

Tuberculosis and Human Security



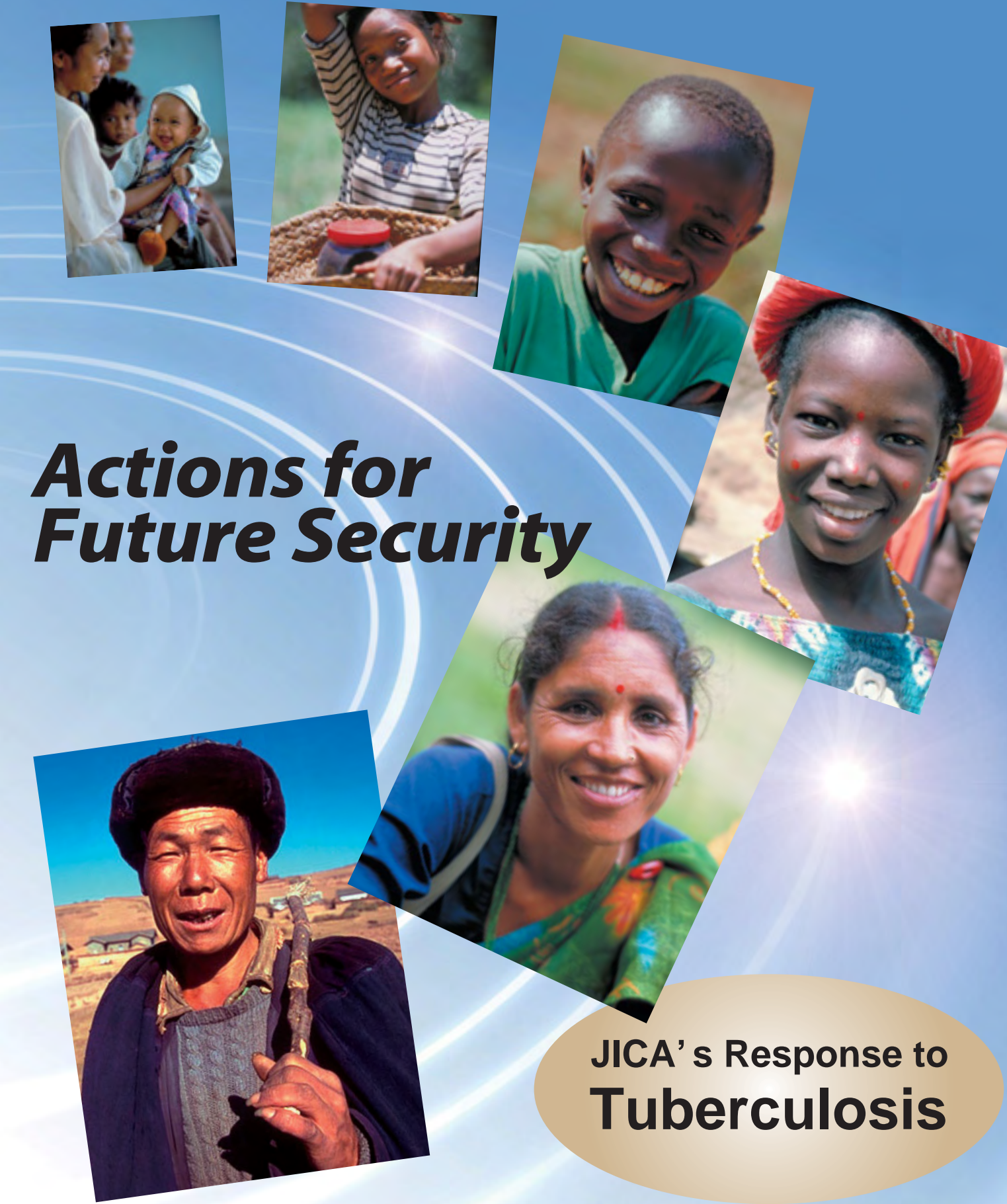
Message by
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In an era when economic, educational, scientific and cultural growth is accelerating in the developed world, millions of people in poorer countries face a far different future - one dominated by a daily threat to their very lives. This insecurity takes many forms. Wars scar many parts of the world but an even more insidious threat often comes from diseases. We have tamed some of these old scourges including smallpox but have had singularly less success with others. Tuberculosis (TB) needs particular attention and vigorous confronting actions.

Each year some nine million people, particularly in the developing world, contract TB. Two million people die annually from the disease. The impact is so severe that the fight against TB is addressed in the UN Millennium Development Goals (MDGs) which Japan, among many countries, has committed to achieve by 2015.

There has been some progress in this ongoing battle. The World Health Organization (WHO) recently announced a new strategic plan. The Global Fund gives funds for the fight against HIV/AIDS, TB and Malaria. But much more needs to be done. The Japan International Cooperation Agency (JICA) recently established a strategic framework to strengthen its own participation in this field, providing assistance not only to central and local institutions, but also to the local communities. This approach reflects JICA's commitment to the concept of 'human security' whereby JICA also helps 'grass roots' communities to enhance their daily security and wellbeing.

Success, however, will be achieved only through true global cooperation. JICA looks forward to working in partnership with organizations as well as governments and the people themselves to try to create a world which will be totally free of TB some day.



JICA's actions toward Tuberculosis

JICA has the responsibility to implement Japan's official development assistance (ODA) to enhance the capacity of people in developing countries so that they can solve their problems and sustain their development.

TB is an infectious disease with the highest number of infected patients in the world. The nature of the disease is strictly related to poverty and poverty itself is a potential risk factor of the spread of TB, subsequently creating a vicious cycle.

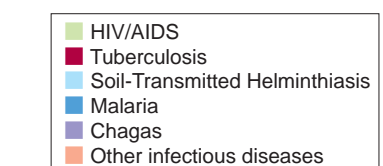
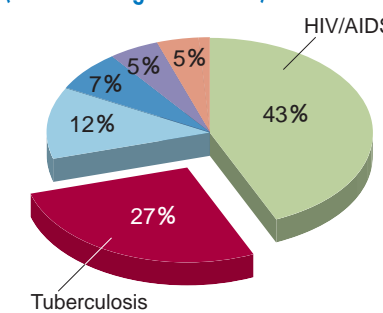
Japan's commitments related to Tuberculosis

Under the commitment of the Government of Japan, and its "Health and Development Initiative", JICA as a development cooperation agency, intensifies its efforts to reverse global TB epidemic.

JICA supports the partner countries' efforts to;

- 1) Strengthen the comprehensive and integrated health systems to minimize the spread of TB infection.
- 2) Strengthen the capacity of partner country to achieve and sustain the global TB control target of 70% and above case detection rate and 85% and above cure rate.

JICA's disbursement on infectious diseases (JFY2005 Budget Allocation)



JICA's assistance to 22 high-burden countries*

Countries	Assistance
India	Implemented
China	Implemented
Indonesia	Implemented
Nigeria	Implemented
Bangladesh	Implemented
Pakistan	Implemented
Ethiopia	Implemented
South Africa	Implemented
Philippines	Implemented
Kenya	Implemented
D.R.Congo	To be planned
Russia	Not applicable
Vietnam	Implemented
Tanzania	Implemented
Brazil	Implemented
Uganda	Implemented
Thailand	Implemented
Mozambique	Implemented
Zimbabwe	Implemented
Myanmar	Implemented
Afghanistan	Implemented
Cambodia	Implemented

* In 1998, the ad-hoc committee set up by WHO recommended a particular focus on the 22 countries that bear 80% of the global TB burden.

JICA's Guideline in Response to Tuberculosis

Setting Priority Countries

JICA considers the factors indicated below for choosing priority countries for assistance.

- (1) High number of TB patients
- (2) High Incidence of TB
- (3) Developmental stage of TB control program

Examples of such countries are those indicated as the 22 high-burden countries by the WHO.

Putting Emphasis on Quality DOTS

JICA's activities emphasize the importance of high quality DOTS expansion which is in line with the Stop TB Strategy.

Examples of activities are:

- Strengthening of management capabilities concerning TB Control activities at various levels.
- Strengthening of laboratory capabilities.
- Strengthening of logistics capabilities at various levels.

Supporting the Implementation of TB Control Activities Beyond DOTS

Assistance in the TB Control Beyond DOTS approach will be implemented from the perspective of Human Security and effective method of strengthening TB control activities.

Examples of activities are:

- Strengthening the management skills concerning the implementation of Urban DOTS and Hospital DOTS.
- Strengthening the management skills concerning the implementation of Public Private Mix.
- Strengthening the management skills concerning the implementation of TB/HIV control activities.

For a better tomorrow for all



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JICA's Assistance in controlling TB by Country from the Year 2000

JICA's objective in the field of TB control is to assist countries with 1. high number of TB patients, and/or with 2. high incidence rate of TB and/or 3. on the developmental stages of effective TB control implementation. In order to accomplish this, JICA puts priority on the implementation of quality DOTS through developing NTP and laboratory staffs' capacity to strengthen recording and reporting system, conduct onsite monitoring visits, construct laboratory networking, and strengthen drug management logistics. To sustain and supplement the effects of DOTS implementation, JICA also assists in Beyond DOTS activities as well.

Afghanistan

JICA is supporting Afghanistan National TB Control Program in its overall structural strengthening for implementing and monitoring quality DOTS nationwide with close collaboration with WHO and related donors. Through

establishing a model of quality TB control services at selected areas, lessons are extracted for the improvement of the TB Program for further dissemination to other regions. JICA Project also assists in developing national guidelines including the "National Strategic Plan 2006-2010" as well as training modules of DOTS implementation. Trainings are conducted to establish functional External Quality Assurance (EQA) structure and to implement PPM DOTS. JICA has consecutively gathered training participants from NTP reaching 9 participants from the years 2000 to 2007.

Pakistan

JICA is supporting the National TB Control Program in expanding quality DOTS especially in the Punjab Province through the "Tuberculosis Control Project (2006-2009)". Medical employees are being trained for strengthening the monitoring and supervision of DOTS at the District level. JOCV is also dispatched to a hospital to support the implementation of DOTS. JICA has consecutively gathered training participants from Pakistan reaching 9 participants counting from the years 2000 to 2007.

Yemen

JICA has supported the implementation of quality DOTS through the "Tuberculosis Control Project (Phase3)" commenced in the year 1999 to 2004. NTP staffs and laboratory technicians were trained to improve the case findings, as well as to strengthen diagnostic skills, program management skills, and research skills concerning TB. JICA has also trained 16 participants from Yemen on TB control and laboratory management between the years 2000 to 2007. As a result, quality DOTS has been expanded nation-wide.

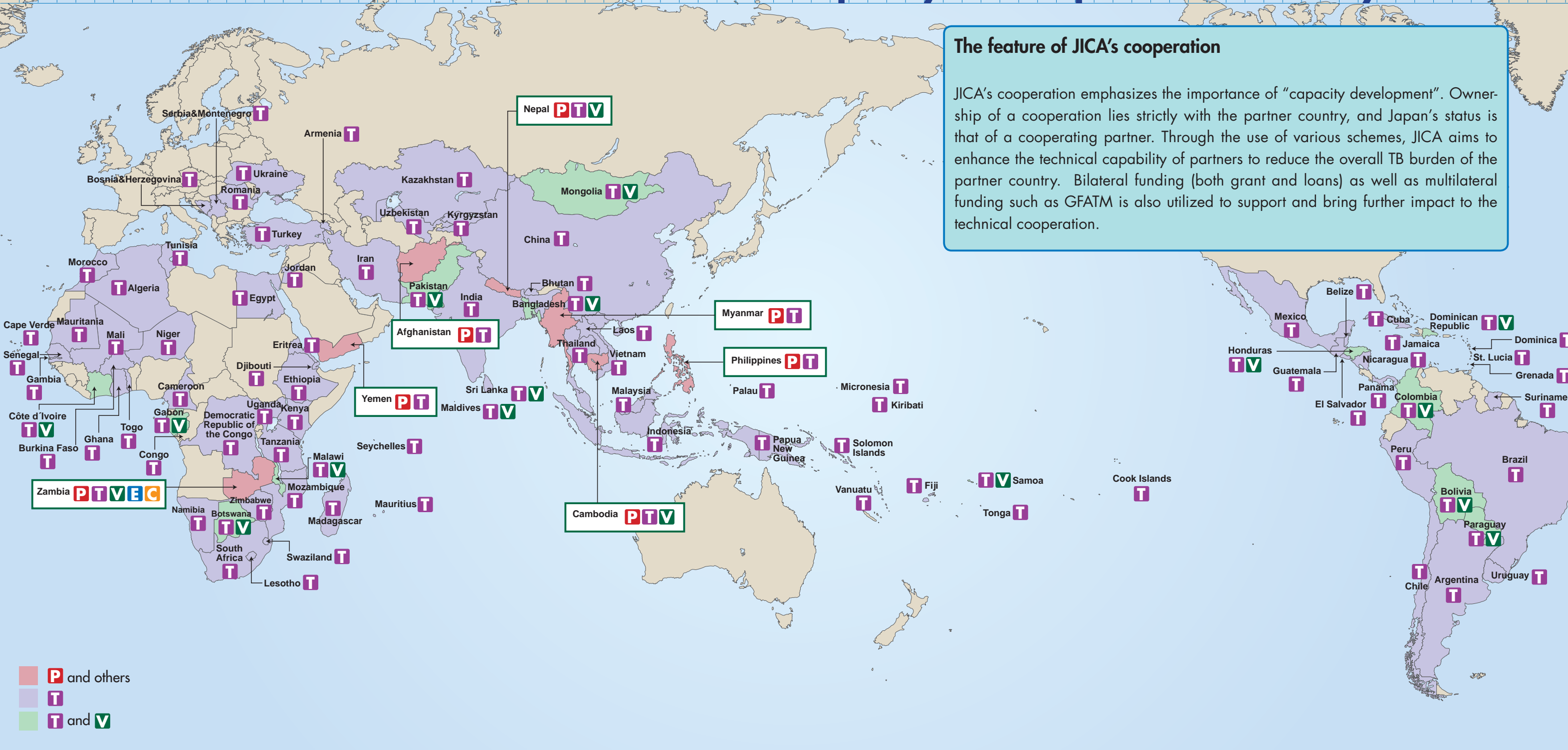
Zambia

JICA has assisted the strengthening of laboratory services by implementing External Quality Assurance (EQA) and preventive maintenance for laboratory equipment in UTH (University Teaching Hospital) laboratory and diagnostic centers in Lusaka Province through the Project "HIV/AIDS and Tuberculosis Control Project (2001-2006)". Consecutively, JICA expanded its assistance to improve the quality of TB/HIV treatment services through the "Integrated HIV and AIDS Care Implementation Project (2006-2009)". The emphasis of this project is on TB/HIV co-infection management and follow-up of defaulters for both TB and HIV treatment in rural areas. The "Project to Combat Tuberculosis in Unplanned Settlement Areas of Lusaka City (2005-2007)" is another assistance in Zambia where Japanese NGO with the mission to control TB in target areas are establishing community groups and are conducting trainings to

DOTS supporters. Individual expert "HIV/AIDS and TB Control Programme Coordinator" is also dispatched to strengthen the management capacity of the National HIV/AIDS/TB/STI Council (NAC), such as planning, coordination and monitoring/evaluation. This advisor also coordinates the overall activities of JICA's Programme on measures to counter the spread of HIV/AIDS and Tuberculosis. JOCVs are also dispatched to Project related areas to strengthen the case findings and DOTS implementation at the community level. JICA has also received 9 training participants from Japan on TB control and laboratory management counting from the years 2000 to 2007.



JICA's endeavour for capacity development from the year 2000



The feature of JICA's cooperation

JICA's cooperation emphasizes the importance of "capacity development". Ownership of a cooperation lies strictly with the partner country, and Japan's status is that of a cooperating partner. Through the use of various schemes, JICA aims to enhance the technical capability of partners to reduce the overall TB burden of the partner country. Bilateral funding (both grant and loans) as well as multilateral funding such as GFATM is also utilized to support and bring further impact to the technical cooperation.

Cambodia



JICA has been implementing TB Control project since 1999. Through "the National Tuberculosis Control Project (1999-2004)", JICA supported the expansion of quality DOTS to all health centers nationwide. "The National Tuberculosis Control Project Phase 2 (2004-2009) is supporting the National Center for TB and Leprosy Control (CENAT) in strengthening quality of supervision of TB officers by conducting regular training and workshops on TB management. After having accomplished 100% DOTS coverage at health centers, Community DOTS (C-DOTS) is currently introduced in about 40% of health centers. Data from 3 pilot areas showed that approximately 70% of TB patients being treated in the communities. JICA is also assisting TB/HIV co-infection control by establishing a functional two-way referral system. The number of Cambodian officers who participated in the training program in Japan reaches 21 during the period of 2000 to 2007.

Indonesia

A 3 year Project is planned with the objective to assure the quality of TB laboratory services through strengthening of laboratory network. To achieve this purpose, the Project first aims to enhance the training capacity in Indonesia through establishing a National Reference Laboratory for Human Resource Development and training National and Regional level trainers to train laboratory technicians and TB Supervisors. The Project is also assisting in assuring laboratory service quality through the implementation of External Quality Assurance (EQA) and strengthening of monitoring and supervision capabilities of laboratories at all levels in West Java as a model of effective and functional network. The experience of networking in West Java for the improvement of sputum microscope examination will be assessed and compiled at the Regional Reference Laboratory. The assessment will be fed back to the newly established National Reference Laboratory on Human Resource Development for the nationwide dissemination of the model structure.

Myanmar



JICA's assistance in Myanmar addresses three major infectious diseases, TB, Malaria, and HIV/AIDS. With respect to TB, the aim is to improve TB control in Yangon and Mandalay divisions reaching the Case Detection Rate of 70% or more and Cure Rate of 85% or more by the year 2009. With emphasis on implementing quality DOTS, NTP's capacity to supervise and monitor DOTS is being strengthened as well as its research capacity to tackle uprising agendas such as the delay of DOTS reporting or implementation of EQA. In coordination with the Project, 9 training participants from Myanmar have been trained on TB control and laboratory management from the years 2000 to 2007.

Philippines



JICA has provided assistance in expanding DOTS nationwide through the Project "Tuberculosis Control Project Phase 1 (1997-2002)". After the nationwide expansion of DOTS, the agenda was shifted to improving the quality of DOTS. Through the Project "Tuberculosis Control Project Phase 2 (2002 to 2007)", the monitoring and evaluation skill of NTP were strengthened and the quality of laboratory activities were improved through the implementation of a new External Quality Assurance (EQA) system to the whole of Philippines. With linkage with the Projects, JICA has consecutively gathered training participants from the Philippines reaching 25 participants from the years 2000 to 2007.

Bangladesh

JICA is supporting the Bangladesh's efforts to strengthen the network of laboratories and make the External Quality Assurance (EQA) network functioning as one of the DOTS component. JICA plans to strengthen the laboratory network to improve the quality of diagnosis and the detection rate with its priority Project site in Dhaka. JICA have consecutively gathered training participants from Bangladesh reaching 4 participants from the years 2000 to 2007.

Nepal

JICA's assistance in Nepal was conducted through the Project "Community TB and Lung Health Project(2000-2005)" which addressed not only TB but Chronic Obstructive Pulmonary Diseases (COPD), ARI and other sickness related to the lung. Specific to TB Control, trainings and monitoring meetings were conducted at the National and Regional levels for strengthening quality DOTS implementation nationwide. A model of TB control in urban settings were also established by organizing volunteers, conducting regular meetings with health workers, and conducting supervisions to DOTS treatment center for effective replication. This activity was strengthened through the dispatch of volunteers (JOVCV) to hard to reach areas.

Types of Cooperation

JICA applies the following types of cooperation

P Technical Cooperation Project

Technical Cooperation Project is one of JICA's main programs based on the concept of supporting the self-help efforts of developing countries. In the effort to control TB, JICA has commenced Technical Cooperation Projects in 7 countries from the year 2000 to support the NTP in implementing and expanding quality DOTS. JICA has also supported the implementation of Beyond DOTS to sustain the achievements of quality DOTS expansion. Under the Project, Japanese experts are dispatched in the effort to develop the capacity of a partner country in the fight against TB. Training and equipment provision are also conducted to supplement the technical assistance of the expert.

T Training Program

JICA's training program in the field of TB is designed for senior technicians and medical doctors who are responsible for the management of laboratory works in TB control program, and medical officers responsible for implementing the National Tuberculosis Program (NTP). With the cooperation of Japan Anti-Tuberculosis Association (JATA), JICA has accepted more than 1500 participants from over 70 countries ever since the start of the training program in 1963. Training is also conducted in third countries where technical resources are available.

V Japan Overseas Cooperation Volunteers (JOVCV)

JICA dispatches young and qualified Japanese people who wish to cooperate in the economic and social development of developing countries in response to requests from partner countries. In the effort to control TB, public health nurses, clinical nurses, laboratory technicians and pharmacists with clinical experiences are sent to hospitals, local government units as well as communities for supporting the implementation of quality DOTS and Beyond DOTS. Volunteers have been dispatched to 17 countries since the year 2000.

E Technical Cooperation Expert

JICA dispatches experts from Japan as an advisor to central organizations of a partner country in charge of TB Control (ex. Ministry of Health) to strengthen the overall management capacity. The experts work hand in hand with the counterpart organization in policy making, health system improvement, as well as coordination of activities within the nation.

G JICA Partnership Program

Japanese NGOs, Japanese local government, and Japanese Universities assist in TB control activities in the developing countries utilizing their accumulated knowledge with the financial support from JICA.