

NEWSLETTER FROM KIIYOSE



No. 8, April 1995

Research Institute of Tuberculosis, JATA
3-1-24 Matsuyama, Kiyose-shi Tokyo

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New Patroness of JATA, Princess AKISHINO

Her Royal Highness Princess Akishino has graciously become the new Patroness of the Japan Anti - Tuberculosis Association (JATA) in April 1994 succeeding the previous Patroness, Her Royal Highness Princess Chichibu, who has graciously served for fifty five years from the establishment of JATA in 1939.



Princess Chichibu has assumed the new position of Honorary Patroness of JATA.

Princess Akishino's husband is the second son of His Majesty the Emperor. The new, beautiful Patroness is young and active and is widely loved and respected by all Japanese people. She has

given birth to her second daughter last December.

Under the leadership of the New Patroness and Honorary Patroness, all the staff of JATA will do their best to support domestic tuberculosis control activities, to promote research on tuberculosis



Her Royal Highness Princess Chichibu

and respiratory disease, to educate people concerned, to strengthen international cooperation and so on. The participants of the international training courses for tuberculosis control will have the honor of an invitation to a party attended by our Patroness and/or Honorary Patroness in the future. This experienced by ex - participants will become a precious memory of Japan.

(Dr. M. AOKI, Director)

CONDOLENCE

Mr. Allan Pipi (Papua New Guinea, Laboratory course 1988) died in October, 1993. (Office of Central Public Health Laboratory, Boroko.)



"Konnichiwa Watashiwa Baruah desu. "I am doing well and at present working in the same hospital where I worked before leaving for Japan. I am working at the same post. I have become the Honorable Secretary of TB Association of Assam, and this has given me more opportunity to be in the community. I am trying to involve the women of the community as far as practicable. The memories of Kiyose are still with me and I want to see you all again. Please do write with regards. (29/May/93)

Dr. Phani Dhar Baruah(92C, India)

Hello and greetings to you from Port Moresby in Papua New Guinea. Since I finished the 1988 training course in Japan, I have been busy in my TB/Leprosy programme. I went to Suva, Fiji in March 1989 and then from Oct - Dec.1991, I went to Karigiri Leprosy Institute for training on Leprosy in South India. Then in 1992 I did a diploma course on Community Health at the Medical Faculty University of Papua New Guinea. Now I am back to work in Leprosy and TB programme. Please pass my greetings to all my course friends tell them to write using the same address. I still have happy memories of Japan and I miss you all. (20/Aug/93)

Ms. Miriam Pahun (88C, Papua New Guinea)

National Coordinator, Department of Health, Disease Control Section, P. O. Box 3991 Boroko NCD (Tel, 248712)

In 1993, 3 participants attended RIT. Before going to Japan, all of us were working in TB areas in our country and we have continued this work to now. Jose Pera attended the Advanced Course, Hernan Sanabria the TB Control Course and Susana Diaz the Laboratory Course. We all appreciate the high level training. Last year Pera and Sanabris went to Trujillo (500km North from Lima) to attend the seminar "Assessment of National TB programme in Peru 1993". Dr. Sanabria was invited as a speaker for evaluation of the TB National Network of Laboratories. Ms. Susana uses the life in Japan best time of her life

for working better. All of us enjoyed every aspect of Japanese life. We all hope we can go back to Japan to experience the Japanese people, their homes, their friendship, their customs. All these things will always be in our memories. To all participants, teachers and colleagues, please be our guests in Lima, the capital of Peru. SAYONARA.

Dr. Jose Pera, Dr.Hernan Sanbria,Ms.Susana Diaz

When receiving an envelope from RITB, I just can not wait to open it because as always from RITB is almost like news from "home". Just the other day, while preparing the Ogawa media for our cultures, I was speaking with one of our lab. students about how I had actually shook hands with the great professor Masao Ogawa himself (Lab. 1985 - 86). And today, after reading the Newsletter, I was indeed saddened to hear of passing away of one of Japan's truly great achievers. It was great to have named the medium after him, that way he'll be remembered always.

In my country, the government is trying to bring the Leprosy and TB hospitals under one roof. The Japanese government has completed and extension to our local hospitals and it's really beautiful. Thank you for the continued cooperation and support for all ex-participants. Looking forward to your next issue.

DOMOARIGATO GOZAIMASHITA.

Mr. Josia N. Vluinaceva (85L, Fiji)

Many thanks for regularly sending the Newsletter from Kiyose, I enjoy them very much. From Sept. 21 to Oct. 6, 1973, I attended "Advanced Seminar in TB Control" which was very interesting and useful in my work. I still wish to go best to Japan visit the institute. I think your activities and work in many fields are most effective all over the world, so I do hope you continue to be successful as time goes on. (15/Aug./94)

Dr. Izadi S. (73A, Iran)

♥ Thanking you for your letters;

Dr. Neil Hamlet (93C), Dr. S. P. Tripathy (Lecturer), Dr. A. R. Faruqi (86A), Dr. Si Lumin (94A), Dr. S. R. Gindi (94A)

Please send us your current information and photos.

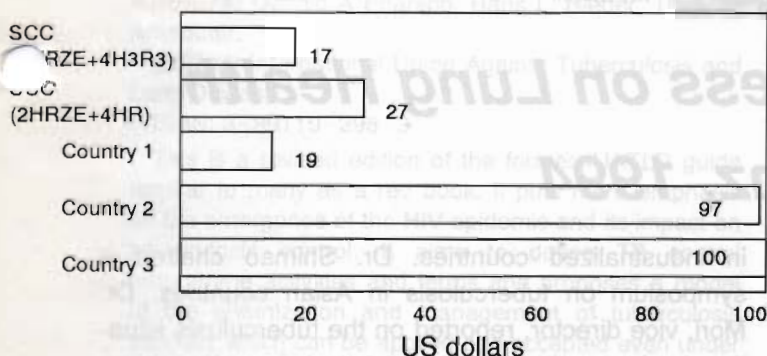
How Much Does Your Anti-TB Drug Cost?

Dr. A. Seita
(International Cooperation Department)

Regular drug supply is an essential component of effective TB control. However, not a few countries are suffering from exhaustion anti-TB drug stocks, and lack of budget is indicated as a main constraint. However, there are many factors. For example, do you know the price your NTP paid for each anti-TB drug?

Table-1 shows the average international price of anti-TB drugs in US dollars (Management Sciences

Graph - 1 Drug cost (US\$) for one SCC regimen



for Health, 1994). With these prices, one SCC costs US\$17 (2HRZE+4H3R3) and US\$27 (2HRZE+4HR). How much is your SCC?

As shown in the graph, one country pays US\$19 for one regimen while other countries pay US\$97 and US\$100 for the same regimen.

Logistics is a management cycle: namely selection, procurement, distribution and use of drugs. Actually, any mismanagement can cause drug shortage. Lack of budget is not always the single cause. We are now developing an assessment manual for NTP anti-TB drug management, analyzing logistics according to the cycle. If you are interested please contact me.

Table - 1 Average International Cost of Anti-TB Drugs

Names of drugs	Price(US\$)
INH 100mg	4.1/1000 tabs
RFP 150mg	54.6/1000 tabs
INH 100mg+RFP 150mg(combines tabs)	44.9/1000 tabs
PZA 500mg	26.6/1000 tabs
EB 400mg	25.7/1000 tabs
SM 1g	8.46/50 vials
INH300mg+T150mg(combined tabs)	12.9/1000 tabs

(Management for Sciences for Health, 1994)

OUR ACTIVITIES

International Cooperation Department

International cooperation department has unique, ever expanding activities: running 3 major courses of TB control and TB laboratory for overseas people, training young Japanese medical people preparing for overseas service, visiting and assisting overseas projects, gathering worldwide TB information primary in Asia, research activities for international programme and so on. Our office is always lively and busy, with people and staff coming and going to and from all over the world. We believe good communication is the base for any effective work.

Ms. Sato, office secretary, with her assistants plays an important role in the management of all sorts of complex activities by a least 7 staff members. Telephones, facsimiles, letters, e-mail, typing, computing, filing documents, making slides, printing teaching material, assisting research programmes and so on. Dr. Seita has been administrating international courses in a fresh way this year as



From left-1st row: Ms. K. Sato Dr. N. Ishikawa Ms. A. Fujiki Ms. C. Okamoto Ms. C. Furukawa Dr. A. Seita 2nd: Dr. M. Matsuda Dr. O. Tokudome Dr. T. Yoshiyama Dr. N. Yamada Dr. A. Ohkado Dr. H. Hoshino

Dr. Matsuda division chief has been away in the US. Dr. Yoshiyama recently came back from Yemen with his family due to the civil war. He is waiting for another assignment there from October. Dr. Yamada is crazy about the computer, and is always surrounded by the lines and diskettes of TB information from around the world. He sometimes appears in the villages of Solomon Islands for tuberculin survey. Ms. Fujiki runs TB laboratory courses and also runs about in

laboratories in the Philippines or Nepal. We are starting a new international courses on AIDS control in Feb. - March 1995. Current research activities are on action research in Bangladesh; simple practical guidelines for district managers for improving TB programme; guidelines for logistics; evaluation of TB laboratory; international TB information; TB in immigrant workers and so on.

However skillful we become and more mechanical sophistication may take place, we must not forget that people are central and human development and world peace are our ultimate goal.

(Dr. N. Ishikawa)



RIT Alumni

Congress

World Congress on Lung Health in Mainz, 1994

The world congress on lung health was held in Mainz, Germany. Mainz is a beautiful city, situated by the Rhein River. More than 12,000 participants from 107 different countries attended for information on asthma, tobacco on health and environment problems. There are 537 poster presentations on tuberculosis, including not only medical but also socio-political issues.

Current Problems

Two types of problems were presented in the conference. One is of Tanzania. The country is facing an increase of new TB cases mainly because of high HIV prevalence. However, they still obtain good cure and case detection rates. Tuberculin survey shows no increase in risk of infection for primary drug resistance cases. This suggests that a good NTP can cut the chain of transmission and avoid the emergency of multiple drug resistance bacilli even under significant HIV impact. This is very encouraging to us. On the other hand, some industrialized countries have faced a resurging tuberculosis problem possibly due to neglect of tuberculosis problems. A speaker from the USA presented a typical situation.

RIT Participation

JATA (RIT) members also contributed to the conference; 12 JATA members presented posters. Dr. Aoki, director of RIT, chaired a symposium on TB problems

in industrialized countries. Dr. Shimao chaired a symposium on tuberculosis in Asian countries. Dr. Mori, vice director, reported on the tuberculosis situation in Japan. Ms. Fujiki presented a poster on an international tuberculosis laboratory works training course. She mentioned that the managerial aspect is to be further emphasized in the curriculum. RIT has cooperated with NTP in several countries through dispatch of expert, training local staff, and through research work. Members of Nepal NTP including Japanese experts presented a poster on drug resistance of mycobacterium tuberculosis in Nepal.

Public Health Nurses

In the congress nursing issues are recognized to be an important factors in a successful NTP. In this field Ms. Yamashita, vice director of the training department reported on the Public Health Nurse training course. This domestic course has a history of over 50 years initiated in 1941. It has been conducted in the scope of NTP policy, which has been modified from time to time according to the epidemiological situation and available control measures. In Japan, PHN has a great role as a bridge between NTP administration and communities.

RIT Alumni

Thai ex-participants won the poster contest. Many ex-participants showed their activities at the congress, and some were symposium speakers. Dr.

Ahasan Ali, director of NTP, Bangladesh and advanced course, presented the new World Bank supported programme based on the successful Tanzanian programme. According to his presentation, cure rate is expected to greatly improve. Personally I am very happy to have met Dr. Lamon, my classmate from Nicaragua. He is a director of the tuberculosis programme collaborating with IUATLD. It is very encouraging that my class mate has had such a great role in the field of tuberculosis. There might be some more presentations by ex-participants of a total of a 537 posters, 3 won prizes as the best posters. One prize was given to the group including Dr. Pasakorn,

Thai ex-participant. He presented a poster on HIV and the tuberculosis situation in Changrai, northern Thailand. Again we have realized that many ex-participants are playing a great role in fighting tuberculosis problems worldwide.

The reunion was held in Mainz. RIT staff and ex-participants, totally 20, gathered and enjoyed a tasty Chinese meal and talked about present Kiyose projects.

(Dr. N. Yamada)

BOOK REVIEW

TUBERCULOSIS GUIDE for Low Income Countries (third edition)

Authors: Donald A Enarson, Hans L. Rieder, Thuridur Arnadottir.

Editor: International Union Against Tuberculosis and Lung Disease

ISBN: 3-89119-298-3

This is a revised edition of the former IUATLD guide familiar to many as a red book. It puts more emphasis on the emergence of the HIV epidemic and its impact on tuberculosis control. It aims to define TB control programme activities and terms and proposes a model of the organization and management of tuberculosis services which can be applied and accepted even under the most stringent socioeconomic conditions.

TB A Global Emergency by Tuberculosis Programme WHO

This is an advocacy report setting forth the reason emergency and what steps must be taken. This report warns that TB is still ignored despite its tremendous burden. And the availability of highly cost-effective treatments. It urges the need for more funding, otherwise 30 million people may die in the next ten years. These issues are explained with tables and graphs in a brief but comprehensive document for people who want to understand TB and for also advocates of TB control.

TRAINING COURSE REPORTS

1993 Laboratory Course **(Oct. 25, 1993 - Feb. 10, 1994)**

Our days in Japan

Our course is coming to an end, and as we approach the day of the closing ceremony I recall the nice moments we lived here.

Our group consisted of seven participants from different countries with different customs and languages. At the beginning we had some communication problems, but they became less and less as the weeks passed.

We found Japan to be a very safe and healthy place to live, with plants and beautiful flowers around us, food markets very near and people always ready to help us.

We had the opportunity to see different parts of Japan and always found the same honesty in the people and the same cleanliness in the streets. We visited the traditional city of Kyoto, the

modern city of Osaka, the lively city of Hiroshima and the warm island of Okinawa where we tasted delicious food and appreciated the beautiful coral and shells.

Our classes and practice with the best teachers such as Dr. Kudoh, Dr. Toida, Dr. Kuze, Dr. Ishikawa, Dr. Mori, and Ms. Fujiki were very informative and useful for our work. They made us realize the importance of our role in the National Tuberculosis Programme and ways we can improve our laboratories.

We also had time to make many Japanese friends who shared their homes and time with us, and this brought a better understanding of the Japan way of life. We learned some Japanese games learned to use chopsticks, learned now to make Origami, and even how to wear Kimono.

I think these four months in Japan have been fruitful for all of us from a social and technical point of view. Japan will be in our memories for a long time. (Ms. Carmen Dias, Peru)



From left-1st row: Ms. Vipa, I (Thailand) Lecturer (WHO) Dr. W. Aoki (RIT) Ms. A. Fujiki (RIT) Ms. P. Massare (Paraguay) 2nd: Mr. A. N. C. Kasalika (Malawi) Ms. C. S. Diaz, V (Peru) Mr. H. Yamazaki (Japan) Ms. S. Kato (Japan) Mr. E. M. Choka (Zambia) Mr. B. P. Loberiza (Philippines) Mr. Adnan, H. H (Yemen)

1994 TB Control Course (July 11 - Oct. 21, 1994)

In June when we arrived at Japan, AJISAI was the most beautiful flower. A month after because of their short life, we did not see them anymore.

Now, in October when we are going back, the exquisite fragrance of the KINMOKUSEI tree is unforgettable.

Like our visit to Japan, what is beautiful in nature and in human life rarely lasts.

'A wise person is strong; and yes a person of Knowledge increases strength.'



From left-1st row: Dr. Lucia S.F (Philippines) Dr. Rahel G.H/W (Ethiopia) Dr. N. Ishikawa (RIT) Dr. M. Aoki (RIT) Dr. Warray (Lecture) Dr. Sylvia S.M (Brazil) Dr. Pe tchawan (Thailand) 2nd: Mr. Y. Suga (RIT) Dr. E. A. E. Afifi A (Egypt) Dr. Pan, Z. W (China) Dr. A. A. Bugti (Pakistan) Dr. Sigit P. (Indonesia) Dr. A. Fattah (Bangladesh) Mr. B. C hellia (Zambia) Dr. Javier A. J. A (Peru) Dr. A. K. M. M. R. Farqu (Bangladesh) Dr. D. A. P. Rav indra J (Sri Lanka) Ms. K. Yamguchi (coordinator) 3rd: Dr. A. Seita (RIT) Dr. D. Das (India) Dr. N. R. Basnett (Nepal) Dr. D. I. Ahn (Korea) Dr. Alberto M. B (Philippines) Dr. T. O. Oyo k (Uganda) Dr. Dario A. S (Paraguay)

1994 class thanks the staff of RIT and JICA for imparting such precious knowledge to us.

We became one family from 18 countries.

We have sung many Japanese songs together and lived in harmony as well as studying many things together. We are confident of meeting in the near future, God willing. In case we can not promise to share our experiences at our various places of work using this global newsletter from KIYOSE.

(Javier, Peru)



Thailand
in January, 1995

(Ms. N. Sato, Epidemiology Div.)

1994 Advanced Course (May 16 - June 24, 1994)

My impression In Japan

Hello dear readers. I would like to speak about my impression and opinion about something while I'm staying in Japan participating in Group Training Course TB control for Administrative Medical Officer. Firstly, Hiroshima Peace Museum touched my heart deeply. I cried for a moment on the first scenery. Secondly, I like Japanese food but not raw meat and raw fish. I love your clean environment, clean rules and clean government (at least it should be). And last, ironing the clothes and almost daily shopping for my meals are unforgettable.

Of course, TB control activities in Japan are very good but it doesn't surprise me because Japan is surely a very rich country.

Sayonara! I hope I'll see you soon again. Kampai!
(Dr. Moh. Hikmat. Bandung, Indonesia)



From left-1st row: Ms. Salwa R. G (Egypt) Dr. P. Mallia (Nepal) Dr. M. Aoki (RIT) Dr. Chaulet (Lecturer) Dr. D. A. Helene (Senegal) Ms. Phuong K (Cambodia) 2nd: Dr. N. Ishikawa (RIT) Dr. S. Lu Min (China) Dr. Gustavo E. E (Honduras) Dr. Teerawat V. (Thailand) Dr. Md. A. Hamid (Bangladesh) Dr. M. Hikmat (Indonesia) Dr. Robert L. T. F (Brazil) Dr. A. Seita (RIT) Ms. Y. Minemura (coordinator)

Participants defeated Kiyose businessmen team in soccer game!

On 2 Oct. 1994, TB control '94 participants defeated a team of Kiyose businessmen in a soccer game. At a small party after game, Dr. Sigit of Indonesia and others sang several Japanese songs and the businessmen's team sang "Chanchiki Okesa" (an old Japanese folk song). On the next day, participants attended the class much refreshed despite painful muscles.



"Visiting Kennedy Institute of Ethics"

Dr. Masami Matsuda, International Training Division Chief



I stayed at Georgetown University, Washington, DC, USA as a visiting fellow of the Kennedy Institute of Ethics, for the spring semester, January - June, 1994. Georgetown University was established in 1789

and it has faculties of Medicine, Law, Nursing, MBA, Linguistics, etc.. US President Bill Clinton graduated from the university. Kennedy Institute of Ethics was established in 1971 as a teaching and research center for moral and ethical perspectives on policy issues. Institute faculties represent disciplines of philosophy, religion, medicine, social science and law. Bioethical issues such as in-vitro fertilization, abortion, health resource allocation, organ transplantation, euthanasia, and gene therapy are dealt with.

I arrived at Washington, DC in the middle of January and it was unusually cold, as the temperature was between -10°C to -20°C . It was the coldest winter in the last 50 years in USA. The Potomac river which runs next to Georgetown University froze over, so the first thing I did was to find a warm apartment to live in and to purchase underwear at the department store.

There were six fellows with me at Kennedy Institute, all of whom were medical or nursing professors in USA. Their specialties were psychology, internal medicine, OB/GYN, nursing and mental health. Weekly seminars for the fellows were conducted by the staff of Georgetown University Schools of Medicine, Philosophy, Center for the Advanced Study of Ethics, Children's National Medical Center; Bioethics Programme in Clinical Center of National Institute of Health; Ethical, Legal and Social Implications (ELSI) Branch, The National Center for Human Genome Research (NCHGR), NIH; National

Advisory Board on Ethics in Reproduction. The topics for the seminar were as follows;

- The Anatomy of Clinical Ethical Decisions / Casuistry, Principles and How They Work in Making Applied Moral Judgements /
- The Relationship between Principles and Case Judgements /
- The Tension between Patient Advocacy and Social Resource Allocation /
- Policing The Physician - Patient Relationship /
- The NIH Bioethics Office /
- Neonatal/Pediatric Ethics Committee /
- The Roles of IRBS and Data and Safety Monitoring Committees in The Oversight of Ongoing Research /
- Egg Donation /
- Clinical Ethics \neq Medical Ethics /
- The NIH RAC (Recombinant DNA Advisory Committee) /
- Bioethics in Clinical Oncology /
- Ethical and Social Implications of New Advances in Human Genetics /



Georgetown University

Kennedy Institute of Ethics is famous for the theory on principles of biomedical ethics, developed by T. Beauchamp and J. F. Childress in 1978. The four principles of beneficence, non-maleficence, respect for autonomy and justice are centered. Ethical issues are closely related with TB control such as stigma of TB, resource allocation to TB control at the national level, privacy of TB patients vs. social security and treatment side effects. I am interested in these principles in the evaluation of international TB training.

T. Yoshiyama

Tuberculosis control in Yemen

Int'l cooperation by Japan

Since 1980, we usually have one or more participants in tuberculosis control course every year from Yemen Republic of Yemen (ROY) - formerly Yemen Arab Republic (YAR) and People's Democratic Republic of Yemen (PDRP). This is because JICA has assisted in tuberculosis control in YAR and ROY since 1983. Dr. Azuma, the course director in 1970s, was the first team leader of Yemen TB Control Project of JICA, and Dr. Suchi (1985 control course), Dr. Kusumoto (1988 control course) and Dr. Hoshino (1991 advance course) worked in this country as TB control experts and team leaders. Main participants from Yemen are Dr. Abdul Malik Al Kibsi (1983 control course and 1993 advance course, director of National Tuberculosis Institute), Dr. Amin Noman (1986 advance course, director of TB control programme) and Dr. Omar Thabet (1991 advance course, former director of TB control programme).



YAR was closed to foreign countries until 1960s. The 1960s were days of internal war between the royalists and republicans.

TB control programme has only existed for 20 years. The country has need difficulty in establishing tuberculosis control system, which has not been completed until now.

DRP was under the control of United Kingdom until late 1960s and was a socialist country during 1970s and 1980s. Tuberculosis control system is influenced by Soviet Union, preferring X-ray examination. We have had some difficulty influencing change to smear microscopy and treatment result.

Tuberculosis control project was thought to continue until 1998, but due to the internal war which started on May 4th 1994, Japanese experts had to leave the country and Dr. Mohamed Saif Al Kabati, participant in the TB control course in 1987 and nominee for the advance course of 1994, could not join the advance course. As Dr. Iwasaki wrote, JICA had to stop the project of TB control in Afghanistan nearly 15 years ago due to the wars. We do hope the project will be restarted soon.

May the grace of ALLAH be in Yemen.

International Tuberculosis Information Centre (ITIC)

ITIC, RIT was established in 1990. It has a collaborating programme with Regional Office for Western Pacific, WHO. Information on tuberculosis epidemiology and on worldwide a control programmes are collected for the database. Database were made in collaboration with WPRO/WHO. Epidemiological reviews in the western pacific region in 1991, 1992 and 1993 were made and the booklet "Tuberculosis in the world 1993" was published. We are now updating database for this year. If you could send TB statistics data and NTP information on your country, we will send back an updated review.

Staff News

Welcome:

- Dr. A. Ohkado (Int'l Cooperation Div.)
- Dr. T. Uchiyama (Pathology Div.)
- Ms. N. Sasaki (Administration Dept.)
- Ms. M. Ikoma (Administration Dept.)
- Mr. M. Seko (Administration Dept.)

Farewell:

- Ms. T. Kubota (Administration Dept. to JATA Head Office)
- Dr. S. Sakamoto (Pathology Div.)
- Dr. T. Umino (Pathology Div.)
- Mr. Y. Suga (Administration Dept. to JATA Head Office))

Staff Working Overseas

- Dr. M. Suchi (Epidemiology Div.) In the Philippines since Sept. 1993 / JICA Public Health Development Project.
- Dr. R. Komatsu (Epidemiology Div.) In Nepal since June 1994 / JICA Project for National TB Programme.
- Dr. H. Hoshino (Int'l Cooperation Dept.) In Nepal since June 1994 / JICA Project for National TB programme.

Your news and views are always welcome!

NEWSLETTER FROM KIYOSE

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