

- mass mobilization of NGOs, NPOs , school children and communities to search and destroy against aedes breeding places
3. Mass application of abate at the identify suitable areas & places
  4. Public education on control measures of dengue outbreak and dengue fever through mass media such as television and newspapers.
  5. Training and retraining of medical and health staff on management and control especially on how to contain outbreak, treatment of patient and utilized limited resources efficiently.
  6. Preventive fogging at high risk area
    - Fogging will be done within 24 hrs when there is suspected dengue case reported.
  7. Enforcement activities
    - The Local Council and Health Department forming team to conduct house or premise inspection to determine aedes breeding places and compound the owner if there is any aedes breeding
  8. Introduce biological control measure against aedes larvae
    - recently the Institute of Medical Research introduced *Bacillus thuringiensis israelis* (Bti) , especially at the constructions sites, abandoned housing projects and neglected houses to kill aedes larvae.

#### Lesson learnt

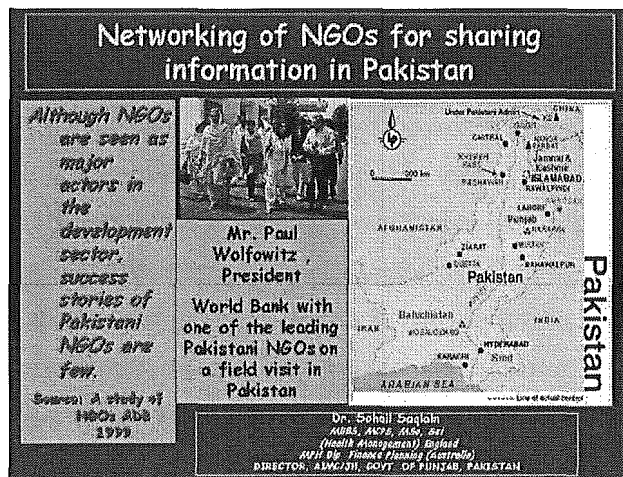
1. Cooperation between government agencies, NGOs, NPOs, communities and regional state country is very important as Dengue out break is regional matter
2. Control, monitor and eliminate mosquito breeding places are very effective to contain outbreak
3. Study the pattern of outbreak can help to predict when the new or next outbreak will occur
4. Introduce effective early warning system to international travelers and neighboring countries so that they can prepare and avoid outbreak
5. Introduce vaccine? Research should be intensified to produce dengue vaccine to protect us from dengue fever menace.

Thank you. Arigato gozaimasu.

## Networking of NGOs for sharing information in Pakistan

Sohail Saqlain

Non-governmental organizations have existed in Pakistan since the time of Independence in 1947. NGOs have generally worked for the welfare, rehabilitation and social uplifting of the poor and marginalized communities. There are many effective and efficient stories of my NGOs but unfortunately, Asian Development Bank reported in 1999 that 'NGOs are seen as chief players in Pakistan carrying out various development projects but unfortunately there are not much success stories which can be attributed to them.'



### Situation of NGOs in Pakistan

An analytical view of the current situation of Pakistan, which can be summed up into just 5 highlights. Top is that the legislation which is currently operating these non-governmental organizations is operated 5 different agencies. And 5 different agencies can not co-ordinate with each other, they can not come under one roof, they can not have a joint platform to ensure effective co-ordination. Number 2 is inadequate guidance provided by the government. Although the government of Pakistan is considerably positive and fair for the development of NGOs in the country, but NGOs are seeking financial and technical assistance. The financial assistance and technical support is scanty. Similarly, there is no true relationship of mentorship between the non-governmental organizations, the government itself and the development partners and the community. The third is we all know inefficient linkages contribute to the cornerstone for going downhill. So over here, the government, civil society, business

community, international partners are moving on their own and there is inadequate or inefficient linkages to get them together in a horizontal or holistic environment.

The governance, which is a major issue in my country, that the non governmental organizations no doubt, they are small to medium-sized and from the report of the Asian Development Bank, the non-governmental organizations in Pakistan are between 25,000 to 35,000. But another report by the Canadian International Development Agency is that there are only 100 effective non-governmental organizations currently working in Pakistan. So the NGOs besides working are devoid of any accountability structure. They lack the capacity. They don't have the transparency, which is required for an efficient working. The last is that the government is also not making maximum use of their expertise and strengths. Some of the NGOs are leading NGOs and they possess expertise, but the government is not utilizing that knowledge and is not at the same time sharing information.

#### **Protection of NGOs for sharing information in Pakistan**

The functions are universally same: the NGOs are striving for the human and legal rights. They are looking for the relation of women development. They are trying to reduce the population and they have shown much concern for the basic human rights, which include health, education, shelter, food. So once we are in this scenario to ensure best facilities for the community, we also would like to know what is in Pakistan. Broadly speaking, there are four categories in which these NGOs can be grouped. Number 1 is the NGOs which are working for advocacy and lobbying. There are NGOs which enjoy maximum contact with the print and electronic media and therefore, they earn their name in the media. The number 2 group is relatively new in my country. They are the top high NGOs, they interact with the government, international agencies and also with the community on policy issues. They initiate dialogue and interact for the participation of international development partners.

The third group is the traditional group where they are mainly looking for the emergency relief, for the welfare and rehabilitation of the people. And the last are stereotype non-governmental organizations, which are usually called as service delivery organizations. So, several dilemmas that NGOs although in Pakistan are not working for the poverty reduction, for cost effectiveness and community participation, but it is still said that they can perform more effectively than the government. So, I have come up with a 4-Point agenda to achieve this mission. My 4-Point agenda is very clear and loud. It is the agenda of every country and agenda of every international partner. Have a joint platform, let's sit together and have common voice for those NGOs who're just

seeking help and assistance. NGOs, they want protection and patronization. So number 2 is how to interact with the government, how to prepare for dialogue, how to have a debate on various issues, lobbying with the government on current and past policy issues to develop future vision.

Protection of NGOs for sharing information in Pakistan	
<p><b>4 Point Agenda</b></p> <ol style="list-style-type: none"> <li>1. Developing a common platform and voice for NGOs</li> <li>2. Lobbying with Govt. and donors on issues and policies.</li> <li>3. Networking &amp; sharing</li> <li>4. Advocacy</li> </ol>	<p><b>Main Areas of work of NGOs</b></p> <p>Human &amp; Legal rights, women development, overpopulation, health care, water &amp; sanitation etc.</p> <p><b>Main Functions of NGOs</b></p> <ul style="list-style-type: none"> <li>• Advocacy and lobbying</li> <li>• Policy issues and debates</li> <li>• Emergency, rehabilitation, and relief organizations</li> <li>• Implementation of development projects and programs</li> </ul>
<p><i>No system to protect NGOs working in Pakistan</i></p>	

And the next is how to share with each other not only to learn from each other but also to share experience and expertise. Last is advocacy that “let’s use media”. It may be electronic, print, inter-personal communication to the most latest electronic equipment for the sharing of information. So we should be left to show that in this point in time, we don’t have any regularized, specified, protection system for the non-governmental organizations in Pakistan.

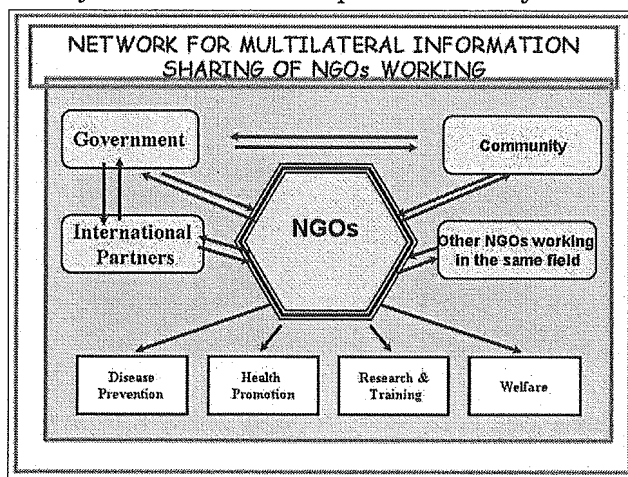
I have come up with this vision that will craft a spot for we are going to achieve only 3 things. Number 1 is that we would like to share information, not only at the level of the government, but at the level of the non-governmental organizations, at the international level, at the national level and the grassroots level, where on the spot decision should be taken. And the third is; we would like to do all this because we want to reduce the human loss, we want to reduce the human sufferings and we would like to minimize the economic loss and for this vision, we need to have a mechanism.

### Mechanism for partnership between Government and NGOs

This mechanism will let us know that where we are lagging behind. What are the shortcomings? What are the constraints? Number 1 is that we need to have improved legislation so that everybody should come under one roof. Number 2 is a transparent and a clear mechanism and a system for the operation of the non-governmental organizations. Number three is how to cooperate at various levels. So this is another question in another mind. We want to have strengthening of the NGOs at each level, but

how to achieve it? And the last is how to develop a real network and mechanism of a cooperative system at all levels.

Non-governmental organizations will come up in the middle in a pivotal position. They will interact with the government. They will find relations with the international partners and of course, with other non-governmental organizations but their aim is to prevent disease, to promote health and to promote activities to do more research and training and also carry out welfare of the poor and needy.



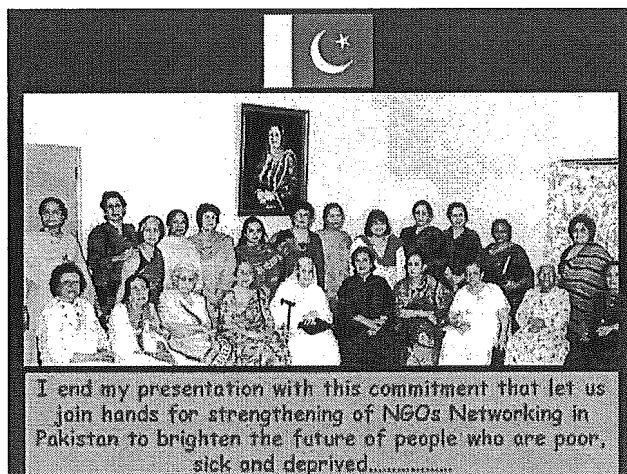
### Strategy to promote networking

The strategy is "FPPR". So what we want actually is comprehensive relationship. We are not looking for a temporary mechanism, but we are looking for a comprehensive relationship. We want to facilitate effective consultation and negotiation. We would like to have a promoted and enhanced relationship of mutual reliance and support. This is the true relationship, when it will emerge, then we can say that the system is sustainable, everybody's participating in it and we should have regular opportunities for dialogue, for interaction, for debate with the government, donor agencies, and other NGOs to develop multi-sectoral networking. So it is a time to develop multi-sectoral networking.



This schematic plan will come up with potential benefits, which can be viewed on this slide in just four headlines. We will have quick and timely information which will be available to all, which everybody will share. We would have rapid response from the potential threat of calamities and epidemics.

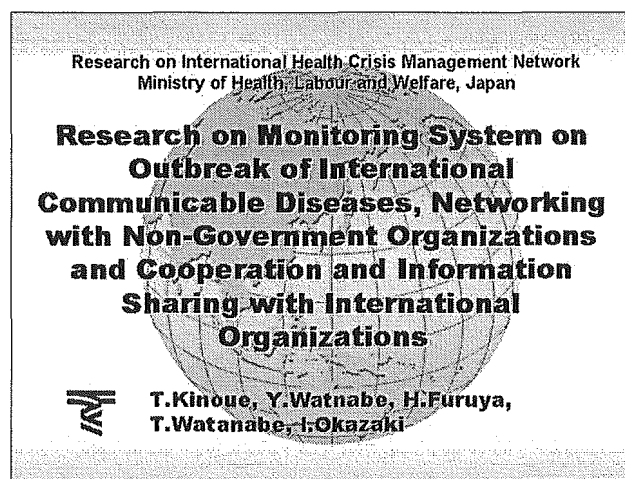
It is for the help of the people who are in calamities and epidemics, who would like to have an effective and timely legislation policy for each and every government, where it will be in a safe secure and protected environment, where these NGOs will flourish and they will have their linkages, linkages to multi-sectoral approach because I would like earn a commitment. I would like to take a pledge at this point in time that let's join hands for strengthening of non-governmental organizations in Pakistan to brighten the future of those who are deprived, who are sick, and who are poor. Make it a final goal. Thank you very much.



## Information Sharing of Infectious Diseases, Lessons form NGO Survey in Japan

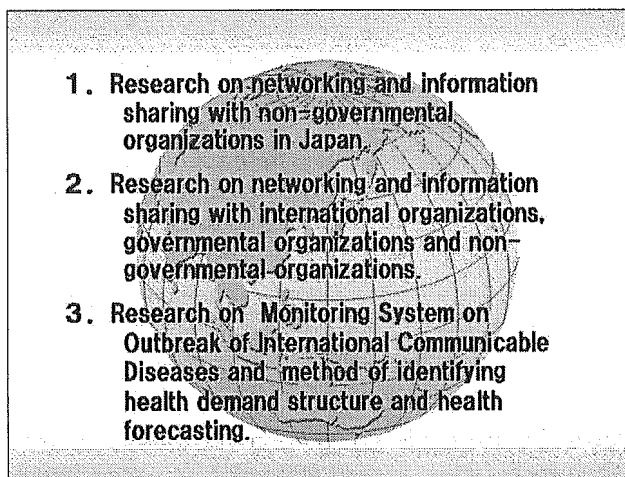
Takaaki Kinoue

Mr. Chairman, distinguished guests and ladies and gentlemen. And international guests in Bangkok, thank you for coming to our international symposium. My title is "Information Sharing of Infectious Diseases, Lessons from NGO Survey in Japan". The slide title goes like "Research on monitoring system on outbreak of international communicable diseases, networking with non-government organization and cooperation and information sharing with international organizations." That title research scheme is, granted from the Ministry of Health Labor and Welfare of Japan and this is a group research. It is a research on international health crisis management network. And I am in charge of this presentation, but this research is done by these 4 co-workers and guided by Professor Isao Okazaki. And this is a brief summary of our survey. And by roughly sketching our status of NGOs and NPOs, I would like to draw some issues to be spoken in the final slide.



Our research is composed of 3 parts. The first one is research on networking and information sharing with non-governmental organizations in Japan and next is research on networking and information sharing with international organizations, governmental organizations and nongovernmental organizations. Number 3 is research on monitoring system on outbreak of international communicable diseases and method of identifying health demand structure and health forecasting which is now going on now in PDR

under the leadership of Yoshi Watanabe. And I would like to address mainly the first part of this research on networking and information sharing with non-governmental organizations in Japan.



#### NPO's Activity Place and Category of Activities

This is a questionnaire survey, which was distributed to 4,810 NPOs and NGOs in Japan and out of this number 1,332 organizations responded. We asked, "Where is your activity placed?" And 863 organizations responded to this question and 643 organizations have their activities in Japan and 72 are overseas and 148 organizations answered both domestic and overseas. And "What kind of activities?" we asked. Near to 70% of respondents were health and welfare and among them, 84 organizations have their activities in overseas. And next, children's development, 253 and among them 49, overseas activities. And social education, 216 and among them, 57 organizations have their activities in foreign countries. And there is international cooperation 213 and among them, 137 organizations have their activities in foreign countries and town planning 210, and out of 210, 38 organizations in overseas. And academy, culture, art and sports 171 organizations, out of them 48 organizations have their activities overseas. And maintaining environment, 168 organizations and out of this number, 60 organizations have their activities in foreign countries (Table 1)



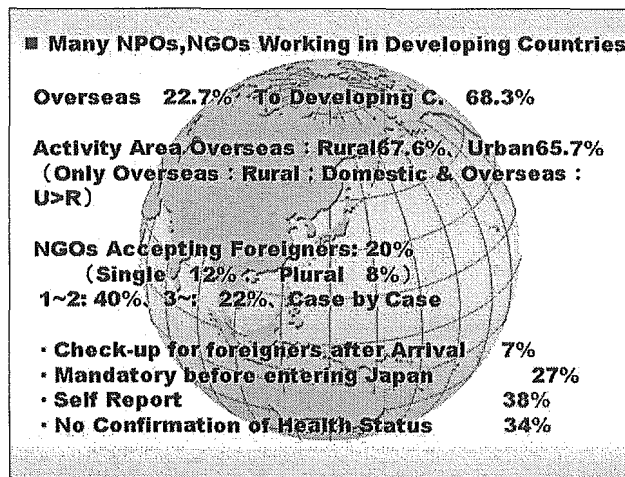
Table 1. Overall Survey Results.

Survey by Questionnaires to NPOs, NGOs in Japan 1,332 responded out of 4,810		
Place of Activity(863)	organizations	
Domestic	643	74.5%
Overseas	72	8.3%
Both	148	17.1%
Activity Category*	(overseas)	
Health and Welfare	604 (84)	67.9%
Children's Development	253 (49)	28.5%
Social Education	216 (57)	24.4%
International Cooperation	213(137)	24.0%
Town Planning	210 (38)	23.7%
Academy, Culture, Art, Sports	171 (48)	19.3%
Maintain Environment	168 (60)	19.0%

\*Organization Numbers and proportion(%), inside of the parentheses are organizations withoverseas activity.

### Activity Area and Acceptance of Foreigners

Although this survey is not strictly epidemiologically designed, we would like to draw some aspects of our status. Then we will learn some lessons in the final slide. We asked, "Where are you working?" And the percentage 22.7% was working in overseas and among them, nearly 70% of organizations are working in developing countries. And activity area. Organizations which answered their activity area in overseas, we asked, "What part of the country are you doing your work? Rural are, or urban area?" So, 67.6% answered they are working in rural area and 65.7% answered urban area. And it is very interesting that when they answered, "We are doing our work only in foreign countries", and when they answered only overseas, most of them have their activity area in "rural". And if they answered, "We are working in Japan and also in foreign countries," for them the activity area, proportion of urban area is larger than rural areas. And next we asked, "Do you accept foreigners to Japan?" 20% of organizations said, "yes" and single, one foreigner acceptance is 12% and more than one is 8%. The distribution is as shown in the slide. What is "Case by case?" For example, to our training course this year is 12, so there is, we are plural, but it depends on the year. Last year, we accepted 14, therefore that is case by case. But most of them are 1 or 2 is 40%. And we asked about the health status of foreigners to Japan and the percentage of the organizations which requested the foreigners to check up after arrival; the percentage is 7%. And they requested to the foreigner mandatory before entering Japan, 27%. But very problematic is that here, self-report is 38%. "Are you healthy?" "Yes, I am healthy." Please think about your A2A3 application form to JICA application, okay? And no confirmation of health status, that is also interesting, 34%. That is very problematic.



### Health Insurance for Foreigners

And also we asked about their health insurance for foreigners. If foreigners get travel insurance, that is 36.7% and they join the Japanese health insurance system, it is 17%. But no insurance, you are insured but some of the guests today, I asked them to get travel insurance, but like this, no insurance, 33.7%. And disease revealed for accepted foreigners, that is, for example, if the foreigner comes to Japan and had some kind of headache and high fever, I could not say that this is disease occurrence, because if they have already occurred outside of Japan and they have brought to Japan. So, I wrote this as, 'disease revealed for accepted foreigners' and for communicable diseases, it is as follows: Malaria case is 1.2%, hepatitis B, 1.2%, tuberculosis, 1.2% and secondary infection, 76% of the organizations said "no", and "unknown" -- this is very interesting -- is 23%. For about non-communicable diseases, 20% of organizations said that some of the foreigners have non-communicable disease such as hypertension and some kind. Among them, 67% of the people consulted the Japanese medical system.

### Japanese Sent Out to Foreign Countries

Next is a different aspect. This is about sending Japanese to foreign countries. Disease occurrence on site means, for example, if I go to some other country and I get Dengue fever, then this is disease occurrence on the site, in the field. There are many cases and several diseases, malaria, typhoid, dengue fever. And it relates the duration of their stay and if their stay is longer, case occurrence is recognized: dengue fever, 9 organizations and malaria, 7 organizations; typhoid, 2 organizations; parasites other than malaria, 2 organizations. If their duration of their stay is less than 3 months, they answered none. And about the consultation to the medical service is, if the disease is mild, then they take the medicine which they brought from Japan. And if it is severe, they consult in

that country or on the site. And we asked about vaccination and 45.1% got tetanus toxin, and cholera, rabies, yellow fever and hepatitis B are 20 to 30%, respectively. And malaria protection pills, 44% and 24% of the organizations know how to use clean water for the protection against hepatitis. Next slide please.

### How to Gather Health & Medical Information for Activities

We asked about information necessity for the health and medical service and 70% of the organizations answered “yes”. And it is very interesting that when we see by activity site, if the organizations activity site is in the rural area, they answered more positive to this question. And about acquisition of epidemic information, 47.5% of the organizations draw information from the Ministry of Foreign Affairs or Ministry of Health and Labor and Welfare in Japan. And 35% get their information from the counterparts on the site. Or 25% of the organizations got information from Japanese who are staying on the site or staying in the field. And, among them, they answered, “Which are more useful?” and they answered that counterparts or the Japanese on the site is real information or maybe they are near to the real information and they said useful information. And about SARS information, we asked how to obtained SARS information and 41.8% answered from Japanese MOFA(Ministry of Foreign Affairs) and MHLW(Ministry of Health, Labour and Welfare) and from the Internet 30% and from the counterparts on site 35% and from the Japanese on site, 25%. And of course, the same thing again, that information actually useful, one-third answered counterparts on site and 24% answered on the internet and 13% answered from Japanese MOFA and MHLW. And this is about SARS, and about Bird flu it is almost the same. And if they say that if the information is improved they will use, 20% of the organizations answered affirmatively (Table 2).

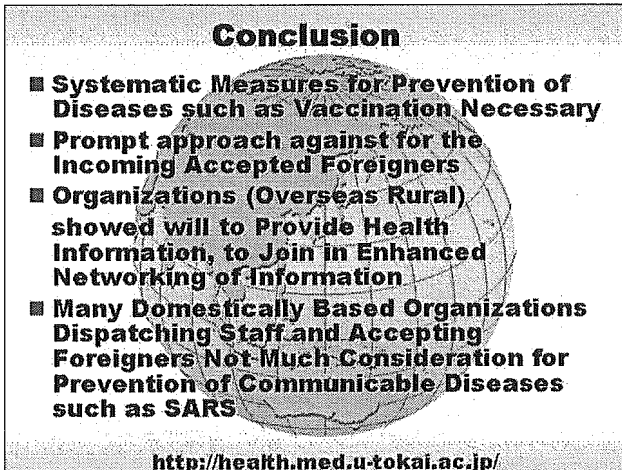
Table 2. Information Gathering for SARS.

How to get SARS information	
Japanese MOFA/MHLW	41.8%
Internet	30.0%
Counterpart on Site	35.0%
Japanese positioning on Site	25.0%
Information Actually Useful	
Counterpart on Site	33.3%
Internet	24.0%
Japanese MOFA/MHLW	13.0%

### Need for Health Information Networking

This is the theme of our symposium and we asked about their will to cooperate for networking of health information among NPOs or NGOs and 89 organizations, that is

about 11% out of all answered to this question. 10% said that they would like to positively provide information and 63% of the organizations answered that if the network is enhanced or the network is good, they would like to use. It is interesting that organizations, who have their activities in rural area, more positive for information providing use of network, than those in urban. This survey shows some lessons to be solved. One is systematic measures for the prevention of diseases such as vaccination. Prompt approach for the incoming accepted foreigner. Organizations showed the will to provide health information to join an enhanced networking of information and especially for the overseas rural organizations. And many domestically-based organizations, dispatching staff and accepting foreigners, it is a problem, that they do not have much consideration for prevention of communicable diseases such as SARS. For example, the imported communicable diseases or travelers' infectious diseases, some of the organizations do not even know about it.



**Conclusion**

- **Systematic Measures for Prevention of Diseases such as Vaccination Necessary**
- **Prompt approach against for the Incoming Accepted Foreigners**
- **Organizations (Overseas Rural) showed will to Provide Health Information, to Join in Enhanced Networking of Information**
- **Many Domestically Based Organizations Dispatching Staff and Accepting Foreigners Not Much Consideration for Prevention of Communicable Diseases such as SARS**

<http://health.med.u-tokai.ac.jp/>

Thank you very much for attention.

## Discussion

Dr. Inagaki: Now we have a time for general discussion. Hello, Bangkok, can you hear me?

Voice from Bangkok: Yeah, yeah, yeah.

Dr. Inagaki: I will accept your comments and question first.

Dr. Okazaki: Thank you very much. Dr. Zaman?

Dr. Zaman (in Bangkok): Yes.

Dr. Goel (in Bangkok): So can we ask question from Bangkok side?

Dr. Okazaki: Yes.

Dr. Goel (in Bangkok): I am Dr. Naresh Goel from India. I put this question to Dr. Saqlain from Pakistan. He is talking about NGOs and many issues are brought out by him very beautifully, which are related to working of NGOs. One thing I would like to say about the issues raised is that recently in India, the government of India developed NGO guidelines, which take care of many issues that were mentioned here and these guidelines are available on web, which is the internet on the Ministry of Health and Family welfare site of government of India. So it would be good if those guidelines are seen and adopted for the Pakistan for that country scenario. Another thing is that he has mentioned the 4-Point Agenda for NGOs, I would like to say that there is not only 4-Point Agendas, there are just 2-Point Agendas NGOs. One is that there should always be attempts to reach the un-reached because they are better to work closer in the communities, so they should select hard-to-reach areas and second is that they should complement the government's work and the private work. Whatever work nobody is doing, that should be taken up by the NGOs. So these are 2-Point Agendas that the NGOs should take.

If you permit, I can ask one more question to another doctor. This is for from Indonesia, Ms. Hikmandari Abudari. She said about the polio outbreak and in her presentation there was no mention about the routine immunization anywhere, which I think is the

major reason for failure in the resurgence of polio there after 10 years, remaining polio free. The country is getting polio because the system of routine immunization has totally failed. There was out of polio cases that we are seeing, maybe only 10% have received some kind of polio doses in routine immunization. Is that the reason? Or is there some concern about the routine immunization?

**Dr. Saqlain:** Thank you very much for your valuable comments and feedback on my presentation. At this point, I would like to share that there has been an NGO apex in Pakistan and also the United States Agency for International Development. They try to bring all the NGOs under one platform. But unfortunately, some of the NGOs did not agree to those set guidelines, some vague guidelines are also available with us, but it is quite heartening to know that you have this information on website of which we can make maximum use. And second was regarding the Agenda, whether it was 2-Point or 4-Point agenda, we can stretch it and further focus it but actually our goal or objective is to, on one hand, we should patronize the NGOs and on the other hand, the NGOs should make maximum use and effect of the abilities of how far they are successful in contributing and sharing the information and providing here and to the community. Thank you indeed.

**Dr. Inagaki:** And Ms. Abudari will answer your question.

**Dr. Abudari:** Thank you very much for your question, my colleague from India. Yes, we still keep them the immunization. It is not a big concern, because we also include the polio. The problem is as I mentioned before, because of the technical operation problem and some children are missed. The case in Indonesia happened to the 18-month-old boy. Also he was un-immunized. So we still do the immunization, but in some area, there are some children who are missed. Thank you very much.

**Dr. Inagaki:** Thank you. Any other questions or comments from Bangkok?

**Dr. Zaman (in Bangkok):** Yes, Zaman from Bangkok side. First of all I would like to thank all of the participants of this course for their nice presentations. I have one comment, and another question to my fellow colleagues from Bangladesh, Dr. Muzibur. Do you have the reason for Nipah virus infection in Bangladesh to responsible bats? Why not from people? A lot of people of Bangladesh who are working in Malaysia and Singapore, they are coming and returning. Why not test the people who do it for

traveling? There is otherwise you mentioned the bats that can transmit the diseases. Another comment is regarding the NGOs working in either complementary or supplementary or parallel to the government. No I think the NGOs are working in either complementary or supplementary to the government activity, and in our country there are good examples of NGOs supplementing the government. For example, tuberculosis control program and the DOT Strategy in my country. At present, the DOT Strategy is being implemented all over the country through different NGOs, both national and international, most of them national. As you know, International Damian Foundation and others, they are implementing the strategy all over the country. In urban tuberculosis controlling program, there is different partnership between NGOs. NGOs service delivery program are urban primary health care. They are implementing the DOT program in the urban area. And there are good linkages in the government and the NGOs in delivering the tuberculosis control program and that is accepted worldwide as a model of government and NGO partnership.

**Dr. Muzibur:** Thank you, Dr. Zaman, for your very important question. I am also not sure whether the bats or human are responsible for importing the disease in Bangladesh. But in my one slide, I show it that there is a seasonal linkage of the occurrence of the disease in my country. That is the disease in 2001, 2003 and 2004 in 3 years occur from January to April. Yes, it may be by human beings, but human beings migrated in all seasons. This is particularly the migrating season of the foreign bats. This is why I am suspecting these bats may be responsible for the Nipah virus in my country and the actual answer, to get the actual answer. I think it needs in depth epidemiological study and research. Thank you for your suggestive question.

**Dr. Saqlain:** I will respond to the comment made by Dr. Zaman and also the question raised by him. Nongovernmental organizations no doubt in Pakistan are also active and effective in various areas of their interest and they are collaborating with the international agencies and at the same time, with the government. But we are looking at is establishing networking, an effective networking through electronic system to have a sustainable system. There are many oldest and finest NGOs in my country also like those who developed links with various agencies and reached to the grass roots level. But still you know, there is always room for improvement and search for excellence. So that was the main concern. Thank you very much indeed.

**Dr. Inagaki:** Thank you.

**Dr. Bolormaa Tumendembere (Mongolia):** Thank you very much for all the great presentations. I have questions for Kinoue-san in relation to your presentation because I have big concern because we are trying to promote networking and information sharing and respondents from the study, only 11% were positive about sharing information and networking. And I am just curious, why are these people not very supportive?

**Dr. Kinoue:** May I ask your question again? That means only 10% of all organizations.

**Dr. Bolormaa Tumendembere (Mongolia):** Yes, you said that 11% of respondent organizations were positive about information sharing and networking. I think that is quite low and I am just wondering what is the reason behind this low position about this intention.

**Dr. Kinoue:** As I explained in the scheme of survey, this is not strictly designed epidemiological survey. Therefore, I could not say the actual situation, but my personal opinion for this survey is that other 90% are not quite well acquainted with networking or just they can survive without networking until right now. Do you have any comments?  
Dr. Watanabe.

**Dr. Yoshihisa Watanabe:** Yes, might be in this survey, the question is not clear. So that if they have a confidence that their ability to collecting information, such organizations answered "yes", because we have information and we have ability to collecting such information. But other organizations, especially NGOs, some NGOs are voluntary they are working, so that they don't have enough knowledge to collect information, so such organizations answered that they won't. If such network was established, we will get information. They want to get information. So that, 11% is not meaning inactive, that is also active.

**Dr. Inagaki:** The discussion time can be a little bit longer extended so we can accept still more questions either from Bangkok or from audience here in Tokyo. Go ahead.

**Dr. Zaman (in Bangkok):** Thank you Mr. Chairperson for giving me the chance again. I think Dr. Saqlain has already answered 2 questions, but I am very interested to ask Dr. Sohail Saqlain in his presentation is very attractive and excellent one and the NGO. I think in the world, Pakistan is a renowned country for NGO and in spite of this bright



and brilliant activity of NGOs in his country for more than 50 years. He mentioned that they are working since liberalization. And again, they are working in the development of human rights, women development, overpopulation, health care, like these sectors. But unfortunately, so far as I know, the indicators of these sectors yet not so satisfactory. Why? Dr. Saqlain, will you please mention what are the causes. Why the indicators are not satisfactory, even it is still working of so many NGOs for a long time. Thank you.

**Dr. Saqlain:** I think you're asking about social and health indicators. And you know, the NGOs in the health care system is one of the fragments or sectors which is playing its role. To ensure effective health care services and to look into the ultimate outcome of the service which are being provided by the government, as outcome indicators is a last phenomenon. And it is not the priority of the non-governmental organizations, but it requires approach in everybody, every department, every stake holder counts. So I described that there are many effective non-governmental organizations in the country and early on. A forum was developed and an NGO bill was approved by the assembly to bring them all on a joint platform for better and efficient working. But I would further elucidate that the one way or the other, you are recapitulating that is only the NGOs, from their performance we are going to deduce the working of health department or we are looking at the working of NGOs that how far they are helpful to decrease the maternal mortality rate, infant mortality rate. It is not so unfortunately. There are many other stake holders to come in picture to ensure. Thank you very much.

**Dr. Inagaki:** Thank you very much. Any more questions from Bangkok?

**Dr. Zaman (in Bangkok):** Just one, if you allow.

**Dr. Inagaki:** OK. This will be the last one.

**Dr. Zaman (in Bangkok):** For Mr. Islam of Bangladesh. His presentation on health information systems. He said regarding a lot of things about data and use of data. And we in our country also experienced that data are generated, a lot of the data are collected, generated, collected, compiled also, and sent to the higher authorities but not used. It is not realized analysis problem, there is a feedback problem. It's more of a common issue, if we start utilizing this data, doing analysis and providing feedback at the lower level, probably the lower level or also the middle level people will start using it and doing some analysis and they maybe take some corrective actions there and then and provide the

feedback to the further lower level of the people. And collecting of data will improve once the analysis is done and in that regard, I just want to inform him that we'll be dealing with outcome in Bangladesh next month on 8th of October conduct data collecting self-assessment workshop that will be more on immunization data. So that brings out the many data-collecting issues and this feedback and analysis. Thank you.

**Dr. Islam:** Thank you very much. You just supported my proposition. So I think it is a very good contribution. I explained that we are in a vicious circle. Of course, the utilization is a big issue. If we don't utilize information, it will never be refined, never be accurate and never be improved. So, yes, one point is the utilization, but duplication and other things in the vicious circle. So, it is a little bit very good if you supported and other supports come outside to improve our information system. Thank you very much.

**Dr. Inagaki:** Okay, thank you very much everyone, for your wonderful presentations and active discussion.

## Closing Remarks

**Dr. Okazaki:** First of all, I would like to express our thanks to all attendants especially at Bangkok side. Sirilak and Bang-on, you organized with Dr. Som-arch. Thank you very much. (Applause)

Ladies and gentlemen and chairmen, thank you very much. Because they are two hours before, so that's before seven o'clock in the morning, this symposium is starting. Many years ago, we never think about this TV conference, so we at the 10<sup>th</sup> celebration of the training course, we could use this TV net conference system. This is a very large landmark. And also today's topic is information sharing, so that is very adequate information system and probably September in this year, will remarks as news and we share Tokyo and Bangkok at the same time. And every country, Dr. Bounnong from Laos and Dr. Zaman, this morning you mentioned this e-mail network, and I think every country needs this e-mail network and also the high technology information sharing system. We need this system for health and medical care and welfare field. It is a minimum requirement at the present time. We ask the United Nations or governments, yes, all governments or the NGOs or the all foundations to support to make such systems. That is I think today's conclusion.

Do you agree? (Many voices respond yes)

Anyway, thank you very much, especially, JICA Tokyo and JICA Bangkok Office and operators from the early hour before 7 o'clock until this time. And also I'd like to thank all attendants. Today we have lots of guests, not only our staff, but also the national institute of infectious diseases, Tokyo University and national institute of public health. You know, all seats are now occupied. Thank you very much all of our attendants. And for this tenth anniversary project, thank you very much. Thank you Bangkok side.

**Bangkok side:** Thank you, Tokyo.

# 分担報告書 3