4. Review Articles Related to the Cooperation Project (Republications)

1) International Medical Cooperation. General View*

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ESTABLISHMENT OF THE INTERNATIONAL COOPERATION COMMITTEE WITHIN THE JAPANESE SOCIETY OF PARASITOLOGY (JSP)

In a symposium entitled “Parasitology and International Cooperation” chaired by Professors Kobari and Tanaka held during the 58th JSP meeting in 1989, it was stressed that the JSP should contribute along the concepts and ideals of international health cooperation. In this context, JSP established its internal International Cooperation Committee in 1990. The first task of this committee was to form a league with similar committees belonging to the other 12 medical-related societies in Japan so as to enable the smooth execution of the various projects in international health cooperation. After a series of meetings, the results of the discussion were incorporated into the Kyoto proclamation (1992). Unfortunately, the responses to this proposal were not very encouraging nor enthusiastic, especially from those in the academic fields and public administrative agency. Secondly, the committee sent out questionnaire to about 800 JSP members asking their interest in international health cooperation. It was found that of the 208 (26%) members who replied, 130 (62.3%) had in the past, participated in medical cooperation projects funded by Japan. They participated in various such projects not only in Asian countries such as Thailand, Philippines, Indonesia, but also in Africa (Kenya) and Latin America (Guatemala, Brazil, Paraguay). These projects were carried out by JICA/OTCA (Japan International Cooperation Agency/Overseas Technical Cooperation Agency) under the auspices of ODA (Official Development Assistance) (Fig. 1).

Comments by JSP members on international health cooperation activities that had been conducted to date by Japan are summarized in Table 1. It was deemed important for the members of an academic society such as JSP as well as the relevant scientific institutions to be engaged in the overseas activities. Furthermore, there was a comment on the need to bridge the gap between the scientific knowledge and the technological cooperation as well as the integration of the project planning.

Thirdly, the committee elected Dr. M. Suzuki as representative of JSP to the World Federation of Parasitologists (WFP) and initiated the process of getting the WFP meeting to be held in Japan. In fact, this objective became a reality when the 9th ICOPA (International Congress of Parasitologists) was held in Japan in 1998. With active cooperation from the WHO (World Health Organization), the JSP international cooperation committee drew up a list of scientific personnel who showed interest in international health. As a result, Dr. K. Aoki was appointed as a committee member of the Tropical Disease Research program of the WHO.

Fig. 1. Countries where JSP members were involved in medical cooperation

JSP AND INTERNATIONAL HEALTH COOPERATION

Fig. 2 shows the percentage and number of papers (oral presentations) on studies performed in developing countries or with materials obtained from those countries, that were presented by Japanese researchers at the annual JSP meetings. In the 1960s, the numbers of such papers

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were low and were mostly presented by parasitologists who conducted their studies in their private capacities. However, in the 1970s, the number of those papers gradually increased due to the results obtained from various international health projects funded by Japan. The percentage of those papers surged to 6–8% of the total in the 1980’s, and in the 1990’s it exceeded 10%, with an increasing trend (14% in 1996). The contents of those papers include 1) epidemiological studies, 2) biology of transmission (involving insect vectors and intermediate hosts), 3) immunology and molecular biology of parasites and vectors, 4) diagnosis and control of parasitic infections, 5) field study for the control of parasitic infections (biological interventions), and 6) reports of new species of parasites from animals or humans.

Due to the recent reduction of parasitic infections in Japan, the aforementioned trend showed that JSP members had started their studies in developing countries. New diagnostic, control and therapeutic measures as well as novel devices developed in Japan or other industrialized countries based on new technology have been applied to these overseas projects. Fig. 3 shows the chronology of parasitology-related international health projects sponsored by JICA/OTCA since the 1960s. By participating in these projects in various developing countries, such as in Ethiopia, Indonesia, Philippines, Guatemala, Paraguay, Nigeria, Brazil, Kenya, Ghana and Malaysia, many JSP members were able to gain valuable experiences as well as obtain various important scientific findings. Thus, overseas research is deemed necessary for the progress of both the international health projects as well as for providing experiences for JSP members. On the contrary, the recently popular regional-based health project may not auger well for the further development of JSP.

Table 1. Comments and requests made by JSP members in the questionnaire survey conducted in July 1991.

1. Requests to JSP and institutions
   1) To JSP/International Cooperation Committee
      Disseminate extensively the information on international health projects
      Maintain a transparent policy in the management of every project (JICA and the National Steering Committee)
      Effective combination between ODA projects and research projects
      Establishment of a reference center
   2) To the academic and research institutions
      Support and understanding for long-term experts dispatched for ODA projects in terms of position, promotion and career
   3) To Japanese experts in ODA projects
      Experts should have sufficient knowledge, technology, a high emotional quotient (Eq) and should not only think of collecting data for their own research purposes

2. Comments for the international health projects
   1) To ODA and NGO agents which manage the projects
      Quit donation of infrastructures to recipient countries
      Donate only instruments that can be maintained under local conditions
      Formation of multi-lateral collaborations with international organs, like WHO
      Improvement of the system from preliminary survey for project to the follow-up stages after the termination of the project
      Dispatched experts should be given permission to participate in academic meeting abroad
      Preliminary acclimatization period for experts at research/training institute for tropical medicine established in developing countries
   2) Proposals for technical collaboration
      After termination of projects, the counterpart institution should be given autonomy to continue future collaboration
      Development of counterparts with a long-term vision (such as awarding Ph.D. degree, etc.)
      Training of counterparts in Japan
      Collaboration projects should include grass-roots level connections
      Due attention should be paid to the health education of the locals
      Recognize and respect the benefits, needs and position of the local counterpart
      Dispatched experts should behave with humility and discipline during the execution of the projects
LOGISTICS IN OVERSEAS RESEARCH

Overseas research activities of the individual JSP members had been supported mainly by research grants from academic institutions and the Ministry of Education, Japan. On the other hand, agencies like JICA, as well as other international agencies also supported many projects related to international health. The total budget for research grants offered by the Ministry of Education was approximately 100 billion yen (about 830 million US$, $1 = \¥120) in the fiscal year 1996. This amount is considered very small because it catered for all the researchers at about 1,300 universities and colleges throughout the whole of Japan. For the individual researcher, the award of research grant from the Ministry of Education had been crucial for the continuation of their research. The chances of approval for funding of a new grant application submitted by parasitologists were about 20% of the total number of applications received. Furthermore, it has also been difficult to obtain funding for field research in developing

Fig. 2. Number and ratio of papers on overseas research to the total number papers presented at the annual JSP meetings

Fig. 3. Parasitology-related international health projects under the sponsorship of JICA
countries (approval rate was about 25%).

Moreover, laboratory facilities in Japanese universities were generally poor. Thus, these conditions had led to the perception that parasitology is not an attractive field for younger people to be involved in. On the contrary, the expenditure spent for ODA was considered lavish. The annual budget for the Medical Division of JICA in the fiscal year 1994 was about 8 billion yens. Although there was discrepancy among the budgets for the various health projects, a 5–7 years project was generally awarded 200–400 million yens for equipments and reagents. This translates into 30–40 million yens per year for the duration of the project. This amount is about 10 times the budget for each chair at the national universities in Japan. Projects with huge annual budgets had been carried out in Brazil, Kenya, Ecuador and Malaysia. This trend is especially conspicuous in projects involving the transfer of expensive research equipment or apparatus to the recipient country.

On the contrary, the budget for researchers at Japanese national universities had not seen much increase for the past several decades. There had even been episodes of researchers from developing countries being taken aback by the sight of antiquity of the equipment and facilities at the universities in Japan. Fig. 3 shows the parasitology-related international health projects under the sponsorship of JICA that had been carried out in various countries. As shown in Fig. 4, the budget of each ODA project in which JSP members have been involved in was generally more than substantial. Although the recent economic downturn in Japan had reduced budget of JICA, the author proposed that part of the ODA budget should be used to support Japanese parasitologists in their overseas field research activities and also to improve the infrastructures of academic institutions in Japan. To achieve this end, it is pertinent that JSP members should actively seek to participate in the international health projects funded by Japan.

**JSP and the Future Activities in International Health Cooperation**

In the past, fruitful results had been created by the complementary activities of international health cooperation sponsored by ODA (such as JICA and other relevant agencies) and the overseas research that were supported by grants from the Ministry of Education, Japan. Strictly speaking, the major objectives of the health cooperation projects under the patronage of ODA were technology transfer and the technical training of personnel of the recipient countries. It was never the aim of those projects to support research activities of Japanese specialists sent to the recipient countries. In contrast to the nature of the overseas research grants provided by the Ministry of Education in which the grant recipient could, in a short period of time, have produced scientific results that could be

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**Fig. 4. Donation of medical instruments in the international health projects of JICA**
published in journals with a high impact factor, Japanese specialists involved in international health programs would find it difficult to perform such a feat. However, the latter could enjoy the merit of having a good infrastructure for research, more than substantial funding and also the abundance of research materials. Thus, by deftly combining the two different types of funding, it would be very advantageous for implementing our national foreign policy, just like using a high or low gear according to the terrain of the road being traveled.

It is proposed that part of the ODA fund should be used to support Japanese parasitologists who are able to work in international health programs and to keep them working in this sector. In this context, one efficient way to promote field parasitology is to use the ODA fund in combination with research grants from any other sources. As an example, a JICA project on research of onchocerciasis in Guatemala (1975–1983) resulted in the donation of various instruments for field and laboratory studies to the recipient country as well as helping to train the Guatemalan counterparts as researchers. This aforementioned project also yielded 87 scientific papers. During the final year of that project, we started a new 6-year research project to compare *Onchocerca* and onchocerciasis between Central and South Americas (1982–1987) that was supported by a grant from the Ministry of Education, Japan. Since we had already laid the basic network and put into place the logistics for research in Guatemala during the previous JICA project, the latter research project resulted in the publication of 25 scientific papers in international journals. Thus, this research project is a good example on the effective use of the logistics for field research. Similar success stories can be said of the malaria research project in Solomon Islands (supported by JICA and Ministry of Education) and the joint project by Kobe University and Irulangga University in Indonesia (supported by Japan Society for the Promotion of Science and JICA). As a reference for Japanese policy makers, USAID had been providing grants to their own scientists in academic institutions in the USA who are working on international health projects.

Presently, there had been a surge in the interest in international health among the medical students as well as the physicians in Japan. With emerging and re-emerging diseases being encountered in Japan, the number of students interested in parasitology and infectious diseases had been on the increase. Therefore, to usher these people to specialize in parasitology and international health, we urgently need to provide an ambient research environment to accommodate their entrance into the aforementioned field.

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