Human Resource Development as a Key for the Health System

Nobukatsu Ishikawa, Director

On July 26, 2012, we celebrated the 50th anniversary of the RIT International Training Courses on Tuberculosis Control in Tokyo. The ceremony & symposium was jointly organized with JICA and attended by more than 100 people related with international cooperation in health.

Her Imperial Highness, Princess Akishino, Patroness of JATA gave a special address in the ceremony after the opening addresses by Mr. Hideaki Domici, Senior Vice-President of JICA, and Dr. Isao Osada, Chairman, Board of Directors of JATA. They were followed by congratulatory remarks of Dr. Shin Young-soo, Regional Director of WHO Western Pacific Region.

Dr. Shimao gave a special lecture including an historical overview of the 50 years of the training courses in which he himself has been committed as a lecturer.

In the symposium, two ex-participants; Dr. Tjandra Y. Aditama from Indonesia and Dr. Francis M. Chibinga from Uganda spoke about how useful the course in Japan was. The speakers also focused on health system strengthening both directly and indirectly through the TB programme. Professor Keizo Takemi gave a perspective on balanced development of a vertical/individual programme as a key element of the overall health system. We have confirmed the uniqueness and significance of the RIT training courses over the last 50 years in terms of human capacity building based on the Japanese experience and global standards.

Finally I introduced the talk by Dr. Alexandre Manguela of Mozambique, 1988 course participant, who revisited Japan in January of this year as the Minister of Health of the country. He stated that the course in Kiyose was very useful to him as he learned about public health based programme management for TB. He improved his work in TB at the provincial level, and also applied the approach to the control of other diseases. He was finally invited to the central government. The effect of the course was useful not only for TB but also for wider sectors.

I am sure that this event has made the government and global partners aware of the significance of the TB training courses by RIT/JATA with JICA and provided a springboard for Japan’s future contribution to global health.

RIT Commits further to Global Health Needs with Partners Around the World

Akira Shimouchi,
Vice Director, RIT Director, International Programs,
JATA

As Dr Shimao presented in his lecture described further on, tremendous efforts have been made by so many organizations and individuals, involved in a concerted manner, to initiate and continue to run the international TB training course at RIT. In addition, as in current courses, US-CDC, The Union and MSF are also
participating in teaching in the field of operational research. Such cooperation maintains global standardization of definition and exchange of information and opinions, so that participants understand a wide range of ideas more objectively. One of strengths of the RIT training course is that many RIT staff members have experiences in working for NTP in other countries as long term or short term experts. It makes, for instance, tutoring for developing operational research more effective and practical. We will make maximum efforts to continue this momentum.

Professor Keizo Takemi, specialist of health policy, showed his appreciation for the Stop TB strategy which gives ample attention to PHC and to the health system, and he challenged us further to respond to the need for universal health coverage and health system strengthening through the TB programme and its human resource development.

I myself used to work for the RIT international training course, from 1996 to 2002. From 2002 to 2009, I was assigned to work in Osaka City, the city with the highest notification rate in the country, with problems of many homeless TB patients. After coming back to RIT as Vice Director, I found my experiences in Osaka City very useful to international activities as well. As the Stop TB Strategy is implemented, more efforts may now be required for case finding. Contact investigation and TB screening among high risk groups become important subjects. As the world health situation changes, RIT adjusts its efforts in coordination with global partners to cope with these changes. In that way RIT is able to continue to provide participants from all over the world with capacity building skills in one of best training courses in the world.

Historical overview and perspective on the International Training Course on TB Control

Tadao Shimao, Director Emeritus
Senior Advisor, JATA

Background

As background of the situation in Japan in the 1960s, the government organized TB control activities based on the TB control law (1951). The TB registry and case management system were introduced in 1961. Nearly all TB except far advanced, severe cases could be cured by the combined use of INH, SM, and PAS in industrialized countries including Japan. However in developing countries, NTP could not be implemented due to insufficient health infrastructure and financial resources. As a result, TB was neglected.

Initiation of the training course

In 1962, the Overseas Technical Cooperation Agency (OTCA) was founded, and the international group training course was one of its priorities. OTCA requested that RIT initiate the training course on TB as one of its major activities. RIT accepted a public health nurse from Thailand in 1962 for the 6 months training in NTP. She successfully rotated around several departments of RIT. Dr. Iwasaki, who was at that time the Director of RIT, made up his mind to initiate the course, encouraged by the success of the training for the Thai public health nurse. The first course was held beginning in June 1963 for 6 months, and the curriculum was the English version of the domestic training course for doctors. Seven participated in the course, 3 from the Philippines, 2 from Thailand, 1 from Malaysia and 1 from Indonesia. To strengthen the teaching capacity of RIT, WHO/WPR offered RIT staff with the opportunity to be trained in other countries. In addition, after a series of discussions between WHO, OTCA and RIT, it was decided that the course was to be jointly sponsored by WHO and OTCA. Thus the training course was initiated in 1963 and the framework of cooperation of WHO and the Japanese Government was established in 1967.

Reasons for success of the course

Reasons for the success of the course are (1) continuous enthusiasm and support of then OTCA (later JICA) on the human resource development programme, (2) the maintenance and revision of the content of the course, with the creation of new courses such as chest surgery
and a course for senior staff who were decision makers at various points. Also, the laboratory course was later added, (3) excellent leadership and flexibility of the Director of RIT, decision for the initiation of the course, reception of the participants, and decision making for curriculum change and collaboration with WHO, (4) participation of WHO from the early stage of the training course: in addition to the presence and role played by Dr J.C. Tao of WPRO. It had become possible through WHO collaboration to change the curriculum of the course and invite world-renowned TB specialists as lecturers for the course: Drs. Canetti, Fox, Toman, Rouillon, Styblo, Gruytersky, etc. (5) Japan Society for TB also benefited through communication with those TB specialists. (6) Post-course study tour (e.g. to Korea) was also possible through the participation of WHO. (7) HIH Princess Chi-chibu, later HIH Princess Akishino, patroness of JATA, organized a reception and encouraged participants during the course, and (8) the President of JATA, and Chair of Board of Directors, JATA understood well the international significance of the course, and encouraged the staff of RIT. (9) Presence of international trainees at RIT and their stay in the dormitory promoted the internationalization of the staff of RIT. (10) During the field trip, the prefectural government, JATA branches and Anti-TB Women’s Associations of Niigata, Akita, Aomori, Iwate, Gunma, Mie, Hiroshima, Osaka, Kobe and Tokyo whole-heartedly welcomed the participants, exchanged views and experiences in the fight against TB.

Changes in the global concern on TB and role played by Japan in the 1970s-1980s

The 1970s-80s were hard times for TB, and during this period, short-course TB chemotherapy was introduced in industrialized countries. Japan assisted NTP of developing countries by bi-lateral technical cooperation and grant aid to Afghanistan, Yemen, Nepal, Philippines and Indonesia. At the same time, Dr. Shimao started to serve as a member of the Executive Board of WHO in 1987, Dr. Nakajima as Director General of WHO since 1988 and Dr. Kochi as Chief Medical Officer, TUB, WHO/HQ since 1989.

Progress made from the 1990s onward

The TB problem was re-evaluated as an important health issue in the 1990s due to 1) increase of TB with the HIV epidemic, 2) success of Short Course Chemotherapy in field conditions of Africa, 3) NTF was found to be one of the cost-effective health interventions by using a new health index, the DALY, and 4) increase of MDR-TB. In 1991, the WHO Resolution to strengthen TB control was adopted in the World Health Assembly: setting a standard of 85% cure of detected new smear positive pulmonary TB, and 70% detection of such cases by the year 2000 through support to high TB prevalence countries, intensifying operational research, and research and development. The WHO DOTS strategy of TB control started in 1994. Then the RIT training emphasized DOTS, which contributed to the promotion of DOTS globally. In 2000 in the G8 summit held in Okinawa, then Prime minister of Japan, Mr. Mori, proposed the cooperation of the G8 in infectious disease control in developing countries, as the major cause of poverty in these countries, and the G8 approved. The Global Fund for AIDS, TB and Malaria was founded in 2002 and started to work from 2003.

Cooperation in TB control: one of the favorite areas of Japan in international cooperation in health

TB is a chronic infectious disease, and sustained efforts for several decades are needed to control TB in high prevalence countries. It ranges from case detection to treatment and prevention. It requires a drug procurement and delivery system, supervision of drug taking and eventually development of the health system itself. Furthermore, TB control is a model for control of non communicable diseases as shown in health control of Japanese enterprises.

In conclusion

Participants are now working actively in the front line of the global fight against TB utilizing the lessons learned in RIT, and some were promoted to higher posts such as Director General of Health and even Minister of Health. More than 2000 participants from 97 countries of the world are a great treasure for Japan. “Kiyose” and “RIT” were inscribed as an “inner home” for those who once stayed and learned in RIT, Kiyose.
Uniqueness of the RIT Course and Health System Strengthening

Norio Yamada
Head, Dept. of International Cooperation

While the TB training course has been carried out for 50 years, the contents of the course have been revised in response to the changes in international TB control strategies and the situation of tuberculosis problems. For example, over the last 20 years, "DOTS" was introduced since the mid 1990s, and then "Stop TB strategies 2005-2016" which is the expanded TB control strategy based on DOTS has been adopted in the course curriculum. The major uniqueness of the training courses carried out by RIT in the last 50 years can be summarized as follows:

1) The course contents are based on global standards on the basis of our experiences in TB control both in Japan and internationally.

2) The courses have emphasized development of the skills for identifying problems of the TB control programme in each country, finding the solutions for improvement and monitoring/evaluation, as well as learning the basic knowledge of TB control. This type of programme management skills can be utilized for other health programmes.

Regarding the global standards, WHO, especially the Western Pacific Regional Office (WPRO) has contributed to curriculum development and also sending international lecturers to the course. Recently other international organizations such as US-CDC, The Union and MSF have also been contributing to the course. Learning global standards is essential, but may not necessarily lead to establishing good TB control which is immediately accessible to the general population in each country. The situations of each country may vary. A country specific approach is required. Learning experiences from other countries may be also useful. We have been trying to facilitate participants in the development of practical approaches which fit their own situations by utilizing our experience of TB control in Japan and our activities in international cooperation and collaborative research. The "Public health approach" has been emphasized in the course for a long time. I myself have felt this significance reaffirmed more clearly after hearing the presentations by the course ex-participants Dr. Tjandra Yoga Aditama, Director General, Directorate of Disease Control & Environmental Health, Ministry of Health, and the message by Dr. Alexandre Manguele, Minister of Health, Mozambique who participated in the course a long time ago.

Regarding point 2 above, we have recently emphasized the need for operational research (please see newsletter no. 24). Technology changes with time. The latest technology and the policy recommended at this moment may well be replaced with others in the near future. However the methodology of identifying problems by operational research, and the epidemiological and sociological approach, can be applicable for future problem solving. It can also be applicable to other health issues such as health system strengthening (HSS).

As presented by Dr. Osuga of WPRO/WHO, the policy and technology recommended in developing countries and developed countries are becoming more similar. If we look at demographic change and epidemiologic situations of health problems, we recognize the global transition of an aging population and increase in non-communicable diseases which are associated with TB. We could utilize Japan’s current experience in coping with TB among the elderly and some risk factors such as diabetes in future training courses.

In the symposium, positive suggestions and challenges for the course and how to contribute to HSS were pointed out by the panelists and participants. Of course TB itself is still a serious health problem, and we need to work on it continuously. We are sure that for effective TB control we need to strengthen the health system itself. Taking into account these suggestions, we would like to make the course more relevant to strengthening both TB control and the health system for improvement of overall health of the people at present and in future.

Dr Iqbal Hasan Mahmood
BANGLADESH C85 A90

I often see dreams of Kiyose and also meet my ex-participant friends of Kiyose in my dreams. Kiyose is my second home. How are you, my ex-participant fellows? I miss you, friends.

Dr Zakaria Mohamed El-Zoghbi
EGYPT C93

I benefited greatly from this training in my career at Ismailia Chest Hospital and I will never forget this period that I spent in Japan because it was one of the most beautiful memories of my life.
Thank you for your warm congratulatory messages. We are also very grateful to be able to hear your current situations. We would like to share only a part of some of your messages here due to limited space. We certainly hope to show the rest of them at another opportunity in the near future.

---

Prof Lee B. Reichman
New Jersey Medical School Global TB Institute, USA (Lecturer)

As pioneers in TB control, research and education, your distinguished course has been a prescient accomplishment and remains a standard for TB training and education globally.

Dr Sean Cavanaugh
CDC, USA (Lecturer)

Participating in the Training Course at RIT was one of my favorite professional activities. I learned more about how TB is managed across the world from the participants than I ever taught them.

Dr Taj Mohammad
PAKISTAN C91

I have sweet and everlasting memories and attachment not only with the Institute but also with staff Members, my Honorable teachers. The academic informative lectures are still keeping me running smoothly in my daily professional duty in the TB Control Program in our Country.

Dr. Vijay Kumar Tiwari
INDIA A08

The training was very much useful to understand the dynamics of HIV/AIDS and TB in the community. The training was a perfect blend of teaching, group work and field visits. The development of OR proposal and the repeat presentations was a new experience. The evaluation system followed at RIT was something new to me.

Mr. Pham Quoc Hai
VIET NAM AIDS00

I think that this training program is very useful and necessary. It contributes considerably to the prevention of HIV/AIDS/TB in each country and I always hoped that this training program will continue to be maintained and developed sustainably to contribute to the overall success for the HIV/AIDS/TB prevention.

Dr. Irawan Kosasih
INDONESIA C93 A95

For me, the training course has given fundamental and active responses for the improvement and continuation of tuberculosis control back in my country. Kiyoose participants from Indonesia since the 60s have been given a great contribution for the establishment of the National Programme in 1969 and later on DOTS strategy in 1995.

Dr. Narayan Kumar
NEPAL C88

Group Training course program was a major milestone in my professional career. Clinical & managerial content were the courses main strength. It enabled me to serve around 1 million people of my area.

Mr. Jagat Bahadur Khadka
NEPAL L02

I learnt a lot of things about core subjects in theory and practical aspects as a TB Lab manager which includes sputum microscopy, culture and DST, quality assurance program in TB microscopy. Micro teaching method, logistic management and supervision as well as action plan preparation for operational research. In fact I learnt computer skill also only in RIT.

---

International Training Courses, 97 Countries, Alumni Network of 2189 Professionals

(including 267 participants of AIDS course from 18 countries)

The Research Institute of Tuberculosis, JATA
(1983 – Sep2012)
The 50th Anniversary of International Training Courses

Dr. Gourou Iremine Nahoua
Republic of Cote d’Ivoire
L05

This training was very beneficial for my country; it allowed me to organize the training of all lab technicians of the laboratory network on good smear microscopy.

Mr Pradyumna Bhandari
NEPAL l92

RIT is not only controlling TB in Japan but also providing lots of support for controlling TB all over the world.

Dr Latorre Pinto, M. Adelma
PERU C85 A95

You form a great institute that works against TB and where the ex-participants like me have learned a lot and gained the skills to work for a healthy world. I was there twice, I spent a great time there, meeting people and increasing my knowledge.

Dr Izar Aziz
INDONESIA C80

I was one of Dr. Azuma’s students. I really miss him. Also my remembrance all of the staff. How we lived at dormitory and took care of ourselves (laundry-ironing-cooking etc.) for almost six months.

Dr Agustin Colman Torres
PARAGUAY C95

I learned:
-The development of plans for TB control
-The importance of proper use of drugs to prevent resistance
-Advocacy for raising funds for the better organization of programs
-The influence of culture on the implementation of programs
-The commitment that everyone should take to implement programs
-Living with people of other cultures and other realities. And most important to know the Japanese people in their essence, warm, humane, honest, sincere.

Dr Meaza Demissie
ETHIOPIA A89

It has been 23 years since I attended the advanced group training course. It doesn’t seem all these years have passed; the good memories are still in my mind. Be proud that the seeds you planted are still giving fruits for their country and to the world at large.

Dr Ishmael Nyasulu
MALAWI C96

What an opportunity it was to undergo training on the basics of TB Control. Building on that course at RIT, I was able to pursue a master’s degree course in Public Health at Leeds University in the United Kingdom.

Prof Li Jun-heng
CHINA C81

RIT /JATA trained a lot of key members to control the dissemination of tuberculosis in the world, it is very important for the human being.

Dr Kashi Kant Jha
NEPAL C96 A01

RIT has been doing tremendous work to develop the capacity of health workers and laboratory personnel to fight tuberculosis in the world. The training course enhanced my capacity to manage tuberculosis control programme in Nepal now as NTP Manager.

Dr Srirapa Nateniyom
THAILAND 93 C97

I had gained a lot of knowledge and experiences from the international training courses of RIT. Although we have come from various parts of the world, but we have been moving forward to the same direction with only one goal for Global Tuberculosis Control.

Dr. Samoeurn Kim
CAMBODIA aids07

In my heart, the first time everything there makes me remember the very good knowledge and experience gained from the Course and sharing experience from other countries in Asia.

Ms. YENNY Setiarah
INDONESIA L09

Many important and useful things that I felt after attending the training. Mainly to apply action plan that we created at the end of training. After returning to Indonesia and until now a lot of things I do in supporting the TB control program in Indonesia especially in West Java.

Dr Oum Saron
CAMBODIA C03

I received a lot of experience about TB control program management and method of operational research. I enjoyed Japanese culture and language.

Casmerita Deguito YU
PHILIPPINES C11

The training really improved the way I handled the Tuberculosis Program in our country. A memorable experience and an excellent training that I had.

Ms Upma Sharma
INDIA aids 98

The course provided the participants not only a great opportunity to learn about HIV and TB, but also gave us a platform to understand the HIV scenarios in the Asian region.

Dr Ismail Ceyhan
TURKEY C04

Long time already has passed since I left from RIT and Japan. Just after I came to my lab I started to prepare a TB handbook and I designed and performed several researches on Otsawa medium for culture of Mycobacterium tuberculosis.

Dr Suyapa Maria Sosa
HONDURAS C98

The time spent in this beautiful and unique country changed my life in many ways. It made me grow in a spiritual way and also in the professional aspect. The knowledge obtained gave me an important weapon in dealing with many problems that are so similar in our countries, even though languages and customs are so different. Tuberculosis patients, their problems, difficulties are the same. It is so important to work as a team with doctors, nurses, laboratory and patients. The goal is to heal and cure.

Dr Hasan Mahmud
BANGLADESH aids95

I gained an overall management of AIDS and STDS. It was a multidisciplinary training which helped me much to plan and implement a standard programme for my country. Bangladesh, however the skills that I gained in this course will last forever and help me acquire the updated knowledge any time during my career.
The life experience and knowledge gained in the 6 months training at RIT have been remarkable not only in the field of TB but throughout my professional work at hospital and private practice, as a philosophy of life. I remember with vivid nostalgia the colleagues and friends with whom I shared the course and teachers.

Stop TB Action Course 2012 Report

Gitau Simon Maina/Kenya

During three months, I learnt a lot of approaches to implement the STOP TB Strategy, such as Project cycle management, Epidemiology, TB/IIIV co-infection issue, and the way to conduct operational research.

The course is very well organized, building from basic concepts of TB control to the more complex. The international tutors brought a wealth of experience and delivered the content in a simple balanced and easy to understand way. The wide range of experience among the participants from 13 different countries and TB background also served to enrich the learning process.

I cannot also forget the light moments and learning experiences we had: the visit to Osaka, the ride on beautiful Lady Komachi to Akita, the Japanese class lessons, the Hippo family visits, the parties...; all these memories made Japan and Kiyose our treasured second home.

We graduated with a feeling of satisfaction and confidence: we are guaranteed that if anything relates to TB then it was taught at Kiyose, and RIT has it, and if there be any challenges in our lives as TB control specialist then we can handle it!

I pay tribute to JICA and RIT for the wonderful training curriculum, training methods, dedicated, informed, lecturers and conducive learning environment.

We also recognize the efforts of those who have gone before us. It is their good performance, their good behavior, and impact of their work back in their countries that has motivated JICA, RIT and indeed the Japanese government to continue this course for the past 50 years. In their absence we salute them. It is our prayer that this course continues until TB is no longer a public health problem. I appreciate and thank them for the opportunity and for extending their kind hand to support the fight against TB in our countries and globally.

I will try to reflect and implement my experience in Japan to my activity in Kenya. Thank you!
Message from the Course Director

Kuniko Murakami
Dept. of International Cooperation

Dear All;
How are you and your families?

When I was a participant of the Stop TB Action Training Course in 2006, I was wondering whether the baby in my womb could be affected somehow by this seriously complex discussion and hard exercises relating to TB and TB/HIV... Now my five-year-old daughter seems to understand the concept of “international cooperation”, although it is a bit early for her to understand TB itself.

For 2012, I was assigned to be a course director of the Stop TB Action Course. The 2012 course was held at RIT for 12 weeks from 14 May to 3 August, 2012. Seventeen participants attended the course from 13 countries: Afghanistan, China, Indonesia, Kenya, Malawi, Myanmar, Philippines, Pakistan, South Africa, Sudan, Zambia, Zimbabwe and Japan. They received a wide range of lectures under 4 broad categories: TB epidemiology, TB clinical and laboratory management, international TB strategy and operational research proposal development. All of the participants devoted themselves to the course, and they improved remarkably their capacity to assess their current TB programs through this course.

This year, we also had a special occasion: the 50th Anniversary of International Training at RIT. Two alumni were invited to the ceremony and they kindly shared their positive experiences after having completed the courses. All of the 2012 participants were very much encouraged by their successful stories.

Apart from learning, the participants really enjoyed their life in Kiyose like others did in previous years. Dear readers of this newsletter, do you remember your life and our cultures in Kiyose? Are you still saving electricity or plastic bags? I really hope that not only your TB knowledge but also some cultural insights that you have gained here in Japan may have some effects on your life even now.

Finally, the network that you have created through your course is a most precious thing. We hope to see each other sometime in life, somewhere in the world. Please keep in touch!

Visiting RIT again
Dr. Manguele, Minister of Health/Mozambique

Dr. Alexandre Manguele, Minister of Health, Mozambique, visited Japan on the invitation of Japan International Cooperation Agency and visited JATA HQ on January 10th, 2012. He joined the training course on TB control in 1988 and since then has been dedicated to improving tuberculosis control back in his country. He was the first participant to this course from Mozambique and the 3rd ex-participant to become the Minister of Health after the training. He talked about the good old days at Kiyose and the lessons learned from the training program with Dr. Shimao and Dr. Ishikawa who were course lecturers then. He told how the idea of integrating control programs was especially useful for him to tackle both communicable & non-communicable diseases. Finally, he congratulated RIT on the 50th anniversary of the TB training courses and said that he expected continued support from RIT for African and other countries to eliminate TB.

RIT News: Staff Movements
Dr. Susumu Hirao and Mr. Tomohiro Mitani newly joined
Ms. Yumi Toyama left JATA
Ms. Kanako Koyama moved to RIT/JATA Zambia office
Mr. Tetsuhiro Sugamoto moved to Kenya (JICA project)
Dr. Hiroyuki Nishiyama moved to Myanmar (JICA project)
Dr. Keiko Inaba moved to Ghana (JICA project)

You are welcome to send us your news and voices!

NEWS LETTER FROM KIYOSE

Publisher: N.Ishikawa, Director
Editor : N. Yamada, T. Kubota

The Research Institute of Tuberculosis
3-1-24 Matsuyama, Kiyose-shi, Tokyo 204-8533, Japan
Phone:+81-424-93-5711 Fax:+81-424-92-8258
Email:intert@jata.or.jp
Website:http://www.jata.or.jp