

# NEWSLETTER FROM KIYOSE

The Research Institute of Tuberculosis  
3-1-24 Matsuyama, Kiyose-shi, Tokyo 204-8533, Japan



RIT/JATA

Issue No. 24, December 2008

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## Operational Research: An Important Component of TB Control

**Dr. Nobukatsu Ishikawa**  
Director



When people think about essential elements of the national TB control program, they often do not realize the importance of operational research (OR). It is the only way through which principles can be applied locally, and is a way for people working in the program to continuously develop their skills, understanding and capacity. OR is an empowering method, and a scientific process, through which people can 'do, see, evaluate' and finally 'find.' In our training courses at RIT, participants learn how to conduct OR and often assist RIT projects that conduct OR in their countries.

Every year new methodologies and guidelines are developed in TB Control and these should always be adapted to each local setting's different environment and conditions. Program managers continuously need to explore new ways to apply the basic principles

in dynamic environments, based on their own experiences.

The following is an example of my experience with OR: when DOTS was first introduced in Nepal and Bangladesh by the NTP, it was first necessary to test how feasible and realistic DOTS was in their own settings. Following testing in several project areas for a couple years, DOTS was then expanded nationwide. After the expansion I still tried to continue OR as supplementary technical assistance from RIT. It was reported that there was 100% DOTS coverage, but we found that in reality in some places medicine was given to patients weekly and not daily as was being recorded in the register. Such inconsistencies cannot be discovered through routine monitoring, and therefore, a more in depth analysis is preferable; this would show what is going on in practice and whether there is a need to adapt the principles for the local situation.

Through our research we found that some people living in remote mountain areas in Nepal faced limited access to TB drugs, requiring a walk of two days, whereas people living in the plains had a walk of only two hours. In discussions to find a solution, the local people said there were already some health volunteers working in the mountain areas, and they suggested that these volunteers could distribute the drugs. Similar solutions could be introduced to other areas with similar obstacles.

Moreover, OR can be utilized to make use of existing data. In a cohort analysis all the data that is collected by NTP can be found, however, the data is not

analyzed as comprehensively as it would be in OR. We have the patient record books and there is a lot of information included in this. The TB program can be improved through OR by using all of the data available.

An interesting kind of OR is participatory action research (PAR) and it can develop the capacity and the skills of the workers involved. The process requires people to think critically and analytically, and be creative to come up with the hypothesis and possible solution to improve the situation. In addition, people need to be self-reflective to observe the situation and their work objectively.

For example, many doctors work hard everyday but they don't stop and have a look at the results of their work. The results from a cohort analysis can show that only 10% of patients completed treatment. However, the data doesn't provide reasons for the low completion rate. People wonder why this happens and how the situation can be improved? In order to come up with the solution, they need to assess the situation, analyze the available data, come up with the hypothesis. Through this process, people's awareness is broadened and their skills enhanced.

To sum up, OR is a way for people to overcome obstacles and improve the TB situation in their setting; it is also a way for principles to be applied locally. The creative thinking required benefits not only the TB program, but also enhances the effectiveness and develops the ability of individual workers who are involved in the research.

## International TB Symposium “Toward Elimination of TB in the World – From Asia to Africa –”



On the 24<sup>th</sup> and 25<sup>th</sup> of July the International TB Symposium was held and co-chaired by the director of RIT, Dr. Ishikawa and Mr. Osamu Hayakawa, Director, Specialized Agencies Division, International Cooperation Bureau, Ministry of Foreign Affairs (MOFA). Many people from all over the world working with TB attended the symposium including, Her Imperial Highness Princess Akishino, representatives from World Health Organization (WHO), Global Fund, and the Stop TB partnership. Participants from this year's Stop TB Action Course were also in attendance. The symposium was held over two days and was followed by a celebration of the 45<sup>th</sup> anniversary of RIT's training course.

Spread out over the two days there were many presentations and discussions. On the first day there were three keynote speeches on TB control and these were followed by the first panel discussion. In this panel discussion the theme was 'Regional TB strategy and Japan's experience,' and there were key topics such as 'Current status of TB control and regional TB strategy in Asia and Africa' and 'Specific ways to develop human resources related to TB control.' These key topics were addressed by presentations from Dr. Norio Yamada, Dr. Jaime Lagahid, Prof. Asma El Sony, and Dr. Pieter van Maaren, WHO Western Pacific Regional Office (WPRO). Dr. Lagahid and Prof. El Sony are both ex-participants of RIT training courses. An open discussion about the presentations and key topics ensued until the end of the day.

In the first discussion session Dr. Yamada gave a presentation on Japan's experience of working for Global TB Control with a focus on human resource development and technical assistance, which RIT has been involved with for 45



years. He highlighted the length of time that the course has been going, which is extraordinary. The training courses benefit from the expertise of RIT and Japanese specialists. Also the collaboration with WHO and other international organisations allows contributions to the training courses from international lecturers. After attending the training course in RIT many participants contribute to the National Tuberculosis Program (NTP) in their countries, and some work as consultants in the international level with organizations such as WHO and the IUATLD.

Many ex-participants of training courses are now partners in projects in TB control carried out by JICA and RIT/JATA. One of the examples Dr. Yamada gave was of the JICA National TB control Project in Cambodia that has been under way since 1999. There have been 72 health professionals from Cambodia in RIT training courses and some of them now play a vital role as counterparts in the project. Projects like the one in Cambodia benefit from the technical expertise of RIT and collaborative activities to support special surveys that provide vital information useful to measure the TB burden. In Cambodia many ex-participants of the international training courses contributed to the planning and implementation of the prevalence survey, and the analysis of the results. This type of collaborative research is also carried out in other countries including Bangladesh, Nepal, and Ghana. During the training course, participants are encouraged to identify problems and undertake operational research (OR) to find reasons and solutions for the problems. Partnerships in TB control and collaborative research activities are ways to strengthen the human resource network and in turn strengthen TB control.



Dr. Yamada's presentation was followed by two presentations by ex-participants of RIT's training courses. Dr. Jaime Lagahid who is the Director of the Infectious Disease Office, National Center for Disease Prevention and Control, Department of Health, Philippines, and also Prof. Asma El Sony who is the former President of IUATLD and is Head of Scientific Sections, Director Epidemiological Laboratory, The Academy of Medical Sciences and Technology, Sudan.

Dr. Lagahid gave a presentation on the importance of working in TB control and the current situation of TB in the Philippines. From 2005 the Philippines has surpassed the 70% case detection target and is close to the 85% cure rate as set out in the Millennium Development Goals (MDGs). However, the Philippines still faces a large TB problem and is 9<sup>th</sup> on the list of 22 high burden countries.

The main part of Dr. Lagahid's presentation focused on the benefits of working for TB control and health system strengthening. There have been many Filipino participants that took part in the international training courses, and as many as 13 ex-participants are currently working for TB control in the Philippines. Dr. Lagahid said that working for TB control provides a wide range of experiences in clinical, laboratory and program management work. Improving TB control can also lead to health system strengthening as developing human resources increases the capacity of individual health workers. The international training courses in TB control contribute to the strengthening of human resources for health and infectious disease control and the TB control program can serve as a model for the improvement of public health care.

Prof. El-Sony gave a presentation on the role of development partners in TB in the era of globalization and the reshaping of the global economic map. She emphasized the link between poverty and TB, showing that the higher the Gross National Product (GNP) per capita is, the lower the TB prevalence rate is. With exponential population growth the gap between rich and poor is widening. This is partly due to the absence of appropriate foreign investment to improve production, agriculture, fair trade, and manufacturing in poor countries. Some ways in which development partners can help developing countries are to include investing in research, strengthening infrastructure in developing countries, promoting equal global distribution, and sharing of information and knowledge. If countries do not have enough access to information and knowledge they can become more marginalized and isolated. An effect of poverty alleviation will be the improvement in countries' TB situations. This can be achieved through a carefully planned approach to economic development.



The second discussion session 'Partnership for Enhancement of TB Control' was held on the second day and had as key topics: 'Roles of stakeholders in TB control and specific ways to promote partnership;' 'Specific ways to enhance collaboration between the Global Fund and NGOs in the health sector;' 'How can we ensure cost-effective TB control programs?;' and 'How can we raise public awareness on TB?' Again some very informative presentations were made. This session there were presentations by Dr. Stefano Lazarri, Senior Health Adviser, Global Fund, Dr. Yamada, Dr. Mitsuo Isono, Visiting Senior Advisor, JICA, and a message from Mr. Winstone Zulu was read out as well.

Dr. Yamada's second presentation was on NGO activities as part of the Stop TB Japan Action Plan and focused on

developing effective partnerships. At the moment there are two activities where RIT/JATA is involved, one in the Philippines and one in Zambia. The purpose of the Philippines project is to establish a network among the different stakeholders to strengthen TB control in urban poor areas. The project sites are Tondo and Payatas in Metro Manila, two urban poor areas with a population of roughly 440,000 people.



In Zambia as part of the project operational research was carried out on community DOT and on TB and ART. The objective was to determine the feasibility and effectiveness of TB-DOT as an entry point to VCT and ART. The operational research found that community based TB control can serve as an entry point to HIV testing and ART and community ART-DOT reduced deaths and increased treatment success rate. Based on the operational research RIT/JATA proposed the TB/HIV Community DOTS Project. The objective of this project is early diagnosis of TB and HIV co-infection of TB in the community.

The TB symposium was concluded by presentations from Dr. Jaap Broekmans, and Dr. Jacob Kumaresan. Dr. Broekmans used the beautiful artworks of Japanese artist Katsushika Hokusai and Ando Hiroshige to make several good points about efforts to reduce the TB problem. He hoped that the symposium will benefit the regional and global fight against tuberculosis. Dr. Kumaresan provided a summary of the symposium in which he highlighted Japan's excellent contribution and commitment to TB control, and pointed out that there are significant gains and progress that has been made in the TB situation in the WPRO region. These speeches were followed by a celebration of the 45<sup>th</sup> anniversary of the RIT training course.

By Stefan van Maaren  
Department of International Cooperation

## Stop TB Japan Action Plan

### Public-Private Partnership for International Cooperation towards the Elimination of Tuberculosis

At the International Symposium held on July 24 and 25, 2008, the 'Stop TB Japan Action Plan' was announced. Japan Anti-Tuberculosis Association (JATA) together with the Ministry of Foreign Affairs (MOFA), Ministry of Health, Labour and Welfare (MHLW), Japan International Cooperation Agency (JICA) and the Stop TB Partnership Japan jointly put together the action plan, keeping in mind the period until 2015 covered under the 'The Global Plan to Stop TB 2006-2015.' By drawing up this action plan the Government of Japan, civil society, and the private sector convey their motivation to work together to fight the international TB challenge. The action plan includes actions such as capitalizing on Japan's experience with TB control for human resource development and providing technical assistance, as well as encouraging public-private partnership cooperation and making use of the Global Fund.

The action plan sets out several targets and implementation structures and a number of concrete actions. Most importantly in the



targets the action plan aims to engage the Japanese public and private sectors to work in partnership in reducing TB mortality, particularly in Asia and Africa. The concrete actions section of the action plan includes international application of Japan's expertise and enhancing support for TB control in TB high burden countries. More specifically the plan aims to strengthen the international network of TB specialists, primarily those who are ex-participants of the training courses. Furthermore the action plan places emphasis on technical assistance and human resource development for TB control in high burden countries.

For the complete action plan please visit our website where you can download a copy: <http://www.jata.or.jp/eindex.htm>



## The 45th Anniversary of International Training Courses

On the 25<sup>th</sup> of July 2008 the reception for the 45<sup>th</sup> anniversary of the International Training course was held in the Rose Hall, United Nations University. It was co-hosted by Japan Anti-Tuberculosis Association (JATA), Japan International Cooperation Agency (JICA) and the Stop TB Partnership Japan (STBJ). Her Imperial Highness Princess Akishino was among the people who attended the reception. Dr. Masakazu Aoki, President of JATA, and Mr. Yoshiaki Kano, Director General of Tokyo International Center, gave the first congratulatory speeches. These were followed by a speech from Dr. Tadao Shimaō, Director Emeritus of RIT, Adviser of JATA, and Chairman of the Japan Foundation for AIDS Prevention (JFAP), in which he presented the history of the international training course.

### A sufficient number of health staff with excellent skills is the key to success of any health program including NTP.

The Research Institute of Tuberculosis (RIT) was founded in 1939 and has been assisting in human resource development since its establishment. Training had to be interrupted in 1943 due to the Second World War, and Dr. Kumabe, who was director of RIT at the time, started training again in 1947. He said, "We lost everything during World War II. Major cities and factories were burned down by air raids, and now we cannot produce medical equipment and drugs. In the near future when Japanese industries will revive, we will be able to produce medical equipment and drugs, however, it is impossible to train manpower who can utilize equipment and drugs at once." Subsequently training became the one of the core activities of RIT.

Dr. Tatsuro Iwasaki, who was director of RIT from 1957 until 1975, brought about the formation of a standardized international training course through his flexibility and determination for international cooperation for TB control. The changing in perspective from "You should do..." to "How to achieve..." and the firm belief of the importance of human resources in health programs including the NTP contributed to the success of the training course.

Nowadays the cumulative number of ex-participants of the training courses offered by RIT amounts to 2,081 people, from 97 countries. The training is a significant contributing factor to people working for TB control. Furthermore trainees are encouraged by profound interest from the previous and current patroness' of JATA, Her Imperial Highness Princess Chichibu and Her Imperial Highness Princess Akishino respectively.

International training at RIT has led to a good relationship with top leaders in TB control who come from many countries including Afghanistan, Yemen, Nepal, Philippines, Pakistan and Myanmar. RIT/JATA now has good bilateral technical cooperation programs for TB control with these countries and international training has played a key role in the success of the cooperation for the national TB programs.

## How to carry on Japan's TB control

Dr. Shimaō's presentation was followed by several congratulatory addresses from stakeholders. Masayoshi Hamada, Secretary General of Stop TB Partnership Promoting Parliamentary Federation, was the first to make an address and emphasized the importance of the linkage between government, NGOs and International Organizations. This was followed by an introduction of the projects operated by RIT/JATA in Zambia and the Philippines. Finally, Tatami Umeda, Director of Tuberculosis and Infectious Diseases Control Division of the Ministry of Health, Labor and Welfare, Osamu Hayakawa, Director of Specialized Agencies Division of the International Cooperation Bureau, Ministry of Foreign Affairs, and Shigeru Omi, WHO Regional Director for the Western Pacific made excellent congratulatory addresses.

The International Training Course for TB control has been conducted by RIT for 45 years already, and has been effective to strengthen National TB Programs. Without the support from all our stakeholders we could not accomplish all of this. This experience has to be used to aid the lives of people suffering from TB. This reception has shown us that we need to continue with the International Training, and that it is the core of human resource development.

### [History of International Training Courses]

1939	The Research Institute of Tuberculosis was founded
1946	First training for public health nurses was held at Toin-Gakuen (Special postgraduate training school for nurses and PHN engaged in TB control)
1948	Training course for doctors engaging in TB control and care started
1951	Training course for X-ray technicians working in health centers, public corporations and big enterprises started
1962	OTCA (currently JICA) requested to start international training course on TB Control RIT received one public health nurse from Thailand for six months
1963	Start of international training course
1965 ~ 1974	Training course for chest surgery
1967	WHO joined to cosponsor the international training course and sent international TB experts as lectures for the course.
1973	First senior short course for TB control started in occasion of the 22 <sup>nd</sup> International TB conference held in Tokyo
1975	First course for laboratory in TB control started
1994	First course for the prevention and care of HIV/AIDS started by consignment from the Japan Foundation for AIDS Prevention

By Noriyo Shimoya  
Department of International Cooperation

**TB/HIV Community based Active Case Finding and DOTS Project - Phase I**

“JAZ-ACTIVE” (JATA-ZATULET Active Case-Finding of Tuberculosis Involving Volunteers Empowerment) was launched in August 2008 to tackle TB and HIV pandemics that are a major contributor to health burdens in Zambia. RIT/JATA-Zambia, as a principal implementing organization, together with ZATULET\*, a local counterpart NGO, works in close partnership with LDHMT\*, Ministry of Health and others. In addition, a technical task-force team is established within RIT/JATA in Japan.



Bauleni Compound, Southeast of Lusaka District Phase I (2008-09) of the project targets, primarily, at a small scale of intervention, a population of 65,000 living in Bauleni compound located on the periphery of Lusaka (urban area). The overall aim is to reduce the spread of TB and TB/HIV infection through holistic care and support to TB/HIV infected households with pro-poor approaches. The project demonstrates a model of TB/HIV active case finding and community DOTS and if

the implementation is deemed successful, the model components of activities will be rolled out in other areas by fully taking into account the lessons learnt from the initial project outcomes on the ground. The objectives and indicators were set up through the Project Cycle Management (PCM) method and processes at the stage of project design, and comprise four main components of the activities.

The Active Case Finding Management (ACFM) centre will be equipped with a mobile X-ray, DCT for TB detected positive cases and sputum collection followed by smear and culture (MGIT and DST) tests at the TB lab within University Teaching Hospital (UTH). The centre functions as a midpoint case finding center in the midst of the community in close collaboration with the TB corner of the government primary health centre in Bauleni. The ACFM team is composed of two trained nurses, one clinician, two X-ray technicians/assistants and one clinical advisor and is led by a lab supervisor based in UTH. Case detection is being implemented through community mobilization by trained TB treatment supporters (TS) who encourage TB suspects to visit the ACFM center for early and sensitive diagnosis, care and treatment.



Training Workshop on Basic TB Led By JAZ-ACTIVE, September 2008

During the intensive and extensive period of DOT, outreach services are provided by TS individually to TB and TB/HIV patients for holistic care. The project also seeks to address poverty and malnutrition which are the main underlying causes of increased TB/HIV and cause patients' and diagnostic delayed access to health facility for TB/HIV diagnostic and care services, and also defaulters from DOT. The key to success of TB/HIV community DOTS is the empowerment of patients, TS and the entire community that play key roles for the sustainability of DOTS activities. This allows the project to achieve short and long terms targets for “eliminating TB as a public health problem” as stated in the STOP TB strategy.

By Naoko Horii  
Department of International Cooperation

\*ZATULET: Zambia Tuberculosis and Leprosy Trust  
\*LDHMT: Lusaka Health District Management Team

**P H I L I P P I N E S P R O J E C T**

**Tuberculosis Control Project in Urban Poor Area in Metro Manila, Philippines  
“STOP TB PARA SA LAHAT”**

In the Philippines on the 29<sup>th</sup> of January 2008, RIT/JATA established a local NGO by the name of “RIT/JATA Philippines, Inc. (RJPI).” Primarily RJPI focuses on the urban poor areas in Metro Manila through collaboration with partner NGOs, public health centers, and private clinics. Partner organizations provide TB treatment services in their facilities, and their community health volunteers go into the community to find possible TB patients. RJPI supports those organizations to provide quality services to improve TB situations in urban poor areas.

Payatas, Quezon City). It assists to convene committees at different level such as community officers and volunteer workers, including both public and private sectors. We encourage these committees to take initiatives in organizing events for community empowerment and advocacy.

conduct several operational research projects to identify constraints related to tuberculosis control activities in the target areas and to pursue possible ways to overcome these constraints.

The key words regarding these initiatives in the Philippines may be “communication and linkage” and “community-based quality tuberculosis service.” Taking these key words into account, we hope that together with all relevant organizations and community members to fight tuberculosis and bring about a TB-free World for our children.



Basic Course on DSSM Training, June 2008

In addition, RJPI provides several training courses for medical personnel, laboratory technicians, and community volunteers. After conducting the training, RJPI periodically monitors and supervises the services of participants of the training courses, and checks if any equipment or consumables are required at partner organizations.

With collaboration from researchers in the Philippines, RJPI also plans to



Consultative Workshop in Manila, January 2008

RJPI assumes a role of an umbrella organization over and within two target communities (Tondo, Manila City, and



Lung Month Celebration, August 2008

By Naoko Omuro  
Department of International Cooperation

# International Training Courses at RIT

The Research Institute of Tuberculosis has been hosting training courses for more than 45 years, and has trained more than 2,082 people from 97 countries.

## Stop TB Action Training Course 2008



When I was chosen as a candidate for the training course I thought that my knowledge of TB and TB control was sufficient, and that the training course would be more of a sight seeing trip of Japan where I would see many tall buildings. In Afghanistan the portrayal of the Japanese people is that of the symbol of loyalty and quality, I looked forward to talking to Japanese people, learning about the culture, and to find the secret of their success. I thought, this will be a good opportunity for me to see Japan, but when I came here I can strongly say that I was wrong, but I was also right.

I was wrong because when I joined the training in RIT I learned that I knew nothing about TB and that there are much more issues, knowledge and challenges with TB such as TB/HIV, and MDR-TB. I learned about epidemiology, operational research and many other issues, which were completely new for me. There are many new methods and technology for diagnosing TB and new drugs that are on the way. A great deal of people from countries including Japan are doing their best to overcome new challenges and help countries with high prevalence of TB. I got much more new knowledge and information from my experiences with the trainers and participants from other countries.

I was also right. I enjoyed staying in Japan; I saw Tokyo's high buildings, talked and made friends with Japanese people, and enjoyed trips with the super express train through Japan that were training for us as well as sight seeing. I learned about the culture of Japan and I got the secret of success, which was loyalty and commitment to the country, their responsibilities, and values of country and to their people.

What I learned in Japan and what I found in Japan was beyond my thinking and perception. It was one of the best opportunities of my life and I am glad that I took more than enough advantage of this opportunity. I also made many friends from all over the world. I think this kind of training course is one of the best ways and examples of brining the entire world together in one place. At the end I would like thank everyone for giving me this opportunity that was one of the best of my life.

**Dr. Ahmad Hamayon Andar from Afghanistan**



## Tuberculosis Laboratory Network for DOTS Expansion

Ever since boarding the flight to Japan at Bangkok airport I felt a visible difference in attitude of air hostesses which was far beyond the call of duty, it was a carrying sense of warmth that is usually seen only in your real host. This feeling still persists after 6 weeks.

Peoples are nice and helpful, this is contrary to initial briefings that told us that people are shy. Without understanding a word of what we said they were kind enough to lead us to our destinations walking several blocks.

Places are clean in cities as well in remote prefectures. Zero garbage tolerance is really a message to take home.

I will expand on my feelings here in single sentences:

**Amazed me most:** Trains are always on time and people too, of course there were few exceptions, but they say exceptions proves the rule.

**Pleased me most:** Never exhausting smiles of sales persons.

**Made me crazy:** Transportation rules of MDR-TB.

**Most liked:** Truthfulness and fairness of all Japanese people.

**Most displeased:** Changing attitude to family culture.

**Magic word:** Sumimasen (すみません) .



Now as a final point, the training at RIT has been excellent all due to our course director Ms. Matsumoto-san, she excellently orchestrated us from low levels to desired levels. Her disciplined learner oriented teaching style made us learn visibly and at same time we could feel many positive invisible changes. All other instructors have been marvelous as well. Our coordinator Ms Minemura-san's ever helping attitude, never tiring, has made us all to work hard in a tension free atmosphere. And last but not least I should acknowledge Mr. & Mrs. Iki-san that have made our stay in Kiyose as comfortable as at home.

**Dr. Aamir Ali Khan from Pakistan**



## The 15th International Course on AIDS Prevention and Care in Asia

Japan is one of the most interesting places where many people dream to have visited, including myself. We had a warm welcome with excellent hospitality the first day we arrived in Tokyo which assured me that life for the next 6 weeks in Tokyo would be a result in a good memory. Thanks to Japan Foundation for AIDS Prevention (JFAP), RIT and JATA for their support to the 15<sup>th</sup> International Course on AIDS Prevention and Care in Asia. There were 17 participants from 14 countries in Asia including Japan who attended the course. Training from knowledgeable lecturers fulfilled my knowledge and understanding what I have had before. I realized that whatever I had before was inadequate to manage an effective program. Knowledge, sharing experiences among participants, lecturers, and course coordinators not only increased my knowledge and understanding, but also enhanced skills particularly regarding the operational research proposal.

People may feel 'homesick' whenever they are away from home, but for me homesickness did not happen in RIT. I could easily connect to my family and friends in Thailand through the phone or internet in dormitory at RIT, and I was never far away from Thai food. Not because of the similarity between Thai food and Japanese food, but I was able to cook Thai food in the dormitory. Moreover, there was a pleasant atmosphere in RIT, with friends from 13 countries, and a home-stay program with a Japanese family, and also trips in Tokyo during the weekend were marvelous experiences. They did not let me have time left to be homesick. The training course really gave me an experience beyond my expectation. I had more knowledge and understanding of both HIV/AIDS and relevant issues, and operation research for program management. One thing that is different from the other training was that this course enhanced both technical skills and social skills.

I think this kind of training course benefits health workers and their people. I personally expected this course to be continued if possible. Not only for individual benefit but for the countries as well because "together we can stop AIDS."

**Kanitha Tantaphan from Thailand**



## Visit of Dr. Yamamoto From Peru



In 1976



In 2008

This year in June (2008), Dr. Victor Yamamoto Miyakawa, a former trainee of RIT training courses, paid a visit to RIT. Dr. Yamamoto participated in the WHO-Japan International TB Course (currently called the "Stop TB Action Training Course") in 1976 and also the Advanced Group Training Course in TB Control in 1985 in Kiyose, Japan. He mentioned that Dr. Shishido, a classmate at the time, was his first Japanese friend. After graduating from RIT, Dr. Yamamoto played a significant role in improving people's health in Peru. As a matter of fact, he served as Secretary of the Ministry of Health in Peru under the President Fujimori administration. He said that what he studied at RIT was very helpful and practical for his work. Currently, after retirement, he works for the Peru-Japan Clinic as a pediatrician.

During his visit, Dr. Yamamoto visited a session that the Center for Disease Control (CDC) was conducting to meet current trainees. He conveyed the following message to them: "Please study hard at RIT and bring all the knowledge and experience that you gained here back to your country to further promote the health for all people."

It was a very moving and special event since a former trainee met with current trainees at RIT and confirmed their important role for TB control. The visit of Dr. Yamamoto was a wonderful encouragement for the current participants and reassured them of the value of their experience and study at RIT.

Dear former trainees, if you ever have a chance to come to Japan, please do not hesitate to visit RIT again. It is your home, and you are always welcome.

By Yohei Ishiguro  
Department Of International Cooperation



Dr. Yamamoto with participants and lecturers from the Stop TB Action Course

## R I T N E W S

### Network Meeting of International Training Course Alumni

On October 19<sup>th</sup> during the IUATLD conference in Paris, the Network Meeting of International Training Course Alumni was held. About 70 alumni and friends gathered in the meeting. Dr. Kato opened the meeting and Dr. Yamada shared the updates of RIT including International TB Symposium and the Stop TB Japan Action Plan. The representatives from each country shared their recent news and achievements. We had a nice dinner after the meeting and celebrated our reunion. The meeting confirms that the bond between RIT and its graduates is unshakable and this network is the basis of TB control in the world. We hope to see you again in Cancun, Mexico 2009. Please make sure to come by the RIT/JATA booth to obtain the information when you have a chance to come to an IUATLD meeting.

By Nobutaka Ando  
Department of International Cooperation



### Obituary for Dr. Kawai

On the 25<sup>th</sup> of August, 2008, Dr. Michi Kawai passed away at an age of 82. She was the Course Director for laboratory works for TB control from 1984 to 1989.



After getting the license to practice pharmacy, Dr. Kawai worked at the Institute of Public Health to research TB bacilli and drug resistance for 35 years. Even though it was rare for women to work after getting married and having a child she continued to work and became a member of "the society of working women," and engaged in the activity of improving the day-care center. In 1983, Dr. Kawai was awarded the degree of Doctor of Medical Science. That year, she started working for RIT and directed the laboratory works course for TB control. After five years, she retired from RIT having taught participants from all over the world. Dr. Kawai is one of the pioneers of human resource development in TB control.

# Season's Greetings

Best wishes for a  
successful and  
happy new year

## Message From Dr. Yamada



Hello. I'm Dr. Norio Yamada. I am the new Director of the Department of International Cooperation. I was a participant of the Group Training Course in Tuberculosis Control II in 1992 and since then have been involved in several courses as a course organizer and a facilitator. I met many ex-participants active in

their respective countries and at WHO meetings/international conferences such as the IUATLD conference in Paris. As one of the ex-participants as well as RIT staff, I believe our human resource network based on the international training courses in Kiyose contributes to global TB control. Let's continue working together to control TB!

## OBITUARY NOTICE

*We are very saddened by the loss of two ex-participants. They will be missed by friends, family, and colleagues. We will always remember them and keep them in our hearts.*

**Dr. Mamon Taheri Amin** from Afghanistan was killed by a suicide attack this year. He was a participant of the Group Training Course in Managing Tuberculosis at Intermediate Level in 2004. He was 36 years old.



**Dr. Hassan Sadiq** died in a car accident this year. He was a participant of the Group Training Course in National Tuberculosis Programme Management in 1996. He was the NTP Manager in Pakistan.



You are welcome to send us your news and voices!

NEWSLETTER FROM KIYOSE

Publisher: N. Ishikawa, Director

Editors: Yohei Ishiguro, Noriyo Shimoya, Stefan van Maaren

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