

NEWSLETTER FROM KIYOSE



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The Research Institute of Tuberculosis, JATA
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Novel Technology and the Community Movement

Dr. Toru Mori

Dr. Toru Mori has been promoted to the director of RIT since July '97, succeeding Dr. Masakazu Aoki, the former director who moved to the Central Office as a Chairman of the Bord of Directors.

With the advent of technological innovations in the medical sciences, the tuberculosis control community will be forced to achieve a technological breakthrough sooner or later. The breakthrough may have already started, such as a series of DNA-diagnostics or RFLP analysis. Such a change will also involve the developing countries, probably in much shorter time than it took rifampicin to be adopted there. However, in order to effectively exploit this novel technology, old ideas such as community participation should be revisited. Why and how? There is a small story relevant to these questions.

I have just come back from an observation trip to the Tohoku area where I accompanied the class of group training course II. During the trip, we had very interesting meetings with the local community health volunteers of Akita and Iwate Prefectures. In a town of Iwate Prefecture, we visited a volunteer's home and had a talk with the local women volunteers. This reminded me of my former experience in which I worked much with similar women's groups some 20 years ago when I was responsible for a health center of a country town. There were groups for MCH, nutrition improvement, chronic disease control and the handicapped people and their families. At that time, I rather considered these groups simply as one of the channels for diffusing the public services. This year, attending the exchanges between our participants and the local ladies, I realized keenly that these activities of the lay

persons in the community constitute an important positive part of the health infrastructure of Japan, characteristic of the development of the public health services of Japan. I was not very clearly aware of this point 20 years ago. It surely played a potent role in vitalizing the public service in Japan's public health arena.



New Director

In this town there was a small, 50-bed public hospital. To my surprise, this hospital was quite well equipped, even with an MRI system! Still more surprising to me was that this hospital had quite a favorable financial balance, and that, at the same time, the health insurance system of this town was also in good financial condition. This economic success in clinical service of this community may have had much to do with the successful activities in the preventive side including the volunteer movement. Community participation of the local ladies is eventually supplementing, or at least is in good harmony with, the modern technology in the hospital. I learned that even modern technology should be actively supported by an apparently old health infrastructure, when it is to be integrated into the health system. On the contrary, high technology having no support of the infrastructures would not be successful. □

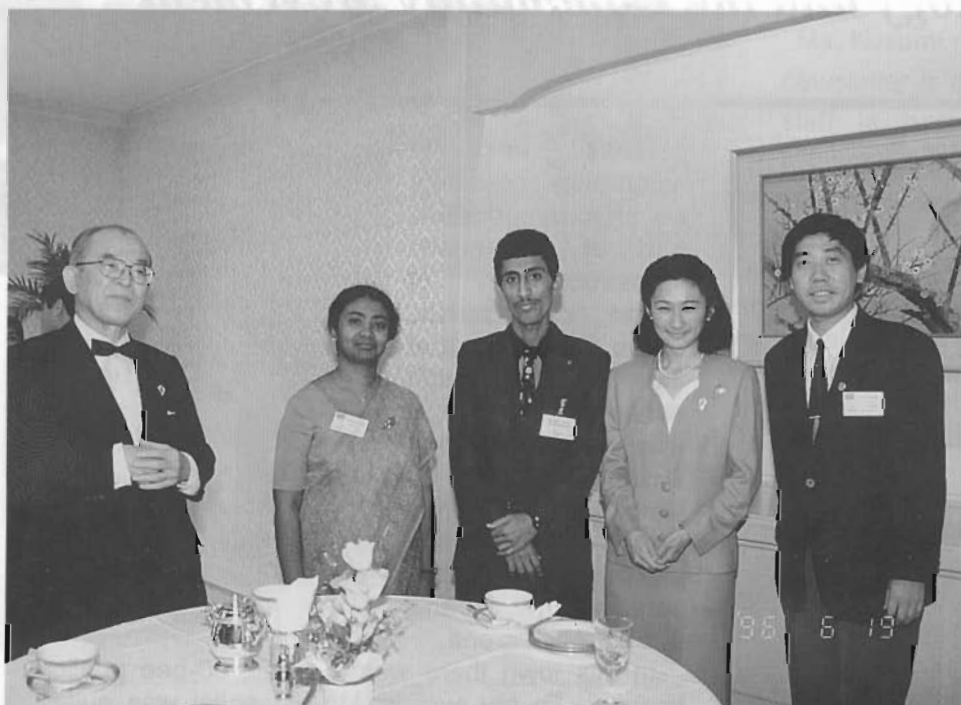
Her Imperial Highness Princess Akishino

On 19th June 1996, Her Imperial Highness Princess Akishino, the Patroness of Japan Anti-Tuberculosis Association kindly invited 15 participants (including 13 JICA participants and 2 individual course participants) of the Group Training Course in National Tuberculosis Programme Management (formerly The Group Training Course for Administrative Medical Officers). The party was held at the East Residence of Akasaka Imperial Palace.



After the toast of welcome, Princess Akishino talked to each participant friendly. They were deeply impressed by her warm hospitality and heart-to-heart encouragement. All of them will never forget this special party, beautiful imperial residence, and the delicious champagne as well.

Dr. Masakazu Aoki



Dr. Shimao received Imperial Order

In May '96, Dr. Shimao, President of JATA received the Sacred Order of Merit of the Raising Sun for his remarkable contributions to tuberculosis control.

Awarding ceremony was held at the Imperial Palace. Prime Minister Mr. Hashimoto presented the Sacred Order to Dr. Shimao. After the ceremony, Dr. Shimao met His Majesty the Emperor and took this memorial photograph with his wife.



Directors

No.1

In this column, the director of NTP (among RIT alumni/alumnae) introduces their activities.

Dr. Farouk Tolba

Ex-D.G. Chest Diseases Department. EGYPT



My story with tuberculosis control started in 1989, when the Dutch Government offered a grant to the Ministry of Health to support NTP. In January '89, I attended the 1st International Training on Tuberculosis in Bangalore, India. After returning, I took

the responsibility as the Programme Director. At that time we had to formulate our national programme, recruit and train the manpower at central and governorate levels.

After a year of tedious work, the first trial of the programme implementation started in Cairo and Giza governorates.

In Egypt, the programme is vertical and chest facilities are run by doctors specialized in chest diseases. It was rather difficult to change their mode of thinking from clinically oriented to public health.

In May '91, I attended the Group Training Course in Tuberculosis Control for Administrative Medical Officers in Kiyose. I can't forget those days; it was one of the most fruitful periods in my life. I gained a lot of knowledge and experience which was of great help to me as the director of the programme.

By 1992, the programme started to be expanded to other six governorates. By this step, half of Egypt's population was covered by the new programme.

The activities were including a lot, planning, implementation, training, supervision, monitoring operational research and so forth.

One of the problems was the shortage of trained staff to perform all the above activities. A unit for training, operational research and surveillance was established to take the responsibility of these activities and it was proved very fruitful. Another problem was to convince the health staff to accept the

changes introduced by the new programme.

In addition, new problems of implementation are:

- * Low cure rate 57- 65%
- * Low detection rate 30-35%
- * High defaulting rate 25-30%

In 1994, I was promoted to the Director General of the Chest Disease Administration in the Ministry of Health in addition to my job as the Director of the NTP. I took this opportunity to strengthen the NTP in the chest facilities, especially the intermediate and the peripheral laboratories.

More governorates were included in the NTP which covers 80% of the total population (60M.). The central and peripheral staff are working hard to improve the detection and cure rates to reach the goals of WHO Global Programme.

When this article is published in the News Letter, I will be enjoying a new phase of my life as a retired man. But I intend to join the NGO's activities concerned with TB control and I think that I can do something useful in this field.

Finally, best wishes to those who devoted their life to fight tuberculosis, the disease of poor communities.



In the next issue, Dr. Loekman Hakim Siregar of Indonesia will be introduced.

We are expecting more articles from the directors introducing their activities

The Progress of National TB Control Programme (NTP) and Japanese Technical Cooperation in Nepal

History of NTP and NTCP in Nepal

In 1951, the Central Chest Clinic (CCC) was established in Kathmandu for TB patients and in 1965 the Tuberculosis Control Project (TBCP) was established to implement BCG vaccination programme.



The 18-24 months standard chemotherapy was introduced at peripheral health post level. In 1980's, Western Regional Public Health Project (WRPHP) by Japanese Government supported several TB control activities including tuberculin survey, and staff training.

In 1987, HMG Nepal and Japanese Government started the National TB Control Project (NTCP, phase I) through JICA and established National TB Centre (NTC) in 1989, unifying TBCP and CCC. This NTC has started as a central unit of NTP. Experts have been dispatched from Japan to technically train the medical officers, laboratory staff, X-ray technicians and primary health care workers, for operational research activities, and material development of health education to the public and TB patients.

The phase I project finished in April 1994. The currently ongoing phase II project aims to establish key components of NTP at national level and model areas in the Western Region.

Besides the activities at NTC of central level, the demonstration of DOTS is being developed in some districts in the Western Region.

Since mid 1995, many national and international NGOs have contributed to establish NTP in Nepal. Norwegian Heart and Lung Association (LHL) has been supporting training activities.

DOTS in Nepal

In 1994, an international NTP review was made jointly with NTC and local NGO staff. Then, a five year plan with intensified demonstration districts was recommended in early 1995. The phase II project chose 2 districts of Tanahun and Nawal Parasi as model areas. Baseline survey of the peripheral centre activities, training for staff and private practitioners' workshop were conducted.

In April 1996, based on the recommendation by the international review made in February 1996, four new demonstration areas were selected; i.e. Bhaktapur, Parsa, Khailari and Nawal Parasi. These centres will be used as training centres for expansion to other parts of Nepal until NTP covers the whole country. □

Dr. Hitoshi Hoshino



Group Training Course in Tuberculosis Control Laboratory Services 1995 (10.30,1995-2.16,1996)



KONNICHIWA!!

On behalf of all the participants in this course, I'd like to explain about our lives in Japan. Any moment in Japan, we never felt insecure because of the people ever ready to help us and easy availability of everything for our daily lives. Almost all the lectures and practical classes were conducted by the superior personalities. From the respected teachers, we learnt how to be a good leader and how to improve the laboratory services & our important role in NTP. *We will never forget the beautiful moment when we took a group photograph with Her Imperial Highness Princess Akishino.*

Mr. Dhruba Khadka (Nepal)

Group Training Course in National Tuberculosis Programme Management 1996 (5.3-6.21,1996)



We are very lucky to attend this course. All the contents of the training were interesting and related to the subject. During the training we met doctors from many countries. We shared the knowledge and experience and discussed different problems of our NTP. The most important and useful discussions were on difficulties in Management of NTP and problem of DOTS. Besides, we had a chance to discuss with Dr. Kochi from WHO. We also had a chance of meeting Her Imperial Highness Princess Akishino. The time we spent in Japan is one of the best times in our lives. We are taking with us skills, knowledge, experience, electronic appliances etc... But the most precious and important thing that we are taking with us is the love, given by the Japanese people, which we can never forget.

Dr. Hassan Sadiq (Pakistan)

Group Training Course in Tuberculosis Control II 1996 (7.8-10.18, 1996)



This course has given me what I needed, to sort out this disease in my country. I have also been very fortunate to have mixed and shared opinions and ideas with other participants. The lecturers both from overseas and Japan have been excellent in a very well coordinated course that provides more than enough training for those who want to be effective TB control programme managers. I will cherish wonderful memories of the field trips where we witnessed tremendous reception and lovely and warm hospitalities by people genuinely interested to help us solve this disease on our respective fronts. Whether we deserve the knowledge of TB or not, will be disputable but I know we have all our life's time to earn this privilege.

Dr. J. Bana-Koiri (Solomon Islands)

AIDS course

Upon the agreement reached between Japan and the United States, the Global Issue Initiative (GII) in 1994, Japan is expected to take a leading role to combat the AIDS



observation of blood bank

pandemic in Asia. As one of the activities in the field, the Ministry of Health and Welfare and the Japan Foundation for AIDS Prevention (JFAP) entrusted the Research Institute of Tuberculosis (RIT), JATA to hold the International Course on AIDS Prevention Care in Asia. The purposes of the course are to provide essential and



class room

comprehensive training for development, implementation and evaluation of HIV/AIDS programmes; to promote collaboration in HIV/AIDS research; and to promote exchange of participants' knowledge and experience on their AIDS programmes. This course is scheduled with technical assistance from World



trip to Kyoto



International Course on AIDS Prevention and Care in Asia 1994

Health Organization (WHO), Ministry of Public Health of Thailand and US Centers for Disease Control and Prevention (CDC).

The duration of the first course was eight weeks. The first two weeks of the course were mainly series of lectures on clinical aspects of HIV/AIDS, AIDS programme in Japan, basic science of HIV, laboratory diagnosis, counseling, behavioural science by Japanese lectures.



International Course on AIDS Prevention and Care in Asia 1995

Surveillance by CDC personnel was done in the third week with Japanese facilitators. Every morning before class started, participants gave a presentation on AIDS situation in their own countries.

A field trip was arranged in the middle of the course to Hiroshima and to Kyoto to observe the Institute of Virus Research. One-day trip was organized to World AIDS day event and the Red Cross blood centre.

In the latter half of the course lectures on TB/AIDS, STD and NGO were continued and participants had more time for discussion to share their experiences. In the sixth week of the course, workshops were held to focus on one of those issues: Condom promotion; Counseling programme; STD service and care; Women and AIDS; Role of NGOs; IEC; Legal and ethical issues; HIV/AIDS in Africa; facilitated by WHO staff and a medical officer of Thai MOPH with Japanese facilitators.

In the seventh week participants spent to go through WHO module on

National AIDS programme management. In most sessions the class was divided into two groups. Each participant developed a national and individual action plan along with guideline using the knowledge acquired from the entire course. They were presented in the final week.

One of the main expectations from many participants was to share experiences of different countries. This could be achieved by giving them an opportunity to present their country information and especially by workshops in the latter half of the course.

The course as a whole was very successful with participant's involvement and improvement of their skill during the course. □

Dr. Masami Matsuda



International Course on AIDS Prevention and Care in Asia 1996

Survey Ex-participants of TB courses 1990-94 responded

A questionnaire was sent to all ex-participants in the TB control (C) and advanced (A) courses concerning their opinions in the course experience in May 1995. A total of 34 ex-participants has kindly replied to us by Jan. 1996. The followings are some summarized data.

The results showed that many of them are working eagerly to improve their TB control programme in their own countries.

Dr. Akihiro Ohkado

Q: How much do you think that the training course has been beneficial to your job?

most beneficial $\frac{9 \text{ point}}{\quad}$ **8.1** point (the average score) $\frac{\quad}{1 \text{ point}}$ not beneficial at all

Q: How much do you think that the training course has been relevant to your job?

most beneficial $\frac{9}{\quad}$ **7.6** (the average score) $\frac{\quad}{1}$ not beneficial at all

Q: How much has the training course contributed to solve the difficulties?

most beneficial $\frac{9}{\quad}$ **6.4** (the average score) $\frac{\quad}{1}$ not beneficial at all

Q: Do you have any proposals to the training course? If so, please write down.

- To strengthen the parts of **community participation**; volunteers, leaderships, women's association, surveillance for defaulters and those of cohort study to assess the efficacy of treatment. (Control '90)
- **Clinical aspects** should be included more. (C'91)
- To **go to some countries** where TB situation is severe would be effective way to study TB control. (C '91)
- To discuss **the cohort analysis** of the treatment and **the conversion rate** more deeply. (C '92)
- **Reunion** of all ex-participants of the treatment and the conventions or conferences. (A'93)
- To have **more contact and continuations** with ex-participants by RIT. (C'93)
- **Small countries** should have another training separately. (C'93)
- More chances to **present** each country evaluation reports may help to promote capabilities of the trainees to catch their problems. (A'94)



- 1. All lectures need OHP or slides.
- 2. To supply the lecture materials beforehand.
- 3. **Group discussion** after every lectures.
- 4. To have more workshop on different topics.
- 5. Participants may evaluate on the training course.
- 6. Some lab. Exposures (C'94)
- To have some lectures about **clinical TB**, mechanism of immunity of TB and to visit to chest or TB hospitals. (C'94)
- To continue this kind of **follow up** to ex-participants. (C'94)



Q: If you can participate in another training course about TB control, what topic would you choose?

- 1. Improvement of treatment concept and patient's compliance.
- 2. Programme planning, implementation and evaluation. (C'90)
 - 1. Cost-effective analysis of NTP.
 - 2. The role of compliance in the chemotherapy.
 - 3. Progress reports on TB researches (C'92)
 - Communication skill between health workers and TB patients (C'90)
 - 1. Social participation
 - 2. Sociology
 - 3. Management of budget and administration (C'92)
 - To have the field trips in order to get the real experiences, in countries like Tanzania, China, etc... (A'93)
 - Statistics and management. (C'93)
 - Management of TB program and the utilizing of the computer for data



- processing (C'93)
 - 1. NTP
 - 2. Data processing system, computer network
 - 3. TB/HIV-AIDS
 - 4. Research activity
 - 5. Community participation
 - 6. Epidemiology (C'94)

We do hope that our training courses and following-up after the course would become more useful to every participant who attended or is attending our training courses. As "family" members fighting against TB together, we wish our network would be strengthened more and we could help and study each other anytime and anywhere.

Administration Office

Mr. I. Togawa, Head of the Administration Department, leads eight staff members including



Mr. Seko, Mr. Shinagawa, Mr. Honda, Mr. Hisanaga, Mr. Yoshida
Ms. Kosumi, Ms. Endo, Mr. Togawa, Ms. Sasaki, Ms. Ogawa, Ms. Saito

Mr. H. Hisanaga, Chief of the General Affairs Division. The other staff members are three of training section, three of accounting section and one of general affairs section.

Ms. Sasaki and Mr. Honda are responsible for 4 international training courses. Mr. Shinagawa is for 16 domestic courses.

Mr. Yoshida, Mr. Seko, and Ms. Endo are responsible for accounting. They often enjoy playing badminton together.

Ms. Saito and Ms. Ogawa work for The Japanese Society for Tuberculosis in the same office.

Ms. Kosumi mainly works for Director. Making a newsletter is one of her jobs. The administrative staff is basically transferred among several institutes of JATA (Hospitals, Health Centers, Headquarters and RIT) about every three years.

Correction

This is the photo of the Tuberculosis Control Laboratory Services 1995 which should have been on the last number. (Newsletter from Kiyose, No.10, page7)



RIT NEWS

Staff News

♣Promotion:

Dr. Masakazu Aoki
To Chairman of the Board of Directors, JATA
To Director Emeritus, RIT
From Director of RIT

Dr. Toru Mori
To Director, RIT

Dr. Nobukatu Ishikawa
To Vice-Director, RIT

♣Welcome:

Dr. Isamu Sugawara
To Chief of Pathology Division, RIT
From Saitama Ohara Cardiovascular Center

♣Farewell:

Dr. Masahiro Yoshikawa
Left RIT.

Your news and voices are always welcome!

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