

# NEWSLETTER FROM KIYOSE

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## DOTS is an Empowerment Process



**Dr. Nobukatsu Ishikawa,  
Director**

"No, he does not come only for medication, he gives me spirit."

I have learned that DOT is not just watching the patient swallow the medicine, but also human encouragement through the human bond between the patient and the care provider. The patient is cured under the human care. Moreover through the humanized care, the patient is empowered to promote his/her health by him/herself. A homeless TB patient in Tokyo said that he had never been treated so kindly as in TB care. Another homeless person in Osaka said that he was happy that someone was waiting for his arrival, as nobody had ever waited for him. Many of the ex-homeless patients become motivated to help other patients or to be useful for society. When a patient has finished the treatment under DOTS, he is cured not only physically but also empowered as a human being. And when we challenge them to help us by working for the program, many respond positively, by doing such things as attending the meetings of patients who are under treatment (DOTS meeting). Often they join our TB program activities and talk from their own experiences as ex-patients, or join the activity of distributing TB leaflets to people in the street. This is often more powerful than the care given by the professionals.

I once visited New York City to observe the DOT practice there. An extension worker took me to his TB patient's home. While the patient took the medicine in front of the worker, I asked this question of the patient. "Are you not annoyed by being watched by someone while you are taking medicine yourself?" The patient replied.

When I visited a district jail in Bangladesh to see their DOTS program, I talked to an inmate who was a TB patient. He said "I am very happy to be here. If I were not here, I would have died of TB." Luckily he was found to have TB in the prison and got cured under their TB program. More interestingly, he started a volunteer activity for finding people with cough through TB screening, and he also helped other TB patients to take medicine regularly.

Empowerment does not happen to the patient only but also to the service provider and people in the community.

Khoitori was a poor farmer's wife and was selected as a health volunteer by a village community. She was once trained for TB work: finding the TB suspects and also giving medicines to the TB patients after diagnosis. Twenty years later, she became a leader of the community. Most of TB patients in the village looked very seriously ill and it was obvious to the community people that the patient was getting better physically after starting the medication. Because of her TB work, people came to know the importance of Khoitori who directly supported the cure of the disease, and so they started to respect her.

DOTS gives a chance for people to have better communication with each other. Involving the patient is also essential. This is a more common practice in the HIV care program. A person living with HIV (PLHIV) can be a better peer counselor to other PLHIVs. He or she understands the psychological or spiritual pain of other PLHIVs. This is often difficult for ordinary care providers. These PLHIVs are also empowered by their participation in the HIV/AIDS program. Involving patients of this kind is also needed for the TB program. In addition, involving community people can make the program cost effective. The involvement of the people is useful for expanding the health service and for letting the people share the responsibility for disease control. Social development and change should take place both from above and from below.

All of this reminds us that empowerment of people with TB and empowerment of the community is one of the Stop TB strategies.

## Remembering Dr. Aoki



On May 29, 2010, Dr. Masakazu Aoki, the President of the Japan Anti-Tuberculosis Association, passed away unexpectedly due to a subarachnoid hemorrhage at the age of 82. Dr. Aoki had been a driving force within the Japan Anti-Tuberculosis Association and was also the Director Emeritus of the Research Institute of Tuberculosis. He made enormous contributions to the advancement of tuberculosis control both nationally and internationally as a researcher, teacher, textbook author and member of various official committees. After he passed away, Dr. Aoki was awarded the order of the Rising Sun with Gold Rays and Neck Ribbon, by the Government of Japan.

### Biography of Dr. Aoki

1927	Born in Tokyo
1953	Graduated from the Faculty of Medicine of the University of Tokyo
1954	Joined the Research Institute of Tuberculosis (RIT), the Japan Anti-Tuberculosis Association (JATA)
1959	Awarded PhD in Medicine from the University of Tokyo
1985	Became a Board member of the International Union Against Tuberculosis (IUAT)
1987	Became the Director of RIT
1987	IUATLD TB Surveillance Executive
1996	Became the Chairman of the Board of Directors of JATA
2000	Became the President of JATA

### Farewell messages from the Public Health Community

**“Dr Aoki was a giant in the TB world and a man of exceptional wisdom and humility.”** - Dr Ian Smith, WHO

**“Dr Aoki... was my highly respected colleague and dear friend in international tuberculosis activities for several decades.”** Lee B. Reichman, Professor of Medicine, Professor of Preventive Medicine and Community Health, Executive Director NJMS Global Tuberculosis Institute, home of the Northeastern Regional Training and Medical Consultation Consortium



**“We all will miss him in our work, but will uphold his spirit in fighting against TB.”** Md. Akramul Islam, PhD, Technical Consultant, The Union South East Asia, International Union Against Tuberculosis and Lung Disease

**“It is indeed a sad news that such a great protagonist of TB control and care, nationally and internationally, is not with us any longer.”**

Dr Mario C. Raviglione, Director, the Stop TB Department, WHO

**“I always respected and admired him very much.”** Dr Sang Jae Kim, Director Emeritus, the Korean Institute of Tuberculosis, the Korean National TB Association, Seoul, Korea

**“He will be remembered for his significant contributions in advancing tuberculosis control; may he now rest in peace.”**Dr Kenneth G. Castro, Assistant Surgeon General, the United States Public Health Service

**“We indeed lost a thinker, a philosopher who enjoyed classical music and on top of that a convinced fighter of Tuberculosis in Japan and World Wide.”** Prof. Asma Elsony, Director, The Epidemiological Laboratory (Epi-Lab)

**“His passing away is a huge loss... for the family, and for the Japanese and Cambodian people as well.”** Dr. Mom Ky, Acting Executive Director, CATA

**“An eminent Scientist and mentor of Tuberculosis control not only in Japan but all over the world.”** Dr K K Jha, Director, the National TB Centre, Kathmandu, Nepal

**“His legacy (will continue) to promote the programme of Stop TB in this Region.”** Dr Shin Young-soo, Regional Director, WHO Regional Office for the Western Pacific

**“He always generously shared insights and inspired a spirit of international cooperation and knowledge sharing.”** KNCV, Peter C.F.M. Gondrie, Executive Director, Gerdy T.M. Schippers, Director of Finance and Organization, Marieke J. van der Werf, Head of Research Unit, TSRU Secretariat, Maarten R.A. van Cleeff, Director PMU TBCAP



## **WHO Compact TB Laboratory Training Course for the Western Pacific Region, 2-13 August 2010**

Dr. Satoshi Mitarai,  
Deputy Director, Department of Mycobacterium Reference and Research

Rapid emergence of multi-drug resistant tuberculosis (MDR-TB) cases in the Western Pacific Region of WHO calls for the scale-up of the programmatic management of drug-resistant tuberculosis (PMDT). One of the major bottlenecks for the scale-up of PMDT has been the lack of laboratory capacity to perform quality-assured culture and drug susceptibility testing (DST), which is crucial in diagnosing MDR-TB. Particularly, the shortage of human resources capable of handling the sophisticated laboratory tests has been the major constraint in many member states with a high burden of tuberculosis (TB).

In response, WHO organized the Compact TB Laboratory Training Course in Tokyo, Japan, hosted by the Research Institute of Tuberculosis (RIT), from 2-13 August 2010. The training was given by highly experienced staff in the well-equipped facilities of RIT, using the recently developed WHO training modules for TB laboratory on culture and DST. Participants from seven countries with a high-burden of TB in the Western Pacific Region of WHO, who are in charge of TB laboratory in their own countries (Cambodia, China, Lao People's Democratic Republic, Mongolia, Papua New Guinea, the Philippines and Viet Nam),

actively participated in the training. In addition, a variety of laboratory experts attended from the International Tuberculosis Research Center (ITRC), the Korea Institute of Tuberculosis (KIT), WHO (Headquarters and Regional Office for the Western Pacific), and RIT, and these researchers acted as facilitators for the training.

Although the duration of the training was short, most essentials of the advanced TB laboratory technique were covered and successfully transferred to the participants. We hope a similar programme will continue in the future to develop human resources in advanced TB laboratory techniques so as to tackle MDR-TB in the Region.



## Asian Regional Workshop on the Dissemination and Implementation of the TBCAP Laboratory Tools Package, 19-30 July 2010

Hiroko Matsumoto,  
International Training Unit, Department of International Cooperation

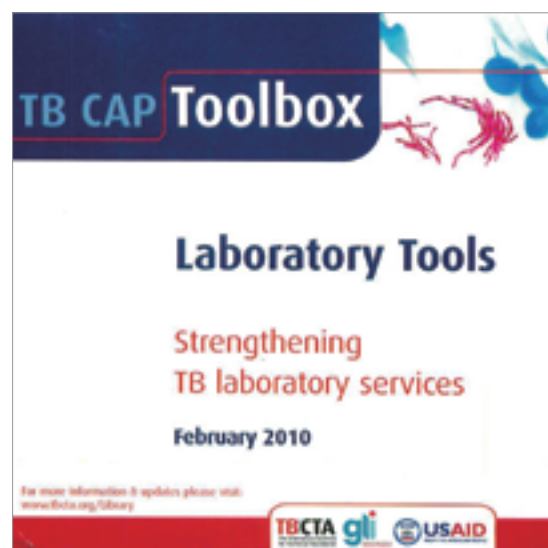
This “Laboratory Toolbox” was developed by the Tuberculosis Coalition for Technical Assistance (TBCTA) and the Global Laboratory Initiative (GLI). Workshops to disseminate this Toolbox were held in Jakarta and Nairobi, and were supported by KNCV(TBCAP).

I was involved in the Jakarta workshop, to which six Asian countries were invited, and I was able to meet several former participants of the JICA laboratory training course. We had a nice reunion and updated each other on recent activities. In the workshop we discussed how they could apply the Laboratory Toolbox and begin working according to their programmes’ particular weaknesses and priorities.

The Laboratory Toolbox consists of six products to support countries in strengthening their laboratory services;

1. A Roadmap for Laboratory Strengthening
2. Standard Operating Procedures (SOPs)
3. Logistics/Supply Management Tool
4. External Quality Assurance Training Package (EQA)
5. Management Information System (MIS)
6. Culture & DST Training Package

These products have are generic therefore each country can apply them easily in their own settings. Information is available at the following website: <http://www.tbcta.org/Library/>, and the latest version can be downloaded. I hope your country can also utilize these products and improve the quality of laboratories.



## International Training Course at RIT

The Research Institute of Tuberculosis has been hosting training courses for more than 45 years, and has trained more than 2144 people from 97 countries since 1963.

### Message from course Staff

Masaki Ota,  
Chief of International Training Unit, Department of International Cooperation

The 2010 Stop TB Action Course was held from 10 May to 30 July with the participation of 13 medical and nursing officers from 12 countries: Afghanistan, Cambodia, China, Iraq, Kenya, Malawi, Myanmar, Pakistan, South Africa, Zambia, Zimbabwe, and Japan. The 84-day-course was funded by the Japan International Cooperation Agency with substantial support from various partners: the Ministry of Health, Labour, and Welfare of Japan, the International Union Against Tuberculosis and Lung Disease, Medicins Sans Frontieres, the United States Centers for Disease Control and Prevention, and the World Health Organization. The participants received lectures on epidemiology, diagnosis and treatment of TB and TB-HIV, sociology, and many other subjects, did group work on various topics, practiced and microbiology procedures.



They also worked very hard to develop operational research proposals, which are expected to be implemented upon their return to their home countries. During the course, they also participated in study tours, traveling to Niigata, Hiroshima, and Kyoto, and enjoyed their time in each of these places. They had a chance to pay a courtesy visit to the Imperial Highness, Princess Akishino and to discuss with her their work and life in Tokyo. The organizers hope that the course has helped the participants update their knowledge of TB and TB-HIV and obtain skills in operational research to analyze and improve their programmes. The facilitators are also thankful for the good cooperation of the participants during the course. It was a privilege to work with them. Someday, somewhere, we really hope to see them again.

### Stop TB Action Course 2010 Report

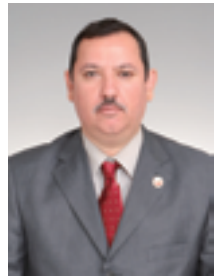


operational research. It is an effective research method to improve the TB program. This concept is still new for many Chinese professionals, so I will try to do some operational research in my future career and will introduce this concept to my colleagues. Hopefully I can contribute to the expansion of operational research in China. Lastly, I would like to express my sincere gratitude to JICA and relevant agencies.” (Dr. Liu Yang, China)

“The three-month Stop TB Training benefited my career and enriched all my life. The most fantastic aspect of the training was that the lecturers came from all over the world: WHO, Japan, USA, England etc, and they demonstrated to us what is being done in different countries. We learned TB in a “world view” and we had a valuable chance to share our global experience and ideas. Our goal in the Stop TB Training was to do



“I enjoyed learning in these three months, made new friends with Japanese and new colleagues from eleven different countries. One of the best experiences for us was meeting with Her Imperial Highness, Princess Akishino. She was really interested and keen to listen to us about our training. We were so lucky to have such an opportunity. We also had the chance to visit Niigata (the city of natural beauty) and Hiroshima (the symbol of survival, hard work, life and hope) on the super express train, called the Shinkansen. We discovered that each city has a special character (Kiyose, Tokorozawa, Ikebukuro, Yokohama, Kamakura, Ueno, Ginza, Akihabara and so on). Japan is great and the Japanese people are even greater because they are very kind, polite and intelligent. Thank you to Japan and to the Japanese.” (Dr. Mohammad Yahya, Iraq)



“It was my first time to travel to Japan and, of course, to Asia. During the 3 month course, it took me time to adapt to the new environment especially the food and the time difference, which caused sleep problems. Luckily, our Course Coordinator, Ms Minemura helped our life in Japan a lot. Our Course Directors Dr. Jintana and Dr. Ota oriented us properly for the course. All the lectures were well-researched and very informative. Not only were the RIT staff helpful (in particular Drs Ishikawa, Okado, Shimouchi, Yamada, Murakami, Kato and Ms Matsueda), but there were also good lectures from different organizations: US-CDC, WHO, IUATLD, etc. We made a lot of effort to complete our final proposal, “Operational Research.” At the end, we succeeded in finishing the entire program including lectures, and the course culminated in an award ceremony. What we learned about Japanese history, culture, system of Governance and the educational system were all eye-openers. Our “Hippo home stay” was one of the programmes which got us as close as possible to the unique Japanese way of life and culture. We also managed to meet with the Women’s TB Association members and shared experiences in Kyoto.” Arigato gozaimashita. (Dr. Mkhokheli Ngwenya, Zimbabwe)



### Laboratory Course Report: Stop TB hands on Laboratory Practice Management for HIV and MDR TB 2010

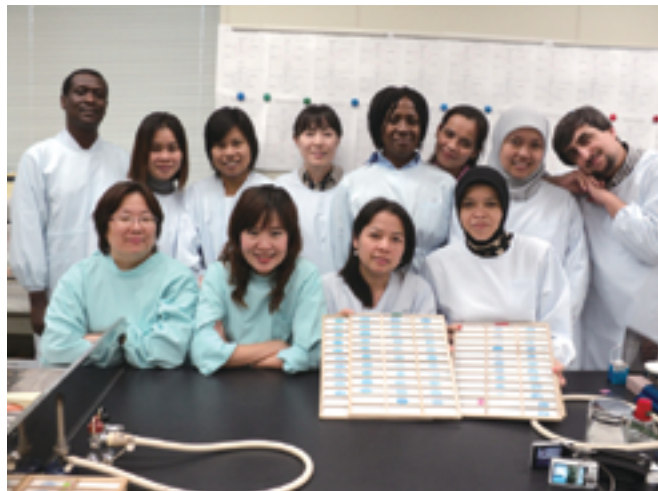
“I came to Japan to attend a training entitled “Stop TB Hands-on Laboratory Practice for Management of HIV and MDR,” held from 21st September to 4th December 2010. The overall goal of the training was to “Contribute to TB Control by qualitatively upgrading the bacteriological examination technique vital for diagnosis and treatment evaluation, and by building the TB laboratory network.” It was my first time to be away from Africa and it was a new experience altogether as I met other participants from Cambodia, Indonesia, Myanmar, the Philippines, Kenya, Thailand and Afghanistan. The training has been very enlightening and detailed. The participants were given an orientation on life in Japan, education and the political system of the Japanese people at JICA Tokyo. Thereafter, the training was conducted at the Research institute of Tuberculosis (RIT) in Kiyose city. The training incorporated



theoretical and practical sessions which have proved to be helpful in sharpening our skills. The training is appropriate and relevant to Zambia and to me as an individual in improving and developing my skills in the diagnosis of TB. Apart from this, we have had an opportunity to develop action plans for our countries to ensure that the knowledge that has been gained is applied to our various countries.

During the training, the participants had an opportunity to take a study tour to Western Japan. There was an excited atmosphere in the group as all of us looked forward to getting on the Bullet Train (Shinkansen). In Hiroshima we visited the Radiation Effects Foundation, the Peace Memorial Park and Museum, and a Public Health Centre. On the second day, we visited the Osaka Prefecture Institute of Public Health and Environmental Science and the JATA Osaka Hospital, where we learned the technique of sputum collection. The study tour ended with a visit to Kyoto on the third day.

As participants, we want to say thank you to everyone who has made our stay enjoyable and memorable. Special thanks go to JICA, RIT-JATA, Matsumoto-san, Minemura-san and Iki-san. (Lutinala Nachilembo Mulenga, Zambia)



## Visit RIT Again: “Do you remember the training?”



This summer the RIT had the honor of receiving three former participants in the International training courses as guests. Dr. Ana Maria (in the picture on the left) is a chest physician from Peru. She attended the advanced training course in 1985, when she was a professor of epidemiology at the Universidad Nacional Mayor de San Marcos. This time she visited Japan on personal business and she stopped by at the RIT to renew our old friendship. She says, “In Peru, most physicians have to take care of TB patients, and thus the training was meaningful and helpful for me.” She also states that TB control in Japan has now become a model not only for Peru but for other Latin American countries.

Dr. Win Maung (to the left of Dr Ishikawa in the picture below on the right), the Director of Disease Control, Department of Health, Ministry of Health, Myanmar (former participant in the 2004 Advanced Training Course) and Dr. Thandar Lwin (on the right), the Deputy Director for TB within Disease Control (former participant in the 1995 AIDS course and 2003 Advanced Course) also visited the RIT. They visited Japan to conduct business with JICA on the procurement of anti-TB Drugs. They are our counterparts, since Dr. Nishiyama, one of the RIT staff, is supporting the Myanmar National TB Control Programme as a consultant. It is a great pleasure for the RIT to have a chance to work with the former participants of the courses.



## Volunteerism in TB Control Encourages Community

### Empowerment as Partners

Dr. Akira Shimouchi, Vice Director

In the public health context, “empowerment” is usually used to denote “community empowerment” focusing on people in the community. But on this occasion I would like to emphasize the importance of empowerment of health staff on the front line as well. Directly Observed Treatment, Short Course (DOTS) is already a well known idea among government health staff involved in the TB Programme. But DOTS is still new to our NGO partners that are involved in welfare programmes in the urban slum areas, for example.



In that sense, our JATA project in Metro Manila, Philippines gives us a good example of community empowerment with special emphasis on NGOs. We invited some NGOs to incorporate the TB programme, by finding TB suspects in order to diagnose and treat TB. Initially the treatment outcome was not so good, with a high defaulter rate, because they are not used to dealing with TB patients who need to be treated for so long. The most important occasions are various workshops where they can compare their treatment outcome with that of others and they can share common problems in dealing with patients who are difficult to convince. We are encouraged not only by the regular official workshops or meetings, but also by the observation of good performance of other partners, NGOs, and community volunteers. On the patio of one NGO, Cannosa, Manila City, I myself was humbly moved to see how devoted cured patients voluntarily helped new patients in understanding the disease, and supported them during the treatment. The term “partner” is now commonly used on many occasions to express the relationship between different groups without any bias with regard to social status. All persons involved in the TB control programme are properly called partners. I may be called “supervisor” in some sense. But in fact I will learn from cured patients, volunteers in the community, staff of NGOs and government, both from their ideas and their devoted attitude. Therefore it is right to say that we always have the opportunity to be encouraged and empowered whenever we meet other partners, both by their actions and performance during the visits and meetings. Thus I am always looking forward to seeing partners who are guided by a common goal.

### The Philippines

“The pain in my heart was more painful than tuberculosis,” says Ms. Bethel Fulgencio, a 14-year-old TB patient, who is receiving treatment at the Canossa Health and Social Centre, Manila, the Philippines, an NGO and a partner of the RIT/JATA Philippines, Inc (RJPI). The RJPI conducted a Consultative Planning Workshop on project accomplishment and planning next project (2010-2011) with around 60 attendees including partners and stakeholders from national, provincial, and local government, as well as civil society. Ms Fulgencio gave a talk about her experience with tuberculosis at the workshop. She looks like just an ordinary schoolgirl: young, full of energy, with a very bright future ahead of her. However, tuberculosis suddenly attacked her, and she had to stop her study. Most of her friends avoided her because they were afraid of getting infected with tuberculosis. She was left alone at home while her parents worked outside all day to make a living. She suffered from pain, was alone, weak and in despair. Eventually came the sisters and volunteers of the Canossa, who took care of her pain, and she felt relief.



She says, “Tuberculosis is curable, the treatment is easy. But, what I need is someone who can cure the pain in my heart, that deep pain inside me. That illness (pain in my heart) that I experienced was more painful than tuberculosis. The pain is more difficult to heal...What I really need is not just medicines for TB, but understanding and caring for someone like me...” “Her message reveals what is essential in patient-centered TB care and services. (Mami Kon)

For more details, please visit our project website: <http://ritjata.wordpress.com/>

## Nepal



Jog Bahadur Gurung, age 84, from Nawalparasi, the Western region of Nepal, is a devoted volunteer who has been working on DOTS for the last 14 years. After his retirement as an army officer, drinking alcohol and smoking cigarettes had been a big part of his life. However, his life changed dramatically after 1996, when he joined the DOTS committee. He has not received any incentives for his activity. He enjoys supporting TB patients. He says he has learned not only “treatment of TB” but also the “importance of lifestyle.” His experience as a DOTS volunteer has kept him far from his earlier life of drinking and smoking. He proudly says “Now I have gained the respect and trust of TB patients, health providers, and community members because of my volunteerism. Everyone in the community knows me well! I will keep working for TB patients and their families.” Community participation in DOTS encourages volunteers as well. (Noriyo Shimoya)

## Zambia

Mr. Henry Lungu is one of the leaders of the TB Treatment Supporters (TSs). Since the project “Working in the community, working with the community - RIT/JATA, Zambia” started in 2008, he has been working as a TS during the day, although he has a job as a guard at night. “I am motivated to work as a TS because I want to assist our community. My knowledge gained from the trainings and the many complements from my neighbors empower me a lot.”,The project conducted several trainings for the TSs including TB basics, TB/HIV co-infection, counseling, and home based care. Now they have enough knowledge and skills for better TB patient management. Learning new things is fun for him to keep him motivated and to maintain his enthusiastic involvement, so that he can press forward with this activity.

His current concern is the sustainability of TS activities. “After RIT/JATA leaves, we have to sustain ourselves in order to continue the activities. This is our community. I want to keep contributing toward a better future for this community.” He has also started to feel ownership of the activities. Making the link from ‘empowerment’ to ‘ownership’ is one of the important keys to success. (Naoko Omuro)



## IUATLD 2009 Report



The 40<sup>th</sup> IUATLD conference was held in Cancun, Mexico from December 3<sup>rd</sup> to 7<sup>th</sup>. On December 5<sup>th</sup>, RIT opened the reunion party at the Cristal Hotel. More than 40 people got together and shared the current TB conditions of each country.

At this time, let us introduce one of our ex-participants in the RIT course, Dr. Ahmad Hamayon Andar, (NTP, Afghanistan, 2008 Stop TB Action Course), who attended the Union conference in Mexico. After he learned operational research at RIT, he developed his own study protocol to identify the prevalence of TB among the patients attending the national hospitals in Kabul city. He obtained technical and financial support for the research from JICA, successfully implemented it, and finally got the chance to have a poster presentation at the conference. Congratulations!





**FROM EVERYONE AT RIT.**

**Season's  
Greetings**

## RIT NEWS

### Staff Movements:

Dr. Isao Osada has become the Chairman of the Board of Directors, JATA.

Dr. Nobukatsu Ishikawa has become the Vice-Chairman of the Board of Directors, JATA.

Dr. Kosuke Okada and Ms. Kiyomi Yamamoto have moved to Cambodia and are working for the JICA TB Control Project.

Dr. Masaki Ota has become the Chief of the International Training Courses Unit.

Dr. Hiroyuki Nishiyama has moved to Myanmar and is working for the JICA Major Infectious Disease Control Project.

Ms. Toko Kubota has returned to RIT.

Ms. Hiroko Matsueda has joined RIT.

Mr. Masatoyo Yokoi has joined RIT/JATA as an advisor on management.

Farewell: The following staff members departed the organisation: Dr. Eichi Nakamura (the Chairman of the Board of Directors, JATA), Mr. Kazuhiro Fujikawa, and Mr. Yohei Ishiguro.

You are welcome to send us your news and voices!

NEWS LETTER FROM KIYOSE

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