

Stop TB Japan Action Plan:
Public-Private Partnership for International Cooperation
towards the Elimination of Tuberculosis

July 24, 2008
Ministry of Foreign Affairs of Japan
Ministry of Health, Labour and Welfare of Japan
Japan International Cooperation Agency
Japan Anti-Tuberculosis Association
Stop TB Partnership Japan

This Action Plan has been formulated keeping in mind the period until 2015 covered under “The Global Plan to Stop TB 2006-2015.” Should the Global Plan be revised by 2015, the five parties will hold discussions as necessary.

1. Basic Approach

(1) Characteristics of Tuberculosis in Recent Years

Tuberculosis (TB), once referred to in Japan as a “national disease,” tends to be seen by Japanese as a disease of the past. However, about one-third of the world population (approximately 2 billion people) is estimated to be infected with the TB bacterium. Over half of all TB cases are concentrated in Asia, with Africa also suffering serious impact in recent years. It ranks as one of the world’s three major infectious diseases and imparts serious hazards to human health, as evidenced by 9.16 million new TB cases and mortality of some 1.66 million deaths for the year 2006, despite the fact that TB can be both prevented and cured. The majority of TB patients and fatalities are found among people in their most productive years, becoming along with HIV/AIDS a major factor inhibiting economic and social growth in developing countries.

The spread of multi drug-resistant tuberculosis (MDR-TB) and extensively drug-resistant tuberculosis (XDR-TB), which develop through inadequate treatment and are more difficult to treat, has become a problem in recent years, turning into a major issue along with the increase of co-infection of TB and HIV, notably in Africa.

(2) Actions by the International Community and International Goals and Targets

TB is a chronic infectious disease that may develop at any time in one’s life. The spread of this infectious disease respects no borders and only uncompromising efforts will succeed in eliminating it. This makes international cooperation and partnerships absolutely essential.

To “have halted by 2015 and begun to reverse the incidence” of TB is stated in Goal

6, Target 8 of the Millennium Development Goals (MDGs), developed from the outcome of the United Nations Millennium Summit of 2000.

In response to this, the “Stop TB Initiative” was reinforced in 1998, having the World Health Organization (WHO) as the central core, with the “Stop TB Partnership” established in 2000.

The Partnership aims at threefold targets, namely to stop the transmission of TB (accurate diagnosis, acceleration of Directly Observed Treatment, Short-course [DOTS] implementation, and increased availability, affordability, and quality of anti-TB drugs), to derive strategies to address emerging challenges (prevention and management of MDR-TB, reduced impact of TB associated with HIV), and to eliminate TB (improvement of TB diagnostics, research and development for TB drugs and vaccines). Furthermore, “The Global Plan to Stop TB 2006-2015” released in 2006 sets as its ultimate targets halving TB prevalence and deaths compared with 1990 levels.

While the international community has provided assistance to realize these global targets, further international cooperation is required, and it is necessary for the international community to act in concert to tackle this issue urgently.

The Fourth Tokyo International Conference on African Development (TICAD IV) and the G8 Hokkaido Toyako Summit also addressed global health issues, recognizing that a balanced approach which deals with infectious diseases including TB while strengthening health systems and enhancing maternal, newborn, and child health will lead to the resolution of various issues. In particular, during preparations for the G8 Hokkaido Toyako Summit, the views of Japanese and overseas NGOs were consolidated. In addition, the G8 Health Experts’ Meeting was convened three times, through which the G8 heard the views of the WHO and other health-related international organizations as well as those of the African Union and outreach countries. Through this series of discussions on global health, the importance of TB control was reaffirmed and the strengthening of future actions by the international community was announced.

(3) Japan’s Efforts

To address the threat of infectious diseases including TB, it is effective to protect individuals confronting this threat while also tackling the threat based on human security, which aims at empowering individuals to make their own choices and take actions to address the threat. In addition, in years past, TB control was a major task in Japan’s disease prevention, including infectious disease control. As a result, Japan has attained high standards for research, diagnosis, and treatment in the field of TB, and since 1963, the Japan International Cooperation Agency (JICA) and the Japan Anti-Tuberculosis Association (including the Research Institute of Tuberculosis; hereinafter, “JATA”) have been central to bringing over 2,000 specialists to Japan mostly from developing countries for training. These specialists are now serving as the core of TB control in their countries. In addition, the number of Japanese experts active in international organizations such as the WHO has been increasing, promoting DOTS strategies, among other efforts. TB is an

issue associated with poverty as well as human rights. Engaging in international cooperation through the utilization of Japan's technologies and experience in the TB field also holds significance for Japan's foreign policy.

In light of the heightened interest in international TB control, the "Stop TB Partnership Japan" was launched in November 2007 and in December of the same year Parliamentary Group for Promoting the Stop TB Partnership was established. Moreover, with regard to MDG 6 Target 8, in order to contribute to the realization of various targets established in The Global Plan to Stop TB 2006-2015 and The Global MDR-TB & XDR-TB Response Plan 2007-2008, the Ministry of Foreign Affairs (MOFA), the Ministry of Health, Labour and Welfare (MHLW), JATA, and the Stop TB Partnership Japan, as part of the follow-up to TICAD IV and the G8 Summit, co-hosted in July 2008 the International TB Symposium "Toward Elimination of TB in the World—From Asia to Africa" jointly with the WHO Western Pacific Regional Office (WHO/WPRO), unveiled the Stop TB Japan Action Plan, announced that the Japanese public and private sectors would act in partnership to engage in international TB control, and are calling for a strengthening of international partnership.

2. Targets and Implementation Structures

- Through this Action Plan, the Japanese public and private sectors (with the "private sector" here including both the actions of civil society and corporate social responsibility [CSR] activities by the industrial sector) will act in partnership to work towards a reduction in annual TB mortality figures globally, particularly in Asia and Africa, bearing in mind the goal of saving the lives of 10% (160,000 people) of the world's annual mortality from TB.
- The Government (MOFA, MHLW) and JICA will implement the measures necessary to undertake this Action Plan and support proactive initiatives conducted by Japanese NGOs such as JATA and the Stop TB Partnership Japan (hereinafter referred to as "Japanese NGOs"), which have expertise in the health sector, including regarding TB control.
- Japanese NGOs, particularly the Stop TB Partnership Japan, will actively engage themselves in implementing this Action Plan by working with the Government, The Global Fund to Fight AIDS, Tuberculosis and Malaria (the "Global Fund"), and international organizations such as the WHO.
- To achieve these objectives, JATA and the MHLW will endeavor to secure domestic human resources with the high-caliber technical capabilities necessary for international technical cooperation and practical implementation of TB control measures.
- Japan will strengthen its partnerships with countries sharing the same stance and concerns, including the U.S. as the top donor to the Global Fund and other initiatives, making use of such opportunities as Board meetings of the Global Fund and the U.S.-Japan Partnership for Global Health.

Follow Up

- To promote follow-up on the implementation of this Action Plan, MOFA, MHLW, JICA, JATA and the Stop TB Partnership Japan will conduct exchanges of views as necessary.

3. Concrete Actions

(1) International Application of Japan's Expertise

Strengthening the International Network of TB Specialists

- JATA will reinforce the network interconnecting over 2,000 TB specialists, primarily from developing countries, who have visited Japan to participate in JICA's training programs or other opportunities. It will also contribute to TB control in the countries in which these specialists are professionally engaged. Through the participation of these specialists, the International TB Symposium in July 2008 is expected to contribute to the enhancement of this network.

Fostering the Participation of Japanese NGOs in TB Control Efforts Conducted by International Organizations

- The Government will provide suitable advice and information so that Japanese NGOs can be proactively engaged in multilateral international cooperation, applying the experiences that they have accumulated through domestic TB control. Specifically, the Government will actively refer Japanese NGOs that have demonstrated good results in TB control to date, on the occasions of bilateral aid coordination dialogues, such as the consultations under the U.S.-Japan Partnership, as well as with international organizations such as the Global Fund, WHO, UNAIDS, and the GAVI Alliance (formerly The Global Alliance for Vaccines and Immunization [GAVI]), and private foundations such as the Bill and Melinda Gates Foundation (hereinafter referred to collectively as "international organizations"). In addition, the Government will provide appropriate advice towards Japanese NGOs to facilitate their participation in TB control projects conducted by international organizations.
- Japanese NGOs will cooperate in aid projects undertaken by the Government, actively participate in TB control projects implemented by the international organizations mentioned above, and aim to engage in program management.

(2) Enhancing Support for TB Control in TB High Burden Countries

Based on Japan's achievements to date, emphasis will be placed on technical assistance and human resource development to contribute to the enhancement of TB control in high burden countries.

Implementing TB Control through Bilateral Cooperation

- The Government has implemented bilateral technical cooperation for TB control in high burden countries including Nepal, Yemen, the Philippines, Cambodia, and Zambia. The Government will continue such efforts towards TB control through JICA while being fully mindful of its partnerships with the Global Fund and other international organizations as well as with private foundations. In addition, JICA will consider further enhancing Training in Japan and Third Country Training in order to augment the fostering of TB specialist human resources in high burden countries.
- JATA will conduct necessary cooperation towards JICA's TB projects, including the acceptance of trainees, during the implementation of bilateral cooperation between governments.

Contributions through the Global Fund

- The Government has contributed approximately 850 million U.S. dollars in total to the Global Fund thus far, reflecting the emphasis placed on the role of the Global Fund in assisting with countermeasures towards the three major infectious diseases, including TB. Furthermore, in May 2008, the Government pledged additional contributions to the Global Fund of 560 million U.S. dollars over the coming years, beginning in 2009. The Government will continue to support the activities of the Global Fund and, through participation in the Fund's Board meetings, it will ensure that funds are allocated steadily to TB control.
- By providing information related to employment opportunities at the Global Fund, the Government will indirectly provide assistance to facilitate the hiring of more Japanese with expertise and interest in health issues by the Secretariat of the Global Fund. In addition, from the perspective of supporting the participation of Japanese NGOs in Global Fund projects, the Government will make use of regular meetings with NGOs and provide information regarding what types of engagement would be feasible for international NGOs in Global Fund aid projects.
- To ensure the steady implementation of TB control through support from the Global Fund, the Government will aim to provide technical assistance regarding project planning, formulation of proposals, applications, and project management to Country Coordinating Mechanisms (CCMs) within each country that formulate grant proposals and submit applications to the Global Fund, as well as to the Principal Recipients, who are responsible for the implementation of these grants. This technical assistance will be provided by consultants to be dispatched upon consultation with WHO through the use of financial contributions of the Government. When dispatching consultants through WHO, the Government will, where appropriate, recommend Japanese TB specialists. These specialists will incorporate Japanese expertise and preferences into the process of compiling applications to the Global Fund and also work to create opportunities for Japanese NGOs to participate upon implementation of the proposal.

- Japanese NGOs will make use of the Grant Assistance for Japanese NGO Projects and the Partnership Program. In so doing, Japanese NGOs will secure opportunities for being involved in planning and formulating proposals, submitting applications, and engaging in project management under the Global Fund in related recipient countries. Japanese NGOs will also make efforts to be able to participate in Global Fund proposal formulation, applications, and project management.

Aid Projects in Which Japanese NGOs Play a Leading Role

- Japanese NGOs will undertake aid projects for TB control focused squarely on the targeted countries, centered on TB high burden countries. Japanese NGOs will, upon implementation, consider using such schemes as MOFA's Grant Assistance for Japanese NGO Projects and/or JICA's Partnership Program. In addition, when Japanese NGOs intend to make use of schemes made available by the Global Fund or other international organizations, the Government will provide suitable advice to the NGOs. If a comparative advantage exists when conducting these projects, then consideration will be given to utilizing the Global Drug Facility to the maximum possible extent.
- JATA will make maximum possible efforts to successfully complete the TB control projects already underway in the Philippines and Zambia through the utilization of Grant Assistance for Japanese NGO Projects, as endeavors grounded in this Action Plan. In doing so, JATA will engage proactively in partnerships and cooperation with non-Japanese aid agencies in those countries, aiming to participate in aid activities conducted through non-Japanese international aid agencies after several years of implementing activities that utilize the schemes mentioned above.
- The Stop TB Partnership Japan and other Japanese NGOs will promote public awareness that TB is one of the diseases requiring the most urgent response globally and provide people with the opportunity to consider how they can contribute to global TB control. In order to do so, they will conduct active publicity campaigns and educational activities by working with the Government.

Improving Diagnostic Systems for the TB Bacterium and Fostering TB Specialists

- As the first step towards enhancing TB control, JATA will, in partnership with the WHO, formulate projects to improve diagnostic systems for the TB bacterium. MOFA will consider in response to proposals from NGOs whether to provide materials and equipment and/or technical assistance through Grant Aid for Grassroots and Human Security for TB-related research centers and TB diagnostic institutions that will serve as hubs, upon consultations with JICA, MHLW, JATA, or others as necessary.
- JATA will, through cooperation with Tokyo Medical and Dental University, establish a research hub at the Noguchi Memorial Institute for Medical Research at the University of Ghana (hereinafter the "Noguchi Institute"), making use of the Program of Founding Research Centers for Emerging and Reemerging Infectious Diseases scheme

introduced by the Ministry of Education, Culture, Sports, Science and Technology (MEXT) in FY2008. The Government will support JATA's research activities conducted with the Noguchi Institute as a hub, in particular TB-related research in the western Africa region. JATA will promote at this institute research into MDR-TB and XDR-TB and make efforts to foster specialized human resources through its research activities.

Support for Surveys and Research Necessary for Implementing Countermeasures

- Developing country surveys on the state of TB are important in monitoring the degree to which the MDGs are being achieved. Japan has accumulated a wealth of experiences in country surveys since the 1950's. The Government and JICA will consider providing technical assistance for surveys if there are requests by developing countries.
- In addition, the Government, JICA, and JATA will continue their consultation about how to conduct operational research that is directly useful in TB control.
- The development and clinical trials of new medicines to treat XDR-TB and MDR-TB, new diagnostic agents, and the like attract attention from around the world, with great expectations towards practical use at an early stage. The Stop TB Partnership Japan will work to create an environment that facilitates the development of new TB drugs, new diagnostics, and so on from around the world, as well as early practical application.

4. References

| | |
|------------------------------------|--|
| Total number of TB infected people | Approx. 2 billion infected with TB bacterium (roughly one-third of the world population) |
| Number of new cases annually | Approx. 9.16 million in 2006 |
| Annual mortality | 1.66 million in 2006 |

TB Incidence and Mortality in 2006 (Estimated)

| | Incidence Number 1000s | Mortality Number 1000s | Number of specialists* |
|----------------|---------------------------|---------------------------|------------------------|
| African Region | 2,808 (31%) | 639 (39%) | 229 (11%) |

| | | | | | | |
|------------------------------|-------|-------|-------|-------|-------|-------|
| Region of the Americas | 331 | (4%) | 41 | (2%) | 179 | (9%) |
| Eastern Mediterranean Region | 570 | (6%) | 108 | (7%) | 309 | (15%) |
| European Region | 433 | (5%) | 62 | (4%) | 34 | (2%) |
| South-East Asia Region | 3,100 | (34%) | 515 | (31%) | 599 | (29%) |
| Western Pacific Region | 1,915 | (21%) | 291 | (18%) | 706 | (34%) |
| Global | 9,157 | | 1,656 | | 2,056 | |

Source: Global Tuberculosis Control WHO Report 2008

*The number of TB-related trainees coming to Japan for their studies since 1963 (mainly invited through JICA' scheme of Acceptance of Trainees)