

NEWS LETTER FROM KIYOSE

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

No.39, March 2024



- Letter from the Director 1
- Integrated Approach for Ending Tuberculosis 1-3
- Adapting Training Programs During and After the COVID-19 Pandemic 3
- “Global Perspectives in TB Diagnostics: Reflections on the JICA Knowledge Co-Creation Program” 4
- Dr. Paula Fujiwara received the Princess Chichibu Memorial TB Global TB Award 4

- The JICA International Training Courses - The 60th Anniversary and Future 5
- Other Training Courses and Visitors 5-6
- The Tuberculosis situation in Japan in recent years 6

-Letter from the Director-

Seiya Kato
Director

The United Nations High Level Meeting (UNHLM) for tuberculosis took place on September 22, 2023 at UN HQ in New York City. The heads of state adopted a political declaration which consisted of 83 items. Despite the COVID-19 pandemic that set back TB control for several years, the goals of the END TB Strategy remained the same. This implies that the milestones until 2028 in the political declaration are even more ambitious than the previous ones in 2018.



In the multistakeholder Panel 2 of UNHLM, I had the opportunity to explain that ample and sustained investment as well as proper implementation of the TB control program provide a huge financial benefit and contribute to the welfare of the people. This is based on the history of TB control in Japan in which the proportion of TB medical service in the overall medical expenditure was reduced by one tenth between 1955 and 1975 owing to enormous TB control efforts with a good amount of investment. I hope the statement will be a good message to the politicians and policy makers of the financial sector in current high burden countries. I also mentioned that investments in TB control contributed to the promotion of UHC. This is also based on the Japanese experience, where TB control contributed to the development of UHC because the TB control program played an important role in strengthening UHC in the following ways: 1) to establish public private partnership in health care. 2) to upgrade skill and knowledge

of health workers of public health centers through a patient-centered approach and contact investigation, 3) to create a screening system in school, workplace and community. 4) to promote community involvement in health issues.

During the UNHLM for pandemic prevention, preparedness and response (PPPR) which was held on September 20, the importance of UHC for PPPR was also discussed. In this connection, Peter Sands, CEO of the Global Fund has provided a valuable insight in his article for Forbes magazine, on July 12, 2023. He pointed out that deaths from COVID-19 per population in Japan was very low among G7 countries and concluded by describing Japan's example of turbocharging the fight against TB as a path to delivering UHC and strengthening pandemic preparedness.

We should keep on working hard to attain the targets of the End TB Strategy which contribute to strengthening UHC.

Integrated Approach for Ending Tuberculosis

Dr. Kalpeshsinh Rahevar, WHO

Integration in healthcare is fundamentally about consolidating previously disparate elements or components to function as a cohesive unit. This principle was globally endorsed in 1978 at the Alma Ata Conference on Primary Health Care (PHC), marking a pivotal commitment by the world community to implement primary healthcare to achieve an acceptable level of health for all [1].

Forty years later, the significance of PHC as the cornerstone of a sustainable health system was reaffirmed at the Astana Conference on PHC in 2018, highlighting its critical role in achieving Universal Health Care (UHC) and the health-related Sustainable Development Goals (SDGs) [2].

The operationalization of primary health care necessitates adopting people-centered and integrated health services [3].

Integrated Health Services: A Pillar for Ending Tuberculosis

Integrated health services are characterized by a comprehensive management and delivery system that ensures individuals receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation, and palliative care services. This integration is coordinated across various levels, extending within and beyond the health sector [4]. It is tailored to meet the evolving needs of individuals throughout their life course.

Ending TB requires a multifaceted strategy that transcends the traditional disease-centric models of care.

People-Centred Health Services: Enhancing TB Care

People-centered health services represent a paradigm shift in care delivery, emphasizing the perspectives of individuals, families, and communities as health system participants and beneficiaries. This approach is organized around people's health needs and expectations rather than being narrowly focused on diseases. In the fight against TB, adopting a people-centered approach means engaging with patients and their communities as active partners in care, tailoring interventions to their specific contexts and needs.

Systemic Challenges in Low-and-Middle-Income Countries

The health systems in low- and middle-income countries face many challenges that hinder providing universal, equitable, high-quality, and financially sustainable care. These challenges include unequal progress in health outcomes and fragmented health services characterized by hospital-centric, disease-specific, and siloed models of care. Despite notable progress in global health, significant gaps remain. Alarming, almost one-third of all TB patients remain undetected by health programs [5], and over one-fifth of people living with HIV (PLHIV) lack access to life-saving medications [6]. The disparity is even more pronounced in the management of non-communicable diseases.

Strategic Recommendations for Reaching the Unreached

In response to these challenges, the WHO Regional Framework for Reaching the Unreached (RTU) in the Western Pacific 2022-2030 outlines a comprehensive strategy focused on health systems and services, communities, and contextual factors. Central to this framework is adopting a systems approach, advocating for integrated and coordinated actions to enhance health service delivery and reach marginalized populations [7].

Echoing this sentiment, the WHO Regional Framework for Ending TB in the Western Pacific Region (WPR) 2021-2030 emphasizes targeted actions within core TB areas, health systems, beyond health sectors, and governance. A cornerstone of this strategy is an integrated Primary Health Care (PHC) approach, patient-centered services, and multisectoral engagement [8].

Advantages of Integrated Care

Evidence consistently demonstrates that integrated care yields significant benefits across the healthcare spectrum.

These advantages include improved access to services, reduced hospital admissions, enhanced adherence to treatment protocols, increased patient and healthcare worker satisfaction, and improved health outcomes [9 & 10]. Furthermore, integrated care promotes efficiency through the optimized coordination of resources, minimization of service duplication, and reduction of waiting times [11].

Integration in Tuberculosis Program: Examples and Strategies At systemic components

- **Funding:** Strategies like pooling funds for better redistribution and including essential TB functions in social health insurance schemes.
- **Administrative:** Implementing inter-sectoral planning to align TB control efforts across different sectors and agencies.
- **Human Resource:** Promoting joint capacity building and task sharing through decentralization, thereby expanding the workforce capable of TB management.
- **Information System:** Developing integrated information systems to streamline TB care data collection, analysis, and reporting.
- **Procurement and Supply Management:** Adopting pooled procurement and supply strategies to ensure the consistent availability of TB medications and diagnostics.
- **Laboratory System:** Strengthening laboratory capacities through integrated quality management and multi-disease platforms.
- **Financial Protection:** Ensuring social protection for all eligible individuals to reduce the financial burden of TB care.

At the service delivery level

- **Community Level:** Initiatives include joint awareness campaigns, integrated outreach activities, integrated sample transport systems, etc.
- **Primary Health Care Level:** Integration at this level involves the provision of an essential package of PHC services, ensuring that TB care is embedded within general health services.
- **Referral Systems:** Establishing coordinated service delivery across different health system levels to facilitate seamless patient referrals and continuity of care.

Conclusion

In conclusion, integrating TB management into broader health system frameworks and across various levels of care is pivotal for enhancing the efficiency, effectiveness, and equity of TB control efforts. By adopting a multifaceted approach to integration, health systems can better mobilize resources, streamline services, and ultimately improve outcomes for individuals affected by TB, moving closer to the goal of ending this disease.

References

1. *International Conference on Primary Health Care, Alma-Ata, USSR, 1978*
2. *Declaration of Astana, Global Conference on PHC, WHO 2019*

3. *WHO Global Strategy on people-centered and integrated health services, interim report, WHO 2015*
4. *Framework on integrated, people-centered health services, WHA A69/39, 2016*
5. *Global TB Report 2023: WHO 2023*
6. *Global AIDS Report 2023: UNAIDS 2023*
7. *Regional Framework for Reaching the Unreached in WPR 2022-2030: WHO 2023*
8. *Regional Framework for Ending TB in the WPR 2021- 2030: WHO*
9. *Nolte E, Pitchforth E. What is the evidence on the economic impacts of integrated care? World Health Organization Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies; 2014*
10. *Ovretveit J. Does clinical coordination improve quality and save money? London: The Health Foundation; 2011*
11. *Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery: Working document: Regional Committee for Europe 66th session. Copenhagen, Denmark, 12-15 September 2016. WHO EURO*

Adapting Training Programs During and After the COVID-19 Pandemic

Hiroko Matsumoto,

Course leader in JICA KCCP “Advance Diagnostics for Ending TB and AMR in Health Emergency”

The COVID-19 pandemic brought unprecedented challenges to educational and training programs worldwide. However, it also presented an opportunity for innovation and adaptation in how these programs are delivered. This article explores how one such training program successfully navigated these turbulent times, particularly focusing on the years 2020 and 2021, and the subsequent transition back to in-person training.

As the pandemic unfolded, the immediate concern was the continuity of training programs. The swift spread of COVID-19 necessitated rapid changes in delivery methods. Our program, which traditionally relied on hands-on, in-person training, had to pivot quickly to an online format. This shift was critical in ensuring that the training could continue uninterrupted during the outbreak. Despite the challenges of online training, particularly in fields that benefit significantly from hands-on experience, we managed to refocus our curriculum.

For two years, 2020 and 2021, our program concentrated mainly on problem-solving workshops. These workshops covered various topics, including management and logistics, areas that could be effectively taught online. This period highlighted the versatility and adaptability of both our trainers and trainees. While we faced limitations in conducting practical,

hands-on training sessions, the online format opened new avenues for learning and collaboration.

The joy of resuming in-person training in Japan after three years of online sessions was immense. This transition underscored the invaluable nature of face-to-face interactions. Meeting in person not only enhanced the learning experience but also significantly reduced communication stress, fostering a deeper understanding and connection among participants. The importance of personal interactions in educational settings, particularly in hands-on training, cannot be overstated.

Interestingly, the pandemic period also served as a learning curve for our staff. Prior to COVID-19, we had utilized online lectures to connect with overseas participants. However, the extensive use of online platforms during the pandemic enriched our staff's expertise in these methods, leading to smoother operations in the post-pandemic era. The integration of Information Technology (IT) and Digital Transformation (DX) has further enabled us to conduct training in Japan more cost-effectively and efficiently.

However, the pandemic also brought to light significant challenges in the laboratory sector. Laboratories worldwide faced difficulties in obtaining essential equipment and consumables, particularly masks and gloves. This situation was especially critical for TB Laboratories, which needed to continue operating during the outbreak. The pandemic period was a learning experience for all involved, emphasizing the importance of resource sharing and collaborative problem-solving in crisis situations.

In conclusion, the COVID-19 pandemic forced educational and training programs to adapt rapidly, leading to innovative approaches in program delivery. Our experience demonstrates the resilience and flexibility of such programs, the importance of face-to-face interactions, and the benefits of embracing technology in education. As we move forward, these lessons will continue to inform and improve how we conduct training, ensuring that we are better prepared for any future challenges.



“Global Perspectives in TB Diagnostics: Reflections on the JICA Knowledge Co-Creation Program”

Louis Andrew OLAZO, NTRL, Philippines

While checking the forecast for Manila on my weather app this morning, I somehow scrolled through my bookmarks for Shibuya and Kiyose. The temperature in Japan has started to fall and I briefly reminisced about my short winter stay. It's been nearly a year since I attended the JICA Knowledge Co-Creation Program for Advance Diagnostics for Ending TB and AMR in a Health Emergency, and I have been thinking about how transformative the experience was.

Over nearly three months, I and my co-participants from different countries around the world underwent a comprehensive capacity building on TB diagnostics. Our facilitators, led by our course leader Hiroko Matsumoto, passed on their expertise to us through sessions on the nature of TB and how we should detect and diagnose it. Lessons ranged from foundational topics to more technical sessions on different TB diagnostic technologies, including molecular diagnostics which are true game changers in our field. The hands-on nature of the training allowed us to appreciate the details of these techniques first-hand. I appreciated the opportunity to troubleshoot with our facilitators regarding the problems and issues that we encountered during sample processing.

Throughout the course, we also discussed various topics related to TB control together with field experts in epidemiology and public health. These sessions provided a greater context for our work and how it relates to the goal of controlling TB. We were also taught how we could effectively share the knowledge we have gained throughout the training with our colleagues once we got back home. This included the development of an action plan to address a specific problem in our laboratory which we could implement upon returning.

One of the best things in the training for me was the opportunity to share our knowledge and experiences with each other. I was surprised to learn that our overall TB situation is very similar despite being from different countries. We would often take turns in sharing our experiences and we would comment and provide feedback to each other, exchanging ideas and approaches to issues that we would all commonly encounter in our facilities.

The training armed us with a more comprehensive and deeper understanding of TB diagnostics. It also gave us a wider perspective on the nature of our work, a sense of community and camaraderie in that even though we may be a distance away, we are truly together in this global fight against TB.

Dr. Paula Fujiwara received the Princess Chichibu Memorial TB Global TB Award

We are pleased to inform you that the winner of the Princess Chichibu Memorial TB Global Award for 2023 is Dr. Paula Fujiwara. Dr Seiya Kato, Director, R I T / J A T A ,



Photo credit : The Union

presented the award to Dr Paula Fujiwara for her outstanding contribution to global TB control and prevention on behalf of Her Imperial Crown Highness Princess Akishino, Patroness of the Japan Anti-Tuberculosis Association on the occasion of The Union World Conference on Lung Health in Paris in October 2023. Her Imperial Highness Princess Chichibu has been the patroness of JATA from its foundation in 1939. Shortly after she started to serve as patroness, her husband, Prince Chichibu, a Great-uncle of the current emperor, suffered from tuberculosis and passed away after more than 10 years battle with the disease. Upon this sad experience, Princess Chichibu devoted herself throughout her life to the prevention of TB. This award was initiated to commemorate her will to make the world free from TB.

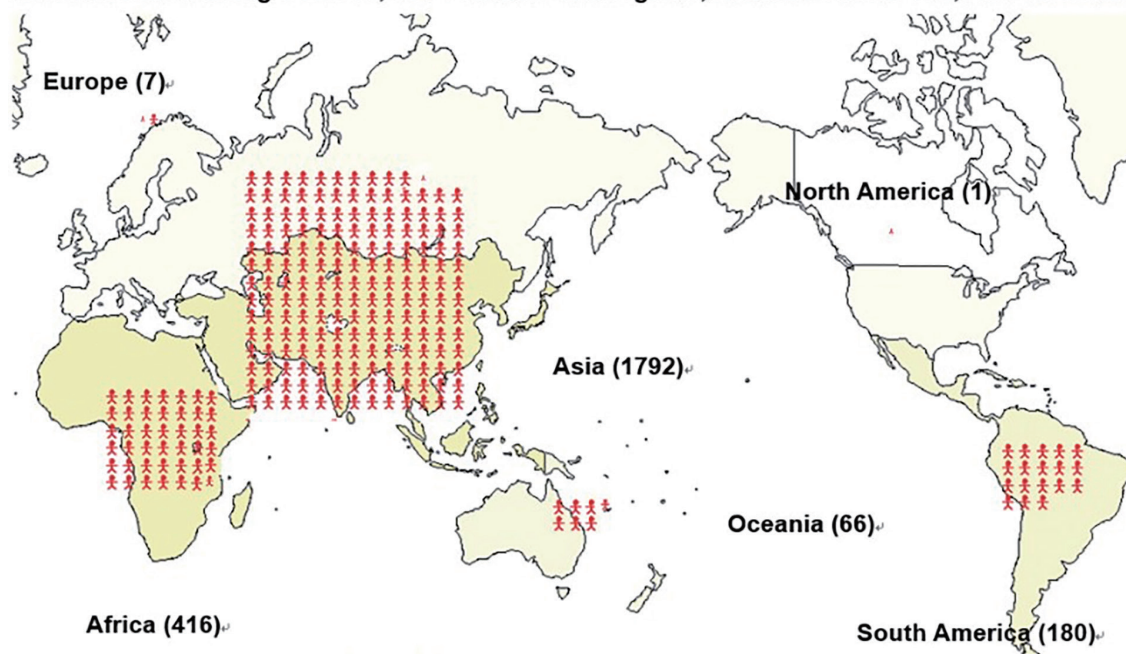
Dr. Fujiwara made a great contribution to tuberculosis control at the Bureau of TB Control in New York City from 1992 to 2000. She is one of the key leaders of promoting a new strategy, particularly of patient-centered care in NYC. Her innovative approach for a strengthened TB program provided a basis for the DOTS strategy adopted by WHO. She also used her experience in New York City to provide valuable technical advice on TB control in Japan, especially in urban areas such as Tokyo and Osaka.

After her valuable experience of TB control strengthening in NYC, she joined The Union in 2001. She contributed to the expansion of global TB strategies as a technical consultant in various high burden countries, to develop guidelines and to assist The Union in producing its global conferences.

Finally, we would like to mention her personality. Though she has been playing instrumental roles in the TB arena as a leader, manager and collaborator, she is modest and helpful to people in need.

The JICA International Training Courses - The 60th Anniversary and Future

International Training Courses, 101 countries and regions, Alumni Network of 2,462 Professionals.



※ The names of countries and regions are at the time of training participation.
The Research Institute of Tuberculosis, JATA
(1963 – OCT 2023)

The 60th Anniversary : The JICA Tuberculosis Course started in 1963. The year 2023 marked the “60th anniversary” of the international training program conducted by Research Institute of Tuberculosis (RIT), JATA. TB laboratory course was established in 1975. As of the end of October 2023, a total of 2462 persons from 101 countries, the majority of whom participated in JICA courses, had completed the training at RIT.

Future directions : UHC is a necessary foundation for preparedness for health emergencies and for implementing disease control programmes effectively and efficiently. We would like to conduct courses which are expected to contribute to strengthening UHC and other infectious disease programme as well as to ending TB by incorporating integrated approaches.

This year, we plan to hold a commemorative event to reflect on the effects of the training course and to consider the future of the training program. A report on this event will be published in the next newsletter and on our website.

Please send us a message about your experience of participating in the training courses and any suggestions for future courses.

Other Training Courses and Visitors

JICA Tuberculosis training, The Project for Strengthening Quality of Medical Education

RIT conducted this training for Dr Sangay Wangchuk, a medical doctor from Bhutan, for 6 months from April to October 2023. This training course focused on clinical management of tuberculosis. The training was conducted mainly at Fukujuji Hospital, JATA. The course also included the TB programme in Japan and basic research methods.

(Photo: Center in front row: Dr Sangay Wangchuk)



The Training for Mongolian NTP staff members on TB in Japan

RIT conducted a one week training on TB in Japan for Mongolian NTP staff members in December 2023. Four staff members participated in the training.



Visitors from Thailand

Dr. Niti Haetanurak, Deputy Director General, Department of Disease Control, Ministry of Public Health, and 12 other persons visited RIT from Thailand in December 2023. Dr Kato and Dr Ohkado provided lectures about the TB programme and We also had discussion on TB prevalence survey. One of the visitors is Dr Phalin Kamolwat, who participated in the training course in 1996 and was NTP Manager.



(Photo: The 7th from the right: Dr. Niti Haetanurak, Centre: Dr Phalin)

The Tuberculosis situation in Japan in recent years

As reported last year, in 2021, the new patient registration rate was 9.1 per 100,000 population, which was below 10 for the first time and reached the level of low endemic countries, assuming that the patient reporting rate equals the incidence rate. 2022 also saw a decline, with a case notification rate of 8.2. According to monthly report of TB notifications in 2023, 2023 will see another downward trend, but the degree of decline will much lower. According to The Tuberculosis Surveillance Centre, RIT/JATA, it is considered that this is at least partly due to the fact that the number of foreign-born TB cases has returned to pre-COVID-19 levels. Because social activities have been recovering, it is necessary to continue to observe the trend of TB notifications carefully during the coming several years to see the impact of COVID-19.

Message from the Publisher :

English: <https://www.jata.or.jp/english/>

Japanese: <https://jata.or.jp/english/centre/html#newsletter>

Please send us your messages and updated contact information to;
newsletter@jata.or.jp or you could fax to: +81-42-492-8258

Staff Transitions:

Newly joined RIT/JATA:

Ms. Chiyoko Koshiba

Left RIT/JATA:

Mr. Akira Nakao

You are welcome to send us your news and voices!

NEWS LETTER FROM KIYOSE

Publisher: S. Kato, Director
Editor: N.Yamada, N.Nagata

The Research Institute of Tuberculosis (RIT)
Japan Anti-Tuberculosis Association (JATA)
3-1-24 Matsuyama, Kiyose-shi, Tokyo 204-8533, Japan
Phone:+81-42-493-5711 Fax:+81-42-492-4600
E-mail:newsletter@jata.or.jp
Website:https://www.jata.or.jp/english/