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Strengthening RIT Alumni Network to Stop TB

Director

Dr. Nobukatsu Ishikawa

Spirits of DOTS

When we first piloted DOTS in the Therai Plains in Nepal in the early 90s, we started from a strict facility-based DOTS at periphery Health Posts (HPs) following Don Enarson's advice. Many of us were still not confident whether all of the patients could come to the Health Post for medication on a daily basis, rather than monthly, as before. A few months later, we were surprised to learn that most of the patients managed to come to the HPs in the pilot area everyday, walking one hour and, in some cases, even three hours! This was due to the conviction and enthusiasm of the health workers. For example, Mr. Narayan, who was in charge of an HP, thoroughly understood the essence and spirit of DOTS and applied these in his way. Many patients could not walk to the HP, or cross the river near the HP when rains increased the water level. They were standing at the other side of the river. Here, Mr. Narayan, let a strong young man cross the flooded river carrying drugs to the patients, and he watched from his side to be sure every patient to take the drugs. I named this—'Across the river DOTS'. The building of the HP looked so inadequate, but the DOTS practice inside was excellent.

Stop TB Strategy 2006-2015 is a new move in global TB control, but we need to keep in mind

that the quality of DOTS is the basis for Stopping TB, and that the spirit of DOT is the basis of DOTS. I still remember vividly the time when I visited a patient's home in New York City with an extension worker to monitor a patient taking TB medication. I asked the patient "Aren't you annoyed by being watched by someone instead of taking it yourself in private?" He replied, "No, this man doesn't come only for the medication. He gives me spirit."

Human workforce strengthening through RIT alumni network

Nearly a hundred ex-participants and lecturers of the RIT courses attended the 37th IUATLD World Conference in Paris in November 2006. Again, I found the RIT alumni playing key roles to stop TB all over the world. Over 40 came to the alumni gathering during the conference. Among them were Dr. M. M. Singh of India (1965 course) and Prof. Chaulet of Algeria (lecturer). We all enjoyed the gathering and were convinced that the network of RIT course alumni with the aftercare inputs should further lubricate the new Stop TB movement.

The RIT would further strengthen alumni ties through newsletters, gatherings, and collaborative projects. Toward this end, I call for the active participation of alumni members in the network from all over the world.

National TB Control Project in Cambodia

Project Manager
Dr. Tatsuo Sugiyama

The DOTS strategy was implemented in 1994 in Cambodia and it contributed to the good treatment outcome of TB patients in the hospital. The JICA National TB Control Project started in 1999 but since there was no significant increase in case finding due to the limitation of hospital-based DOTS, DOTS expansion to health centers was started in 2001. The 2nd Phase of the Project started in 2004 and it expanded to all health centers having minimal-package activity in Cambodia by 2005. The expansion was very successful and we are now targeting further approach to the community, vulnerable people and the private sector.



Visiting a field for supervision

Currently, Community DOTS has been introduced in about 40 percent of the health centers nationwide in order to improve accessibility to TB treatment and secure observation. Our pilot areas revealed that about 70 percent of the TB patients were treated by Community DOTS during the continuation phase. DOTS watchers consist of members of a village-health support group, including village health volunteers and community leaders.

HIV prevalence among TB patients is now 10 percent in Cambodia. The Project collaborates

at the national level with the National TB Control Center (CENAT) and covers the Phnom Penh municipality as the pilot area. In order to strengthen the two-way referral, TB screening is conducted at the CENAT clinic for PLHA, and HIV screening of TB patients at health centers by means of TB/HIV coordinators as mobile VCCT.

The quality improvement of DOTS is another Project challenge and involves the laboratory network for EQA and cultures. Three EQA centers are now functioning and the Project has started quarterly EQA in five provinces, which expedites the feedback of results. Expansion of EQA to provinces with quarterly examination is the next plan to be implemented in this country. On the other hand, TB culture is now available at three sites and stabilization of DST at CENAT is a challenge to be prioritized henceforth. With the support of the RIT laboratory, we are trying to bottom and upgrade laboratory functions and the network in Cambodia.

Rapid expansion of DOTS to health centers could achieve a high case-finding rate with treatment success. Our goal is to raise quality further and sustain TB control in the future.



TB/HIV training

The RIT Alumni Reunion on the occasion of the 37th Union World Conference on Lung Health

Deputy Head, Dept. of International Cooperation
Dr. Katsunori Osuga

The IUATLD annual conference was held from October 31 through November 4, 2006 at the Palais des Congress in Paris. Among the important topics covered during the conference, XDR TB which was reported in South Africa earlier this year and highlighted by the media in August of 2006, was selected as a “special session”. The similarity to the situation in New York City in the early 1990s and the urgency in response was emphasized by the Centers for Disease Control and Prevention (CDC) of the USA. Many RIT International TB Training Course graduates attended the conference, during which we organized an Alumni Reunion at a restaurant near the conference venue. Forty-five former participants joined the reunion, representing Korea, the Philippines, Cambodia, Thailand, Myanmar, Bangladesh, India, Turkey, and Ghana. Some graduates were unable to attend because of business commitments.

Dr. Finlay and Dr. Shah of the CDC, who

conducted the operational research session during our training course this year, attended. Dr. Ishikawa, Director of the Research Institute of Tuberculosis, welcomed all of the participants and this was followed by a toast (Kampai) by Mr. Kaneko, Executive Director of the Japan Anti-Tuberculosis Association (JATA).

Enjoying a delicious Chinese meal in Paris, we shared our experiences in Kiyose, and what we have been doing since Kiyose. Whenever possible, we try to organize a reunion simply to see each other and to share news. Having had nearly 2,000 graduates from the RIT training courses since 1963, the Kiyose family (RIT Alumni) now forms a significant cadre of a TB and HIV/AIDS control network around the world. It is always encouraging to see former participants playing a major role in the fight against TB and HIV/AIDS in their home countries and around the globe. We hope to see you again next year in Cape Town, South Africa.



National TB Program Management Course

Jan. 10 to Feb. 25, 2006

Ismail Mohamed Aboshama Zidan, Egypt

I think that the important days in our life are few. Among such days in my life are the days I spent in Japan this year to attend one of the important courses named the National Tuberculosis Program Management funded by JICA with the cooperation of the Research Institute of Tuberculosis (RIT) / Japan Anti-Tuberculosis Association (JATA), and the 47 days I stayed in Japan from January 10 to February 25, 2006.

This course gave me more up-to-date knowledge about TB, and how to fight this



disease in the proper way. It also taught me the experiences of Japan and the 12 countries which attended this course, and increased my skills to be a good manager, planner, analysis and solve problems. These knowledge and skills came from a group of elite experts from the Research Institute of Tuberculosis (RIT) / Japan Anti-Tuberculosis Association (JATA) who are working hard to control TB.

The days were an eye-opener for me because, seeing people so committed in a country like Japan, made me more devoted and dedicated to my program. It was a great honor for me to have the rare opportunity of meeting Princess Akishino who is patroness of the Japan Anti-Tuberculosis Association (JATA).

I adore Japan, the beautiful faces, first-class cities, and the ancient culture of the “land of the rising sun”, and I would like to visit Japan again. Thank you so much indeed for this opportunity and I will never forget those days. Thank you to JICA and RIT / JATA.

Stop TB Action Training Course

May 10 to Aug. 5, 2006

Dr. Leo Njock Ayuch, Cameroon

From May 10 to August 5, 2006, 19 participants from Asia, Africa, Latin America and Eastern Europe gathered together as a family, to constitute what became known as the 43rd batch of the Stop TB Action Training Course, in Tokyo, Japan, to improve their knowledge and skills in the management of TB control programs. Beginning from the welcome at Narita Airport, throughout our stay in Tokyo, we found the Japanese society and its people very wonderful, peace-loving and caring. Our stay in the TIC for several days was our first contact with Japan



and we learnt a bit of the language, and some historical facts about Japan. Then we moved to our base in RIT, Kiyose, where we met wonderful people, devoted lecturers, a carefully planned schedule for studies, and a conducive environment for learning in the dormitory, with all facilities put at our disposal, including cooking facilities, and later on some of us earned certificates in cooking, too. We also had the opportunity to explore Japan through the many places we visited during our field trips, notably Akita, Hiroshima and its history of the A-bomb, Osaka, Kobe, and finally Kyoto, also full of history.

The relationships we made here were so important that we were like children of the same

family; and as such, we regularly organized Friday parties, where we enjoyed ourselves and forgot homesickness. We also regularly went on the weekend to sightseeing places like Tokyo Dome, Disneyland, Tokyo Tower, and Ueno zoo, not forgetting Akihabara and Shinjuku. The Seiyu department store was like our daily visiting place. Thanks to the organizers; we were proud to meet some of the world famous and leading figures in TB control and also on TB/HIV related issues. We learnt a lot from this course and promise to make good use of these knowledge and skills back in our various countries..

To all we say THANK YOU!!! ARIGATO GHOSAIMASHITA

The 13th International Course on AIDS Prevention and Care in Asia

Oct.2 – Nov. 10, 2006

Dr. Ismail Binti Ismail, Malaysia

It was a great pleasure for me to be chosen as a participant of the 13th International Course on AIDS Prevention and Care in Asia, 2006. This year is the first joint TB and HIV training course. Thanks to the organizers, we were proud to meet some world-famous leading figures in TB control and TB/HIV related issues. We learnt a lot from this course and promise to make good use of the knowledge and skills back in our various countries. I want to take this opportunity, on behalf of my fellow participants, to heartily thank JICA for the enormous means put at our disposal during this course; the entire RIT staff for the marvelous lectures and careful organization of the course; Minemura-san and Irisawa-san, for their constant and relentless commitment to our well-being; and Iki-san and wife for their constant care in the dormitory.

I would also like to express thanks to all the participants themselves, for their cooperation during this course, and we wish it continues throughout life, via south-south cooperation and the alumni association. To all, we say Thank You, Arigato Gozaimashita!

It was amazing to see 18 of us, from 13 countries with different backgrounds and cultures, sitting together under one roof and

at the end of the day we all became very good friends. I sincerely thank the course coordinator and facilitator for their warm cooperation from the day we arrived and who made our lives in Tokyo very smooth. They were very helpful and available almost all the time when needed. The lectures, group works, field visit and not to forget, the operational research proposal, were very beneficial and useful for us especially in developing and strengthening our TB/HIV collaborative activities in our country. A bundle of thanks to all the lecturers and tutors who always were there to guide and support us, especially in completing our operational research proposals. We will cherish all the sweet memorable momentsArigato Gozaimasu!



Tuberculosis Laboratory Network for DOTS Expansion

Oct.2 – Dec. 1, 2006
Dr. Ridi Gul Alemi
Afghanistan

Out of sight out of mind, the saying goes but this doesn't apply to study and life in RIT. Beginning with our period of briefing and sessions focused on the culture and economy of Japan in TIC, our studies brought positive changes to our lives.

The academic and practical sessions opened to us the arena of TB control. Therefore, it soon became clear that Quality Smear Microscopy with External Quality Assurance System is a key component in NTP in implementing quality DOTS.

Field visits such as those to the Wakunaga Ph. Co. Ltd, JICA headquarters and the JATA Hospital gave us an in-depth look at the newest technology in Japan.

Special thanks to Minemurasan, the training coordinator who organized and managed the course in the best possible way and to our complete satisfaction.

Our heart-felt gratitude to our

respectful lecturers for guiding us in how to be good managers and trainers in our countries (Afghanistan, Bangladesh, Cote d'Ivoire, Kenya, Pakistan, Papua New Guinea and the Philippines). Last but not the least, special thanks to Iki-san and his wife who kept us warm in the dormitory and looked after us very well.



MESSAGE FROM ALUMNI

Dr. N Khan Wazir
National TB Program Management 91'
Pakistan

I am grateful to still be remembered as one of the participants in the advanced administrative training group on the control of tuberculosis in 1991. I also thank Dr. T. Mori and Dr. N. Ishikawa with whom I personally discussed laboratory techniques in the control of tuberculosis. Dr. Aoki at that time was director of RIT, and he used to tell me that I was very keen in laboratory work because I always was in discussion as well as in the laboratory for administrative control of tuberculosis. Again, I am very grateful to JICA as

well as RIT for their full cooperation in providing funds for training in laboratory activities with special reference to culture and sensitivity tests in screening procedures of pul-tuberculosis, which at present is one of the main hindrances in the control of pul-tuberculosis and the spread of resistant strains of AFB throughout the country.

Unfortunately at that time the provincial Government of NWFP could not recommend a suitable candidate at my recommendation who worked with me for nearly ten years in the national tuberculosis program and thus the stipend was wasted. Now we are facing the problem of resistant strains of AFB, with no laboratory facilities or properly trained technicians for this

job in the province. Since 1960 I have been practicing and been in touch with pul-tuberculosis patients. Although DOTS did very well in controlling pul-tuberculosis in Pakistan, resistant strain spreaders are excreting

AFB in the community and thus infecting the healthy population. Now we are facing the problem of HIV and AIDS, thus our efforts in controlled TB cases will be re-activated, which will increase our AFB positive figures.

Last but not least associated with tuberculosis patients, it is my professional and moral duty to request the government of Pakistan and non-government organizations to fight against resistant strains in Pakistan.

Dr. Jose Francisco Saldias Novoa
National TB Program Management 91'
Chile

I was a former student of the Group Training Course for the National Tuberculosis Programme held in 1991 at Kiyose. The tuberculosis problem in Chile fell from 46.9 per 100,000 inhabitants in 1990 to 18.4 per 100,000 inhabitants in 2003. Our aim is to have less than 10 per 100,000 inhabitants in 2010. This is very difficult because in my region (Valdivia), for example, we have had 12 pulmonary cases of sputum positive per 100,000 inhabitants in each of the last seven years. I remember my good teachers including Dr. Aoki, Dr. Mori and Dr. Ishikawa.

RIT NEWS

◆ Welcome

<RIT>

- Ms. E. Komatsuda
To Dept. of Administration from JATA HQ
- Mr. K. Suda
To Dept. of Administration from JATA HQ
- Mr. T. Irisawa
To Dept. of International Cooperation from Daiichi Dispensary
- Mr. R. Takinami
To Dept. of Administration from JATA HQ
- Mr. N. Itagaki
To Dept. of Micobacterium Reference Center
- Dr. M. Ota
To Dept. of International Cooperation
- Ms. N. Omuro
To Director's Office
- Ms. S. Hasegawa
To Dept. of International Cooperation
- Ms. Y. Yamamoto
To Dept. of Research
- Dr. J. Yanai
To Dept. of International Cooperation

<International Program, JATA HQ>

- Ms. H. Matsumoto
- Mr. A. Beggs
- Dr. T. Sugiyama
- Dr. Y. Yanase
- Dr. Y. Tsurugi
- Dr. M. Ttsukamoto
- Mr. K. Ishii
- Mr. K. Fujikawa

◆ Farewell

- Dr. Toru Mori moved to National Institute of Infectious Disease, Leprosy Research Center
- Mr. T. Toyama moved to JATA HQ
- Mr. M. Yasuda moved to Daiichi Dispensary
- Ms. K. Shibuya resigned
- Dr. H. Yanai resigned
- Dr. M. Suchi resigned
- Ms. R. Ueguchi resigned

Bidding a farewell to a RIT colleague

It is with great sadness that we inform all alumni of the training courses, lecturers, partners, colleagues, and friends that Dr. Shinji Shishido passed away on November 8, 2006. He was 61 years old. RIT extends our deepest and most sincere condolences to Dr. Shishido's family.

Change of leadership at RIT

Please be informed that Dr. Toru Mori resigned from RIT in March of 2006 and is now Director of the National Institute of Infectious Disease, Leprosy Research Center. Dr. Mori became Director Emeritus of RIT.

On April 1, 2006, Dr. Nobukatsu Ishikawa, former Vice Director, took on the position of Director of RIT.

Furthermore, Dr. Masashi Suchi left RIT in April, 2006, and Dr. Ikushi Onozaki is promoted as Head, Dept. of International Cooperation.



*Best wishes
for a wonderful holiday season
and a happy new year filled with peace*

Dr. N. Ishikawa

Dr. S. Kato

Dr. I. Onozaki

Dr. K. Osuga

Ms. A. Fujiki

Dr. N. Yamada

Dr. A. Ohkado

Dr. M. Ota

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You are welcome to send us your news and voices!

NEWSLETTER FROM KIYOSE

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