Japan Institute for Health Security
JIHS Bureau of Global Health Cooperation

vol. 3
December 2025

TENKAI
PROJECT NEWS

Taking Japanese Healthcare to the World

How Have the Projects for Global Growth of Medical Technologies Been Utilized?
— Toward Further Expansion and Diverse Partnerships —

Kenya | DR Congo | Zambia | Indonesia | Vietnam | Cambodia

TENKAI Project News

Contents

Introduction 03

Taking Japanese Healthcare to the World
How Have the Projects for Global Growth of Medical Technologies Been Utilized?
— Toward Further Expansion and Diverse Partnerships — 04

TENKAI REPORT The Ninth Tokyo International Conference on African Development (TICAD 9) — Thematic Event (Symposium)

Ten Years of the Projects for Global Growth of Medical Technologies in Africa: Achievements and the Way Forward 08

—PART 1
The Projects for Global Growth of Medical Technologies in Africa 08
Japan Institute for Health Security (JIHS), Bureau of Global Health Cooperation

—PART 2-1
Human Resource Development in Gastrointestinal Disease Care (Endoscopy) | Kenya 10
Olympus Corporation

—PART 2-2
Sustainable Strengthening of Health Systems through a Maternal and Child Health DX Platform | DR Congo 12
SOIK Corporation

—PART 2-3
Promoting Tuberculosis Diagnosis through PURE-TB-LAMP | Zambia 14
Eiken Chemical Co., Ltd.

—PART 2-4
Strengthening Nursing Training Capacity in Kinshasa | DR Congo 15
Japan Institute for Health Security (JIHS), Bureau of Global Health Cooperation

—PART 3 Panel Discussion
How Have the Projects for Global Growth of Medical Technologies Been Utilized?
— Toward Further Expansion and Diverse Partnerships 18

Beyond the Project — *Exploring the Impact and Changes After the Project's Completion*

Expanding Access to High-Quality Rheumatology Care | Indonesia 22
Keio University

Building Systems for the Early Diagnosis and Treatment of Rare Diseases | Vietnam 24
Takeda Pharmaceutical Company Limited

Protecting the Feet of People with Diabetes through Foot Care | Vietnam 26
Saga University Hospital

Building a Cancer Diagnosis System by Developing Pathology Professionals | Cambodia 28
Japan Institute for Health Security (JIHS), Bureau of Global Health Cooperation

What Is the "Blueprint for Success" Revealed by Ten Years of Progress?
Strategically Building Collaboration Models That Engage Diverse Stakeholders 30

Cover photo: Clinical training at Kenyatta National Hospital (Republic of Kenya)
"Human Resources Development for Gastrointestinal Diseases in Kenya (Endoscopy)"

Introduction

In April 2025, the Japan Institute for Health Security (JIHS) was established through the integration of the former National Center for Global Health and Medicine (NCGM) and the former National Institute of Infectious Diseases. JIHS was created to bring together a wide range of functions—including response to health crises such as infectious diseases, research, human resource development, international cooperation, and healthcare delivery—under one organization.

Within JIHS, the Bureau of Global Health Cooperation continues to work toward a world in which everyone can live a healthy life, with a particular focus on improving health and healthcare in low- and middle-income countries. At the same time, the Bureau places great value on applying the experience and knowledge gained through these efforts to Japan as well.

One of the Bureau's key initiatives is the Ministry of Health, Labour and Welfare's grant-funded program, the Projects for Global Growth of Medical Technologies, which enters its 11th year in FY2025. Through this program, Japan has worked to share its world-leading medical technologies and medical products internationally, with the aim of improving public health and healthcare standards in partner countries.

As part of efforts to raise broader awareness of the program, JIHS hosted a thematic event (symposium) at TICAD 9 in August 2025 under the title, "Ten Years of the Projects for Global Growth of Medical Technologies in Africa: Achievements and the Way Forward." The symposium looked back on activities in Africa, shared the challenges and constraints identified through project implementation, and provided an opportunity for discussion on how the program can be improved going forward. In addition, academic papers have been published on the international deployment of medical technologies and medical products.

In this 3rd issue of TENKAI Project News, we introduce the distinctive features of the program, lessons learned over the years, and examples from individual initiatives.

We believe that, in order for Japanese medical technologies and products to be used more widely around the world and contribute to addressing global health challenges, it is essential to encourage the participation and collaboration of diverse stakeholders and to build a multilayered framework of cooperation. We sincerely appreciate your continued support and cooperation.

Masami Fujita

Director, Secretariat for the Projects for Global Growth of Medical Technologies

Taking Japanese Healthcare to the World

How Have the Projects for Global Growth of Medical Technologies Been Utilized?
— Toward Further Expansion and Diverse Partnerships —

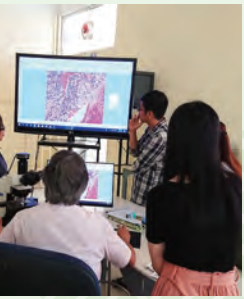
Co-Creating International Cooperation through the Global Expansion of Healthcare

Launched by Japan's Ministry of Health, Labour and Welfare in 2015, the Projects for Global Growth of Medical Technologies promote the introduction of Japan's advanced medical technologies, pharmaceuticals, medical devices, services, and expertise to low- and middle-income countries. The initiative aims both to help improve healthcare in partner countries and to support growth in Japan's healthcare sector. By fostering collaboration between the public and private sectors, the program has created a new model of international cooperation—one that contributes to sustainable development for both Japan and its partner countries while also helping improve the standard of healthcare on the ground.

At the heart of the program are training initiatives designed to develop the people and skills needed to address health and medical challenges in target countries and regions. The program covers a wide range of fields, and participating companies and organizations are selected each year through an open call for proposals. Once selected, they carry out their projects over a period of approximately 10 months. To help ensure that Japanese medical products and technologies can continue to be used sustainably in partner countries, the program also works—alongside human resource development—to promote their integration into local training systems, clinical guidelines, and health insurance schemes.

A Decade of Progress and Results

As of 2025, 10 years have passed since the program was launched, and its achievements are becoming increasingly visible—not only in terms of outputs, but also in the impact seen in partner countries. From 2020 onward, the global spread of COVID-19 made in-person training difficult. In response, projects across the program adapted by moving their training online. By introducing systems that allowed participation via mobile devices and by making use of surgical videos, VR learning materials, and remote mentoring applications, the program significantly expanded its reach. As a result, the number of participants doubled, while the gap in access to training between urban and rural areas was also reduced. In FY2024, the program continued to deliver results at the policy level. Twelve medical technologies were incorporated into national plans and clinical guidelines in partner countries, 15 types of Japanese medical devices were procured locally, and 5 projects led to insurance coverage. In addition, some training programs were formally integrated into continuing professional education systems for local healthcare professionals, contributing to stronger healthcare delivery through lasting institutional change.



What the Overall Program Evaluation Revealed

In FY2023, JIHS, which serves as the program secretariat, conducted an overall evaluation of the program. Analysis of responses from 72 projects over the previous 5 years showed that 41.7% had generated outcomes related to human resource development, including contributions to educational programs, guideline development, and the establishment of professional societies. It also showed that 42.3% of the 51 projects involving medical equipment resulted in procurement by partner countries. The evaluation further confirmed that projects contributing to guideline development were more likely to lead to subsequent progress in medical device procurement, including discussion, agreement, and implementation. Based on these findings, lessons learned from the development and validation of performance indicators for medical technology transfer projects in low- and middle-income countries were compiled and published in an academic paper.

• Overview of the 72 Projects

Among the 72 projects reviewed, 88% were implemented in Asia, with Vietnam accounting for the largest share. In the clinical fields, the most common areas were surgery, emergency medicine, and infectious diseases. In the paramedical fields, the main areas were diagnostic testing, educational support, rehabilitation and elderly care, and radiology.

Themes

Clinical Department (34 projects: 47.2%)

Sector	No. of Projects
Surgery	8
Emergency	6
Infectious disease	5
NCDs, Mental Health, and Advanced Medicine	4
Health check-up	4
Cancer	3
MCH	3
General medicine	1

Paramedical Sector (38 projects: 52.8%)

Sector	No. of Projects
Diagnostics	8
Education	5
Rehabilitation	5
Radiology	5
Medical equipment engineering	4
Dialysis	4
Blood transfusion	3
Endoscopy	2
Pharmaceutical management	2

* Reference: *"Evaluation frameworks for technology transfer projects: Lessons from Japan's global growth of medical technologies initiatives in low- and middle-income countries"*
https://www.jstage.jst.go.jp/article/ghmo/5/1/5_2024.01018/_article/-char/en

• Performance Indicators and Outcomes

To better visualize and assess the complex process of transferring Japanese medical technologies to low- and middle-income countries, a total of 20 performance indicators—covering both process and outcome indicators—were developed across 2 categories: "medical technologies" and "medical products". These indicators have proven useful for clarifying both the effectiveness of and the challenges associated with technology transfer. They provide a consistent framework for tracking progress and outcomes, and can also be used to improve projects and inform policy development.

Outcomes of Dissemination of Health Technology

(72 projects)

Indicator	No. of Projects	
Continuous use of training materials	**29** (40.3%)	
Incorporation into education programs	**24**	Meets any of the results on the left
Establishment of academic society / professional organization	**5**	
Incorporation into guideline	**13**	**30** (41.7%)
Increased number of patients	**27** (37.5%)	
Manifestation of health impact *1	**20** (27.8%)	

Outcomes of Roll-out of Health Products

(Of the 72 projects, 51 that involve health products)

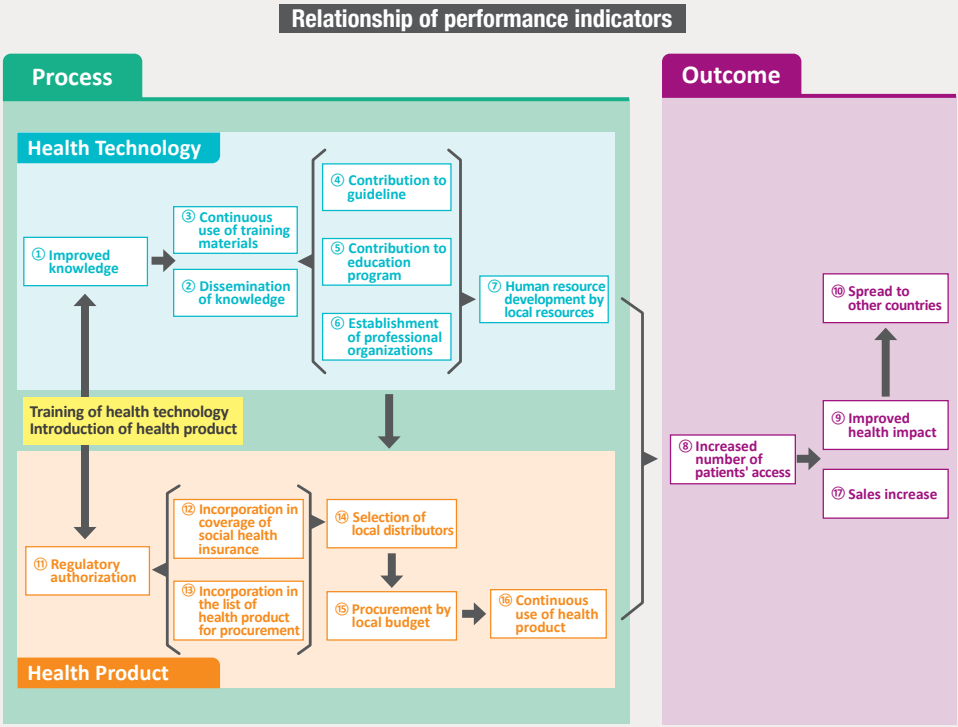
Results	No. of Projects
Acquisition of a license of the health products	**5** (9.6%)
Acquisition of health insurance coverage of the health products	**3** (5.8%)
Inclusion of the health products in the list of medical devices	**2** (3.8%)
Selection of local distributors for the health products	**7** (13.5%)
Procurement of the health products by local budget (including "under discussion")	**23** (42.3%)
Continuous use of the health products	**32** (61.5%)
Increased sales of the health products *2	**8** (15.4%)
Procurement of the health products in other countries	**6** (11.5%)

* 1 Interpretations of “health impact” differ across projects, making comparison difficult.
* 2 Many respondents reported difficulty in answering questions about sales.

When the outcomes of the 72 projects were examined by indicator, the spread of medical technologies was reflected in the continued use of training materials, their incorporation into educational programs, the establishment of professional societies and institutional frameworks, and their inclusion in clinical guidelines. Some projects also reported increases in patient numbers and measurable contributions to improved health outcomes. In the area of medical products deployment, many projects achieved local procurement and continued use of the products introduced, while some also reported increased sales or expansion into additional countries.

The evaluation also illustrated how the different indicators relate to one another along the pathway from process to outcome. It showed that when local healthcare professionals are trained in parallel with the introduction of the medical products needed to support their work, more patients are able to access appropriate healthcare services, ultimately leading to improved health indicators.

Statistical analysis of the 72 projects further showed that projects with well-established human resource development systems were more likely to achieve outcomes such as the sustained use of introduced medical products, local budget allocation for training, and increases in patient numbers.



Toward Solving Global Health Challenges

To address global health challenges, it is essential that high-quality medical technologies and medical products reach the healthcare facilities and people who need them most. Looking back on the first 10 years of the Projects for Global Growth of Medical Technologies, we can reaffirm both their significance and their achievements. At the same time, the need to overcome persistent challenges in low- and middle-income countries—such as mismatches between local needs and available solutions, shortages of skilled personnel, and limited compatibility with local infrastructure and systems—has become increasingly clear. Addressing these challenges requires strong relationships of trust with a wide range of stakeholders, including local governments, healthcare professionals, and businesses. It is also important to ensure that medical technologies and products are not treated as one-time support, but are effectively integrated into local health systems and used on a sustained basis. Through this program, we hope to further promote diverse partnerships and collaboration in Japan and abroad, and in doing so, help advance the global deployment of Japanese healthcare in a more effective and sustainable way.

The Ninth Tokyo International Conference on African Development (TICAD 9) — Thematic Event (Symposium)

Ten Years of the Projects for Global Growth of Medical Technologies in Africa: Achievements and the Way Forward

On August 20, 2025, the Bureau of Global Health Cooperation of JIHS held a symposium at TICAD 9 titled "Ten Years of the Projects for Global Growth of Medical Technologies in Africa: Achievements and the Way Forward." The event looked back on the past 10 years of work in Africa, introduced 4 initiatives carried out on the continent, and featured a panel discussion that generated lively and productive exchanges among speakers and participants. The following is an overview of the event.

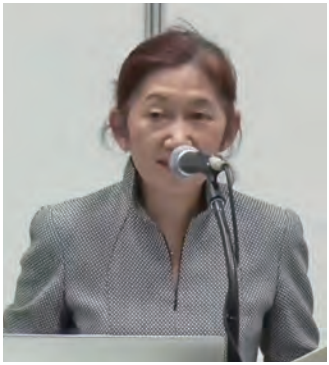
Part 1

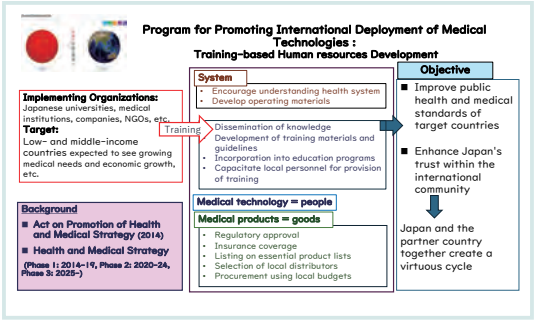
The Projects for Global Growth of Medical Technologies in Africa

Yuriko Egami
Secretariat for the Projects for Global Growth of Medical Technologies
Head, Division of Partnership Development, Department of Global Network and Partnership
Bureau of Global Health Cooperation, JIHS

Egami Good afternoon, everyone. To open the symposium, I would like to share an overview of the Projects for Global Growth of Medical Technologies in Africa.

This is a human resource development initiative centered on training programs and implemented on a continuing basis through annual applications and review. These funds cannot be used for equipment purchases or for research or survey activities. Instead, the program aims to improve public health and healthcare standards by sharing knowledge of Japan's healthcare system and promoting the international deployment of high-quality medical technologies and medical products, so that needed technologies and products can reach the places where they are required.





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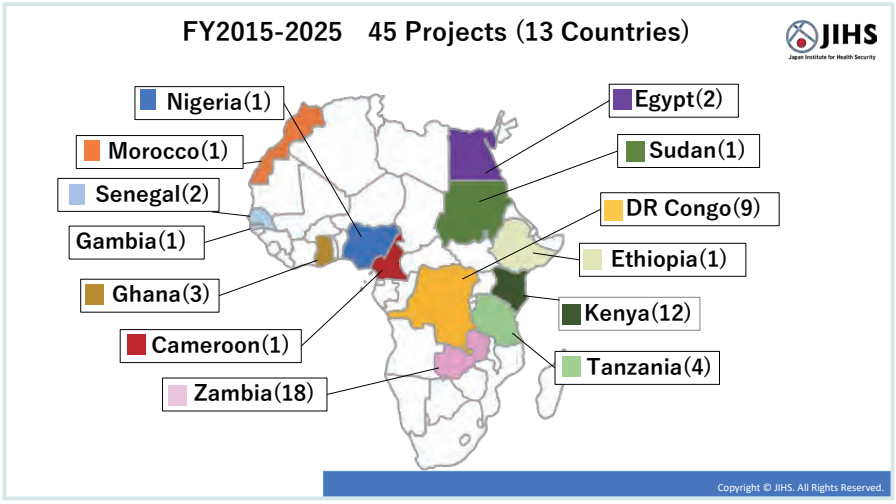

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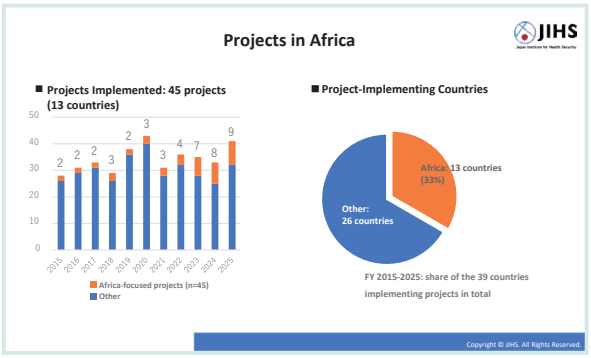


[Slide 1-3]

The program supports Japanese universities, medical institutions, companies, NGOs, and other organizations in conducting training programs primarily for low- and middle-income countries. It seeks to develop healthcare professionals who can make appropriate use of medical products to deliver better services. By developing guidelines, incorporating them into educational programs, and training local personnel who can in turn provide instruction themselves, the program aims to support the wider spread of these technologies at the community, regional, and national levels.

The map shown in Slide 1-2 highlights the African countries where projects have been implemented to date, with the projects presented today indicated in blue. Zambia has been a project site since the early stages of the program, and activities have since expanded to Kenya and French-speaking countries as well.

In recent years, the number of Africa-focused projects has grown, and Africa now accounts for around 20% of the overall program. Major areas of support include improving understanding of Japan's regulatory and certification systems, developing guidelines to strengthen the

teaching capacity of nursing educators, and expanding support for diagnostic technologies such as endoscopy, CT, and mammography. In some cases, procurement of medical products through local budgets has also been achieved.

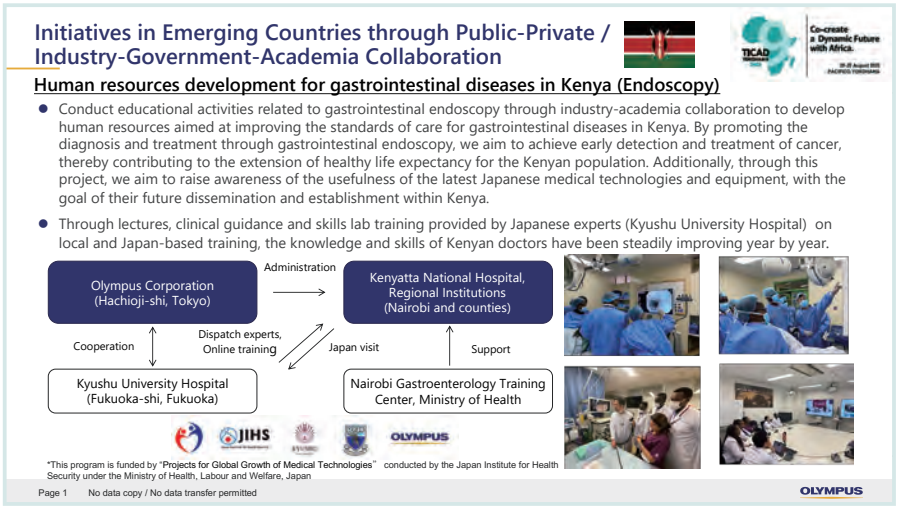
Looking back over the past 10 years, we observe a steady increase in Africa-focused projects, a strong concentration on diagnostic technologies, and a broader spread of target countries than in Asia, where support tends to be more heavily concentrated in individual countries. Each project has reported its own achievements. I hope today's discussion will help us all think together about how the Projects for Global Growth of Medical Technologies can be used even more effectively in the future. Thank you very much for your attention.

Part 2

1

Human Resource Development in Gastrointestinal Disease Care (Endoscopy) [Kenya]

Koichiro Watanabe
Senior Director, International Cooperation, Government Affairs, Olympus Corporation



[Slide 2-1-1]

Watanabe I would like to introduce our human resource development project in Kenya for gastrointestinal disease care, which has been implemented as a 3-year initiative since FY2023. Leading medical education institutions in both Japan and Kenya are participating as core partner institutions. On the Kenyan side, the main trainees come from 7 healthcare institutions, including public hospitals and county hospitals.

We have prepared a short video introducing the project, which I would now like to share.

— Video screening —

Interview with a physician from a county hospital in Kenya (excerpt)

The burden of gastrointestinal disease in Kenya and in Africa is high and it's increasing, including cancers such as those of the esophagus. And we do have shortages in terms of skilled endoscopists and equipment as well. Japan is the land of endoscopy, and there couldn't be a better opportunity to learn from the best of the best. On what endoscopy is, how important it is in terms of diagnosis and therapeutics, this will be a great opportunity to transfer the skills and knowledge that we learned here to our colleagues back at home, so that we are able to expand our endoscopic capacity, and thereby improving the quality of care to our patients.

Training at a local hospital in Kenya

Training in Japan at Kyushu University Hospital

— End of video —

The physician featured in the video works at a county hospital in a rural area. The hospital previously had only a physician providing endoscopy services, but after the training, another physician joined, allowing the hospital to strengthen its endoscopy services through a 2-person team.

The training shown in the video is conducted every year at Kenyatta National Hospital in Nairobi, and a 3-day training course is also planned for this September. Through the program, participants have gained not only technical endoscopy skills, but also a deeper appreciation of the importance of team-based care—collaboration across specialties and among different healthcare professionals. At this hospital, there had previously been no nearby facility capable of providing endoscopy. We have heard from the local physicians that referrals from surrounding areas have since increased, meaning that local communities are now benefiting from improved access to care. We believe it is important to identify points of common purpose with local partners and work together from there.

That concludes the video introduction. I look forward to sharing more about the project's achievements and challenges during the panel discussion. Thank you very much.

Part 2

2

Sustainable Strengthening of Health Systems through a Maternal and Child Health DX Platform [DR Congo]

Kuniyuki Furuta
Representative Director & CEO, SOIK Corporation

Furuta SOIK is a digital health social startup with operations in both the Democratic Republic of the Congo and Japan. Maternal mortality in the DRC is around 100 times higher than in Japan, and we are working to help address this challenge.

Many healthcare facilities in the country lack the equipment needed to provide appropriate antenatal care, even when pregnant women do seek medical attention. To address this problem, we developed a product called "SPAQ" and have been providing training on how to use it, with the goal of enabling proper antenatal care.

SPAQ integrates digital devices with a smartphone to digitize the antenatal care process in the field. It incorporates tools such as portable ultrasound and blood pressure monitoring, and it is designed to function offline so that it can be used in remote settings. Once connected to the internet, the data can be uploaded to a server and reviewed remotely. The system also supports telemedicine by linking obstetric specialists in the capital with midwives working in rural areas.

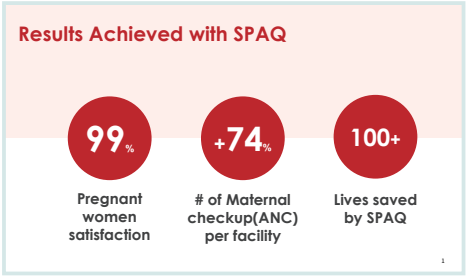
We are also transferring ultrasound skills as a clinical technology, and from the outset we have worked with local administrative authorities in order to generate results as early as possible. Outcomes have included higher satisfaction among pregnant women, increased uptake of antenatal care, and ultimately the detection of abnormalities that has helped save lives. In addition, we worked with the Ministry of Health to develop documentation on medical equipment specifications, successfully incorporating specifications not only for our own products but also for those of other Japanese companies. Data collected via smartphone is compiled into monthly reports alongside national health statistics, and we hold workshops with health officials so that the data can be used in health administration. We also work with the Ministry of Health to organize donor

seminars and support fundraising as part of the project's exit strategy.

Slide 2-2-3 presents a quantification framework we are currently developing. Using variables such as the number of people examined, screening accuracy, and treatment accuracy, we are working to estimate how many lives can be saved. At the same time, many people still die without ever reaching a health facility. To address this, we have also developed services that bring healthcare directly to villages, working with volunteers to provide care to pregnant women in remote areas. These volunteers receive training that enables them to carry out basic examinations.

At present, ultrasound examinations are performed by our physicians, but once the AI-based system we are developing is in place, even volunteers will be able to conduct basic screening. As AI advances, both training time and examination time are expected to decrease significantly, making it easier to expand outreach-based screening services.

We are also working to improve cost-effectiveness by applying the platform not only to maternal and child health but also to infectious disease surveillance. To improve the efficiency of the health system as a whole through digitalization, we collaborate with a wide range of partners, including universities and government institutions. In particular, we hope that Japanese companies will integrate their digital medical devices into our platform and use it as a gateway to the local market.



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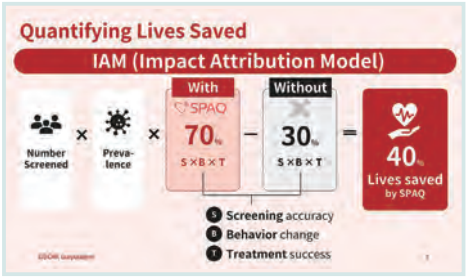
[Slide 2-2-2]



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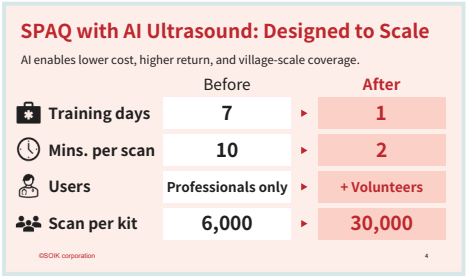
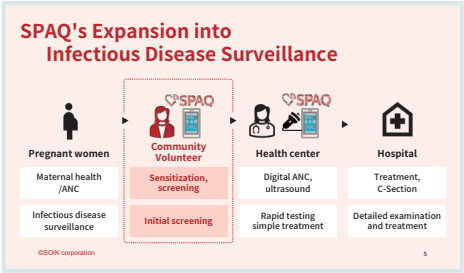


[Slide 2-2-4]

We have also accumulated a substantial amount of data that has not yet been published, and we would welcome collaboration with research institutions on this front. This project framework is extremely valuable because it helps foster exactly this kind of collaboration, and we hope to see it expanded further in the years ahead.



[Slide 2-2-5]

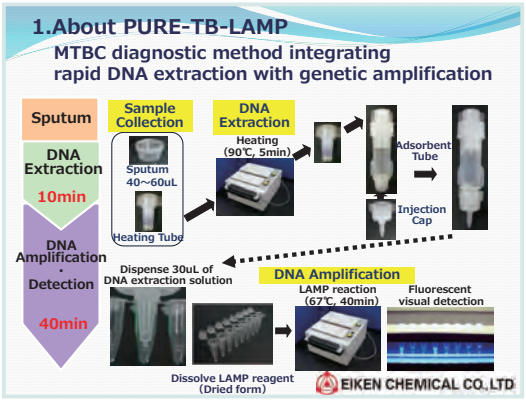
Part 2

3

Promoting Tuberculosis Diagnosis through PURE-TB-LAMP [Zambia]

Keiko Watanabe
Marketing Promotion Division, Eiken Chemical Co., Ltd.

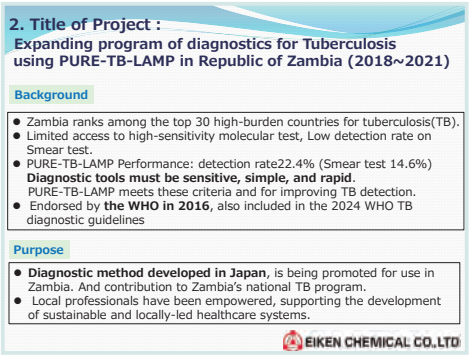
Watanabe At Eiken Chemical, we provide "PURE-TB-LAMP", a diagnostic reagent for the Mycobacterium tuberculosis complex based on our proprietary LAMP gene amplification technology. This technology has made it possible to offer a simple and rapid genetic test that can be used even in facilities with limited equipment. Because of this accessibility, the technology received WHO recommendation in 2016, and we began working toward broader deployment in Africa. From 2018 to 2021, our project was selected under this scheme, and we worked in the Republic of Zambia—a country with a high burden of



[Slide 2-3-1]

tuberculosis—to support wider access to TB diagnosis.

Today, we would like to share a video in which 3 individuals from the institutions involved in the project—the tuberculosis research institute and the national tuberculosis reference laboratory—report on the outcomes of the training, the current situation, and the challenges ahead.



[Slide 2-3-2]

— Video screening —

Interview excerpts from personnel involved in tuberculosis research in Zambia

In addition to introducing TB-LAMP itself, the project provided healthcare workers with continuous learning opportunities through training conducted both in Zambia and in Japan. The Ministry of Health introduced TB-LAMP in 2020, and it is now being used in 29 regional facilities to diagnose tuberculosis. Compared with a positivity rate of 14.6% for microscopy, TB-LAMP has achieved 22.4%, contributing to improved case detection.
At the same time, limited funding and the end of USAID support have made it difficult to sustain tuberculosis testing services. For this reason, there is now a strong need for renewed support—particularly for TB testing in rural areas—from Japanese funding partners.

— End of video —

As this case shows, participation in the project helped create momentum for the introduction of TB-LAMP in several African countries, where more than 1.4 million tests are now being conducted annually. Thank you very much.

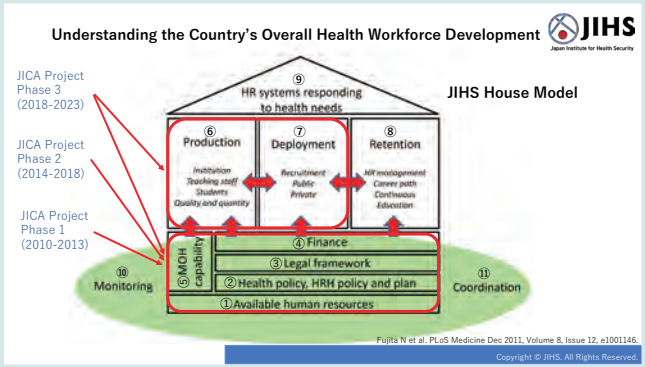
Part 2

4 Strengthening Nursing Training Capacity in Kinshasa [DR Congo]

Sadatoshi Matsuoka
Senior Researcher, Bureau of Global Health Cooperation, JIHS

Matsuoka I am currently working on a project in Kinshasa to strengthen nursing training capacity in the Democratic Republic of the Congo. I would first like to explain the perspective needed to secure high-quality health personnel.

Slide 2-4-1 presents what we call the "House Model". Just as a house needs a solid foundation, a strong health workforce system also depends on a solid base. In this model, that foundation consists of: 1. understanding the current state of the health workforce and identifying key challenges; 2. formulating health policy, workforce strategy, and development plans based on that analysis; 3. establishing the legal framework needed to support those plans; 4. securing financing; and 5. strengthening the capacity of the Ministry of Health to manage the system as a whole. Once that foundation is in place, the pillars can be built. These include: 6. training, 7. recruitment and deployment, and 8. retention, all of which ultimately support: 9. the ability of the country as a whole to respond to health needs.



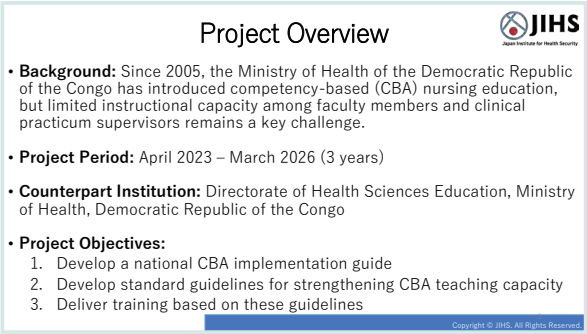
[Slide 2-4-1]

To provide some background, our work began in 2010 as a JICA technical cooperation project and continued through 3 phases up to 2023. In Phases 1 and 2, we focused on strengthening the foundational elements of the House Model at both the national and provincial levels. In Phase 3, we moved on to the pillar areas of training and recruitment/deployment. Now, under the Projects for Global Growth of Medical Technologies, we are working to further strengthen the training component in a more advanced way.

The Ministry of Health of the DRC introduced competency-based nursing education in 2005, but instructional capacity among nursing educators has remained insufficient. In response, we launched a 3-year project in 2023. Our counterpart institution is the Directorate of Health Sciences Education within the Ministry of Health. The project's objectives are to

develop a national guide for implementing competency-based education, formulate standard guidelines for strengthening educational capacity, and provide training based on those guidelines.

In terms of implementation, JIHS is working closely with the Ministry of Health while also strengthening the Basic Education Divisions of provincial health authorities under its supervision. We are also training instructors at intermediate-level health personnel training schools and strengthening the capacity of staff at partner clinical practicum sites.



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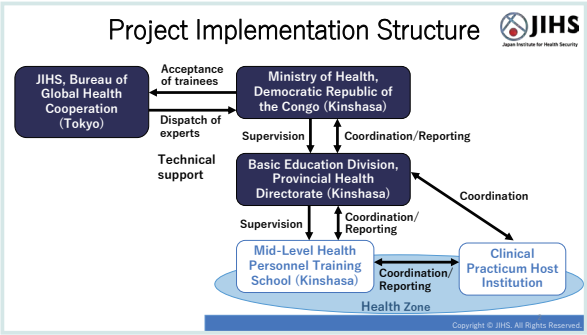

[Slide 2-4-3]

— Video screening —

Interview excerpt from the Director of the Directorate of Health Sciences Education, Ministry of Health

For the Directorate of Health Sciences Education, encountering this project was an extremely valuable opportunity. We had long struggled with how to document good practices and preserve them in a structured form. This project gave us the opportunity to turn those practices into guidelines and standards. It is an important initiative that contributes to strengthening the national education system. Support is meaningful when there is clear agreement on what activities will be carried out, how much they will cost, and how they will be implemented.
In that respect, I feel this project has been very well structured and has been implemented with a strong focus on results. Because our activities are wide-ranging, we would welcome consideration of expanding the scope of support in the future.

— End of video —

That concludes my presentation. I look forward to sharing more about our outcomes during the panel discussion. Thank you very much.

Part 3 Panel Discussion

How Have the Projects for Global Growth of Medical Technologies Been Utilized?

— Toward Further Expansion and Diverse Partnerships —

Moderator

Masami Fujita	Director, Secretariat for the Projects for Global Growth of Medical Technologies, Bureau of Global Health Cooperation, Japan Institute for Health Security (JIHS)

Panelists

Koichiro Watanabe	Senior Director, International Cooperation, Government Affairs, Olympus Corporation
Kuniyuki Furuta	Representative Director & CEO, SOIK Corporation (comments were read on his behalf by the moderator due to his absence)
Keiko Watanabe	Marketing Promotion Division, Eiken Chemical Co., Ltd.
Yuji Ogawa	Professor, Division of Preventive Dentistry, Graduate School of Medical and Dental Sciences, Niigata University
Satoshi Miura	Planning Officer, Office for Healthcare Policy, Cabinet Secretariat
Hiroaki Adachi	Section Chief, Private Sector Partnership Department, Japan International Cooperation Agency (JICA)
Sadatoshi Matsuoka	Senior Researcher, Bureau of Global Health Cooperation, Japan Institute for Health Security (JIHS)

Q1 Why did you choose this scheme for your work in Africa, and how was it actually used?

Watanabe (Olympus) Endoscopy for gastrointestinal diseases is still not yet widely established in Africa, which makes human resource development absolutely essential. Endoscopic diagnosis and treatment require highly specialized skills, including image interpretation, diagnostic knowledge, and procedural technique. There are limits to what a single company can do on its own in specialist training, so we chose to use this scheme. The public-private framework was especially helpful because it made it easier to gain the trust and understanding of medical education institutions. In practice, the project has progressed smoothly.

Watanabe (Eiken Chemical) Our involvement began in 2015, when we participated as a developer in a point-of-care testing training project in Africa. That experience allowed us to build a relationship with the Zambian Ministry of Health. Since PURE-TB-LAMP had also received WHO recommendation in 2016, Zambia became a natural target country. Zambia has a very high burden of tuberculosis, and at that time the incidence was 376 cases per 100,000 people. We wanted to use this new genetic testing technology as part of human resource development in Zambia, so this project was a good fit because it supports the wider deployment of medical technologies.

Together with a related initiative in Cameroon, it also gave us an opportunity to present the project more broadly as an example of deployment in Africa. In addition, the scheme allowed us to connect with academia and JICA, and to gain country-level information that would have been difficult for a single company to access alone.

Matsuoka (JIHS) We chose this scheme because JIHS's expertise and experience aligned closely with the needs of our counterpart in the DRC. Since 2010, we had already been supporting the same counterpart through a JICA technical cooperation project. Building on those achievements, we were able to use this scheme as a way to further strengthen foundational nursing education.

Furuta (SOIK) This is one of the few programs that startups can apply for even at an early stage, before they have built up a sales record. It was also very helpful that the scheme covers the full cost of activities and includes support for personnel expenses. Because the project focuses on human resource development, it enabled us to build relationships at multiple levels—from the Ministry of Health and provincial health offices to frontline healthcare workers. Those relationships then led to policy input and to the conclusion of an MOU with the partner country.

Q2 What constraints or limitations did you encounter in implementing your projects under this scheme? How do you see collaboration with other partners or schemes helping to address them? And what kind of support from the Japanese government would be effective?

Watanabe (Olympus) There are, of course, limits when both funding and project duration are constrained. If you do not begin from the outset with a view to eventual local ownership—through local personnel, local financing, and local continuation of activities—there is always a risk that the work will stop when the project ends. One thing we have done is support local medical societies so that endoscopy training can continue after the project. We have also acted as a bridge to international academic societies in the hope of encouraging their support. On the Japanese side, Kyushu University Hospital has cooperated with us through remote education, which it had already been actively providing even before COVID-19. Going forward, we hope to continue encouraging physicians in Kenya to stay involved.

As for future support, there are actually very few government-supported programs in Japan that focus specifically on human resource development, which is the area we prioritize. We would very much welcome further expansion of this kind of scheme.

Watanabe (Eiken Chemical) Training itself worked well for relationship-building and technical guidance with local personnel. However, because our diagnostic reagent must be registered under local regulations, it was more difficult to build the relationships needed with the Ministry of Health and the National Tuberculosis Program in order to gather the right information and move the registration process forward. It would be very helpful to have some form of support specifically for regulatory information and compliance.

Looking ahead, WHO is introducing a new prequalification system for tuberculosis, and obtaining prequalification will be necessary to participate in international procurement.

We therefore hope to see stronger alignment on regulatory matters, including coordination with Japan's PMDA regulatory processes.

Matsuoka (JIHS) Because the DRC is geographically far from Japan, travel expenses for Japanese experts inevitably take up a large share of the budget. In this year's case, travel alone accounted for about one-third of total costs, which reduces the proportion available for training—the core activity of the project. Fortunately, we were able to build on the foundation of our earlier JICA project and present the outcomes of this initiative to other partners. As a result, we secured funding from the World Bank and were able to expand beyond Kinshasa into other provinces. That made for a very effective exit strategy.

In terms of government support, one useful approach would be to use this scheme to further develop the outcomes of JICA projects—or conversely, to use JICA projects to build on results generated under this scheme.

Furuta (SOIK) In practice, it is not enough to focus only on training. Research, development, and demonstration are also necessary, and that is one of the limitations of the current framework. Greater flexibility in outsourcing to local entities would help, but what we particularly hope for is a scheme that enables collaboration with technical cooperation projects and experts. If the goal is nationwide scale-up, then links with larger financing instruments—such as program loans—will also be necessary.

Ogawa (Niigata University) We are implementing oral health projects in Zambia, Tanzania, and Kenya. In settings where around half of the population is affected by dental caries, we are promoting the use of a dental product that was recently added to the WHO Essential Medicines List by training local trainers in its use. Listening to the other panelists today, I felt that the challenges we face are very similar. Knowledge alone is not enough; without access to the actual products, nothing moves forward. There is a real difficulty in improving both access and delivery at the same time. I also feel that the project period is too short for building the kind of long-term structure needed to sustain these efforts. Better linkage with support from local ministries of health and the Japanese government could make these projects much more effective in terms of sustainability.

Q3 What kinds of collaboration between schemes could help ensure that initiatives introduced through this project continue to develop in a sustainable way?

Miura (Cabinet Secretariat) Healthcare is a field with a very large number of stakeholders, so it is not an area where promotion and market development can be pursued as simply as in other industries. Based on the idea that Japan's knowledge and technologies in this area can contribute not only domestically but also to addressing social challenges in Africa and other countries of the Global South, the government

launched the "Africa Health Initiative" in 2019. That initiative has several pillars, including information dissemination, market development, and personnel exchange, but the foundation that supports them is human resource development and technology transfer. In that sense, I see this project as one of the key pillars of the Africa Health Initiative. Going forward, stronger collaboration will require a system in which all relevant government ministries and agencies are constantly sharing information. For example, once activities under this project are completed, the next stage could be supported through the Ministry of Economy, Trade and Industry's Global South subsidy program, and after that, JETRO could help connect the work to the actual sale of products and services. At each stage, sustainability will depend not only on contributing to social challenges, but also on ensuring that the effort is viable as a business through public-private collaboration.

Adachi (JICA) As Japan's implementing agency for official development assistance, JICA has financing schemes available, but I believe the more important question is how the public and private sectors can work together. In healthcare, more than in many other fields, the issue is not competition between countries to capture markets. Rather, it is how limited funding can be allocated as effectively as possible. In that sense, what matters is creating spaces for policy dialogue with partner countries—such as under the Asia and Africa Health Initiative—while JICA develops technical cooperation, JIHS contributes expertise and human resource development, and Japanese companies help implement high-quality products and services on the ground. It is important that each actor complements the others. At the same time, we also need to make the differences among the available schemes clearer so that companies and NGOs can access the one that best suits their needs.

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Moderator I believe today's discussion has given us an opportunity to look back on 10 years of medical technology initiatives and the Projects for Global Growth of Medical Technologies in Africa from a variety of perspectives. I would like to express my sincere appreciation to everyone who joined us today, and with that, I will bring the panel discussion to a close. Thank you very much.

Expanding Access to High-Quality Rheumatology Care

| FY2018–FY2022 | Republic of Indonesia | Keio University

Photo: Trainees receiving instruction from a pharmacist on the proper use of therapeutic agents (FY2018)

Challenges in Rheumatology Care and the Need for Japanese Support

For many years, Indonesia faced major challenges in the diagnosis and treatment of rheumatic diseases. In 2018, the country had only 70 rheumatology specialists, most of whom were concentrated in urban centers such as Jakarta, leaving patients in many other regions with limited access to care. Medical education and specialist training were also not yet fully systematized, making it difficult to develop the workforce needed to meet growing demand. At the same time, because infectious diseases such as tuberculosis remain prevalent in Indonesia, the safe use of immunosuppressive therapies for rheumatic diseases requires particularly advanced clinical management. Against this backdrop, there was strong local demand for Japan's expertise in diagnostic technologies such as immunological testing and joint ultrasound, as well as therapeutic agents and the healthcare systems that support their use. In response, Keio University launched a project drawing on its internationally recognized experience in rheumatology care.

Comprehensive Support from Technology Introduction to Human Resource Development

Over 5 years, the project delivered far more than technology transfer alone. It provided comprehensive support that combined system development, workforce training, and clinical practice, helping transform rheumatology care in Indonesia. At local healthcare institutions, the project introduced Japan's team-based care model, in which physicians, nurses, and pharmacists work together, along with advanced joint ultrasound techniques, guidance on the appropriate

use of tocilizumab, and high-level immunological testing services developed through collaboration between Toyota Tsusho and SRL. The project also engaged with the Indonesian Ministry of Health at the policy level, contributing to the inclusion of tocilizumab in the national health insurance scheme in January 2020.

Educational materials and clinical guidelines developed through the project (FY2021)

Human resource development was another major pillar. Japanese experts provided hands-on training at leading universities in Indonesia, while Indonesian physicians were invited to Japan for training at Keio University Hospital and pharmaceutical companies. Through this two-way learning model, 1,994 participants took part in local training, and 36 physicians completed training in Japan. Six local instructors were also trained and now play a central role in the country's training system.

To further support the spread of rheumatology knowledge, the project produced 6 Indonesian-language clinical guidelines, 27 educational videos, and textbooks, which were distributed to universities and healthcare institutions nationwide. Some of these materials were also made available on the website of the Indonesian Rheumatology Association (IRA), where they were accessed by more than 1.4 million users as of July 2025, and they continue to serve as valuable educational resources for healthcare professionals across the country.

Building a System That Lasts

A key reason for the project's success was its strong emphasis on sustainability from the very beginning. Rather than creating new organizations, it focused on strengthening the Indonesian Rheumatology Association so that educational activities could continue after the project ended. This helped establish a locally owned framework for ongoing training and professional development. The project also contributed to long-term sustainability by working directly with the Ministry of Health to secure insurance coverage for treatment, making advanced care more financially accessible. At the same time, partnerships between Japanese companies and local counterparts helped build stable supply chains for medicines, medical devices, and testing services, ensuring that the technologies introduced through the project could continue to be used in practice.

As of July 2025, the number of rheumatology specialists in Indonesia had risen to 107. Joint ultrasound has become established as an essential clinical skill, and the use of tocilizumab is now more widespread. Specialists trained through the project are taking on leadership roles in different parts of the country, and the networks and systems built through the initiative continue to support rheumatology care in Indonesia.

[Country of implementation] Republic of Indonesia **[Project title]** "The Medical Program for International Promotion of Japan's Healthcare and Services for Rheumatic Disease in Indonesia" (2018, 2019, 2020, 2021); "Medical Program for Promoting Interprofessional Education and Collaborative Practice in Indonesia" (2022) **[Implementing organization]** Keio University, https://keio-rheum.jp

Building Systems for the Early Diagnosis and Treatment of Rare Diseases

|FY2021–FY2024 | Socialist Republic of Vietnam | Takeda Pharmaceutical Company Limited

Photo: Workshop co-hosted with a local academic society in Ho Chi Minh City (FY2024)

Building a Care System for HAE

Hereditary angioedema (HAE) is a rare genetic disorder that causes recurrent episodes of swelling in various parts of the body, including the face, abdomen, hands, and feet[1]. Because awareness of the disease is low and diagnosis requires highly specialized expertise, patients often face long delays before receiving a correct diagnosis[2]. Although HAE is estimated to affect 1 in 50,000 people worldwide[3], and around 2,000 people are thought to be living with the condition in Vietnam, very few cases had been diagnosed and awareness among healthcare professionals remained low. In response, Takeda Pharmaceutical Company Limited launched a 4-year support project in 2021 in collaboration with physicians from the Ho Chi Minh City Society of Asthma, Allergy and Clinical Immunology. Drawing on Japanese expertise, the project aimed to build a sustainable system for HAE diagnosis and treatment in Vietnam through the training of healthcare professionals, the establishment of core treatment centers, the development of diagnostic methods, the formulation of treatment guidelines, the creation of awareness materials, and support for the approval of new therapies.

Four Years of Progress, from Physician Training to the First Treatment

In Japan, physicians from Vietnam took part in hospital-based training programs at Hiroshima University, Gunma University, and Juntendo University. These programs also included lectures by HAE experts and opportunities to exchange views with HAEJ, a Japanese patient organization. The

1. Zuraw BL. Clinical practice. Hereditary angioedema. N Engl J Med. 2008;359(10):1027-36 | 2. Diagnostic Consortium to Advance the Ecosystem for Hereditary Angioedema (DISCOVERY)-About Hereditary Angioedema (HAE) | 3. Maurer, M., et al. (2022). The international WAO/EAACI guideline for the management of hereditary angioedema—The 2021 revision and update. Allergy, 77(7), 1961–1990.

training focused on practical clinical skills, including disease mechanisms, diagnostic methods, emergency response, and patient support.

Hospital-based training at Hiroshima University Hospital (FY2022)

In Vietnam, the project delivered physician training through lectures, workshops, and case conferences, while also carrying out disease-awareness activities for multidisciplinary healthcare professionals and the general public. Participants showed a strong commitment to learning, with lively discussion and a high volume of questions across all training sessions. Under the supervision of Dr. Daisuke Honda of Chiba University, local physicians—led by members of the relevant professional society—developed Vietnam's first treatment guidelines for HAE, and efforts to promote their use began in FY2023. These guidelines are currently under review by the Ministry of Health and related academic societies for recognition as national guidelines. In addition, public awareness videos have been shared through the society's YouTube channel and other online platforms.

Over the 4-year project period, 35 educational training sessions were delivered, with a cumulative total of 3,540 local physicians participating. 5 core clinical hubs were established, including Ho Chi Minh City University of Medicine and Pharmacy Hospital and E Hospital in Hanoi, bringing the number of physicians in Vietnam able to diagnose and treat HAE to 29. Support was also provided for the introduction of blood testing and genetic testing, leading to the diagnosis of 33 new HAE patients. In FY2024, treatment was imported before full regulatory approval through the Individual Patient Request (IPR) program authorized by the Vietnamese Ministry of Health. As a result, HAE treatment was administered to a patient in Vietnam for the first time. After the project ended, icatibant was formally approved by the Ministry of Health in October 2025.

A Sustainable Partnership Built on Trust

This project achieved lasting results because it went beyond the transfer of knowledge and skills. It placed strong emphasis on building trust with Vietnamese healthcare professionals and supporting the autonomous development of the country's care system. Today, physicians who participated in the project are training other doctors in Vietnam. As of October 2025, the number of diagnosed HAE patients had risen to 39, and the number of physicians providing HAE care had increased to 30. Looking ahead, further consolidation of the national HAE care system, earlier approval of additional therapies, and the establishment of a patient organization are all expected.

For Takeda as well, the project provided a valuable opportunity to reaffirm the importance of improving healthcare access, addressing social challenges, and advancing international collaboration. The experience gained through this initiative is expected to support future efforts in other countries and disease areas.

[Country of implementation] Socialist Republic of Vietnam **[Project title]** "Project on Establishing Diagnostic Methods, Strengthening Treatment and Developing Guidelines for Hereditary Angioedema in Vietnam" (2021, 2022, 2023, 2024) **[Implementing organization]** Takeda Pharmaceutical Company Limited, https://www.takeda.com/jp/

With cooperation from: Yurie Honda, Ryosho Imai, and Yuki Kato, Medical Policy and Patient Access Division, Takeda Pharmaceutical Company Limited

Protecting the Feet of People with Diabetes through Foot Care

| FY2022–FY2024 | Socialist Republic of Vietnam | Saga University Hospital

Photo: Evaluation of participants wearing the medical footwear ASAHI FOOTCARE at Da Nang Hospital in Vietnam (FY2023)

Rising Diabetic Foot Complications and the Need for Foot Care

In recent years, Vietnam has seen a sharp rise in diabetes driven by changes in lifestyle, along with a growing number of serious diabetic foot complications such as ulcers, gangrene, and toe deformities. In severe cases, these complications can lead to lower-limb amputation. A hospital survey found an average amputation rate of 20% among patients with infected diabetic foot ulcers.

At the same time, there is a shortage of specialists able to provide appropriate foot care guidance, while the common practice of wearing sandals barefoot increases the risk of injury and infection. Against this backdrop, the introduction of preventive products and practical foot care techniques became an urgent priority. In 2022, Saga University launched a foot care education project using ASAHI FOOTCARE (AFC), a medical footwear product developed jointly with Asahi Shoes Co., Ltd.

Advancing Care through Both Medicine and Business

The project aimed not only to introduce AFC Shoes, but also to build a sustainable model for international deployment. Local healthcare institutions adopted a "3-Minute Foot Assessment" protocol to quickly identify high-risk patients, along with educational programs that included e-learning for both healthcare professionals and patients. Training in Japan and the dispatch of experts also helped strengthen local capacity.

Healthcare professionals who had trained in Japan subsequently monitored the use of AFC Shoes among 31 patients with diabetes, confirming the product's clinical effectiveness in the local setting.

To create a sustainable distribution system, the project also partnered with Da Nang Hospital to establish a local sales company, DANASA, in 2023. As a commercial entity responsible for importing and selling AFC Shoes, DANASA created a framework that allows product supply to continue after the end of the project. The initiative also received official support from the Vietnam Association of Diabetes and Endocrinology (VADE), helping build trust in both the product and the educational program and laying the groundwork for wider rollout across the country.

Sales office of DANASA in Vietnam (FY2024)


Meeting on diabetic foot management in Vietnam (FY2024)

A Sustainable Model for International Deployment

After 3 years of activity, 350 pairs of AFC Shoes were commercially exported from Asahi Shoes to DANASA in December 2024, marking the official start of sales in Vietnam. Plans were also underway in 2025 to sell 1,000 pairs annually, with local systems gradually taking shape to meet growing demand. The fact that clinical effectiveness was confirmed locally provides an important foundation for future marketing and policy engagement. On the education side, 295 healthcare professionals received training during the project period, and 26 went on to become local trainers and specialists. Through collaboration with VADE, nationwide education activities and the future incorporation of the product into standard care are now within reach.

One of the project's strengths was that it was designed from the outset with the post-project phase in mind. By deepening understanding of the product among frontline clinicians and trusted local distribution partners, and by developing professionals capable of using it effectively, the project created a strong platform for broader uptake in Vietnam. AFC Shoes are now available locally through DANASA, and the initiative continues today. By integrating product development, clinical protocols, human resource development, and distribution systems, the project offers a strong example of a sustainable model for the international deployment of medical products.

[Country of implementation] Socialist Republic of Vietnam **[Project title]** "Support Project for the Promotion of Footwear as a Treatment for Diabetic Foot Diseases in Vietnam" (2022, 2023, 2024) **[Implementing organization]** Saga University Hospital, https://www.hospital.med.saga-u.ac.jp/medicalcare/clinical/reconstructive/

Building a Cancer Diagnosis System by Developing Pathology Professionals

| FY2017–FY2023 | Kingdom of Cambodia | JIHS, Bureau of Global Health Cooperation (Formerly NCGM)

Photo: Specialized pathology lecture for pathology residents in Cambodia by a Japanese expert (FY2021)

A Pathology System Struggling to Keep Pace with the Rising Cancer Burden

Cambodia is undergoing a major epidemiological transition from infectious diseases to non-communicable diseases, and cancer-related deaths have risen sharply in recent years. Cervical and breast cancer are among the leading causes of death for women, while lung and gastric cancers have also become major health challenges. Yet in 2015, the pathology system essential for cancer diagnosis was extremely limited. In a country of roughly 16 million people, there were only 4 pathologists. Only 3 public hospitals and 1 private hospital were able to perform pathology testing. The public education system for clinical laboratory technicians did not include pathology as a subject, and there was no established mechanism for training new specialists. Although a specialist pathology training course was established at the University of Health Sciences (UHS) in 2015, there were no Cambodian faculty members available to teach it, and overseas support remained fragmented. Against this backdrop, the National Center for Global Health and Medicine launched a project in 2017 aimed at building a cancer diagnosis system by strengthening human resource development and establishing the necessary educational and institutional foundations.

A Comprehensive Approach Focused on System Building and Self-Reliance

Rather than focusing narrowly on technical transfer, the project took a comprehensive approach to building the entire educational system needed for pathology services. At UHS, Japanese experts taught in the pathology specialist training course, while pathology was newly introduced into the

curriculum for clinical laboratory technicians at the Technical School for Medical Care (TSMC), helping lay the institutional foundation for long-term training.

Training at a medical institution in Japan (FY2019)

The project also introduced high-quality specimen preparation techniques and quality management systems based on standard operating procedures. To address the shortage of specialists, online lectures and case conferences were carried out. Training covered not only diagnostic techniques and laboratory management, but also the role of professional societies in continuing education, drawing on lessons from Japan. At the same time, the project delivered multilayered training for both pathologists and pathology technicians and developed educational materials in Khmer as well as Japanese. A new pathology department was also established at the National Maternal and Child Health Center as a site for practical training. Some graduates of the UHS specialist course were later appointed as faculty members, becoming the instructors responsible for training the next generation of specialists. The Ministry of Health approved a national guide for establishing pathology laboratories, and preparations for the establishment of the Cambodian Society of Pathology also moved forward, leading to its formal establishment in 2025.

Creating a Sustainable Cycle of Growth

The project's success lay in building a sustainable educational cycle that would allow Cambodia to strengthen its pathology system on its own. By incorporating pathology into the formal education system, reinforcing specialist training at the university level, and creating a pathway for trained pathologists to return as educators, the project helped establish a self-sustaining model for long-term growth. Over 7 years, 11 new pathologists were certified, increasing the total number from 4 to more than 15. Cambodian faculty members are now teaching at UHS, and the first academic meeting of the pathology society is planned for 2026.

This long-term progress was also supported by strategic international collaboration and the effective use of external funding. NCGM worked closely with German and French pathology teams that had long supported Cambodia, helping create a more coordinated and efficient support system for UHS. Additional support from Rotary Global Grants, the Toyota Foundation, and the Japan Society of Clinical Cytology made it possible to sustain the initiative over 7 years.

In this way, the project redefined the development of pathology services in Cambodia as an effort to build institutions from the ground up. By advancing both education and systems development, it created lasting change. Today, pathology services continue to be delivered through Cambodia's own professionals and institutions.

[Country of implementation] Kingdom of Cambodia **[Project titles]** "Project for Training Pathology Human Resources for the Development of a Cervical Cancer Screening System" (2017); "Human Resource and System Developments for Cervical Cancer Screening in Cambodia" (2018); "Project for Training Pathology Human Resources and System Development for Cervical Cancer Screening in Cambodia" (2019); "Strengthening the Educational System for Pathologists and Pathology Technicians in Cambodia" (2020, 2021, 2022, 2023) **[Implementing organization]** Japan Institute for Health Security, Bureau of Global Health Cooperation (Formerly NCGM), https://kyokuhp.jihs.go.jp/

Projects for Global Growth of Medical Technologies

What Is the “Blueprint for Success” Revealed by Ten Years of International Expansion?

Strategically Building Collaboration Models That Engage Diverse Stakeholders

A common feature shared by the 8 projects introduced in this issue is the close linkage between the introduction of "medical products" and the strengthening of "medical technologies". As a result, the projects did more than simply deliver products. They helped create systems through which those products and technologies could continue to be used, adapted, and developed in local healthcare settings. These systems were built through collaboration among a wide range of stakeholders, including government agencies, companies, academic institutions, and professional associations, each playing a distinct role. The projects’ long-term impact came not only from the quality of the technologies and products themselves, but also from the comprehensive effort to build the local systems needed to support them.

Across these initiatives, 3 broad collaboration models can be identified.

Collaboration Model

1 From Human Resource Development to Service Delivery through Public-Private-Academic Collaboration

This model brings together government, the private sector, and academia to build systems by drawing on the strengths of each.

Project **Endoscopy** [Kenya | Olympus]

Through collaboration among public institutions, private companies, and academic partners, the project promoted endoscopy services by combining the availability of endoscopy equipment with workforce development and the strengthening of service delivery systems. [pp. 10-11]

Project **Maternal and Child Health DX** [DR Congo | SOIK]

Working with the partner country’s government as well as academic and medical institutions, the project helped improve the quality of maternal and child health services through the use of a digital obstetric application and portable ultrasound devices. [pp. 12-14]

Project **Rheumatology Care** [Indonesia | Keio University]

This project integrated human resource development, product deployment, and service delivery through close collaboration among government, industry, and academia. By introducing Japanese team-based care, diagnostic technologies, clinical guidelines, and educational materials, it helped establish a sustainable training framework. It also contributed to insurance coverage for treatment and supported the deployment of ultrasound equipment and immunological testing services, thereby improving the quality of rheumatology care while enabling the sustained use of Japanese products. [pp. 22-23]

Project **HAE** [Vietnam | Takeda Pharmaceutical Company Limited]

From raising awareness of hereditary angioedema to building a system for diagnosis and treatment, this project advanced step by step through clearly defined roles and sustained collaboration among relevant stakeholders. [pp.24-25]

2 Building Local Supply Systems through Industry-Academia-Clinical Collaboration

This model links the clinical expertise of universities, the technological strengths of companies, and the practical needs of local healthcare settings to support an integrated pathway from product development to local supply.

Project **Foot Care** [Vietnam | Saga University Hospital]

Saga University, Asahi Shoes, and Da Nang Hospital worked together to verify the clinical effectiveness of medical footwear for people with diabetes in local hospitals. Public funding also helped lower barriers to market entry, while the establishment of the local sales company DANASA created a system for continued product supply. [pp. 26-27]

3 Multilateral and Multi-Institutional Collaboration

This model is used when challenges are too large to be addressed by a single country or institution, bringing together multiple partners to build more sustainable and resilient systems.

Project **Tuberculosis Diagnosis** [Zambia | Eiken Chemical Co., Ltd.]

Through public-private-academic collaboration and by securing WHO recommendation for the product, the project promoted the standardization of genetic testing for tuberculosis while also supporting the development of testing guidelines and quality management systems. [pp. 14-15]

Project **Nursing Education** [DR Congo | National Center for Global Health and Medicine]

By providing training to strengthen the capacity of nursing educators and clinical practicum supervisors, and by working with multiple partners including the World Bank, the project helped build a more sustainable healthcare system. [pp. 15-17]

Project **Pathology** [Cambodia | Japan Institute for Health Security]

In a setting where there were almost no specialist pathologists, NCGM worked with experts from Germany and France to support the educational system at the University of Health Sciences. By mobilizing diverse external funding sources and encouraging the establishment of a professional society, the project achieved long-term, stable support and helped create a flexible system not dependent on a single source of assistance. [pp. 28-29]

Ministry of Health, Labour and Welfare
Projects for Global Growth
of Medical Technologies

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TENKAI Project News vol.3

Published
December 2025

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TENKAI Project News vol. 3 2025 Published in December 2025 ISSN 2436-0473 Secretariat for the Projects for Global Growth of Medical Technologies, Japan Institute for Health Security