Tuberculosis is a widespread disease in the world. Today, it is said that about one third of the world population is infected by tuberculosis (TB). Although the mortality rate itself has declined, according to the World Health Organization estimates in 2013, out of 9 million patients who actually developed TB, 1.5 million died from the disease, and 3.3 million have not even had proper diagnosis or medical treatment. TB patients are mostly found in developing countries, particularly in Asia and Africa. TB is also listed as one of the issues to be tackled in the Millennium Development Goals, a common goal for international society in the area of development.

Anti-tuberculosis measures need a long-term effort

In 1963, The Research Institute of Tuberculosis, Japan Anti-Tuberculosis Association in Kiyose, Tokyo started TB prevention training and accepting trainees from developing countries in cooperation with JICA, in order to strengthen the TB infection control in their countries. The trainees who gathered there for training this time were from 12 countries such as Kenya, Myanmar and Afghanistan. In these countries, TB is still a serious problem as there are cases of childhood TB and also the cases of co-infection, in which HIV-infected individuals develop TB due to weakened immune system caused by HIV, leading to high risks of losing their lives.

Japan also has experienced the fight against TB in the past. TB is a curable disease today if one takes medication properly; however, it was only 50 years ago that TB was called “Bokoku-Byo”, a disease that destroys the country, taking lives of a great number of people.

However, the number of patients dramatically declined by the beginning of the 1980s. This was achieved by the efforts of both public and private sectors in prevention as well as early detection and treatment. While the government focused on anti-TB measures in both aspects of policies and budget allocation, the private sector established branch offices of the Anti-Tuberculosis Association in every single prefecture, explained Dr. Norio Yamada, head of the Center for International Cooperation and Global TB Information in The Research Institute of Tuberculosis.

The contents of the training are determined in the discussions with the experts from World Health Organization (WHO), Ministry of Foreign Affairs and Ministry of Health, Labour and Welfare, so that the participants can learn the latest trends in the world’s anti-TB measures as well as basic knowledge and experience of Japan which can be applied to health programs.

“It can sometimes take several decades for an individual to develop TB after infection. This is why we need long-term efforts to reduce the number of people actually developing TB. Furthermore, it is important to implement countermeasures along with international approaches to meet today’s needs,” explained Dr. Susumu Hirao, the supervisor of the training.

Supporting trainees’ daily lives thoroughly

As the participants have only completed the first five days out of three months of their training period, their presentations on the current situation of TB in their own countries seemed somewhat awkward. Dr. Hirao thoroughly guided the participants, starting from the methods of presentation.

TB poses different issues in different regions. For example, even in the same country, TB can spread more easily in cities, while people in rural areas have less access to healthcare facilities. In order to take effective measures against such complex issues, taking international targets of the times into consideration, participants are expected to acquire comprehensive skills to analyze problems, formulate measures, monitor and evaluate anti-TB projects. Therefore The Research Institute of Tuberculosis offers thorough guidance including tutorials or field trips to other regions.

Dr. Samung, one of the participants from the National Centre for Tuberculosis and Leprosy Control in Cambodia, said, “When I go back to my country, it will be my turn to spread the knowledge. I want to utilize what I’ve learned through the training in Japan to save the lives of children.”

Another feature of this training is a thorough support for the participants. Support is provided in daily lives including the guide in using public transportation and finding halal food groceries for Muslim trainees. In addition, the Mayor of Kiyose also introduced Japanese culture and volunteer workers offered Japanese classes.

“It is such a pleasure to find our former participants again in the field of TB prevention projects in the world. I hope that they leap beyond the area of TB and become personnel who can lead the whole healthcare sector in the future”, Dr. Yamada said with a smile.

The participants were divided into small groups and each group had a presentation on the method of anti-tuberculosis measures offered by the Japan Anti-Tuberculosis Association. The participants learned about the latest trends in the world’s anti-TB measures as well as basic knowledge and experience of Japan which can be applied to health programs.

Field trip to Aarin district, Osaka. The Chairman of Osaka Public Health Association explained control of medicines in a facility to support construction of livelihoods of people who are homeless.