

# NEWSLETTER

FROM

# KIYOSE

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



## The 45th anniversary of Int'l Training Courses

**Dr. Nobukatsu Ishikawa**  
**Director**

### **2008, Special Year for RIT/JATA.**

From 2007 to 2008, there have been a lot of new movements in international TB work. First, Stop TB Partnership Japan (STBJ) was launched on 19th November 2007, with over 500 members including Diet members, the TB Society, NGOs, TB Patients' Allies, and companies. The office is located in JATA, and RIT is expected to play an important role in its technical orientation. In addition, the Diet Members' Caucus to promote Stop TB was formed in December in 2007.

The year of 2008 will also be a special and important one to Japanese society and particularly for the international public health community. Japan will host significant meetings such as the G8 Summit in Hokkaido in July, the Tokyo International Conference on African Development (TICAD) in May, and the WHO Technical Advisory Group (TAG) Meeting of the Western Pacific Regional Office (WPRO) in July. Also, at the TAG meeting scheduled on July 24th in Japan, an international symposium on TB control is planned to be held jointly by RIT and the Japanese Government agencies. We are planning to invite some of our international course graduates to discuss the importance of human resource development and the significance of RIT trainings. This is also an occasion to celebrate the 45-year anniversary of RIT International Training

Courses. Because of these events, we feel that the political commitment against TB is being strengthened in Japan. Let us make the most of it together.

### **Human Resource Development is a Key to Success**

It is good to note that currently a large amount of funds is becoming available for TB control and new technologies which have been developed. However, the shortage of human resources in the field is a critical issue. Without dedicated staff and people on the ground, any funding and technology will fail in the battle.

In this sense, we are aware of the great significance of our role in international human resource development, as a good contribution of Japan to global TB control. More than 2000 graduates from our training courses have been sent back to all over the world. The network of the alumni is a world treasure. The significance of RIT trainings is to give participants an opportunity to nurture the passion toward TB control backed up by scientific knowledge and skills. The passion or enthusiasm is contagious, with which we would like to continuously promote the global battle, hand in hand with our alumni in cooperation with JICA, WHO, IUATLD and many other partners.

## Dr. Azuma, Pioneer in International Cooperation in TB Control



**Dr. Tadao Shimao**

**Adviser, Japan Anti-Tuberculosis Association  
President and the Chairman of the Board of Directors  
Japanese Foundation for AIDS Prevention (JFAP)**

**Dr.** Y. Azuma (picture above), former director of the Training Department, RIT passed away on November 20, 2007, at the age of 92. He was graduated from Showa Medical College in 1944, and joined the medical staff of Kamikitazawa Dispensary, JATA, in 1945, and engaged in the ambulatory treatment of TB patients and the mass health examination for TB.

In 1957, Dr. H. Kumabe, then director of RIT, was asked by WHO to send one medical staff to the TRO, TB Research Office, in Copenhagen. He nominated Dr. Azuma, and he started to work in TRO from June 1957. It was only 12 years since the end of the World War II, and Japan had been rising like a phoenix from the ashes. The request from WHO was based on the recognition of high level of phthisiology in Japan, represented by the success in the mass production of freeze-dried BCG vaccine and the conduct of the first TB prevalence survey in 1953.

Dr. Azuma started to work in TRO, engaged in studies on the standardization of tuberculin skin test and BCG vaccination techniques which were commonly used in TB control in the late 1950s. TRO was closed in 1959, and he moved to the TB control division of WHO Headquarters in Geneva. In 1961, he moved to Indonesia as a WHO adviser in TB control and was stationed in Jogjakarta. In 1964, he moved to Bangkok to become WHO adviser in TB control to Thailand. During his stay in Southeast Asia, he published the booklet "Ceramics in South East Asia," as ceramics was his hobby. He retired from WHO in 1969 and returned to Japan.

The international training course in English was first held in 1963 in RIT. The then curriculum

of the course was just the English version of the domestic course, and the emphasis was on the basic and clinical aspects of TB. After holding the course and discussions with participants of the course, it was found that the methodologies used in Japan in TB control could not be applied in developing countries, and that the curriculum should be modified. After talks with Dr. JC Tao, WPRO, WHO, the course was jointly sponsored by the then OTCA (currently JICA) and WHO, and the curriculum was modified placing more emphasis on TB epidemiology and NTP. Dr. Azuma returned to Japan in good timing.

He joined the RIT staff in 1969, and served as director, training department, RIT from 1971 until 1975, when he retired. He strove to improve the curriculum of the course to make it applicable in developing countries, and his experiences in WHO contributed much to improve the course. After retirement, he participated in the bilateral technical cooperation program in TB control, first with Afghanistan in 1976 and then with Yemen from 1983 to 1985.

Dr. Azuma was a pioneer in international cooperation in the TB control of JATA, where he served as a first medical officer of WHO in the days when working outside the country was still a dream for most Japanese, overcoming all of the difficulties he encountered, and he utilized his experiences in WHO to improve the international training course organized by JICA and WPRO and conducted by the RIT. Even after retirement, he devoted himself to international cooperation and spent several years in Afghanistan and Yemen. We will follow him, and strengthen international cooperation in TB control.

# Stop TB, slice the bacilli!

**Dr. Katsunori Osuga**  
Chief, Department of International Cooperation

**Hi, friends! How are you doing?**

**Do you remember the RIT samurai?**

When I was a course participant in 1996, I demonstrated Kendo, the way of swords, with my classmates in place of my country presentation. I have continued practicing Kendo, and now I am a 6th-dan holder. In 2000, when I came back from Nepal, after nearly four-years of struggle to introduce and expand DOTS strategy through the JICA project, I was placed in charge of the international training courses in RIT. Since then I have been demonstrating Kendo and Iai<sup>1</sup> to the course participants. I demonstrate these in such a participatory manner, that participants have a good time hitting each other with a bamboo sword. Having said this, I do not mean TB training has turned into Kendo training at RIT. Don't worry! The course content is still

focused on TB and HIV control, updated every year, with emphasis on operational research and laboratory management. Some changes are being discussed in the TB laboratory course. More time and practice might be allocated to mastering advanced technology (e.g. Culture and DST), in addition to smear microscopy and its EQA management.

The political climate surrounding TB has been rapidly changing. DOTS has expanded rapidly and funds have been made widely available in TB control, but challenges are also increasing such as MDR/XDR-TB and TB/HIV co-infections. International training courses at RIT also need to change accordingly in order to contribute to adequate human resource development. Why don't we, as the RIT family, cooperate in developing networks and sharing information and experiences to fight against TB and HIV/AIDS?



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<sup>1</sup> Iaido (Iai) is one of the Japanese traditional martial arts concerned with drawing the blade and cutting in the same motion.

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## GREETINGS FROM FORMER COURSE DIRECTOR AND CURRENT LECTURERS

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**Dr. Masami Matsuda**

**Professor, University of Shizuoka, Former Director of International courses**



It has been a long time. From 1990 to 1997, I was in charge of training courses as a Course Director. I am myself a graduate of the Group Training Course in TB Control (Stop TB Action Course) in 1988.

Traveling around Japan with the trainees through the courses is a good memory for me. Also, it was a wonderful learning experience to listen to the excellent lecturers. I tried my best to set up a good learning environment for the trainees

since I witnessed their hardworking activities in Thailand and Yemen. One of my achievements is establishment of the course on AIDS prevention and care in cooperation with WPRO, Joint United Nations Programme on HIV/AIDS (UNAIDS) and Center for Disease Control and Prevention (CDC). I hope the training was helpful for all of you. Since my departure from RIT, I have worked as Professor for the School of Nursing at the University of Shizuoka for ten years now. If you have a chance, please drop me a line at [matuda@u-shizuoka-ken.ac.jp](mailto:matuda@u-shizuoka-ken.ac.jp)

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**Professor Anthony D Harries, Malawi**



I have been involved in teaching the International course on TB control at RIT for a number of years. My teaching is on HIV/AIDS, the association between HIV and tuberculosis, and on how to

perform operational research and write research papers.

The experience each year is always highly enjoyable. The logistics are always excellent, despite the potential difficulties of getting from Malawi to Japan. The RIT staff hospitality is second to none, and no problem is too much for them. The participants are enthusiastic and keen

to learn, and I have yet to meet a group that does not interact well with the lecturer.

Preparing for the lectures and seminars takes time, but this is a useful way for a lecturer to keep up to date with new data and new ideas. In teaching at the course, the lecturer also learns, and I usually come away from the course with new ideas about the large complex problem of HIV and tuberculosis and new ideas about operational research.

My only problem is that I have yet to master more than about 10 words in Japanese, and in future I need to improve on this. Maybe on the last day the overseas lecturers should have a small test on their Japanese!

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**Dr. Jintana Ngamvithayapong-Yanai**

***Hello,***

I have two questions to all of RIT's ex-participants:

1. Have you used the knowledge and experience you learnt at RIT, Kiyose to help stop TB or stop AIDS?
2. If yes, please share your story with us. How did you transfer your knowledge to practice? If not, when can you do?



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## GREETINGS FROM LECTURERS

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### Ms. Akiko Fujiki

The 33<sup>rd</sup> anniversary of the TB laboratory course for NTP started in 1975, was celebrated in 2007. The course has trained 265 laboratory leaders from over 57 countries. The number of professionals trained may sound small in the fight against the huge TB problem in countries with limited resources. However, I would like to emphasize that every participant has a crucial role to play as the core catalyst for the TB control program in his/her own country.

Effective teaching methods using materials such as artificial sputum, and technical manuals with illustrations and pictures of training procedures have been developed based on past courses. These manuals are highly appreciated and widely used by those working at the forefront of TB. The course has also developed quality control procedures for AFB microscopy, thus helping to improve the quality of the TB laboratory services of NTP.

The course is well-known for its unique learning method, which emphasizes Participatory Training, particularly for practicum sessions to master the skills on AFB microscopy. As

mentioned, the course has been contributing to human resources development, including management of laboratory services to improve NTP in resources-limited countries.

Though there are various bacteriological diagnostic tools, smear examination is still the key method for detecting infectious TB cases, paving the way for effective treatments to reduce TB problems in communities. Unless a new diagnostic tool that is practical and effective in resources-limited countries is developed, this course will continue to focus on the smear examination as the basic curriculum.

It is our responsibility to continue developing human resources. We encourage all course participants to keep providing high quality laboratory services in your countries.



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### Dr. Akihiro Ohkado

What I remember most about attending the international training course as a trainee in the mid-1990s was a party at my house. One evening during the course, all the participants came to my house to chat and eat dinner together. It was a hot and humid summer night, and we struggled to stay in my small place for a couple of hours. Even though it was not comfortable, I felt we belonged to one family at the time. I also remember that I learned much about TB during the course. For me, it was a memorable start to an endless process of learning about such a multifaceted disease.

Later, I conducted the training course several times as a course organizer or assistant organizer. Whenever I conducted the training course, I found it highly rewarding. It gave me an excellent opportunity to learn about the latest issues from renowned international lecturers as well as from course participants.

I believe that the training courses at RIT / JATA have created, and will continue to create, global human linkages to fight against the enormous global health problem of tuberculosis. These linkages created by the training courses will, I hope, spread worldwide and stem the tide of human disaster brought by this infectious disease, through the total commitment of our enthusiastic colleagues working locally.

I hope that we, former trainees of the RIT TB training course, will see each other sometime soon, hopefully in Kiyose, to celebrate the global elimination of tuberculosis.



## Stop TB Action Training Course

May. 14 to Aug.3, 2007  
**Dr. Ibrahim Idana – Malawi**

The world of Tuberculosis opened up before me on May 15th. Let me say that all along I thought that I knew a lot about TB. This course proved me wrong. Knowledge of TB as a physician is totally different from the knowledge of TB as a public health worker within the context of TB control. I immediately realized and appreciated why my Programme Director made a decision that I should attend this course. The course touched on every aspect of TB Control including such emerging issues as PPM DOTS, M(X)DR-TB, TB/HIV and latest diagnostic technology. Each and every component was well taken care of with real life examples. What more could one look for!

As I continue with my work in Malawi, I still remember all the class work as I implement what was then theory. I still ask myself the same

question, could there have been a better way of being introduced to the World of TB Control? Up to now the answer is NO. I am yet to change that opinion and I am sure it will take some time before I do so. Arigato gozaimashita!



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## The 14th International Course on AIDS Prevention and Care in Asia

Sep 25 to Nov. 2, 2007  
**Dr. Belimac Jose Gerard B. – The Philippines**

The six-week training in RIT was very helpful to each country in the prevention, treatment and care program for HIV. Skills on operational research and strategic planning were enhanced to better accelerate country HIV programs. Camaraderie and cooperation among us were ignited. The stresses faced by the participants were all worth it. As we went home to our respective countries, we all realized that the Operational Research (OR) presentation was not the end of our job in the course, but rather the beginning of a much challenging HIV health program with new perspectives and skills-added operational research.

Every participant was challenged now in implementing the OR as we were now back in our respective countries. The bigger challenge was how we will make a significant impact with our programs through the knowledge we gained in the

very facilitative process we underwent in Kiyose. Arigato gozaimasu!



## Tuberculosis Laboratory Network for DOTS Expansion

Sep.26 – Nov.22, 2007

Ms. Keerataya Ngamlert – Thailand

Quick as a wink, two months full of wonderful memories elapsed. Strict training with various interesting topics kept me from becoming homesick. Some days I worked until late night. The lectures and practices were interesting and educational especially the topic of sputum smear examination, external quality assessment, micro-teaching method and how to make an action plan. Those will be very useful for improving the quality of my laboratory service and will have an impact on the TB control program.

Everyday was an excited day to learn new things from the well-experienced lecturers, especially from Ms Fujiki who had never given any unclear answers to my questions. She willingly taught us and used some tools for evaluation such as using the radar chart for six checkpoints evaluation of sputum smear preparation. Those tools will be utilized in my work. After at-

tending this training, now I am more confident to step into TB laboratory work.

I do appreciate the staff of RIT, JATA/JICA for the well organization and their open mind for any comments for improvement of the course. I am proud of being one of the members of RIT, JATA.



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### RIT NEWS

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We had very successful and happy Reunion Party in Cape Town, South Africa during IUATLD conference in October 2007.

About 80 people came to the party to celebrate our reunion. We hope to have a reunion

party this year as well at IUATLD conference in Paris. If you have a chance to come to the conference in October 2008, please make sure to visit our RIT/JATA booth to obtain the information of the party.



# I AM Stopping TB



The World TB DAY theme of 2008 is “I am stopping TB.” This means that everyone can take an active role in helping all people in need gain access to accurate TB diagnosis and effective treatment. Let us make the most of the World TB Day on March 24th to raise awareness of TB in your community.



*Let us continue  
our communal fight  
against TB  
all over the world!*

Dr. M. Aoki

Dr. T. Shima

Dr. N. Ishikawa

Dr. S. Kato

Dr. K. Osuga

Dr. N. Yamada

Ms. A. Fujiki

Dr. A. Ohkado

Dr. Jintana

*You are welcome to send us your news and voices!*

**NEWSLETTER FROM KIYOSE**

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