"VIRUS WAR" COMPARISON OF INTERNATIONAL NETWORK ON INFECTIOUS DISEASE IN ASEAN REGION

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INTRODUCTION

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2. Competition between international networks on infectious diseases in Asian region
3. Analysis: The problems of J-GRID (Comparison with Oxford & Welcome Trust)
4. Conclusion

1. EMERGING INFECTIOUS DISEASES AND REEMERGING INFECTIOUS DISEASES

（1）Infectious diseases have existed since ancient time.

- Pest, malaria, tuberculosis , Spanish flu (1918~1921, death toll 20~40 million)
- Until 1950s, infectious diseases used to be the main cause of death, but now there are more death caused by cancer, cerebrovascular , and cardiac disease.
- Infectious diseases seem to be "history" (things of the past).
  e.g. In 1980, WHO declared "eradication of smallpox".

（2）Pandemic in the new era:
Human beings face the fear of pandemic again.

- Infectious diseases was localised epidemic in previous time.
  →Globalisation results in outbreak of virus across the world.
- Emerging infectious diseases:

1） Ebola hemorrhagic fever (1976)
2）HIV (1981)
3）SARS (2003)

2. COMPETITION BETWEEN INTERNATIONAL NETWORKS ON INFECTIOUS DISEASES IN ASIAN REGION

（1）SARS (severe acute respiratory syndrome) was emerged (2003):

- In France, Institut Pasteur started to study SARS.
- China and Vietnum rejected to provide virus strain (pathogenic organism) to Japan.
  →Japan could get only one virus strain from WHO which restricted the usage of data.
- Japan could not get information on SARS.

- Why Japan could not get virus strain?

a. Virus strain is considered "intellectual property". Country, which has it, do not want to provide it to other countries.

b. Vietnam government did not permit Japan to use virus strain even though Japan provided ODA to Vietnam.
⇔France has kept close relationship in the study of infectious disease with Vietnam even though it withdrew from Vietnam which was former French colony.

• Ministry of Education, and RIKEN (The Institute of Physical and Chemical Research) started to make a new project for infectious disease.
"Japan Initiative for Global Research Network on Infectious Diseases (J-GRID)"

⇔Japan's situation:
Infectious diseases seem to be things of the past.
1） The number of young doctors decreased.
2） The budget for the study of infectious disease was small.
→They made a plan to establish research institutes in the regions where were high possibility of emerging infectious disease.

（3） Japan Initiative for Global Research Network on Infectious Diseases (J-GRID):
• Funded by JICA（public funds）
• Schools of Medicine in Japanese universities established research centre to undertake joint research in China, Vietnam，Thailand, Indonesia, and so on.

• The Strategies:
1） Using network which universities have developed in foreign countries.
2） Using hospitals and medical institutes which was provided through JICA's assistance

• Formation of research centre (2005):
Support office was established in RIKEN.
1) OSAKA University －National Institute of Health (Thailand)
2) Nagasaki University －National Institute of Hygiene and Epidemiology (Vietnam)

3) University of Tokyo－Institue of Biophysics, Chinese Academy of Sciences, Harbin Veterinary Research Institute, Chinese Academy of Agricultural Science
4) National Center for Global Health and Medicine － Bach Mai Hostital and other hospitals (Vietnam)
5)National Institute of Animal Health－National Institute of Animal Health (Thailand)

• Forming research centre by using research institute constructed through JICA's assistance (2006):
1） National Institute of Cholera and Enteric Diseases(JICA's grant assistance in 1998)
→Okayama University
2） Samora Machel School of Veterinary Medicine, University of Zambia (JICA's financial assistance in 1985)
→Hokkaido University
3） Tropical Disease Centre, Airlangga University (JICA's grant assistance in 1991-3)
→Kobe University

→10 research centres in 6 countries were established.

（4） Competition between international networks on infectious diseases in Asian region:
• Several research networks deployed in Asian region.
1） Institut Pasteur (France)
2） Oxford University & Welcome Trust (UK)
3） WHO, CDC（USA）

• Oxford University & Welcome Trust:
1）History: British Empire had studied infectious disease in its colonies to protect settlers' health.
→British Empire recognised infectious disease was security issue.
2）In 1970, Oxford started joint study in Thailand.
→expanded to Myammar, Sri Lanka, Kenya, Vietnam, Nigeria, and so on
3）In 1991, Oxford Centre for Tropical Medicine was established through funding of Welcome Trust.
→It formed research centres in Kenya, Vietnam, and Thailand.

4）Oxford's deployment in South East Asia:
• Vietnam:
a. Establishment in 1991
b. British staff： 6 people
Prof. Nicolas White（Director of Asian Region）
Prof. Jeremy Farrar （Director of Vietnam Centre）
c. Vietnamese Staff: 60 people
d. Achievements:
The Centre has studies malaria and dengue fever. As a result, it constructed theoretical framework to apply Human infection of bird flu.

• Thai Centre (Mahidol University's Faculty of Tropical Medicine):
a. British staff: 9 people
Director: Prof. Nicholas White
b. Local staff: 183 people
c. Financial Base:
It was established through Welcome Trust's fund.
Total amount of budget is 9 million pounds.

3. ANALYSIS: THE PROBLEMS OF J-GRID（COMPARISON WITH OXFORD & WELCOME TRUST)

(1) The problems of JICA assistance:
• Now, many medical institutes, which were constructed by JICA's assistance, bear a tenuous relationship to Japan.
• JICA's contributions have been forgotten even in Ghana (the Noguchi Memorial Institute for Medical Research).
• JICA's technical assistance was effective in early phase of development.
• JICA has to withdraw when the institutes developed their research ability and became independent.
• Japan needs to establish continuous relationship with the institutes after JICA withdraws.

（2）Funding ability:
• Oxford & Welcome Trust:
Welcome Trust's fund: 13 billion pounds (2.6 trillion yen)
⇔Japan, the Budget through JICA:
2.5 billion yen per year

• Welcome Trust's funds: private funds
⇔Japan: public funds
There are several restriction of budget implementation.

• Japan: restrictions of budget implementation
1）Staff should be Japanese civil servant.
→Japanese network cannot employ foreign people as full-time staff.
⇔Oxford & Welcome Trust:
Small number of British staffs and huge number of host country staffs
2）Foreign enterprises cannot participate in Japanese network.
3）Japanese universities cannot take information out of Japan
• Japan: it is difficult to get private funds.
→No culture of donation

- Oxford & Welcome Trust:
  Close relationship with Asian Universities
  →It accepted young researchers in Thailand and Vietnam as PhD candidates. After getting PhD degree, they return to home country and contribute on the network.

（3）The relationship with public administration:
- Sectionalism in medical science
  a. Ministry of Education "Research" versus MHLW "Prevention" "clinical practice"
  →In an extreme instance, one doctor is supervised by two ministries.
  b. National Institute of Infectious Disease, which is supervised by MHLW cannot participate in the network of Ministry of Education.
  c. Clinicians cannot participate in the network. Only university researchers can do it.

⇔Oxford & Welcome Trust: It is not public administration.
The purpose of the network is not "for helping Britain".
a. There is no regulation by ministries.
b. There is no division between "prevention" " research" and "clinical practice" in medical science.
c. Private funds, enterprises, social science in Oxford can freely participate in the network.
d. Oxford has build long-term relationship with Asia.
e.g. Mahidol University in Thailand

4. CONCLUSION

（1）J-GRID is not competitive in the "virus war".
- J-GRID could not build relationship of trust with Asian countries and get latest information of virus strain, cases, and vaccine.
  →Asian countries had forgotten Japan's contribution after JICA withdraw from medical infrastructure building.
- J-GRID's funding ability is not so strong.
  1）J-GRID can use only public funds which were provided by MEXT.

2）There were several restrictions of budget implementation.
  a. Research institutes cannot employ foreign researchers as full time staffs.
  b. Universities cannot award Ph. D degree to foreign researchers.
  c. Foreign enterprises and NPO's cannot join in J-GRID.
  d. Japanese universities severely restricted to transfer information to their joint research centres in Asian countries.
3）The sectionalism between MEXT versus MHLW gives bad influence on J-GRID.

（2）Japan's strategies:
- Japan should construct "all Japan team" consists of MOF, MOFA, MOE, MHLW, JICA, universities, and so on, to overcome compartmentalised public administration.
- Japan should construct the system that funds, information, infrastructure, and human resources can function well through deregulation.

Thank you