JICA has responded to Tuberculosis

JICA has been responding to tuberculosis-related issues for over 30 years. This assistance is aimed at reducing the spread of TB and raising consciousness among people in affected areas about the disease.

JICA cooperates with the World Health Organization (WHO) and other agencies in this area. One example of this is the Tuberculosis and Human Security Strategy, which was approved in March 2010.

JICA’s response to Tuberculosis

JICA’s Guidelines in Response to Tuberculosis

- Setting Priority Countries
- JICA considers the factors below before choosing priority countries for assistance.
  1. High incidence of tuberculosis
  2. High number of TB patients
  3. Developmental stage of TB control program
- JICA’s Guideline
- The methodology for setting priority countries is based on the focus of the WHO’s Global Plan to Stop TB and Stop TB Strategy.
- Future Support Activities
- Examples of activities are:
  1. Strengthening the technical skills required at a laboratory concerning MDR-TB (Culture and DST).
  2. Strengthening the management skills in implementing TB/HIV control activities.
- JICA’s Assistance to 22 TB High-Burden Countries
- JICA’s assistance to 22 TB high-burden countries is based on the results of the WHO’s Global Plan to Stop TB and Stop TB Strategy.
- Examples of activities are:
  1. Improving DOTs management capacity from NTP to the community level
  2. Strengthening the capacity of laboratories and its network
- Supporting the Implementation of TB Control Activities for the Poor and Vulnerable Population
- Examples of activities are:
  1. Strengthening of logistics capabilities.
  2. Strengthening of laboratory capabilities.
  3. Strengthening of management capabilities concerning TB Control activities.
- Examples of such countries are those indicated as the 22 high-burden countries by the WHO.

Tuberculosis and Human Security

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 dominated by a daily threat to their very lives. This crisis takes many forms. Wars scar many parts of the world but an even more insidious threat often comes from diseases. No one desires eradication of those old scourges including smallpox but we have had singularly less success with others. Tuberculosis (TB) needs particular attention and vigorous confronting actions.

Japan International Cooperation Agency (JICA) recently established a strategic framework toward the goal of ‘eradicating TB within the 2015’ which Japan机关 along with many other donors, has committed to achieve by JICA.

There has been some progress in this ongoing battle. The World Health Organization (WHO) recently announced a new strategy plan. The Global Fund for TB, HIV and Malaria. But much more needs to be done. The Japan International Cooperation Agency (JICA) recently established a strategic framework to strengthen its support in the field, providing assistance not only to national 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’ people themselves to try to create a world which will be totally free of TB some day.

“Tuberculosis and Human Security”

Message by Sadako Ogata, President

Japan International Cooperation Agency (JICA)

March 2010
JICA’s endeavours for capacity development from the year 2000

**Key Strategy of JICA’s Cooperation**

JICA’s cooperation emphasizes the importance of "capacity development" whereby enabling developing countries to tackle problems on their own. By utilizing different schemes, JICA strives to enhance the technical capability of developing countries to reduce the overall TB burden. In addition to technical assistance, bilateral grants and loans, as well as multilateral support through the Japanese government create a significant impact on the effort of TB control around the world.

Through establishing community programs and conducting training to support experts, JICA supports the "National Tuberculosis Control Program" in developing countries. JICA has dispatched young and qualified Japanese officers responsible for implementing the National Tuberculosis Control Program to 18 countries since the year 2000. In Egypt, JICA promotes assistance which contributes to the rehabilitation of overlooking TB, HIV/AIDS, and tuberculosis control in the event of war reconstruction. JICA has implemented TB Control Project in Egypt, spraying TB control services. According to the Indonesian National Laboratory Network Survey (2009-2012), JICA has also assisted TB/HIV co-infection control by establishing functional two-way referral system. JICA is also implementing "Technical Cooperation Project on Laboratory Management" in Indonesia and "Technical Cooperation Project on Laboratory Management and Clinical Investigation" in Myanmar. In addition to the technical cooperation projects, JICA has also dispatched "Japan Overseas Cooperation Volunteers (JOCV)" to implement "Training Program" in the field of TB-related management activities. In Indonesia, JICA has dispatched "OBJECTIVE" and "JICA Research Assistant Program" to strengthen DOTS implementation. In Egypt, JICA has also supported "Technical Cooperation Expert" to strengthen DOTS implementation. In Myanmar, JICA has also supported "Training Program" in the field of TB and HIV/AIDS control services.

**Types of Cooperation**

- **Technical Cooperation Project**
- **Training Program**
- **Japan Overseas Cooperation Volunteers (JOCV)**
- **Technical Cooperation Expert**

**JICA’s endeavours for capacity development from the year 2000**

- **Afghanistan**
- **Algeria**
- **Angola**
- **Argentina**
- **Armenia**
- **Bangladesh**
- **Bolivia**
- **Brazil**
- **Burkina Faso**
- **Cameroon**
- **Cape Verde**
- **Central African Republic**
- **Chile**
- **Colombia**
- **Congo**
- **Djibouti**
- **Egypt**
- **El Salvador**
- **Equatorial Guinea**
- **Eritrea**
- **Ethiopia**
- **Gabon**
- **Gambia**
- **Georgia**
- **Germany**
- **Ghana**
- **Greece**
- **Guatemala**
- **Guinea**
- **Guyana**
- **Haiti**
- **Honduras**
- **India**
- **Indonesia**
- **Iran**
- **Iraq**
- **Ireland**
- **Ivory Coast**
- **Jamaica**
- **Japan**
- **Kenya**
- **Kuwait**
- **Laos**
- **Lebanon**
- **Lesotho**
- **Liberia**
- **Lithuania**
- **Luxembourg**
- **Malaysia**
- **Maldives**
- **Mali**
- **Mauritania**
- **Mauritius**
- **Mexico**
- **Micronesia**
- **Moldova**
- **Monaco**
- **Mongolia**
- **Morocco**
- **Mozambique**
- **Myanmar**
- **Namibia**
- **Nepal**
- **Netherlands**
- **New Zealand**
- **Nicaragua**
- **Nigeria**
- **North Korea (DPRK)**
- **Norway**
- **Oman**
- **Pakistan**
- **Palestine**
- **Panama**
- **Paraguay**
- **Peru**
- **Philippines**
- **Poland**
- **Portugal**
- **Qatar**
- **Romania**
- **Russia**
- **Senegal**
- **Seychelles**
- **Sierra Leone**
- **Singapore**
- **Slovakia**
- **Slovenia**
- **Somalia**
- **South Africa**
- **South Korea (R.O.)**
- **Spain**
- **Sri Lanka**
- **St. Vincent and the Grenadines**
- **Sweden**
- **Switzerland**
- **Tajikistan**
- **Thailand**
- **Togo**
- **Trinidad and Tobago**
- **Tunisia**
- **Turkey**
- **Uganda**
- **United Kingdom**
- **United States of America**
- **Uruguay**
- **Uzbekistan**
- **Venezuela**
- **Viet Nam**
- **Yemen**
- **Zambia**
- **Zimbabwe**