



# TRAINING AND DIALOGUE PROGRAMS

GENERAL INFORMATION ON  
**Emergency / Disaster Medicine**

**集団研修「救急・大災害医療」**

***JFY 2008***

**<Type: Solution Creation Programs/ 類型: 課題解決促進型>**

**NO. J08-00878**

**From August, 2008 to January, 2009**

**Phase in Japan: From August 27<sup>th</sup> to September 30<sup>th</sup> 2008**

This information pertains to one of the Training and Dialogue Programs 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.

# ***I. Concept***

## **Background**

In many countries in the world, a lot of lives, which should be saved, are still being lost, because of insufficient emergency medical system which prevents effective use of both human and material resources for emergency medicine.

In case of disaster, things are more complicated. Normal emergency medical system does not work appropriately and initial responses to the disaster are often influenced by social, cultural and even political background of the countries. Disasters often require emergency assistances from foreign countries/international organizations, but many countries have problems with smooth acceptance of these assistances.

Emergency medical system in Japan, which nowadays maintains the highest global standards, has been developed since 1970s through division of roles of medical institutions, strengthening of close cooperation among related organizations and dissemination of free service of ambulance car etc. In addition, Japan, as a disaster-prone country, has well-developed disaster medical system which is also at the international level.

JICA Osaka, with close cooperation with Dr. Kai, Director of Senri Critical Care Medical Center of Osaka Saiseikai Senri Hospital, will implement this training and dialogue programs in order to provide opportunity for the participants to see the Japan's experience and to discuss the conditions and problems of their countries regarding emergency/disaster medicine as a means of comparative study, which helps them to find the solution of their problems.

## **For what?**

This course is designed to strengthen the participants' capacity to formulate an action plan to solve the problems/challenges which participants' organization are facing, and to improve the system and management of emergency /disaster medicine.

Furthermore, in the medium to long term perspective, this course is aimed at contributing to promote international cooperation on disaster by networking among ex-participants and related experts.

## **For whom?**

Senior physicians and/or administrators who are in charge of emergency and disaster medicine at emergency medical facilities and medical administrations

## **How?**

In this program, the emphasis is put on observations, report presentation, discussions and the introduction of Japan's experiences and basic theories of emergency/disaster medicine.

## ***II. Description***

**1. Title (J-No.) : Emergency / Disaster Medicine (J08-00878)**

**2. Period of program**

**Duration of whole program:** August, 2008 to January, 2009  
**Phase in Japan:** August 27 to September 30, 2008

**3. Target Regions or Countries:** Thailand, Indonesia, Sri Lanka, Costa Rica, Nicaragua, Iraq, Algeria, China, Barbados, Dominica, El Salvador, Saint Lucia, Guyana, Uruguay, Saudi Arabia and Turkey

**4. Overall Goal:**

Activities for improvement of system and management of emergency /disaster medicine are implemented based on the Action plan approved by the participants' organization in their home countries.

**5. Objective:**

**(1) Program objectives**

Participants' capacity to formulate an action plan to solve the problems/challenges which participants' organization are facing, and to improve the system and management of emergency /disaster medicine is improved.

**(2)Expected Module Output:**

- 1) Participants will gain a general view of the Japanese emergency medical system and understand the cooperative system among related organizations,
- 2) Participants will gain a general view of Japanese disaster medical system through past experiences in Japan,
- 3) Draft action plan will be formulated to solve the problems/challenges which participants' organization are facing.

**6. Eligible / Target Organization :**

Emergency medical facilities and medical administrations

**7. Total Number of Participants :**

25 participants in total from 16 countries which are Thailand, Indonesia, Sri Lanka, Costa Rica, Nicaragua, Iraq, Algeria, China, Barbados, Dominica, El Salvador, Saint Lucia, Guyana, Uruguay, Saudi Arabia and Turkey

**8. Language to be used in this project:** English (including English translated from Japanese through interpreters)

**9. Contents:**

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

**(1) Preliminary Phase in participant's home country (~August 26, 2008)**

Participating organization make required preparation for the Program in the respective country.

Modules	Activities
Job report	Formulation of Job Report



**(2) Core Phase in Japan (August 27 to September 30, 2008)**

Participants dispatched by the organizations attend the Program implemented in Japan.

<b>【Introduction】</b>	
Modules	Subjects/Agendas/Methodology
Introduction	Course Orientation
	♣ Job Report Presentation <ul style="list-style-type: none"> <li>◆ Sharing experiences and engaging in discussions regarding the systems and experiences of disaster countermeasures and emergency medicine.</li> <li>◆ Sharing the difficulties or challenges which participants' organizations are facing and confirming what should be learned during the course.</li> </ul>
	♣ Introductory Lectures <ul style="list-style-type: none"> <li>◆ Emergency and Disaster Medical Care System in Japan</li> </ul>
<b>【Output 1】 Participants will gain a general view of the Japanese emergency medical system and understand the cooperative system among related organizations</b>	
Modules	Subjects/Agendas/ Methodology
Emergency Medicine	Primary Emergency Medicine
	Secondary Emergency Medicine
	Tertiary Emergency Medicine
	Poisonous & Hazardous Substance Information Management
	Emergency Medical Training <ul style="list-style-type: none"> <li>◆ Cardiopulmonary Resuscitation Practice and Trauma Course</li> <li>◆ Education of Emergency Medicine</li> <li>◆ Training for Paramedics</li> </ul>
	Emergency-Response Personnel Training
<b>【Output2】Participants will gain a general view of Japanese disaster medical system through past experiences in Japan</b>	
Modules	Subjects/Agendas/ Methodology
Disaster Medicine	National Disaster-Medicine Systems <ul style="list-style-type: none"> <li>◆ Disaster Medicine Specialists at State-Run Hospitals</li> <li>◆ JICA-Japan Disaster Relief Team</li> <li>◆ Rescue Activities by Japan Self Defense Forces</li> <li>◆ Radiation Disaster Management</li> <li>◆ Situation of Bird flu measures in Japan</li> </ul>
	Local Disaster-Medicine Systems <ul style="list-style-type: none"> <li>◆ Disaster Countermeasures by Local Government</li> <li>◆ The Role of Disaster Management Bureaus</li> <li>◆ The Role of Fire Departments</li> <li>◆ Disaster Contingency by the Police Force</li> </ul>
	The Experience of the Great Hanshin Earthquake <ul style="list-style-type: none"> <li>◆ Hospital systems during the Great Hanshin Earthquake</li> <li>◆ Lessons learned from the Great Hanshin Earthquake (Disaster Reduction and Human Renovation Institution)</li> </ul>
	Japanese Red Cross Society Roles & Mobilization System
	Hospital Disaster-Readiness Practice

**[Output3] Draft action plan will be formulated to solve the problems/challenges which participants' organization are facing.**

Modules	Subjects/Agendas/ Methodology
Presentation of Training Results	Formulation and presentation of draft action plans Discussion of draft action plans

**[Other related activities]**

**Medical Rally**

**Mini Symposium on Emergency/Disaster Medicine**



**(3) Finalization Phase in participant's home country (October, 2008 to January, 2009)**

Participating organizations produce final outputs by making use of results brought back by participants. This phase marks the end of the Program.

**[Program Objective]**  
**Participants' capacity to formulate an action plan to solve the problems/challenges which participants' organization are facing, and to improve the system and management of emergency /disaster medicine is improved.**

Discussion and Finalization of Action Plan	<ul style="list-style-type: none"> <li>♣ Sharing and discussing of draft action plan in the participating organization</li> <li>♣ Finalization of draft Action Plan (if, possible)</li> </ul>
Submission of final report to JICA regional Office	<ul style="list-style-type: none"> <li>♣ Submitting Final report including description of progress of Action Plan to respective JICA Regional Offices</li> </ul>

### ***III. Conditions and Procedures for Application***

#### **1. Expectations for the Participating Organizations:**

- (1) This program is designed primarily for organizations that intend to address specific issues or problems identified in their operation. Participating organizations are expected to use the program for those specific purposes.
- (2) This program is enriched with contents and facilitation schemes specially developed in collaboration with relevant prominent organizations in Japan. These special features enable the program to meet specific requirements of applying organizations and effectively facilitate them toward solutions for the issues and problems.
- (3) As this program is designed to facilitate organizations to come up with concrete solutions for their issues, participating organizations are expected to make due preparation before dispatching their participants to Japan by carrying out the activities of the Preliminary Phase described in section II -9 .
- (4) Participating organizations are also expected to make the best use of the results achieved by their participants in Japan

#### **2. Nominee Qualifications:**

Applying Organizations are expected to select nominees who meet the following qualifications.

##### **(1) Essential Qualifications**

- 1) **Current Duties:** senior medical doctors or administrators engaged in measures for emergency/disaster medicine and occupying a position of leadership in an emergency medical institution or a medical administrative organization,
- 2) **Experience in the relevant field:** be familiar with the recent situation of emergency medical research activities or disaster preparedness in their own country,
- 3) **Age:** be under fifty (50) years of age
- 4) **Language:** have a competent command of spoken and written English (This training course include active participation in discussions, action plan development, thus requires high competence of English ability. Please attach official certificate for English ability such as TOEFL, TOEIC etc, if possible)
- 5) **Health:** must be in good health, both physically and mentally, to participate in the Program in Japan (Pregnancy is regarded as a disqualifying condition for participation over a long period may pose risks to pregnant women and unborn children.)
- 6) Must not be serving any form of military service.

### 3. Required Documents for Application

- (1) **Application Form:** The Application Form is attached to this General Information.
- (2) **Abstract for Scientific Report:** Please see *VI. ANNEX*

**Applications not accompanied by a completed Report cannot be duly considered.**

**Attention! : All documents should be in English and typewritten by PC or filled in BLOCK LETTERS, NOT in *Running Hand*.**

### 4. Procedure for Application and Selection :

#### (1) Submitting the Application Documents:

Closing date for application to the JICA Center in JAPAN: **July 15, 2008**

**Note: Please confirm the closing date set by the respective country's JICA office or Embassy of Japan of your country to meet the final date in Japan.**

#### (2) Selection:

After receiving the document(s) through due administrative procedures in the respective government, the respective country's JICA office (or Japanese Embassy) shall conduct screenings, and send the documents to the JICA Osaka in Japan, which organizes this program. Selection shall be made by the JICA Osaka in consultation with the organizations concerned in Japan based on submitted documents according to qualifications. The organization with intention to utilize the opportunity of this program will be highly valued in the selection.

#### (3) Notice of Acceptance:

Notification of results shall be made by the respective country's JICA office (or Embassy of Japan) to the respective Government by **not later than July 25, 2008**.

### 5. Conditions for Attendance:

- (1) to observe the schedule of the program,
- (2) Not to change the program subjects or extend the period of stay in Japan,
- (3) not to bring any members of their family,
- (4) to return to their home countries at the end of the program in Japan according to the travel schedule designated by JICA,
- (5) to refrain from engaging in political activities, or any form of employment for profit or gain,
- (6) to observe the rules and regulations of their place of accommodation and not to

- change the accommodation designated by JICA, and
- (7) to participate the whole program including a preparatory phase prior to the program in Japan.

## ***IV. Administrative Arrangements***

### **1. Organizer:**

- (1) **Name:** JICA Osaka (Japan International Cooperation Agency, Osaka International Center: JICA/OSIC)
- (2) **Contact:** Ms. KAMEI NAOKO ([jicaosic@jica.go.jp](mailto:jicaosic@jica.go.jp))

### **2. Implementing Partners:**

- 2-1) **Name:** Saiseikai Senri Hospital, Senri Critical Care Medical Center
- (1) **Contact:** Dr. KAI Tatsuro
- (2) **Address:** 1-1 Tsukumodai, suite, Osaka 565-0862, Japan
- (3) **Remark:** Senri Critical Care Medical Center was established as a property of Saiseikai Senri Hospital in April 2006, which predecessor was established in 1979. In this center, all cases judged to be urgent in emergency site according to ambulance attendant or requested by primary/secondary emergency medical facilities are accepted.
- In addition, this center puts effort into training of human resources such as medical interns, nurses and paramedic etc. as well as research and survey on emergency medicine.
- 2-2) **Name:** Pacific Resource Exchange Center (PREX)
- (1) **Contact:** KITAMURA Kei ([prexmail@prex-hrd.or.jp](mailto:prexmail@prex-hrd.or.jp))
- (2) **URL:** [http://www.prex-hrd.or.jp/index\\_e.html](http://www.prex-hrd.or.jp/index_e.html)
- (3) **Remark:** PREX was established in April 1990 in response to a proposal adopted at the general assembly of the Pacific Economic Cooperation Council (Visit PECC at: <http://www.pecc.org/>). Since its inception, PREX has been contributing to human resources development of government officials and corporate executives mainly in the Pacific region.

### **3. Travel to Japan:**

- (1) **Air Ticket:** The cost of a round-trip ticket between an international airport designated by JICA and Japan will be borne by JICA.
- (2) **Travel Insurance:** Term of Insurance: From arrival to departure in Japan. \*the traveling time outside Japan shall not be covered.

#### **4. Accommodation in Japan:**

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

**(1) JICA Osaka International Center (JICA Osaka)**

Address : 25-1 Nishi-Toyokawa-cho, Ibaraki-shi, Osaka 567-0058, Japan

TEL : 81(\*)-72(\*\*)-641-6900      FAX : 81(\*)-72(\*\*)-641-6910

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

If there is no vacancy at JICA Osaka, JICA will arrange alternative accommodations for the participants. Please refer to facility guide of JICA Osaka at its URL, [http://www.jica.go.jp/english/contact/pdf/life\\_in\\_osic.pdf](http://www.jica.go.jp/english/contact/pdf/life_in_osic.pdf)

#### **5. Expenses:**

The following expenses will be provided for the participants by JICA:

- (1)** Allowances for accommodation, living expenses, outfit, and shipping
- (2)** Expenses for study tours (basically in the form of train tickets).
- (3)** Free medical care for participants who become ill after arriving in Japan (costs related to pre-existing illness, pregnancy, or dental treatment are not included)
- (4)** Expenses for program implementation, including materials  
For more details, please see p. 9-16 of the brochure for participants titled "KENSU-IN GUIDE BOOK," which will be given to the selected participants before (or at the time of) the pre-departure orientation.

#### **6. Pre-departure Orientation:**

A pre-departure orientation will be held at the respective country's JICA office (or Japanese Embassy), to provide participants with details on travel to Japan, conditions of the workshop, and other matters.

# V. ANNEX1

## INSTRUCTION OF PRESENTATIONS BY PARTICIPANTS For Accepted Candidates

Participants will have three times opportunities to make presentations during the training course. Participants are requested to submit the 1. Job Report and 2. Scientific Report on the first day of training course; August 28.

### 1: Job Report on Sharing Session (2<sup>nd</sup> week)

Participants will make presentation of the “Job Report” to share the current job situation and difficulties or challenges which participants’ organization are facing. Also what should be learned during the course will be shared by this presentation.

- Presentation time: 10 minutes for presentation and 10 minutes for discussion / participant
- Audience: Training course leader and members of steering committee for this course, related officers of JICA and related organizations.
- Necessary materials: Power Point file (Paper is your option)
- Recommended items included;
  - 1) Participant’s employed information; Title, Organization chart, etc
  - 2) Detail of duties (responsibilities) on the job
  - 3) Difficulties or challenges in the field of emergency/disaster medicine which participant’s organization currently facing. (Difficulties or challenges should be directly related to participant’s current duties.)
  - 4) What is expected to learn or gain from this course to solve the difficulties or meet the challenges which mentioned in above item 3.
  - 5) Other information; if any; Date etc which is necessary to explain the presentation contents.

### 2: Scientific Report on Mini Symposium on Emergency/Disaster Medicine (The date undecided)

Mini Symposium is to be hold at the JICA Osaka Center for the purpose of sharing of current status of emergency/disaster medicine in JICA participants’ countries and Japan with Japanese experts and discuss future prospect in this field.

- Presentation time: 10 minutes for presentation (undecided)
- Audience: Members of steering committee for this course, related experts and students (undecided)
- Necessary materials: Power Point file (Paper is your option)
- Presentation topic (please select **one** from the following themes)

**Natural disasters**

1. Volcanic disasters
2. Earthquakes & Tsunami
3. Floods

**Man-made disasters**

4. Traffic accidents
5. Nuclear accidents
6. Chemical disasters
7. Complex emergencies

**Others**

8. Training for emergencies/  
disaster medicine
9. Others

**Attention:** All applicants are required to submit the abstract of scientific report with nomination form (A2A3 form) to be considered For acceptance as JICA training participants. -> Please see P.9, "Procedure for application"

**3. Action Plan on Action Plan Presentation (On the last week)**

Action Plan is to show what you will do for better activities in your organizations/hospitals with the result of training in Japan after you go back to your country. By making and presenting Action Plan, the Participants are expected to figure out what problems are existing or what challenging are there at your job/mission and what you can do to overcome it with new ideas which gained trough this training course.

Action Plan will be made during your training course and guidance will be made after your arrival on Japan.

- Presentation time: 10 minutes for presentation (undecided)
- Audience: Training course leader and members of steering committee for this course, related officers of JICA and related organizations.
- Necessary materials: Power Point file
- Recommended items included:

- 1) Title of Action Plan
- 2) Aims (Purpose)
- 3) Target Group
- 4) Duration for Implementation
- 5) Finance Resource
- 6) Activities (Methodology)
- 7) Expected Result
- 8) Evaluation (When, how, the indicator)

## VI. ANNEX2

### Abstract for Scientific Report

Name of Applicant													
Nationality													
Working Organization and Title													
Topics +Chose ONE from the left	<table> <thead> <tr> <th><b>Natural disasters</b></th> <th><b>Man-made disasters</b></th> <th><b>Others</b></th> </tr> </thead> <tbody> <tr> <td>1. Volcanic disasters</td> <td>4. Traffic accidents</td> <td>7. Complex emergencies</td> </tr> <tr> <td>2. Earthquakes &amp; Tsunami</td> <td>5. Nuclear accidents</td> <td>8. Training for emergencies/ disaster medicine</td> </tr> <tr> <td>3. Floods</td> <td>6. Chemical disasters</td> <td>9. Others</td> </tr> </tbody> </table>	<b>Natural disasters</b>	<b>Man-made disasters</b>	<b>Others</b>	1. Volcanic disasters	4. Traffic accidents	7. Complex emergencies	2. Earthquakes & Tsunami	5. Nuclear accidents	8. Training for emergencies/ disaster medicine	3. Floods	6. Chemical disasters	9. Others
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Abstract													

## *For Your Reference*

### **JICA and Capacity Development**

The key concept underpinning JICA operations since its establishment in 1974 has been the conviction that “capacity development” is central to the socioeconomic development of any country, regardless of the specific operational scheme one may be undertaking, i.e. expert assignments, development projects, development study projects, training programs, JOCV programs, etc.

Within this wide range of programs, Training Programs have long occupied an important place in JICA operations. Conducted in Japan, they provide partner countries with opportunities to acquire practical knowledge accumulated in Japanese society. Participants dispatched by partner countries might find useful knowledge and re-create their own knowledge for enhancement of their own capacity or that of the organization and society to which they belong.

About 460 pre-organized programs 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 are being customized to address the specific needs of different target organizations, 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 was the first non-Western country to successfully modernize its society and industrialize its economy. At the core of this process, which started more than 140 years ago, was the “*adopt and adapt*” concept by which a wide range of appropriate skills and knowledge have been imported from developed countries; these skills and knowledge have been adapted and/or improved using local skills, knowledge and initiatives. They finally became internalized in Japanese society to suit its local needs and conditions.

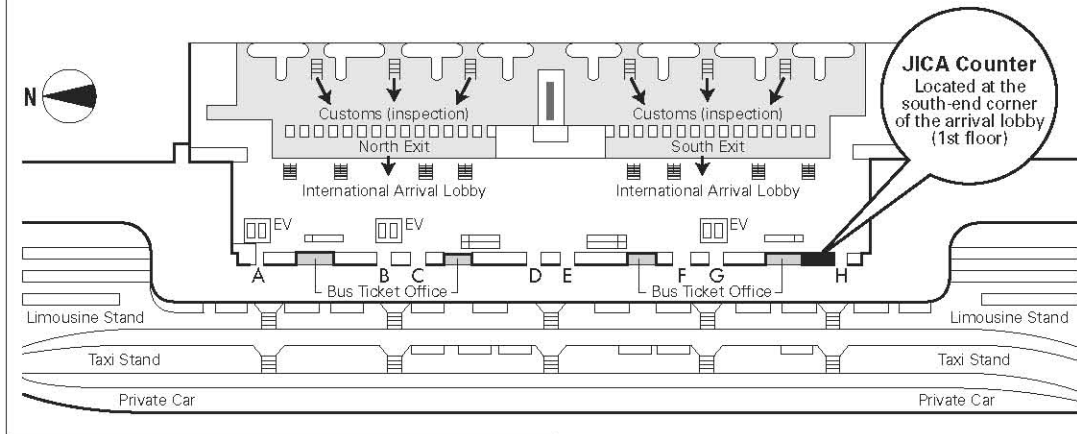
From engineering technology to production management methods, most of the know-how that has enabled Japan to become what it is today has emanated from this “*adoption and adaptation*” process, which, of course, has been accompanied by countless failures and errors behind the success stories. We presume that such experiences, both successful and unsuccessful, will be useful to our partners who are trying to address the challenges currently faced by developing countries.

However, it is rather challenging to share with our partners this whole body of Japan’s developmental experience. This difficulty has to do, in part, with the challenge of explaining a body of “tacit knowledge,” a type of knowledge that cannot fully be expressed in words or numbers. Adding to this difficulty are the social and cultural systems of Japan that vastly differ from those of other Western industrialized countries, and hence still remain unfamiliar to many partner countries. Simply stated, coming to Japan might be one way of overcoming such a cultural gap.

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.



## Map of JICA Counter in Kansai International Airport (KIX)



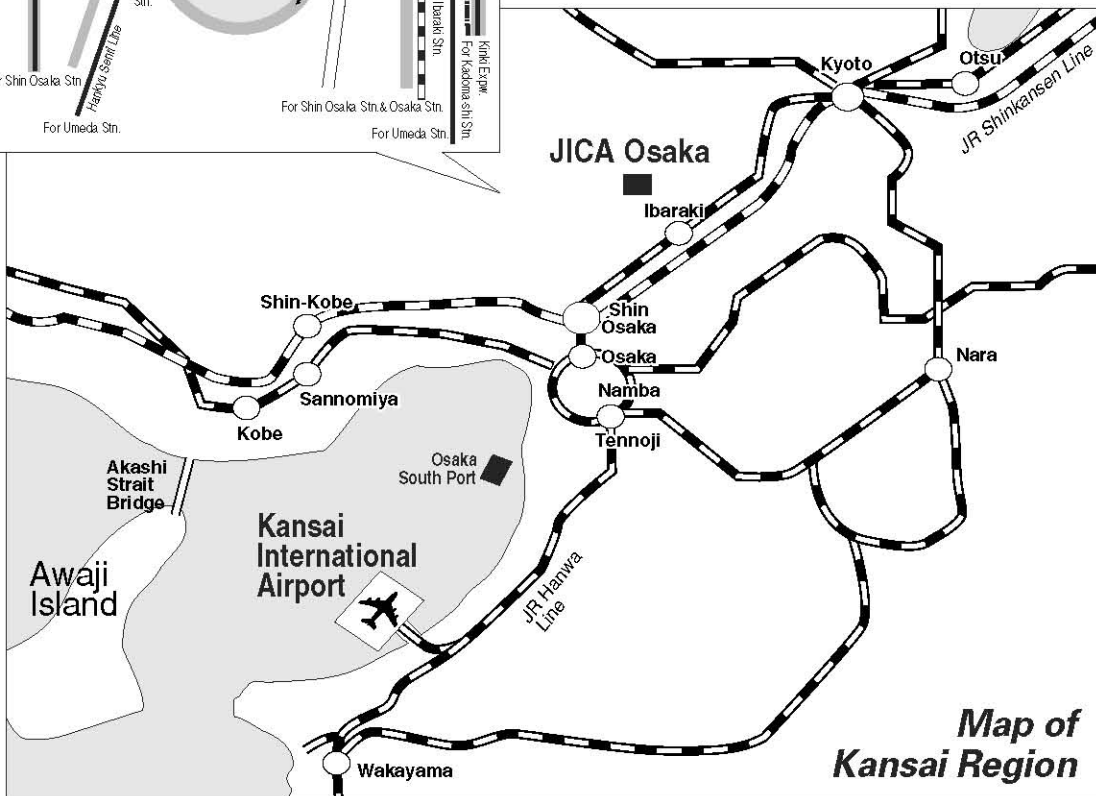
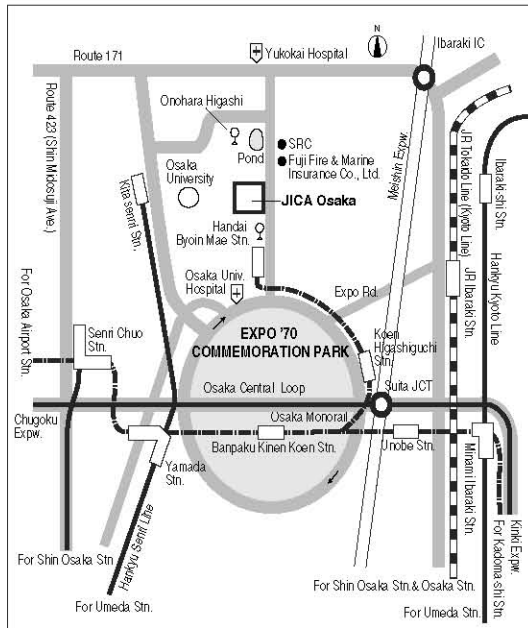
**Upon arrival, participants should follow the procedure below:**

1. Ride on Wing Shuttle (red elevated tram).
2. Pass through Immigration.
3. Collect baggage and pass through Customs Inspection.
4. Go to the JICA Counter located at the south-end corner of the arrival lobby (1st floor).

The staff at the JICA Counter will provide participants with a limousine bus ticket to Osaka Station (alight at Hotel New Hankyu).

At Osaka Station, a representative of the travel agency designated by JICA will meet the participant. The participant will be taken to JICA Osaka by taxi (with a taxi ticket), which takes approximately 30 minutes.

## Map of the JICA Osaka Vicinity



**Map of Kansai Region**



***CORRESPONDENCE***

For enquiries and further information, please contact the JICA office or the Embassy of Japan. Further, address correspondence to:

**JICA Osaka International Center (JICA Osaka)**  
**Address: 25-1 Nishi-Toyokawa-cho, Ibaraki-shi, Osaka 567-0058, Japan**  
**TEL : 81-72-641-6900 FAX : 81-72-641-6910**