



# Knowledge Co-Creation Program (Group & Region Focus)

GENERAL INFORMATION ON

**Infection Prevention and Control:  
Antimicrobial Resistance and Healthcare-  
Associated Infections in the COVID-19 Era**

**課題別研修「感染予防と管理：COVID-19 時代における  
薬剤耐性と医療関連感染」**

***JFY 2023***

**NO. 202208261J001**

**Course Period in Japan: October 31, 2023 to November 18, 2023**

**Follow-up Learning (online): May 10, 2024**

This information pertains to one of the JICA Knowledge Co-Creation Program (Group & Region Focus) of the Japan International Cooperation Agency (JICA), which shall be implemented as part of the Official Development Assistance of the Government of Japan based on bilateral agreement between both Governments.

JICA Knowledge Co-Creation Program (KCCP)

The Japanese Cabinet released the Development Cooperation Charter in February 2015, which stated, *“In its development cooperation, Japan has maintained the spirit of jointly creating things that suit partner countries while respecting ownership, intentions and intrinsic characteristics of the country concerned based on a field-oriented approach through dialogue and collaboration. It has also maintained the approach of building reciprocal relationships with developing countries in which both sides learn from each other and grow and develop together.”* JICA believes that this ‘Knowledge Co-Creation Program’ will serve as a foundation of mutual learning process.

# I. Concept

## **Background**

Infectious diseases can be a major factor that hinder economic and social development and place a large burden. Particularly, antimicrobial resistance (AMR) and healthcare-associated infections (HAIs) have been recently focused on as an issue that is common in both developed and developing countries.

At the 68<sup>th</sup> World Health Assembly in May 2015, the World Health Assembly endorsed a global action plan to tackle antimicrobial resistance. It is occurring everywhere in the world, compromising our ability to treat infectious diseases, as well as undermining many other advances in health and medicine. The goal of the plan is to ensure continuity of successful treatment and prevention of infectious diseases with effective and safe medicines that are quality-assured, used in a responsible way, and accessible to all who need them. If no action is taken, drug-resistant diseases could cause 10 million deaths each year by 2050.

HAIs and related deaths, together with increased costs due to the extended duration of hospitalization and medical treatment, have become serious problems both in developed and developing countries. It is estimated that 5–10% of inpatients in developed countries and twice the number of those in developing countries acquire HAIs in hospitals. However, it is also reported that more than 40% of these infections can be prevented in developing countries if effective control measures are taken. The appropriate HAIs control is the key strategy to improve the quality of medical care and to avoid unnecessary expense.

As seen in cases of coronavirus disease-2019 (COVID-19), Ebola virus disease and influenza, hospitals can be high-risk places of an infectious disease outbreak. However, the damage caused by these infectious diseases can be mitigated/minimized by thorough implementation of appropriate control measures. Moreover, improving the quality of HAIs control is now urgently required in response to current COVID-19 pandemic.

This program provides an opportunity for medical professionals in charge of AMR & HAIs control and administrative officers to understand effective policies and practices for them, which could be applied and adopted in their own countries. Furthermore, it is also expected that the outcomes of the program will contribute to establish more resilient health system against COVID-19 pandemic.

## **For what?**

This program aims to encourage the collaborative action to implement more effective policies and practices for AMR & HAIs control, including COVID-19 response, in their own countries.

## **For whom?**

This program is offered to the following (1) and (2) ;

- (1) Administrative officer (e.g. officer from Ministry of Health)
- (2) The top management or a person in charge (e.g. hospital manager or a member of infection control team) at core hospital at the national level assigned by the Ministry of Health.

## **How?**

Participants shall have opportunities in Japan to understand the principles and practices of AMR & HAIs control through a series of lectures, workshops, and site visits, and moreover, to formulate an action plan to solve the problems related to AMR & HAIs control in their respective countries and

hospitals. It is also expected that the program would nurture mutual collaboration among participating countries and Japan by sharing knowledge and experiences in AMR & HAIs control.

## II. Description

- 1. Title(Course No.):**  
**Infection Prevention and Control: Antimicrobial Resistance and Healthcare-Associated Infections in the COVID-19 Era (202208261J001)**
- 2. Course Period in JAPAN:**  
October 31 to November 18, 2023  
Follow-up learning (online): May 10, 2024
- 3. Target Regions or Countries:**  
Brazil, Democratic Republic of Congo, Egypt, Eritrea, Ethiopia, Gabon, Guyana, Iran, Laos, Marshall Islands, Thailand, Uganda, Viet Nam.
- 4. Eligible / Target Organization:**  
This program is designed for core hospitals at the national level which has an infection control committee (ICC)/ Infection control team (ICT) or an equivalent.
- 5. Course Capacity (Upper limit of Participants):**  
14 participants
- 6. Language to be used in this program:**  
English
- 7. Course Objective: [Aim (outcome)]**  
This program aims to encourage the collaborative action to implement more effective policies and practices for AMR & HAIs control, including COVID-19 response, in their own countries.
- 8. Overall Goal:**  
To manage AMR & HAIs properly, decrease the incidence rate through sufficient monitoring and evaluation, and improve COVID-19 response in key health facilities in their own countries — AMR & HAIs control at hospital.  
To strengthen the health system for AMR & HAIs control — Establishment of more resilient health system.

## 9. Output and Contents:

This course consists of the following components. Details on each component are given below:

Expected Output	Subjects/Agendas	Methodology
To understand principles of AMR & HAIs	(1) Basic concepts of AMR & HAIs	Lecture
To understand actual practices for prevention and control of AMR & HAIs including COVID19	(2) System for AMR & HAIs (National policy, organization, role of person in charge & related departments for AMR & HAIs control and training of hospital staff)	Lecture Observation
	(3) Clinical policy of AMR & HAIs (Antimicrobial stewardship, HAIs, and occupational health)	Lecture
	(4) Standard precaution and transmission-based precaution	Lecture Observation
	(5) Hygiene management at health care facilities (Environment, waste, and linens)	Lecture Site visit
	(6) Surveillance and epidemiology of AMR & HAIs	Lecture Exercise
	(7) COVID-19 response experiences at facility, regional and national levels	Lecture
	(8) AMR & HAIs in developing countries	Lecture
To identify major challenges of AMR/HAIs in the participant's organization, and formulate a report describing necessary steps to solve these challenges	(9) Presentation of the facility reports, action plans	Workshop Consultation Presentation

### <Structure of the Course>

Topic outline (subject to minor changes)

- (1) Lectures
  - 1) Basic concepts of AMR & HAIs
  - 2) Infection control in NCGM
  - 3) Role of Infection Control Nurse
  - 4) Central laboratory division

- 5) Central medical supply unit
  - 6) Medical waste treatment managements
  - 7) COVID-19 countermeasures at NCGM
  - 8) National and regional response to COVID-19 in NCGM and Japan
  - 9) Hospital quality and management for preventing AMR & HAIs
  - 10) Prevention and control of AMR & HAIs in developing countries
- (2) Observation and Practice
- 1) ICT Round
  - 2) Standard Precaution: Hand washing, use of Personal Protective Equipment (PPE)
  - 3) Clinical department visit
  - 4) Disinfection and sterilization of medical equipment
  - 5) Waste management, Linen management and Food hygiene in health care facility
- (3) Site visits
- 1) Local hospitals/clinics
  - 2) Medical waste treatment facility
- (4) Formulation of Action Plan and Report Presentation and Discussion
- 1) Inception Report including experience of COVID-19 response
  - 2) Action Plan
- (5) Follow-up learning (Online / monitoring of the Action Plan)

## 10. Place and Time to attend

### < Main program >

- (1) Place  
To be conducted in JAPAN. Please refer to the tentative schedule (ANNEX-2).
- (2) Time  
AM 9:00 - 12:30 Lecture, facility tour  
(Lunch break: 1hour)  
PM 1:30 - 5:00 Workshop, lecture, facility tour etc.

### < Online program >

- (1) Place  
The place to take the online program (Live) should be determined by the internet environment. Please inform JICA which place you would like to take part in the program (e.g. home, office). If you cannot find the proper place to take the program, please consult with JICA office.
- (2) Time  
**Follow-up Learning (Live Program) : May 10, 2024**  
Time for Follow-up Learning is between 18:00 and 21:00 (Japan time).  
Please prepare extra 30 minutes before and after the program (between 17:30 and 21:30 in Japan time).  
The time in each participating country is as follows.

Country	Expected meeting time	Online program	Expected dismissal time
<Asia>			
<b><u>Thailand</u></b>	15:30	16:00 ~ 19:00	19:30
<b><u>Viet Nam</u></b>	15:30	16:00 ~ 19:00	19:30
<b><u>Laos</u></b>	15:30	16:00 ~ 19:00	19:30
<Middle East>			
<b><u>Egypt</u></b>	10:30	11:00 ~ 14:00	14:30
<b><u>Iran</u></b>	13:00	13:30 ~ 16:30	17:00
<Africa>			
<b><u>Democratic Republic of Congo</u></b>	9:30	10:00 ~ 13:00	13:30
<b><u>Eritrea</u></b>	11:30	12:00 ~ 15:00	15:30
<b><u>Ethiopia</u></b>	11:30	12:00 ~ 15:00	15:30
<b><u>Gabon</u></b>	9:30	10:00 ~ 13:00	13:30
<b><u>Uganda</u></b>	11:30	12:00 ~ 15:00	15:30
<Oceania>			
<b><u>Marshall Islands</u></b>	20:30	21:00 ~ 24:00	0:30
<Middle and South America>			
<b><u>Brazil</u></b>	5:30	6:00 ~ 9:00	9:30
<b><u>Guyana</u></b>	4:30	5:00 ~ 8:00	8:30

## 11. Circumstance for Internet Connection

The Follow-up Learning is conducted through a platform “Zoom Webinar and/or Meeting”. It is necessary to ensure a stable and secure internet connection to access the platform. Internet speeds of downloading and uploading are recommended approximately 3 to 5 Mbps. (0.5 to 1.5 Mbps at least).

Please refer to this URL for how to measure internet speed.

<https://www.speedtest.net/>

Mobile phones are not recommended due to screen size and functions. Every participant needs to make presentations with his/her own device.

**[Note]** If you are not able to arrange internet connection or necessary devices, please consult with JICA office in your country.

## 12. Attendance requirement

Participation in all the online programs is an essential requirement for the completion of the course. Partial attendance is not allowed.

## III. Eligibility and Procedures

### 1. Expectations from the Participating Organizations:

- (1) This course is designed primarily for organizations that intend to address specific issues or problems identified in their operation. Participating organizations are expected to use the project for those specific purposes.
- (2) This course is enriched with contents and facilitation schemes specially developed in collaboration with relevant prominent organizations in Japan. These special features enable the course to meet specific requirements of applying organizations and effectively facilitate them toward solutions for the issues and problems.

### 2. Nominee Qualifications:

This program is offered to the following (1) and (2) ;

- (1) Administrative officer (e.g. officer from Ministry of Health)
- (2) The top management or a person in charge (e.g. hospital manager or a member of infection control team) at core hospital at the national level assigned by the Ministry of Health.

#### (1) Essential Qualifications

1) Current Duties:

**\*For administrative officers**

- be in charge of AMR & HAIs

**\*For the top management or persons in charge at hospital**

- be the top management or person in charge of AMR & HAIs control at hospital.
- be working for the selected core hospital at the national level which has an ICC/ICT or an equivalent in their countries.
- be in charge of AMR & HAIs control in their institution or be educators to their staff regarding AMR & HAIs control.
- have licenses as medical doctors, nurses, midwives, or other health professionals.

2) Experience in the relevant field:

**\*For administrative officers**

- have a minimum of five years of experience in the field.

**\*For the top management or persons in charge at hospital**

- have a minimum of five years of clinical experience.

3) Educational Background:

- be a graduate of a university.

4) Language:

- have a competent command of spoken English for debates/discussions and written English for preparing presentation materials including an action plan.

5) Health:

- must be in good health to participate in the program in Japan. To reduce the risk of worsening symptoms associated with respiratory tract infection, please be honest to declare in the Medical History (QUESTIONNAIRE ON MEDICAL STATUS RESTRICTION of the application form) if you have been a patient of following illnesses; Hypertension / Diabetes / Cardiovascular illness / Heart failure / Chronic respiratory illness. Pregnant applicants are

not recommended to apply due to the following characteristics of this program that includes essential clinical practice sessions:

- ✓ The vaccination and acquiring of antibodies for Measles, Mumps, Rubella, Varicella (MMRV) is a prerequisite for participating in the clinical program.
- ✓ Live vaccines administered to pregnant women, including MMRV vaccines, pose a theoretical risk to the fetus; therefore, live-attenuated viral and bacterial vaccines are generally not administered during pregnancy, as stated in the “Guidelines for Vaccinating Pregnant Women” available on the Centers for Disease Control and Prevention website.  
(<https://www.cdc.gov/vaccines/pregnancy/hcp-toolkit/guidelines.html>)

-Body temperature and any symptoms will be checked every morning during the training course. Participants will not be able to participate in programs in case of any symptoms such as fever.

- 6) Continue to work for the same institution after this program to strengthen AMR & HAIs control activities in their institutions.

## **(2) Recommendable Qualifications**

- 1) Computer skill: have basic knowledge of computer operation (have basic knowledge of PC operation such as Microsoft Word, Excel, or PowerPoint). During the course, the formulation of an Action Plan will require PC operation skills; however, an orientation into basic PC operation will not be given.
- 2) Gender Equality and Women’s Empowerment: Women are encouraged to apply for the program. JICA makes a commitment to promote gender equality and women’s empowerment, providing equal opportunity for all applicants regardless of sexual orientation and gender identity.

## **3. Required Documents for Application**

### **(1) Application Form :**

The Application Form is available at **the JICA overseas office (or the Embassy of Japan)**

\* If you have any difficulties/disabilities which require assistance, please specify necessary assistances in the Medical History (1-(d)) of the application forms. It may allow us (people concerned in this course) to prepare better logistics or alternatives.

### **(2) Photocopy of passport:**

To be submitted with the application form if you already possess a passport. If not, you are requested to submit a photocopy of an alternative official identification.

\*Photocopy should include the following information:

Name, Date of birth, Nationality, Sex, Passport Number and Expiry date.

### **(3) English Score Sheet:**

To be submitted with the application form if the nominees have any official English examination scores. (e.g., TOEFL, TOEIC, IELTS)

### **(4) Facility and Job Report:**

To be submitted with the application form. Fill in the Attachment -ANNEX (1) - of this General Information.

### **(5) Consent form for health check-up / vaccination**



**(6) Chest X-ray Film** (A film taken within six months is valid.)

For tuberculosis screening. DICOM data are acceptable. CD data and printed photo are not acceptable.

To be submitted to JICA Tokyo Human Development and Operational Coordination Division from the JICA overseas office by courier.

**4. Procedures for Application and Selection :**

**(1) Submission of the Application Documents**

**Closing date for applications: Please confirm the local deadline with the JICA overseas office (or the Embassy of Japan)**

(All required material must arrive at **JICA Center in Japan by July 10, 2023.**)

**(2) Selection:**

Primary screening is conducted at the JICA overseas office (or the embassy of Japan) after receiving official documents from your government. JICA Center will consult with concerned organizations in Japan in the process of final selection. Applying organizations with the best intentions to utilize the opportunity will be highly valued.

The Government of Japan will examine applicants who belong to the military or other military-related organizations and/or who are enlisted in the military, taking into consideration of their duties, positions in the organization and other relevant information in a comprehensive manner to be consistent with the Development Cooperation Charter of Japan.

**(3) Notice of Acceptance:**

The JICA overseas office (or the Embassy of Japan) will notify the results **not later than August 11, 2023.**

**5. Additional Document(s) to Be Submitted by Accepted Candidates**

Accepted candidates are requested to send the following documents (1) and (2) by e-mail to the course leader of the implementation facility. (The contact information will be informed)

**(1) Past vaccination history of Measles, Mumps, Rubella and Varicella \*1), or Recent result of an antibody titer test of Measles, Mumps, Rubella and Varicella \*2) by September 15, 2023.**

**\*1) Each vaccination should have been done twice with at least 28-day interval.** A document which has the dates and the list of vaccinations given is valid.

**\*2) The results will be assessed based on the **Accepted Criteria in Table 1 below.****  
Both \*1) and \*2) should be written in English.

(Table 1)

	Accepted Criteria
Measles	EIA Method: Over <b>0.72</b> IU/ml (PA Method: Over 1:256)
Mumps	EIA Method: <b>Positive</b>
Rubella	EIA Method: Over <b>18.4</b> IU/ml (HI Method: Over 32)
Varicella	EIA Method: <b>Positive</b>

**If you cannot submit \*1) or \*2), you are required to have vaccinations twice** before starting the training course. Please notify the course leader your status so that he will give each candidate instructions for vaccination.

**There must be a minimum of 28 days between each series of vaccinations.**

e.g.1) If the first vaccination (Varicella) will be on September 1, the second vaccination (Varicella) will be made available on September 29 at the earliest.

e.g.2) If the first series of vaccination (Measles, Mumps, Rubella, Varicella) will be on September 1, the second series of vaccination (Measles, Mumps, Rubella, Varicella) will be made available on September 29 at the earliest.

This procedure is necessary not only for protecting participants from the exposure to infectious diseases but also for preventing them from being infectious sources.

\*Please refer to IV. Administrative Arrangements 5. Expenses (P12) for vaccination and antibody titer testing reimbursement.

## **(2) Inception Report by September 29, 2023:**

Before coming to Japan, only accepted candidates are required to prepare an Inception Report (detailed information is provided with "Notice of Acceptance")

## **6. Conditions for Participation:**

The participants of KCCP are required

- (1) to strictly observe the course schedule,
- (2) not to change the air ticket (and flight class and flight schedule arranged by JICA) and lodging by the participants themselves,
- (3) to understand that leaving Japan during the course period (to return to home country, etc.) is not allowed (except for programs longer than one year),
- (4) not to bring or invite any family members (except for programs longer than one year),
- (5) to carry out such instructions and abide by such conditions as may be stipulated by both the nominating Government and the Japanese Government in respect of the course,
- (6) to observe the rules and regulations of the program implementing partners to provide the program or establishments,
- (7) not to engage in political activities, or any form of employment for profit,
- (8) to discontinue the program, should the participants violate the Japanese laws or JICA's

regulations, or the participants commit illegal or immoral conduct, or get critical illness or serious injury and be considered unable to continue the course. The participants shall be responsible for paying any cost for treatment of the said health conditions except for the medical care stipulated in (3) of “5. Expenses”, “IV. Administrative Arrangements”,  
**(9)** to return the total amount or a part of the expenditure for the KCCP depending on the severity of such violation, should the participants violate the laws and ordinances,  
**(10)** not to drive a car or motorbike, regardless of an international driving license possessed,  
**(11)** to observe the rules and regulations at the place of the participants’ accommodation, and  
**(12)** to refund allowances or other benefits paid by JICA in the case of a change in schedule.

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## IV. Administrative Arrangements

### 1. Organizer(JICA Center in Japan):

(1) **Center:** JICA Tokyo Center (JICA TOKYO)

Human Development and Operational Coordination Division

(2) **Program Officer:** Ms. KOGA Satoko ([ticthdop@jica.go.jp](mailto:ticthdop@jica.go.jp))

### 2. Implementing Partner

(1) **Name:** National Center for Global Health and Medicine (NCGM)

(2) **URL:** <http://www.ncgm.go.jp/en/index.html>

(3) **Remark:** National Center for Global Health and Medicine contributes to health care in developing countries by dispatching and training experts, such as doctors and nurses, receiving trainees from target countries, and by conducting surveys and research on international medical cooperation.

### 3. Travel to Japan:

(1) **Air Ticket:** In principle, JICA will arrange an economy-class round-trip ticket between an international airport designated by JICA and Japan.

(2) **Travel Insurance:** Coverage is from time of arrival up to departure in Japan. Thus traveling time outside Japan (include damaged baggage during the arrival flight to Japan) will not be covered.

### 4. Accommodation in Japan:

Basically, JICA will arrange the following accommodations for the participants in Japan:

JICA Tokyo Center (JICA TOKYO)

Address: 2-49-5 Nishihara, Shibuya-ku, Tokyo 151-0066, Japan

TEL: 81-3-3485-7051 FAX: 81-3-3485-7904

(where "81" is the country code for Japan, and "3" is the local area code)

Please refer to the guide of JICA Tokyo at its URL,

<https://www.jica.go.jp/tokyo/english/office/index.html>

If there is no vacancy at JICA TOKYO, JICA will arrange alternative accommodation(s) for the participants.

### 5. Expenses:

The following expenses in Japan will be provided by JICA

- (1) Expenses for antibody titer testing and vaccinations. Submit the official receipts to JICA office in your country. (The receipts should be described in English and the vaccination names listed.) If the cost is not affordable, please consult with JICA office.
- (2) Allowances for accommodation, meals, living expenses, outfit, and shipping and stopover..
- (3) Expenses for study tours (basically in the form of train tickets).
- (4) Medical care for participants who become ill after arriving in Japan (the costs related to pre-existing illness, pregnancy, or dental treatment are not included).
- (5) Expenses for program implementation, including materials.

(6) For more details, please see “III. ALLOWANCES” of the brochure for participants titled “KENSU-IN GUIDE BOOK,” which will be given before departure for Japan.

\*Link to JICA HP (English/French/Spanish/Russian):

[https://www.jica.go.jp/english/our\\_work/types\\_of\\_assistance/tech/acceptance/training/index.html](https://www.jica.go.jp/english/our_work/types_of_assistance/tech/acceptance/training/index.html)

**The following expenses will NOT be provided for the participants by JICA:**

**(1) Expenses for Chest X-ray photo.**

## 6. Pre-departure Orientation:

Japanese Embassy is to provide Participants with details on travel to Japan, conditions of the course, and other matters.

\*YouTube videos of “Knowledge Co-Creation Program and Life in Japan” and “Introduction of JICA Center” are viewable from the link below.

Image videos of 'Introduction of JICA Center (YouTube)' show the following information of JICA Centers: Location, Building, Entrance, Reception(Front desk), Lobby, Office, Accommodation(Room), Amenities(Hand dryer), Bathroom(Shower and Toilet), Toiletries, Restaurant, Laundry Room(Washing machine, Iron), ICT Room(Computer for participants), Clinic, Cash dispenser, Gym, Neighborhood

<b>Part I: Knowledge Co-Creation Program and Life in Japan</b>	
English ver.	<a href="https://www.youtube.com/watch?v=SLurfKugrEw">https://www.youtube.com/watch?v=SLurfKugrEw</a>
<b>Part II: Introduction of JICA Centers in Japan</b>	
JICA Tokyo	<a href="https://www.jica.go.jp/tokyo/english/office/index.html">https://www.jica.go.jp/tokyo/english/office/index.html</a>

## V. Other Information

1) Personal Computer

Since the number of personal computers (PC) at JICA Tokyo and NCGM available for the program participants is limited, participants are recommended to bring their PC for their convenience.

2) Shoes

Participants are required to wear flat shoes during hospital visit. Flip-flops and high-heels are not allowed.

3) Requirements:

Bring these materials below if available. You may share them at the first session on this course.

- Guidelines for the Use of Antibiotics in your Hospital or Country.
- Guidelines of Standard Precaution in Your Hospital or Country.
- Photo pictures of your workplace which show achieved activities or further challenges in the HAIs Control and Prevention.

4) Internet access / USB

We have internet access in JICA Tokyo. Please refer to the Facilities and Service Guide of JICA Tokyo (URL is on the previous page).

You will not be able to use internet (Wi-Fi) during lectures at NCGM.

You will not be able to use your personal USB at computers of NCGM.

## Infection Prevention and Control: Antimicrobial Resistance and Healthcare- Associated Infections in the COVID-19 Era (202208261J001)

### *Facility and Job Report*

Applicants are required to submit a Facility and Job Report with the application form. Please tick the box and typewrite in English for each question. As the applicant's Facility and Job Report will be used for the screening of applicants, application not accompanied by a completed Facility and Job Report will not be considered as qualified.

Name of Applicant (Country): ( \_\_\_\_\_ ( \_\_\_\_\_ ))

Your position:

- Administrative officer (management level) Administrative officer (technical level)  
Clinical staff (management level) Clinical staff (non-management level)  
Others( \_\_\_\_\_ )

Your specialty:

- Medical Doctors Nurses Dentist Pharmacist  
Others( \_\_\_\_\_ )

Your highest academic degree:

- Bachelor degree Master degree Doctoral degree

Please list three AMR & HAIs control measures in your country that should be further strengthen in your opinion.

Could you describe the main barriers to AMR/HAIs control in your hospital setting and tell us what you would like to learn from this course?

**For Administrative officer**

Name of your department:

No. of staff in your department:

Specialty of staff in the department:

- Medical doctor Nurses Pharmacist Technologist  
Epidemiologist Administrator  
Others( )

Is there any national guideline of Antimicrobial Resistance and Healthcare-associated infection control in your country?

- Yes No

Is there any surveillance system and report system for Antimicrobial Resistance and Healthcare-associated infections in your country?

- Yes No

What is your main task in your department?

**For Clinical staff**

Name of your hospital:

- Number of beds:
- Which specialties does your hospital have?

- Internal medicine  Surgery  Obstetrics  Pediatrics   
Tuberculosis  
Infectious Disease Control Emergency Medicine Intensive Care  
Other ( )

- Number of Doctors:
- Number of Nurses:
- Number of Co-medical personnel:

Is there an ICC (Infection Control Committee) or ICT (Infection Control Team) in your hospital?

- ICC (Number of members )  
Dr Ns Microbiologist Pharmacist Administrator  
Others ( )

- ICT (Number of members )  
Dr Ns Microbiologist Pharmacist Administrator



Others ( )

None

Are you a member of ...

ICC (Infection Control committee) /  ICT (Infection control team) ?

Other (Please specify)\_\_\_\_\_

What is your task in controlling healthcare-associated infections in your hospital?

Is there an infection control manual in your hospital?

Yes No

● Is there any infection control training program for your hospital personnel?

Yes No

• For whom?

Dr Ns Assistant Nurse Pharmacist Microbiologist Cleaner

Administrator Other ( ) ?

● Is there any surveillance system for Antimicrobial Resistance and Healthcare-associated infections in your hospital?

Yes No

(If Yes, describe the surveillance system of your hospital briefly)

● Is there any post-exposure management policy (e.g., for needle stick injuries) for hospital personnel in your hospital?

Yes No

## ANNEX-2 Schedule (Tentative)

Date	Time (Japan Time)		Contents
Oct.31(Tue)			Arrival at Japan
Nov.1(Wed)	09:00~11:30		Briefing Session@JICA
	13:00~13:30		Opening Ceremony@NCGM
	13:30~16:00		Program Orientation
Nov.2(Thu)	09:00~12:00	★	<b>Inception Report Presentation &amp; Discussion</b>
	13:00~16:30		Wrap-up session
Nov.6(Mon) ~ Nov.10(Fri)	09:30~12:00 13:00~16:30		Lecture/Q&A session/Discussion
Nov.11(Sat) ~ Nov.14(Tue)			Site Visit to Some Associated Facilities
Nov.15(Wed) ~ Nov.16(Thu)			Report Preparation & Consultation for Developing Action Plans
Nov.17(Fri)	09:00~12:00	★	<b>Action Plan Presentation &amp; Discussion</b>
	13:00~16:00		
	16:00~16:30		Closing Ceremony@NCGM
Nov.18(Sat)			Departure from Japan
May.10(Fri) 2024			Follow-up Learning

★Presentation by participants

## For Your Reference

### **JICA and Capacity Development**

Technical cooperation is people-to-people cooperation that supports partner countries in enhancing their comprehensive capacities to address development challenges by their own efforts. Instead of applying Japanese technology per se to partner countries, JICA's technical cooperation provides solutions that best fit their needs by working with people living there. In the process, consideration is given to factors such as their regional characteristics, historical background, and languages. JICA does not limit its technical cooperation to human resources development; it offers multi-tiered assistance that also involves organizational strengthening, policy formulation, and institution building.

Implementation methods of JICA's technical cooperation can be divided into two approaches. One is overseas cooperation by dispatching experts and volunteers in various development sectors to partner countries; the other is domestic cooperation by inviting participants from developing countries to Japan. The latter method is the Knowledge Co-Creation Program, formerly called Training Program, and it is one of the core programs carried out in Japan. By inviting officials from partner countries and with cooperation from domestic partners, the Knowledge Co-Creation Program provides technical knowledge and practical solutions for development issues in participating countries.

The Knowledge Co-Creation Program (Group & Region Focus) has long occupied an important place in JICA operations. About 400 pre-organized courses cover a wide range of professional fields, ranging from education, health, infrastructure, energy, trade and finance, to agriculture, rural development, gender mainstreaming, and environmental protection. A variety of programs is being customized by the different target organizations to address the specific needs, such as policy-making organizations, service provision organizations, as well as research and academic institutions. Some programs are organized to target a certain group of countries with similar developmental challenges.

### **Japanese Development Experience**

Japan, as the first non-Western nation to become a developed country, built itself into a country that is free, peaceful, prosperous and democratic while preserving its tradition. Japan will serve as one of the best examples for our partner countries to follow in their own development.

From engineering technology to production management methods, most of the know-how that has enabled Japan to become what it is today has emanated from a process of adoption and adaptation, of course, has been accompanied by countless failures and errors behind the success stories.

Through Japan's progressive adaptation and application of systems, methods and technologies from the West in a way that is suited to its own circumstances, Japan has developed a storehouse of knowledge not found elsewhere from unique systems of organization, administration and personnel management to such social systems as the livelihood improvement approach and governmental organization. It is not easy to apply such experiences to other countries where the circumstances differ, but the experiences can provide ideas and clues useful when devising measures to solve problems.

JICA, therefore, would like to invite as many leaders of partner countries as possible to come and visit us, to mingle with the Japanese people, and witness the advantages as well as the disadvantages of Japanese systems, so that integration of their findings might help them reach their developmental objectives.



**Contact Information for Inquiries**

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