<table>
<thead>
<tr>
<th>項目</th>
<th>内容</th>
</tr>
</thead>
<tbody>
<tr>
<td>タイトル</td>
<td>More attention to the field</td>
</tr>
<tr>
<td>著者</td>
<td>Hirayama, Kenji</td>
</tr>
<tr>
<td>引用</td>
<td>Tropical Medicine and Health Vol. 34 No. 1, 2007, pp. 1-2</td>
</tr>
<tr>
<td>出版日</td>
<td>2007-01</td>
</tr>
<tr>
<td>URL</td>
<td><a href="http://hdl.handle.net/10069/5666">http://hdl.handle.net/10069/5666</a></td>
</tr>
<tr>
<td>Copyright</td>
<td>© 2006 by The Japanese Society of Tropical Medicine</td>
</tr>
</tbody>
</table>
Japanese Developments in 2005-2006

In 2005, the Institute of Tropical Medicine of Nagasaki University (located in Nagasaki, Japan) received two significant governmental grants for the establishment of field-based laboratories in Nairobi, Kenya and Hanoi, Vietnam. At the same time, the Research Institute for Microbial Diseases of Osaka University, Institute of Medical Science of the University of Tokyo and Research Center for Zoonosis Control of Hokkaido University received similar grants for the establishment of overseas laboratories in Bangkok, Thailand and Beijing, China. Thus, 2005 was a watershed year for Japan and affiliated countries in initiating long-term research projects aimed at the control of regional as well as global infectious diseases, such as TB, AIDS, malaria, influenza, dengue fever as well as other emerging and neglected or unknown diseases.

Figure 1 shows the proposed network of research groups newly organized by these grants from the Ministry of Education, Culture, Sports, Science and Technology (MEXT), Japan.

Other independent activities supported by the Ministry of Health, Welfare and Labour (MOHL) and the Ministry of Agriculture and Fishery (MOAF) have been launched to control domestic and imported microbe infections in humans and animals. All of these activities are organized by the cabinet office of the government.

Global Issues

One important reason for the Japanese government recognition of infectious disease control as a high-priority issue stems of course from the endemcity of serious emerging infectious diseases such as HIV, TB, BSE, West Nile fever, SARS, and avian influenza and the threat they pose to Japanese citizens.

But another reason may be even more compelling. That is the surprisingly small number of experts and researchers working in this scientific field in Japan. The grave shortage of human resources is a problem not only for Japan but for all the developed countries, including the United States and European countries where public health priorities tend to concentrate in areas such cancer, hypertension, ischemic heart disease and diabetes.

In the past five to ten years, therefore, the fact that developed countries are more concerned than ever about the possible endemcity of new and old infectious diseases has been reflected in the G8 summit meetings held in the U.S. A., Japan and the U.K. During those meetings, malaria, TB, and HIV/AIDS were recognized as three major diseases confronting the international community. Now tropical medicine and international health researchers are expected to contribute more to solve the problems underlying the endemcity of these infectious diseases.

Figure 1
The Responsibility of Researchers

Generally speaking, research is a personal and private undertaking, and the quality of its outcome is almost totally dependent on individual ability, capacity and the work environment. Without competent personnel, good research cannot be performed, but, recently, the environment of research activities is gaining greater attention.

The word “environment” includes different conditions surrounding researchers, as shown in Figure 2. The following four points are all important aspects of environment:

1. Life lines such as professional position, salary, housing, and insurance.
2. Hardware such as academic institution, university, laboratory, bench, equipment, reagents and of course money.
3. Research team members such as post doctoral fellows, associates and assistants, students, technicians, sponsors, and administrative officers.
4. Software such as motivation, information, peer review and evaluation systems, and the place of discussions.

Each researcher bears responsibility to manage all the related business shown above. Scientific journals, meanwhile, have an important role in the category of software.

Editorial Policy of “Tropical Medicine and Health”

Peer review and swift publication are our priorities. All the editorial staff members endeavor to accomplish this policy.

1. Original papers are published preferably according to the following criteria:
   1) Endemic field-based, originated, oriented or implicated study.
   2) Scientifically and ethically sound study.
   3) Not only positive results but also negative, where noteworthy.
   4) Concise, clear and definitive but not over-simplified.
   5) Modest, humble and appropriate discussion.
2. Review papers are welcome without invitation.
   1) Review must be short and clear enough to deliver the important and relevant messages and/or information using figures and illustrations.
   2) Scientific meeting report by our special correspondent will be published for relevant meetings such as our annual meeting, WHO/TDR, UNICEF, JICA, NIH meeting, international symposia, workshops and conferences held by Asian, African, American and European societies.
3. Special issues will be added by the editors.
4. Discussion and Information
   1) Letter to the editor
   2) Opportunity for funding and positions
   3) Society Calendar
   4) Other relevant information

Personal Goal

When everyone concerned agrees that “Tropical Medicine and Health” is a readable, enjoyable, reliable and stimulating journal, I will bid farewell to my editorial desk. I hope that this will be within the next five years. Your kind cooperation is essential for this accomplishment.

Figure 2