

「超高速ネットワークを利用したアジア遠隔医療プロジェクト」TEMDEC (Telemedicine Development Center of Asia)活動報告：第12巻

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7. TEIN プロジェクト

7-1. 短期研修プログラム（医療従事者）

遠隔医療ならびに内視鏡短期研修プログラムを行いました。

2015年8月17日から2016年2月29日の間で、のべ5か国（ベトナム、タイ、フィリピン、インドネシア、インド）から16人の医者が招聘され、遠隔医療ならびに内視鏡に関する短期研修プログラムを行いました。研修者は光学医療診療部のスタッフと一緒に働くことを通して以下のことを学びました。

1. 九州大学病院の光学医療診療部の実際
2. 日本の消化管内視鏡診療の品質（通常、色素、拡大内視鏡）
3. 日本の超音波内視鏡診療の品質（画像診断、EUS-FNA、インターベンショナル EUS）
4. 日本の内視鏡室の前処置、洗浄、リスク管理
5. 日本の内視鏡室のチーム医療（看護師、臨床工学技師など）
6. 内視鏡教育プログラム（シュミレーターや動物モデル）の体験

日本の内視鏡室の診断や治療の実際について見学、積極的な英語を通してスタッフとのコミュニケーションを通じて情報を共有しました。内視鏡教育については、我々が使用している内視鏡シュミレーターを用いた内視鏡の取り扱い方法や動物モデルを用いた治療内視鏡について研修を行い、研修者自身がセットアップや操作を学習しました。また我々が主催している内視鏡に関連する題材のテレカンファランスに参加することで学びました。研修期間の最後には、自施設と接続して英語によるプレゼンテーションを行うことで彼ら自身の研修報告の発表を行い、テレカンファランスを通じた医療情報の交換の利点や問題点を客観的に確認しました。

（麻生 暁）



研修者の病院を接続した技術報告会



研修の風景

7-2. 短期研修プログラム（技術者）

遠隔医療技術についての短期研修プログラムを行いました。2015年7月6日から11月30日の間で、インドネシア、ベトナム、ネパール、タイ、マレーシアの5か国から9人の技術者が招聘されました。研修者は TEMDEC の技術者と一緒に働くことを通して以下のことを学びました。

1. 遠隔医療教育プログラムはいかにして実現されるのか
（医師、技術者、コーディネータの連携と実現までの流れ）
2. 求められる品質（画質、音質、ネットワーク）
3. テレビ会議システム
4. 技術的準備
5. トラブルの対応方法
6. 自施設との接続

「遠隔医療教育プログラムはいかにして実現されるのか」に関しては、研修者が含まれたメーリングリストを作成し、遠隔医療プログラムの仕事内容や進行状況をすべて共有しました。「テレビ会議システム」については、我々が使用している DVTS, H.323, Vidyo という3つのシステムについて研修を行い、研修者自身がセットアップや操作を学習しました。「技術的準備」や「トラブルの対応方法」、「求められる品質」については我々が主催しているプログラムやその実施準備のためのテストに参加することで学びました。研修者自身が TEMDEC から彼らの病院と実際に接続のテストをし、自施設の接続の品質や問題を客観的に確認し、より良い品質で接続できるようテストを重ねました。最終的には彼らはテレカンファレンスのチーフエンジニアとなり、自施設を接続して彼ら自身の研修報告の発表を行い、ディスカッションを行いました。（工藤孔梨子）



研修者の病院を接続した技術報告会



研修の風景

7-3. 海外施設訪問

7-3-1. ハノイ（ベトナム）への訪問



期間：2015年6月8-9日

6月8日(月)9:00-12:00：108陸軍中央病院

With presence of Vice Director Dr. Lam Khanh, 11 people, doctors and engineers, from 108 Military Central Hospital joined discussion. They introduced that they use telemedicine among satellite hospitals and central hospitals in Viet Nam to hold teleconference. They also held a teleconference with France and it was a success. They have Science and Technology Center that supports their telemedicine activities. The center has seven IT staff, and it would also function as secretary of their telemedicine.

Dr. Shimizu gave presentation about current telemedicine activity between Kyushu University and institutions in Vietnam. He also introduced some training programs on telemedicine for engineers and doctors; APAN40, one-month training program in Kyushu University Hospital as well as the 9th Asia Telemedicine Symposium in Korea. 108 Military Central Hospital showed interest in the programs and promised to inform TEMDEC of candidates for each program.

Dr. Lam Tung Nguyen said that he would like to plan regular teleconference with case study, at least once or twice a year. Dr. Shimizu welcomed his proposal, mentioning that telemedicine starts with a need from doctors. Dr. Shimizu advised him to make a plan with Dr. Aso of Kyushu University Hospital. Dr. Aso agreed with Dr. Nguyen's suggestion and promised to plan regular teleconference with 108 Military Central Hospital.

After the discussion, TEMDEC team went for hospital tour.



108陸軍中央病院チームとの記念写真



Dr. 清水と Dr. Lam Khanh



100名収容可能なテレカンファレンスルーム



ネットワークについての意見交換を行う技術者たち

6月8日(月)14:00-17:00: バックマイ病院

Vice Director of Bach Mai University Hospital, Prof. Pham Minh Thong and his team, three doctors and three engineers, warmly welcomed us. After watching a short movie about the hospital, Dr. Shimizu gave short presentation about the telemedicine activity between Viet Nam and Kyushu University Hospital.



Prof. Pham Minh Thong (中央)
とバックマイ病院チーム



TEMDEC の活動について説明する Dr. 清水

Dr. Shimizu also explained about training programs, sponsored by TEIN*CC, for doctors and engineers who support telemedicine activities. Bach Mai Hospital agreed that those program would be a great opportunity for them in telemedicine, and they promised to send TEMDEC information of two candidates for doctor's one-month training in Kyushu University Hospital. Mr. Phong Le Hong was nominated as a candidate for engineer's one-month training with TEMDEC. Mr. Hoang Ngoc Chien, an engineer from Bach Mai Hospital, was attending the discussion and Prof. Pham Minh Thong suggested that he could be a candidate for engineer training program at APAN40.



バックマイ病院チームとの記念写真



病院見学の様子



テレカンファレンスルーム



サーバールーム

6月9日(火) 9:00-12:00 : VinaREN / NASATI オフィス

VinaREN has been working closely and offering a great support to TEMDEC. This time we met Ms. Le Thi Khanh Van for the first time. She was assigned as Deputy-Director General of NASATI, National Agency for Science and Technology Information, last April.

We had decided to visit VinaREN during our stay in Hanoi as we had noticed that internet network in Viet Nam was being very unstable. We asked them about the network situation in Viet Nam, and Ms. Van explained that it happened due to the change of VinaREN's policy. VinaREN did not charge any institution for using their network before, but the policy has changed and they charge institutions for their network to VinaREN. However, at the point we visited there, no instruction had signed on the new contract.



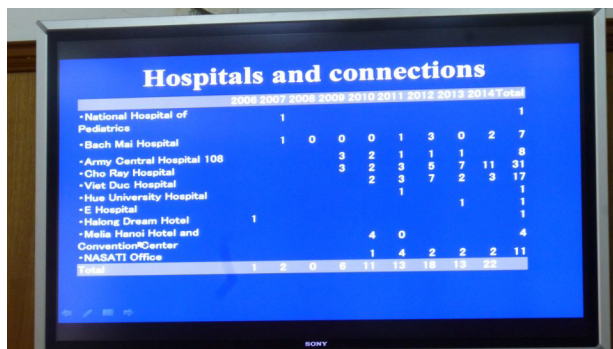
NASATI チームとの記念写真



ディスカッションの様子



NASATI オフィス副所長の Ms. Van



Dr. 清水のプレゼンテーション

Ms. Van said that they assume that it was because VinaREN is used for international networking only, therefore people do not notice the importance of REN yet. They need to promote the need of it. Ms. Van mentioned that International Techmart Vietnam 2015 would be held on Hanoi on October 1st to 4th, 2015. (Website: <http://english.techmartvietnam.vn/>, Flyer: <http://www.techmartvietnam.vn/Portals/0/2015/International-techmart-2015/FLYER-Techmart-Eng.pdf>) Ms. Van asked if Dr. Shimizu was interested in organizing a session there, and Dr. Shimizu willingly accept it. He also said that he would request Dr. Vinh of E hospital and Dr. Giang of Viet Duc Hospital to organize a session together. VinaREN supports the network for this conference, thus it would be a great promotion of VinaREN network to domestic and international participants.

6月9日(火) 14:00-17:00 : E 病院

Dr. Le Ngoc Thanh, Vice Director of E hospital, participated to the discussion together with Dr. Nguyen Thuy Vinh, as well as some medical staff and engineers. Ms. Nguyen Hien Trang, an engineer who belongs to Equipment Department, gave a presentation about telemedicine system in E hospital. In her presentation, she also explained disadvantage they have:

- We do not have international connection line.
- We have not hold the live television conference with oversea yet.
- Our engineers do not have much experience in organizing training sessions, remote consultation.
- English skills of engineers do not really good.

In order to improve their skill as engineers in telemedicine, following were suggested:

- The international connection line
- Training and guidance on holding telemedicine conference
- Attending telemedicine conferences
- Sending engineers to attend engineer training course

We found out that the opportunity they need is exactly what we are planning to do with the grant we received from TEIN*CC. Dr. Shimizu explained about the programs for engineers and doctors, one month training in Kyushu University and program at APAN. Both doctors and engineers were excited about the programs, and Ms. Trang and Mr. Hoang Ba Minh nominated as candidates for engineer program at APAN40. They suggested to Ms. Trang and Mr. Minh to be invited to APAN40 because Mr. Minh's English skill needs to be concerned. Mr. Minh is the key engineer in E Hospital, thus Dr. Shimizu agreed to invite Ms. Trang with him for language support. She is also an important engineer so it would be a good opportunity for her to learn about telemedicine, too. Dr. Vinh also agreed to send information of candidates to one-month training to TEMDEC as soon as possible.



副病院長の Dr. Thanh (中央)



E 病院の技術者たち

We visited three hospitals in Hanoi and all institution welcomed and showed much interested in telemedicine activity. By having opportunity to see key person of each hospital in person and discuss with them how we can collaborate, they understood our activity and what telemedicine can do for them. It was reaffirmed that there is a huge need of telemedicine. Because we requested to see engineers of each institution in advance, we actually met engineers who were not involved telemedicine activity before but will be in charge in the future. They are interested in to join engineer training program, and some of them were already promised to take a part. Engineers are keen to study to improve their skills but there was no such studying opportunity designed for them. Therefore, the training programs we are planning, which are supported by TEIN*CC, do meet their demands. We strongly hope them to take this opportunity and absorb the knowledge and skill they need. They will surely be happy to cooperate and collaborate in the future; we believe human network sure will help telemedicine network to spread in Asian region. (Ryoko Yoshida)

7-3-2. ダッカ（バングラデシュ）への訪問



期間：2015年10月19-21日

TEIN アプリケーションワークショップ 2015 に関する報告

The first International telemedicine conference was held at Bangabandhu Sheikh Mujib Medical University (BSMMU). I attended this workshop as one of the engineers for supporting the connectivity of the network and the quality of teleconference.

October 19th was the day for setting up all equipments of the conference. One week before I visited Dhaka, TEMDEC held the test session with BdREN and the quality wasn't bad and the audio quality sounded good, too. But, on this 19th, the audio quality was really bad. From BSMMU to TEMDEC, the broken sound was transferred. That is, when I kept speaking for long, my voice was cut into some short sound packets, This meant the other side could not understand what I said. Finally, BdREN replaced all the microphone systems and this issue was solved.



BSMMU カンファレンスルーム



テレカンファレンスの準備の様子

October 20th was the day 1 of the workshop. I was in charge of supporting the demonstration between BSMMU, Asia Institute of Gastroenterology (AIG) and TEMDEC. Except our demonstration, another demonstration between BSMMU and Seoul National University Bundang Hospital (SNUBH) was held. Unfortunately, during this demonstration, inside the BdREN, the network worm attack happened and this demonstration didn't go well and the video image showed some block noise. At our demonstration, this attack issue was already solved and AIG could send the good quality video and audio. During the demonstration, TEMDEC reported me the sound at the TEMDEC was not good and the attendees in TEMDEC were hard to catch up what were talking about in some cases. At the BSMMU, I couldn't find out any issues about this demonstration.



ソウル大学ブندان病院からの映像



Dr. 清水のプレゼンテーションの様子



BMMU、AIG、TEMDEC 間のデモンストレーション



パネルディスカッションの様子

After the conference, the International attendees were invited to visit BdREN office. Their data center was introduced and their future plan was shown there.



BdREN テレカンファレンスルーム

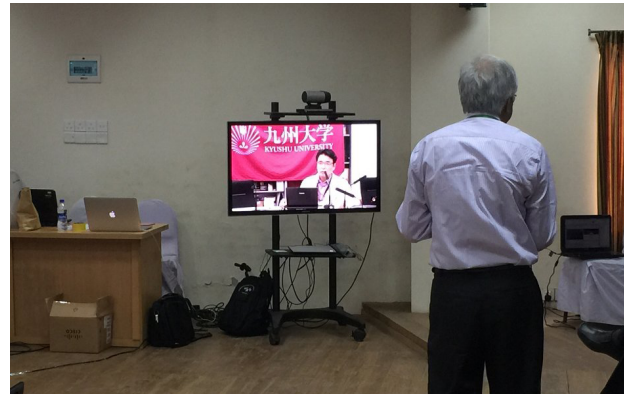


BdREN データセンター

Day 2, October 21st, I supported the keynote speech by Dr. Naoki Nakashima from TEMDEC remotely. At the Q&A time, a lot of audiences made the questions to him and he answered for each. This meant the audio quality was more improved between BSSMU and TEMDEC than the Day1.



Dr. 中島のプレゼンテーションの様子



BSMMU から質問を行う参加者

Summary

This was my first collaboration with BdREN. The quality of the BdREN engineers were much higher than I expected. Unfortunately, during the preparation of this conference, both sides, that is, BdREN and TEMDEC, confirmed the problem of the management network of BdREN and, at the demonstration, the TEMDEC's multipoint connection unit (MCU) was selected for this demonstration. When we visited the BdREN's data center, their facilities looked well-prepared for all research and education activities. Next time, I hope BdREN's facilities can be used at the workshop.

(Yasuichi Kitamura)

7-3-3. スラバヤ（インドネシア）への訪問



期間：2015年12月22-23日

12月22日(火)9:00-12:00：アイルランガ大学歯学部

We visited Dental medicine faculty of University of Airlangga. Dr. Hendrik, who stayed in TEMDEC for engineer one month training, kindly coordinated our visit. One of our purposes was, because we have informed that Dr. Hendrik was allocated to different position and would not be able to work for telemedicine, thus we need to find other engineer who supports telemedicine activity of dental faculty.

Dr. Darmawan Setijanto, the dean of dental faculty, and Dr. Ketut Suardita, vice dean, joined the meeting. Dr. Shimizu gave presentation about Kyushu University, TEMDEC and its activity. The dean and vice dean showed much interest in our activity and happy to discuss about future collaboration. Dr. Shimizu asked about supporting engineer at the Dental medicine faculty of University of Airlangga, since Dr. Hendrik would no longer be able to involved telemedicine project. However, after they understood the details of our activity, they agreed to let Dr. Hendrik stay involved in telemedicine project. Two more engineers, Mr. Wahyudi Hidayat and Mr. Moch Mustagim, are introduced and they also will be in charge of telemedicine together with Dr. Hendrik. It was one of the good results of our visit that we could see engineers from dental faculty besides Dr. Hendrik. We introduced them our telemedicine project with TEIN*CC, and we suggest them to send an engineer to one month training at TEMDEC or to APAN41. Concerning their English ability, the dean agreed to recommend a candidate after TEMDEC send official invitation letter to the dental faculty.

We also found that Faculty of Medicine has three conference rooms for teleconference. They choose a room depending on the number of participants, but none of them are equipped with teleconferencing system. Engineers need to bring equipment to teleconference room and set up the system every time a teleconference is held.



アイルランガ大学歯学部での会議の様子



Dr. Darmawan Setijanto と Dr. 清水



TEMDEC チームとアイルランガ大学歯学部の技術者



テレカンファレンスに使用した大講堂

12月22日(火) 14:00-17:00 : アイルランガ大学内科

Dr. Poernomo Doedi Setiawan, head of Department of Internal Medicine, kindly arranged a meeting with TEMDEC team. Dr. Shimizu introduced TEMDEC and Kyushu University, and telemedicine activity we have been trying to spread. After the short meeting with Dr. Poernomo, we met Dr. Iswan A. Nusi, the head of Division of Gastroentero-Hepatology, and discussed about possible collaboration with Faculty of Medicine of Airlangga University and TEMDEC. Dr. Nusi showed a great interest, concerning a huge possibility of telemedicine.



内科部長である Dr. Poernomo Doedi Setiawan との面会



消化器・肝臓部での Dr. Nusi との対談の様子

After the small meeting with Dr. Nusi, about 20 doctors of the department gathered and Dr. Shimizu gave presentation about TEMDEC activity. It seems that, for most of the medical doctor, telemedicine for educational purpose was new possibility. Dr. Shimizu also introduced training programs, sponsored by TEIN*CC. Dr. Nusi was very interested in the program and promised to send a medical doctor to Kyushu University.



消化器・肝臓部長の Dr. Nusi



内科のスタッフたち

12月23日(水): アイルランガ大学外科, アイルランガ医療教育センター (AMEC)

One of the biggest purposes of our visit to Airlangga University was to visit Airlangga Medical Education Center (AMEC) and see telemedicine engineer in Faculty of Medicine. Since Dental Faculty and Faculty of Medicine are totally separated in Airlangga University, we wanted to see the relation among the two faculties and the hospital as well as network situation there. The sudden passing of Dr. Alim, who was the key engineer in Faculty of Medicine, was a huge loss for us and our telemedicine friends. However, to continue telemedicine activity that Dr. Alim was keen to develop, we strongly hoped to see the engineer who takes over Dr. Alim's role. Mr. Agus from AMEC is the engineer for telemedicine. He was supporting Dr. Alim before, but he is the only responsible engineer after Dr. Alim's death. We asked them to send Mr. Agus to TEMDEC for one month training or to APAN 41, but we thought Faculty of Medicine should need another engineer who takes Mr. Agus's place during his absence in Airlangga University. Then we found that Mr. Suryasi can support telemedicine activity when Mr. Agus is not available. With Mr. Suryasi's help, we would be able to invite Mr. Agus to APAN41, however, his English ability might not be enough to communicate with others or give presentation. Still we hope to have him in our telemedicine program.



AMECでのディスカッションの様子



Dr. Iwan (右)による病院見学

After the hospital tour, we are invited to their weekly report meeting, where Dr. Shimizu gave presentation about Kyushu University Hospital and our activities.



プレゼンテーションを行う Dr. 清水



集合写真

By visiting both Dental and Medical Faculty of University of Airlangga, we understood the relation between the faculties and the hospital. The hospital is closely connected with Faculty of Medicine. Even though the hospital has ICT department, they are only to support teleconference in Indonesia. AMEC can support both international and domestic activities. Dr. Iwan suggested to invite engineers from both ICT department and AMEC, but when we asked about their English ability, the key engineers were not very eligible. We would like to invite key engineers to our project such as APAN, ATS and one month training, but we found that many of key engineers might not be eligible due to language ability. When they support international teleconference, they communicate with other engineers with minimum required English or with help from their colleagues. It seems they are happy to learn about telemedicine technology and activity, but they hesitate to come into the projects because of the language ability. We need to concern how we can support them in this matter.

(Ryoko Yoshida)

7-4. 訪問者招聘実績

7-4-1. 国ごとの参加施設リスト

| 国名 | 施設名 | APAN40 | APAN41 | ATS2015 | JSPS | 短期研修 | 全イベント |
|-------------|----------------------------------|--------|--------|---------|------|------|-------|
| タイ | マヒドン大学シリラ病院 | 1 | 1 | 2 | - | - | 4 |
| | チュロンコン大学 | 3 | 1 | 2 | - | 2 | 8 |
| | バジラ病院 | - | - | - | - | 2 | 2 |
| | ソングラー大学 | - | - | - | - | 1 | 1 |
| | タイ赤十字社 | 1 | - | - | - | - | 1 |
| | 合計 | 5 | 2 | 4 | - | 5 | 16 |
| ベトナム | バックマイ病院 | - | 1 | 2 | - | 2 | 5 |
| | 108 陸軍中央病院 | 2 | 1 | 1 | - | 3 | 7 |
| | チョーライ病院 | 1 | - | - | - | 1 | 2 |
| | ビエット ドウック 病院 | 1 | 1 | 2 | - | 1 | 5 |
| | フエ大学病院 | 1 | - | 2 | 1 | - | 4 |
| | フエ医科薬科大学 | - | - | - | 1 | - | 1 |
| | E 病院 | 2 | - | - | 4 | - | 6 |
| | 103 病院 | - | - | - | - | 1 | 1 |
| | ホーチミン市大学医療センター | - | - | - | 1 | - | 1 |
| | VinaREN/ NASATI オフィス | 1 | 1 | 1 | - | 1 | 4 |
| | 合計 | 8 | 4 | 8 | 7 | 9 | 36 |
| マレーシア | マラヤ大学 | - | 3 | 2 | - | - | 5 |
| | サンウェイ メディカル センター | - | - | - | - | - | - |
| | マレーシアサン大学 | - | 2 | - | - | - | 2 |
| | マレーシアイスラム科学大学 | - | 1 | - | - | - | 1 |
| | マレーシアブトラ大学 | - | - | - | - | 1 | 1 |
| | 合計 | - | 6 | 2 | - | 1 | 9 |
| インドネシア | インドネシア大学 | - | 2 | 3 | - | - | 5 |
| | アイルランガ大学 | - | 1 | - | - | 3 | 4 |
| | ハラバンキタ小児医療センター | - | - | - | - | 1 | 1 |
| | ブラウイジャヤ大学 | 1 | 2 | 1 | - | 1 | 5 |
| | バジャジャラン大学 | 2 | - | - | - | - | 2 |
| | 合計 | 3 | 5 | 4 | - | 5 | 17 |
| スリランカ | スリジャヤワルダナブラコッテ大学 | 1 | - | 1 | - | - | 2 |
| | 合計 | 1 | - | 1 | - | - | 2 |
| バングラデシュ | バンガバンドウシェイク・ムジブ医科大学 | - | 1 | 2 | - | - | 3 |
| | BdREN (バングラデシュ研究教育ネットワーク) | - | 1 | 1 | - | - | 2 |
| | 合計 | - | 2 | 3 | - | - | 5 |
| フィリピン | フィリピン大学 マニラ総合病院 | - | - | - | - | 1 | 1 |
| | セントルークス医療センター | 1 | - | 4 | 1 | 1 | 7 |
| | アデネオ・デ・マニラ大学 | - | - | 1 | - | - | 1 |
| | 退役軍人記念医療センター | - | - | 4 | - | - | 4 |
| | Advanced Science and Technology | - | - | 1 | - | - | 1 |
| | サンボアンガ・デル・ノース・メディカルセン | - | - | - | 1 | - | 1 |
| | 聖トマス大学病院 | - | - | - | 2 | - | 2 |
| 国立腎臓・移植センター | - | - | - | - | 1 | 1 | |
| | 合計 | 1 | - | 10 | 4 | 3 | 18 |
| ネパール | カトマンズモデル病院 | 2 | 1 | - | - | - | 3 |
| | トリバン大学 | - | 2 | - | - | 1 | 3 |
| | NREN(Nepal Research and Network) | - | 1 | 1 | - | - | 2 |
| | 合計 | 2 | 4 | 1 | - | 1 | 8 |
| インド | アジア消化器センター | 1 | 1 | 2 | - | - | 4 |
| | 肝胆道科学センター | - | - | - | - | 1 | 1 |
| | GBバント病院 | 1 | - | - | - | - | 1 |
| | Sankara Nethralaya | - | 1 | 1 | - | - | 2 |
| | ジャワハルラール 医学教育研究大学院 | - | 1 | 2 | - | - | 3 |
| | 合計 | 2 | 3 | 5 | - | 1 | 11 |
| ミャンマー | ヤンゴン総合病院 | - | - | - | 2 | - | 2 |
| | ティンガンジュン総合病院 | - | - | - | 3 | - | 3 |
| | マンダレー総合病院 | - | - | - | 5 | - | 5 |
| | 合計 | - | - | - | 10 | - | 10 |
| 台湾 | 国立台湾大学 | 1 | 1 | 1 | - | - | 3 |
| | 合計 | 1 | 1 | 1 | - | - | 3 |
| 韓国 | ソウル大学 | 1 | - | - | - | - | 1 |
| | 合計 | 1 | - | - | - | - | 1 |
| 日本 | 近畿大学 | - | - | - | 1 | - | 1 |
| | 合計 | - | - | - | 1 | - | 1 |
| | 合計 | 24 | 27 | 39 | 22 | 25 | 137 |

7-4-2. 招聘者数一覧

| プログラム | APAN40 | | | | APAN41 | | | | ATS2015 | | | | JSPS | | 短期研修 | | | 海外施設訪問 | | | 合計 |
|---------|--------|-----|-----|-----|--------|-----|-----|-----|---------|-----|-----|-----|------|-----|------|-----|----|--------|---|-----|-----|
| | 指導者 | | 研修者 | | 指導者 | | 研修者 | | 指導者 | | 研修者 | | 医師 | 看護師 | 医師 | 技術者 | 医師 | 技術者 | 他 | | |
| | 医師 | 技術者 | 医師 | 技術者 | 医師 | 技術者 | 医師 | 技術者 | 医師 | 技術者 | 医師 | 技術者 | | | | | | | | | |
| 国 | 2 | 1 | - | 2 | - | 1 | 1 | - | 2 | 2 | - | - | - | - | 5 | 1 | 3 | - | 2 | 22 | |
| タイ | 1 | 1 | 1 | 5 | - | 1 | 3 | - | 1 | 3 | 4 | 7 | - | - | 5 | 3 | 2 | 2 | 2 | 42 | |
| ベトナム | - | - | 2 | 1 | - | 1 | 3 | 2 | 1 | 1 | 1 | - | - | - | 1 | 4 | 1 | - | 1 | 19 | |
| インドネシア | - | - | 1 | 1 | - | 2 | 2 | - | - | - | 1 | - | - | - | - | 1 | - | - | - | 8 | |
| ネパール | - | - | - | 2 | - | 1 | 2 | - | - | 3 | 2 | - | - | - | 1 | - | - | - | - | 11 | |
| インド | - | - | - | 1 | - | - | - | - | - | - | 1 | - | - | - | - | - | - | - | - | 2 | |
| スリランカ | - | - | - | 1 | - | - | - | - | - | - | 1 | - | - | - | - | - | - | - | - | 18 | |
| フィリピン | - | - | - | 1 | - | - | - | - | - | - | 9 | 4 | - | - | 3 | - | - | - | - | 8 | |
| マレーシア | - | - | - | - | - | 1 | 3 | 1 | 1 | 1 | - | - | - | - | - | 1 | - | - | - | 8 | |
| バングラデシュ | - | - | - | - | - | - | - | 2 | - | - | 1 | 2 | - | - | - | - | 1 | 1 | - | 7 | |
| カンボジア | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| ミャンマー | - | - | - | - | - | - | - | - | - | - | - | 6 | 4 | - | - | - | - | - | - | 10 | |
| 韓国 | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | |
| 台湾 | - | 1 | - | - | - | 1 | - | - | - | 1 | - | - | - | - | - | - | - | - | - | 3 | |
| 日本 | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - | - | - | - | 1 | |
| 小計 | 3 | 4 | 4 | 13 | - | 6 | 8 | 13 | 5 | 6 | 12 | 18 | 4 | 4 | 15 | 10 | 7 | 3 | 5 | 152 | |
| 合計 | 24 | | | | 27 | | | | 39 | | | | 22 | | 25 | | | 15 | | | 152 |