereafter, in keeping with the broadening of the DOTS strategy, a deeper level of technology transfer should be sought, including more substantial training contents that include guidance for local technicians, through the dispatch of Japanese experts and the acceptance of trainees.

(6) Project evaluations

In the World Bank and British International Development Bureau projects, in which the seven targeted regions (counties/autonomous regions) of the project overlap, an intermediate evaluation report will be drafted in 2004 and a final evaluation report in 2008. These will be useful as references or as comparisons for evaluating this project.

Appendices

1. Member List of the Survey Team
2. Study Schedule
3. List of Parties Concerned in the Recipient Country
4. Minutes of Discussion
5. References

[Appendix]-1　Member List of the Study Team

Leader
Dr. Masashi SUCHI
Department of International Cooperation, The Research Institute of Tuberculosis

Project Coodinator
Ms.Saeda MAKIMOTO
Grant Aid Management Department, Japan International Cooperation Agency

Equipment Planner
Mr.Toshiaki ISHIGAKI
Grant Aid Management Department, Japan International Cooperation System

Procurement Planner
Mr.Hitomitsu OHASHI
Grant Aid Management Department, Japan International Cooperation System

Interpreter
Ms.Sunao IIMURA
Japan International Cooperation Center

Observer
Dr. Takeshi KASAI
Medical Officer, Stop TB and Leprosy Elimination, WHO/WPRO

[Appendix]-2 Study Schedule

No.	Date		Schedule		Stay
			Suchi, Makimoto, Kasai	Nishigaki, Ohashi, Iimura	
1	2002 27-Feb	Wed	10:40 Narita（JL781）→13:40 Beijin 15:00 JICA office meeting		Beijing
2	28-Feb	Thu	8:30 WHO・WPRO meeting 11:00 Courtesy Call on Ministry of Foreign Trade & Economic Cooperation 14：00 Courtesy Call on Embassy of Japan 15：45 Courtesy Call on Ministry of Health(MOH)		Beijing
3	1-Mar	Fri	9:00 Meeting with MOH		Beijing
4	2-Mar	Sat	Internal meeting 17:20 Beijin（MU5164）→19:00 Hefei		Anhui Hefei
5	3-Mar	Sun	Internal meeting		Anhui Hefei
6	4-Mar	Mon	8:40 Anhui Province Health Bureau survey for equipment and preparation of DOTS 14:50 County Health Bureau survey for equipment and preparation of DOTS 19:30 Hefei(CA1552) →21:10 Beijin		Beijing
7	5-Mar	Tue	8:30 WHO WB・DFID・DFB・JICA donor meeting 15:00 Visiting State Drug Administration		Beijing
8	6-Mar	Wed	10:30 Meeting with MOH		Beijing
9	7-Mar	Thu	Internal meeting for draft of Minites 10:00 meeting with MOH, sign of Minites 16:30 Report to Ministry of Foreign Trade & Economic Cooperation （Kasai、back way to Philippines）		Beijing
10	8-Mar	Fri	9:30 Report to Embassy of Japan 11:00 Report to JICA office Suchi, Makimoto, back way to Japan 15:00 Beijin（JL782）→17:10 Narita	14:40 visting to DFB 18:00 Beijin（MU5112） →20:00 Shanghai	Shanghai
11	9-Mar	Sat		10:00 Visiting a drug company in Shanghai	Shanghai
12	10-Mar	Sun		9:00 Shanghai（on road）→13:00 Nanjing Internal meeting	Nanjing
13	11-Mar	Mon		9:30 Visiting a microscope company in Nanjing 17:55 Nanjing（MU5169）→19:30 Beijing	Beijing
14	12-Mar	Tue		7:30 Beijing (on road) →11:00 Shijiazhuang 11:15 Visiting an injection drug company 15:00 Shijiazhuang(on road) →18:30 Beijing	Beijing
15	13-Mar	Wed		9:00 meeting with equipment officers at MOH survey for manufactures of syringe and drugs 16:00 visiting to WB	Beijing
16	14-Mar	Thu		9:00 meeting with equipment officers at MOH 15:00 WHO・WPRO MOH・DFB donor meeting	Beijing
17	15-Mar	Fri		9:20 report and confirm to MOH 12:45 visiting to DFB 15:00 report to JICA office	Beijing
18	16-Mar	Sat		Internal meeting 15:00 Beijing（ANA906）→19:00 Narita	

[Appendix]-3　List of Parties Concerned in the Recipient Country

① Japanese Organization	Name	Position
Embassy of Japan in China	Airo KOMIYAMA	First Secretary
	Hiroya YAMAUCHI	Second Secretary
JICA China Office	Chihiro OISHI	Deputy Resident Representative
	Shinobu YOSHIZAWA	Assistant Resident Representative
	Zhang Jie	National staff

② Chinese Government		
Ministry of Foreign Trade & Economic Cooperation	Kang Bingjian	Deputy Division Director
	Yang Cheng	staff
Ministry of Health	Gao Xishui	Deputy Director General, Department of International Cooperation
	Ren Minghui	Director Genaral, Department of Diseases Control
	Li Mingzhu	Deputy Director, Division of Bilateral Relations
	Wan Lia	Resercher, Department of Diseases Control
	Dai Wei	Programme Officer, Department of International Cooperation
	Jianjun Liu	Director National Center for TB Control And Prevention
	H. J. DuanMu	ex-Director National Center for TB Control and Prevention
	Wang Lin	National TB Control Programme Office
	Leon Liu	National TB Control Programme Office
	Hu Xizhong	Equipment Officer
State Drug Adminstration (SDA)	Zhao Li Li	Deputy Director Department of International Cooperation
	Chen Xingyu	Director Division of International Cooperation
	Weng XinGu	Department of Safety Administration
Instrimpex International Tendering Company	Tao Xiangrong	Vice Manager (Consultant for MOH)

Anhui Provincial	Wu Qin	Foreign Affairs Office
Anhui Provincial	Dai Guangqiang	Director General
Health Bureau	Du Changzhi	Chief, Dept. of Epidemic Prevention
	Bu Xia	Assistant Chief
	Wang Yu Ming	Director of Foreign Affairs Division
Anhui Provincial	Dang XiaJiai	Chief, TB Health Center
TB Health Center	Wang JiaXiang	Director, division of TB
	Xu Xingxin	Deputy Director, division of TB
	Tong Gao	Infection Lab. TB Health Center
Anhui Provincial	Jo Jie	Chief, Health Bureau
County	Zhang Chinping	Assistant Chief, Health Bureau
	Gei Ryozhu	Director, equipment division

③ International/Aid organization

WHO in China	Janos Annus	Representative
	Dainiel P. Chin	Country Adviser in TB
	Lin Yan	Programme Assistant for TB
	Alan Schnur	Team Leader, Communicable Disease Control
The World Bank	Jagadish P. Upadhyay	Principal Project Officer in USA
	Wang Shiyong	Health Specialist in China
Department for International (DFID)	Jane Haycock	Health Sector Manager in British Embassy Beijing
Damien Foundation Belgium (DFB)	Jaucot Alex	Chief Representative

④ Manufactures

SINE Pharmaceutical Co.,Ltd.	Chen Jun Li	Vice General Manager
	Zhuang Hui Ping	Marketing Administration Manager
Nanjing NIKON Jiangnan Instrument Co.,Ltd.	Akihiko KODAMA	Chairman
	Michiyuki IIJIMA	Vice-President
	Wan Di Yang	Vice-Manager, Control Department
	Li Tao	Translator
Beijing Office NIKON Corporation	Tadashi IIDA	Chief Representative

North China （NCPC） Pharmaceutical Group Corporation Import & Export Co.,Ltd	Abel Wang	Vice General Manager
Zhejiang Lingyang Medical Apparatus Co.,Ltd.	Hu Junfei	General Manager
Formers Technologies & Trading Co., Ltd.	Frank Fu Wei Chen	General Manager Deputy General Manager
Beijing Double-Crane Pharmaceutical Co.,Ltd. International Trade Dept.	Jincian Lew	Vice Manager
Beijing JieWenXin Graphic Design Co.,Ltd.	Liu junjie	General Manager

中华人民共和国
第二次贫困地区结核病控制计划器材项目简易调查
会谈纪要

日本政府根据中华人民共和国的申请,决定实施《中华人民共和国第二次贫困地区结核病控制计划》(以下简称“计划”)的器材项目简易调查,委托国际协力事业团(以下简称“JICA”)实施。

JICA 自 2002 年 2 月 27 日至 3 月 16 日向中华人民共和国派遣以结核预防会结核研究所国际协力部企划调查科科长须知雅史为团长的器材项目简易调查团(以下简称“调查团”),在与中华人民共和国政府有关方面(以下简称“中国方面”)协商的同时,进行了现场调查。

经协商和现场调查,双方确认了附属文件中记载的主要事项。本调查团将继续进行调查,然后整理汇总器材项目简易调查报告书。

本会谈纪要由正文和附属文件构成,中文文本和日文文本各作两份,两种文本具有同等效力,经中日双方同意签署,各持一套文本。

2002 年 3 月 7 日　于北京

中华人民共和国
卫生部
国际合作司副司长
高　细水

日本国
国际协力事业团
器材项目简易调查团团长
须知　雅史

附属文件

1　计划的目的

中国政府为了在2010年以前治愈400万结核病患者，在全国推进直接督导下短程化疗（DOTS）结核病对策，向日本政府提出在经济上较困难的九个省和三个自治区为采购DOTS策略实施时必要的抗结核药品及显微镜等提供无偿资金援助的申请。本无偿资金援助的目的是通过采购中方2003年计划必要的物资和器材，对该计划进行支援。

2　对象地区

本计划的对象地区是九个省、三个自治区（河南、云南、贵州、广西、山西、陕西、青海、内蒙古、四川、安徽、江西、西藏）。各省区的项目对象县数如附件1所示。中国方面在调查团逗留中国的期间内提供对象县清单。但是，关于达米恩基金会开展活动的西藏自治区内50个县以及内蒙古自治区的12个县的前提条件是，中方与该基金会协商，修改该基金会计划的有关内容，并以书面确认，中国方面在三月底以前将结果告知JICA中国事务所。

3　负责机构及实施机构

3-1 负责机构

中华人民共和国对外贸易经济合作部

3-2 实施机构

中华人民共和国卫生部

4　申请内容

中方通过与调查团的协商，最后申请的药品、材料、设备内容如附件2所示。

5　援助的基本方针

今后JICA将通过现场调查及日本国内分析研究，验证此申请内容的妥当性，判断为适合于无偿资金援助时，建议日本政府批准。但是有关本计划物资和器材的品种及数量，要经过在日本国内进行的分析研究，并考虑日本政府的本计划预算，作出最后的决定。

6　日本无偿资金援助的制度

本调查团就附件3所示的日本无偿资金援助的制度再次进行说明，中国方面对此有了充分的理解。并且中国方面表明，本计划的无偿资金援助一旦实施，为使援助顺利进行，中方理解并执行附件4所述中方应采取的必要措施。

7　今后调查计划

7-1　本调查团将继续调查到2002年3月16日。

7-2　JICA编写器材项目简易调查报告书，于2002年6月左右交付中国方面。

8　其它协商事项

8-1 所采购药品、材料、设备的使用

通过本计划的实施所采购的抗结核药品等，双方确认了按照DOTS策略免费供于使用，并采取防止转卖的措施。另外，双方再次确认，中方对物资和器材做好适当的管理，每个季度汇总使用状况，根据2000年11月16日签署的《贫困地区结核病控制计划》会谈纪要的确认事项（附属文件 8-5③），向日本国驻华使馆和JICA中国事务所方面提交。

8-2 结核病对策实施情况的评价和督导

中国方面说明，关于结核病对策的实施情况，准备由中国方面有关人员以及外部专家定期进行评价和督导。另外，在DOTS启动阶段要开展较集中的督导工作。同时双方确认，本计划实施和督导工作上继续和世界卫生组织密切配合。中方与世界卫生组织合作实施督导并进行评价，将结果向日本驻华使馆和JICA中国事务所通报。

8-3 确保项目运转经费

中国方面保证，尽快完善为有效使用通过本计划采购的物资和器材所必要的实施体系，并确保为完善设施、确保人员、人员培训、检查费、管理费、督导费及维护管理费用等实施结核病对策时必要的经费。

8-4　提供培训计划

日本方面对中国方面要求提供在2002年和2003年对省级、地区级以及县级人员进行的具体培训计划（包括人数、时期、天数等内容）。中国方面在四月上旬以前汇编培训计划向日方提供。

8-5 技术合作

为了适当地利用所采购的物资和器材、并在对象地区依照DOTS策略有效实施结核病控制措施及评价工作，中国方面再次指出派遣结核病对策领域的日本专家和在日本接受进修人员的必要性。中方表示今后世界卫生组织等外部专家进行评价调查时，希望日本专家也参加。同时，中方对正式技术合作申请必须通过驻华日本大使馆和JICA中国事务所的外交途径表示理解。

8-6 对中国国民的宣传

日本方面要求，本计划是通过日本无偿资金援助实施的，为了使中国地区居民对此有更加广泛的了解，在本计划采购的抗结核病药物等的包装上应标明日本援助的字样，并在项目对象单位挂牌匾，同时由中方进行必要的宣传活动。

中方保证，将在中国国内通过报纸和电视等新闻媒介广泛地宣传日本通过无偿资金援助方式对本项目进行支援，尽量努力取得中国国民的理解。

8-7 抗结核药品质量的保证

日方指出进一步提高抗结核药品质量的必要性，中方也表示同意。

8-8 抗结核药品的交货期

考虑抗结核药品的有效期限，日方建议药品的分期交货，中方对日方表示希望分两批分期交货。

8-9 增值税（以下简称“VAT”）

于 2001 年 9 月中国政府决定：通过日本无偿资金援助在中国国内采购中国国产品的时候，免征对其发生的 VAT。该措施可适用于本计划。详细内容如附件 5 所示。

附件 1　各省对象县数
附件 2　申请药品、材料、设备清单
附件 3　日本无偿资金援助的制度
附件 4　中日两国政府的主要负担事项
附件 5　有关增值税的措施

附件 1

各省对象县数

省名	2002 年开始地市、县		2003 年开始地市、县	
	地市	县	地市	县
四川省	7	10	*	22
青海省	8	23	*	7
河南省	18	78	*	38
内蒙古自治区	9	30	*	22
江西省	3	11	*	29
陕西省	6	18	*	30
安徽省	14	24	*	26
贵州省	9	31	*	16
云南省	13	30	*	25
山西省	11	40	*	20
广西壮族自治区	11	20	*	20
西藏自治区	0	0	*	50
合计	109	315	*	305

*关于 2003 年启动的地市数及名称，在调查团逗留中国的期间和对象县清单一起提供。

附件 2

申请药品、材料、设备清单

抗结核药品（异烟肼、利福平、吡嗪酰胺、乙胺丁醇及链霉素）
溶解液和注射器
痰涂片检查用双目显微镜
宣传教育用小册子
宣传画
牌匾

计算标准

对象：2003 年在对象地区内所报告的涂阳病人以及初治重症涂阴病人

		2002 年启动的对象县	2003 年启动的对象县
抗结核药品*	涂阳病人数	31/10 万人	27/10 万人
	初治与复治比	5.5 ： 4.5	4.5 ： 5.5
	初治涂阳病人治疗 2 个月后未阴转率	20%	20%
	复治涂阳病人治疗 2 个月后未阴转率	30%	30%
	初治重症涂阴病人	初治涂阳病人的 20%	初治涂阳病人的 20%
痰涂片检查用双目显微镜		无	地市级：2 台 县级：人口 50 万以上 2 台、50 万以下 1 台

*西藏、青海、内蒙（12 个县）的报告实际数为依据。

附件 3

日本无偿资金援助制度

1．无偿资金援助实施的程序

我国的无偿资金援助按照如下程序进行。

第一阶段的“申请”是：日本国政府（外务省）根据受援国提出的申请书，研究其作为无偿援助的适当性，如果确认该项目的优先度较高，指示 JICA 进行调查。

第二阶段的“调查（基本设计调查）由 JICA 实施，不过 JICA 原则上采取与我国咨询单位签订合同的方法进行该调查。

第三阶段的“审查与批准“是：根据在第二阶段 JICA 编写的基本设计调查报告书，日本政府审查该项目做为无偿资金援助是否合适，然后向日本内阁会议上报批准。

内阁会议所批准的项目，在第四阶段由两国政府签署交换公文（E / N）正式决定，无偿资金援助就付诸实施。

实施无偿援助时，对招标、合同手续及其他事项，JICA 对受援国政府给予协助。

2．调查的地位

1）调查的内容

JICA 进行的调查（基本设计调查）是：对申请的背景、目的、效果及项目实施所需维护管理能力等开展调查；同时在技术、社会、经济等方面验证该项目的适当性；然后与受援国政府协商项目基本设想，双方对其进行确认；同时进行项目基本设计和费用概算。但是，其目的是为日本政府提供做为无偿援助审批项目时所需的基本资料（判断的材料）。

当然，申请内容并不是全部不变地成为援助对象，考虑日本无偿援助的制度等，对项目基本设想进行确认。

另外，做为无偿援助实施项目时，我国从希望受援国自主努力的立场出发，

要求受援国方面也采取有关的必要措施，而即使该措施超过主管实施机构所管辖的范围，也向该机构要求保证实施该措施。最终，以会谈纪要当作与对方政府一切有关机构的确认。

2）咨询单位的选定

关于通过政府换文决定实施无偿资金援助之后要签订的咨询单位合同，因为需要保持基本设计调查与详细设计工作在技术上的连贯性，JICA 向受援国政府推荐该咨询公司。

3．无偿资金援助方式

(1)什么叫无偿援助?

无偿援助是不要求受援国偿还地向其提供资金的援助，根据日本的有关法规，按照以下原则提供为采购有利于受援国自身的经济社会发展计划的设施、器材及服务（技术和运输等）所需资金。我国不采取直接采购器材和设备等以实物提供的方式。

（2）交换公文的签署

实施无偿资金援助时，需要政府之间达成协议、签署交换公文（E / N）。在 E / N 中，该项目的目的、援助期限、实施条件、援助限额等得到确认。

(3)援助期限

“援助期限”在日本举行内阁会议批准的该会计年度内。在此期间必须完成从签署交换公文到签订咨询单位合同及承包单位合同直至最终付款的全部工作。

但是，如因气象等不可抗力的原因造成运输、安装、施工等的迟误，根据两国间的协议可延长一年（一个财政年度）。

（4）关于利用无偿援助资金所采购的产品和劳务，原则上应合理地且专门地采购日本国和受援国的产品以及日本国民和受援国国民的劳务。这里所说的“日本国民”一词，表示日本国的自然人或其支配的日本国的法人。

但是两国政府认为有必要时，无偿资金援助也可用于购买第三国（日本国和受援国以外）的产品和运输等劳务。但是，本着无偿援助原则，实施援助时的首要承包单位，及咨询公司、施工公司、以及器材采购公司只限于“日本国民”。

（5）“合同的核定”的必要性

受援国政府（或政府指定的机构）同“日本国民”以“日元”缔约合同，并须经日本国政府“核定”。本规定以无偿援助资金来源于日本国民的税金为依据。

（6）要求受援国采取的措施

实施无偿资金援助时，要求受援国政府采取下列措施。

1）就设施建设项目，落实建筑设施所需土地，并平整用地。

2）平整用地时，应同时整建牵到用地的供电、供水、排水及其他附带设施。

3）就提供物资和器材等项目，应确保所需建筑物等。

4）原则上应负担利用无偿援助购买的产品在港口卸货、结关及国内运输所发生的经费，并确保迅速实施。

5）免除日本国民根据核定合同采购的产品及服务的关税、国内税款及其他财政税捐。

6）对根据核定合同提供服务的日本国民，为执行其工作而入境和居留，提供必要的方便。

7）“适当的使用”

保证根据无偿资金援助所建设的设施及所购买的器材为本项目的实施得到适当而有效的维护和使用，并确保为此所需的人员等。

同时，负担为实施项目必需的无偿援助范围以外的维护、管理费等全部费用。

8）“再出口”

利用无偿援助资金购买的产品不应该从受援国再出口。

9)银行协定

a）受援国政府或“受指定的机构”必须在日本国内的银行开设受援国政府名义的帐户。日本国政府根据经核定的合同把受援国政府或受指定的机构用于偿还债务的资金以日元汇到上述帐户，以此执行无偿资金援助。

b）根据受援国政府或受指定的机构发行的“支付授权书”，银行向日本国政府提交付款通知单时，日本政府执行缴付。

10)支付授权书

对缔结协定的银行，受援国政府应负担支付授权书通知手续费及支付手续费。

附件 4

中日两国政府的主要分担事项

	负担事项	日本	中国
1	根据银行协定(B/A)的手续费		
	① 支付授权书(A/P)发行手续费		●
	② 支付手续费		●
2	① 用赠款采购的产品自日本到中国的运输	●	
	② 负担有关港口卸货和报关的经费,并促进手续迅速办理		●
	③ 用赠款采购的产品到计划对象省会的国内运输经费	●	
	④ 用赠款采购的产品在计划对象省内的国内运输经费		●
3	根据合同采购的产品和劳务中,免征向日本国民征收的关税、国内税款及其他财政税捐		●
4	对根据已核定的合同而提供的日本国民的劳务，为其履行工作而入境和逗留提供必要的方便		●
5	为了实施本计划，合理、有效地维护并使用利用无偿援助资金购置的器材，负担需要的费用		●
6	日本无偿资金援助中没有包括的、器材安装费等其它所需经费		●

有关免征增值税（ＶＡＴ）的手续

中华人民共和国对外贸易经济合作部
Ministry of Foreign Trade & Economic Cooperation
No. 2, Dong Chang an Avenue. Beijing. 100731
People s Republic of China

外经贸国际司函[2001]308号

日本国驻中华人民共和国大使馆：

对外贸易经济合作部国际经贸关系司向贵大使馆表示敬意。

关于日本政府对华无偿援助项目在华采购中国产品的增值税问题，经我部与财政部、国家税务总局协商，并报国务院批准，决定采取免征增值税的措施，本措施适用于自2001年度开始实施的所有无偿援助项目。现将具体实施办法正式通报如下：

1、由中标商社向外经贸部国际司、财政部税政司、国家税务总局流转税司同时提交在华采购中国产品的情况明细(加盖单位公章)。内容包括：采购产品的名称、价格、数量、型号，生产厂家的名称、地址、电话、联系人（见附表）以及采购人与厂家签订的买卖合同。向外经贸部提交的材料需由中方项目代理公司进行初步审核。

（注：如中标商社委托他人采购，需提交实际采购人资料，内容包括单位名称、地址、联系人及联系电话，委托其采购的委托协议）

2、中方项目代理公司初步核对无误后，附审核证明报外经贸部国际司。外经贸部国际司再次审核后，向税务总局流转税司出具证明并

提出予以免税的要求；同时，国家税务总局将通过地方税务部门向有关厂家核实买卖合同情况。

3、国家税务总局根据外经贸部出具的文件及地方税务部门核实报告，核对无误后，向有关地方税务部门下发针对该项目项下采购的中国产品予以免征和抵扣增值税的批件并抄送外经贸部。

4、供货厂家向税务部门提交免税申请并附货物实际销售凭证，经主管税务部门与原始资料（即 1 项中的产品情况明细有关内容）核对无误后，根据国家税务总局下发的文件，予以免税。

5、为维护国家免税政策的严肃性以及具体操作程序的规范性，采购人向中国政府部门提交产品情况明细等资料后，其内容原则上不允许随意更改，如有特殊情况，需另行按程序报送审批。

以上为日本政府对华无偿援助项目在华采购物资免征增值税的暂行办法，请贵国政府依此通告日本国内有关机构和单位。

顺致最崇高的敬意！

外经贸部国际司

二00一年九月十七日

[Appendix]-5 References

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Collecting data

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