No.12040/08/2016-FTC/IR Government of India Ministry of Personnel, Public Grievances and Pensions Department of Personnel and Training [Training Division]

Block-4, Old JNU Campus New Mehrauli Road, New Delhi-67 Dated: 16.03.2016

TRAINING CIRCULAR

Subject: Knowledge Co-Creation Program on "Ending TB in the Era of Universal Health Coverage" to be held in Japan from May 25, 2016 to July 30, 2016 under Technical Cooperation Program of the Government of Japan.

The undersigned is directed to state that the Japan International Cooperation Agency (JICA) has invited applications for Knowledge Co-Creation Program on "Ending TB in the Era of Universal Health Coverage" to be held in Japan from May 25, 2016 to July 30, 2016 under Technical Cooperation Program of the Government of Japan.

2. The program aims to enable the participants to learn 1) health system strengthening based on UHC and harmonized development of UHC and TB control program 2) strengthen their knowledge and skills to effectively and proactively utilize the existing biomedical and social intervention tools to reduce communicable and non-communicable diseases using example of TB burden and is offered to medical doctors or equivalent officers who belong to central or provincial TB control department.

3. The applying organizations are expected to nominate those medical doctors or equivalent officers (i) who belong to central or provincial TB control department and who have at least two years working experiences in the national TB control program with respect to its planning and/or implementation and/or monitoring and evaluation (ii) who belong to government health departments, of which assignment has some relation with national TB control programme. The officer should be responsible for planning, implementing, or making decision in the provincial, regional or national TB program or TB program for specific social vulnerable groups. The officer should not have attended similar international training course on TB; have competent command over spoken and written English; have basic computer skills, including ability to use Microsoft office softwares (Word, Excel, Power Point), must be in good health (both physically and mentally); must not be part of any type of military service; be between ages of 30 to 45 years old.

4. In addition, the following information in respect of the nominated officers may please be mentioned while furnishing the nomination:-

- a) Whether attended any foreign training program in the past? If so, the duration/details thereof;
- b) Whether cleared from vigilance angle;
- c) Age;
- d) Whether working in North East State/J&K;
- e) A brief in 50-100 words justifying the nomination.

5. The course covers the cost of a round-trip air ticket between international airport designated by JICA and Japan; travel insurance from the time of arrival in Japan to departure from Japan; allowances for (accommodation, living expenses, outfit and shipping); expenses for JICA study tours and free medical care for participants who may fall ill after reaching Japan (costs relating to pre-existing illness, pregnancy, or dental treatment are not included).

6. It is, therefore, requested that the nomination of suitable candidates may please be forwarded **(in two copies) in JICA's prescribed format** to this Department duly authenticated by the HOD of the concerned department in accordance with the eligibility criteria.

7. The applications should reach this Department through the Administrative Ministry/Department/State Government not later than **25th March, 2016**. Nominations received after the prescribed date may not be considered. The details of the program (General Information Brochure) may be drawn from Ministry of Personnel, Public Grievances and Pensions' website at the link <u>http://persmin.gov.in/otraining/Index.aspx</u>

Pattnaik)

Under Secretary to the Government of India Tele no: 011-26109049

To,

- a) Secretary, Department of Health and Family Welfare, Nirman Bhawan, New Delhi.
- b) Secretary, Department of AYUSH, AYUSH Bhawan, B-Block, GPO Complex, INA, New Delhi-110023.
- c) Secretary, Department of Health Research, Indian Council of Medical Research, V. Ramalingaswami Bhawan, Ansari Nagar, New Delhi-110029.
- d) Secretary, Ministry of Railways (Indian Railways Medical Services), Rail Bhawan, New Delhi.
- e) Chief Secretaries to all the State Governments/Union Territories (with request to circulate the same amongst their related Departments/Organizations) through website of this Department.
- f) Senior Representative, Japan International Cooperation Agency, JICA India Office, 2nd Floor, Dr. Gopal Das Bhawan, 28, Barakhamba Road, New Delhi -110001.
- g) NIC with request to post the circular along with the JICA's circular on this Department's website.



Knowledge Co-Creation Program (Group & Region Focus)

GENERAL INFORMATION ON

Ending TB in the Era of Universal Health Coverage

課題別研修「UHC 時代における結核制圧」

JFY 2016

NO. J1604109 / ID. 1684428 Period in Japan: From May 25, 2016 to July 30, 2016

This information pertains to one of the JICA Knowledge Co-Creation Program (Group & Region Focus) of the Japan International Cooperation Agency (JICA), which shall be implemented as part of the Official Development Assistance of the Government of Japan based on bilateral agreement between both Governments.

'JICA Knowledge Co-Creation (KCC) Program' as a New Start

In the Development Cooperation Charter which is released from the Japanese Cabinet on February 2015, it is clearly pointed out that "In its development cooperation, Japan has maintained the spirit of jointly creating things that suit partner countries while respecting ownership, intentions and intrinsic characteristics of the country concerned based on a field-oriented approach through dialogue and collaboration. It has also maintained the approach of building reciprocal relationships with developing countries in which both sides learn from each other and grow and develop together." We believe that this 'Knowledge Co-Creation Program' will serve as a center of mutual learning process.

I. Concept

<u>Background</u>

Tuberculosis (TB) is still one of the major global health issues. The World Health Organization (WHO) reported in 2015 that about 9.6 million people were newly diagnosed with, and about 1.5 million people died of TB. In line with the Sustainable Development Goals (SDGs), WHO set the targets to 90% reduction of mortality, 80% reduction of morbidity and no catastrophic costs due to TB by 2030 compared with the 2015 levels. Therefore, international commitments and efforts to control TB must be secured, especially for countries with high TB burden with limited resources.

The Japan International Cooperation Agency (JICA) has been facilitating development of various capacities in partner countries as one of the implementing bodies of the official development assistance program of the Government of Japan. JICA has been organizing international TB training courses since 1963 in collaboration with the Research Institute of Tuberculosis (RIT) in order to strengthen National TB Control Program in partner countries. The courses since then have undergone numerous revisions to reflect the changes in the epidemiological situation of TB and in the global recommendations regarding control strategies.

Globally various health problems including MCH, non-infectious diseases as well as TB are facing us. To cope with these health problems and to achieve the SDSs, strengthening both general health services by UHC and disease specific programs is required. This course was revised in 2016 to contribute to strengthening UHC and TB control. Because Japan has built up its experience in coping with TB followed by developing UHC, this course is expected to transfer the Japan's experience to other countries as well as provide knowledge and skills of evidence-based health program and updated TB control strategies.

For what?

Through this course, participants will be able to learn 1) health system strengthening based on UHC and harmonized development of UHC and TB control program by utilzing Japan's and other coutnries' experience and 2) strengthen their knowledge and skills to effectively and proactively utilize the existing biomedical and social intervention tools to reduce communicable and non-communicable diseases using example of TB burden. They will also be trained to obtain knowledge and skills for evidence-based health program and properly identify and utilize reliable data to conduct situational analysis and plan, implement and manage diseasecontrol programs using example of TB control.

For whom?

The course is designed for 1) medical doctors or equivalent officers who belong to central or provincial TB control department in the national TB control program with respect to its planning and/or implementation and/or monitoring and evaluation, 2) medical doctors or equivalent officers belonging to government health departments, of which assignment has some relation with national TB control program.

Application requirements include; 1) medical degree, 2) a master's degree in public health or epidemiology for equivalent officers, 3) English language skills of adequate level, 4) basic computer literacies, including ability to use Microsoft Office® softwares., and 5) recommendation by the Ministry of Health.

How?

The methodologies of this program include lectures, workshops, field visits, proposal developments, presentation practices, tutoring sessions and group discussions. Through interactive process, participants will be able to learn from experiences of Japan and other countries and establish international network.

II. Description

1. Title (J-No.):

Ending TB in the Era of Universal Health Coverage (J1604109)

2. Period of program:

Duration of whole program	April 2016 to July 2016
i v	
Preliminary phase in participant's country	April 2016 to May 2016
Core phase in Japan	May 25, 2016 to July 30, 2016
Finalization phase in participant's country	August 1, 2016 to October 31, 2016

3. Target Regions or Countries:

Afghanistan, India, Mozambique, Phillipine, Thailand, Zambia

4. Eligible / Target Organization:

Ministry of Health and organization(s) in charge of planning/implementation of National TB control program

5. Course Capacity (Upper Limit of Participants): 14 participants

6. Language to be used in this program: English

7. Course Objective:

Participants acquire knowledge of UHC and up-to-date TB strategies (End TB Strategy), knowledge and skills of monitoring and evaluation methods of TB control, and knowledge and skills to design proposals in order to improve TB control program in their country based on End TB Strategy.

8. Overall Goal:

UHC and the TB control program will be strengthened in the national health system in respective countries.

9. Expected Module Output and Contents:

The program consists of preliminary phase and core phase, and finalization phase. Details of each phase are presented in the following tables:

9.1 Preliminary Phase in participant's home country

(April 2016 to May 2016)

Participating organizations make required preparation for the Program in the respective country.

Items Details				
1) Country information (<u>ANNEX 2</u>)	Most up-to-date country information include UHC situation and TB situation in powerpoint slides, according to the guidelines (<u>ANNEX</u> <u>2</u>). In the first week of the core phase, each participant will give 15 mimutes presentation using the slides they have prepared. Participant may send the file via e-mail prior to their arrival in Japan, OR bring it as an electronic data using a USB memory.			
2) Pre- Course assessment questionnaire (<u>ANNEX 3</u>)	Completed pre- Course assessment questionnaire. The questionnaire will be sent from RIT to the participating organizations via e-mail around mid-April. The participating organizations are requested to return the completed questionnaire by 10 May,2016 . The information collected will be utilized to finalize the details of lecture outlines.			

9.2 Core phase in Japan (May30, 2016 to July 29, 2016) Participants dispatched by the organizations attend the Program implemented in Japan. Expected Modules Output Lecture Contents UHC in SDGs, UHC and End TB strategy, UHC in Japan, Individual Module 1: To be able to explain UHC disease and UHC, Introduction of cases of UHC in developing countries Basic epidemiology and the method of operational research, Module 2: To be able to explain basic concepts of Epidemiology of infectious diseases, evidence-based medicine Monitoring and evaluation for disease control and molecular epidemiology Public private mix, TB control among high risk groups and socio-economic factors associated with TB problems, Module 3: To be able to explain Patient-Centered Patient-Centered Care from Care healthcare worker Community empowerment, Delay analysis and Patient cost study

Module 4: To be able to explain the strengthening of TB control for achieving UHC	TB and HIV, TB and NCD, Tobacco and TB, child TB, and TB Infection Control
Module 5: To be able to explain recent problem of TB control and the Japanese technologies	TB laboratory examinations and EQA, TB immunogenetics and immunodiagnosis, Role of chest X-ray, TB chemotherapy include new MDR drugs such as Delamanid, Diagnostic techniques (GeneXpert, LAMP, CXR, etc.) and Programmatic Management of Drug-resistant TB
Module 6: To be able to develop a proposal of measures/strategies for improving TB control program, such as action plan or activities using a method of operational research	PCM, Case Studies, Discussion and designing of proposals

9.3 Finalization Phase in participant's home country (August 2016 to October 2016) <i>Participating organizations are expected to utilize results of the training program to their activities.</i>				
Expected Modules Output Activities				
To share training results and discuss within participant's organization for further improvement based on the report by participants	Participants are required to submit a short report to JICA and RIT on their sharing knowledge within their organization and how to uterize their final report related to action plan or operational research.			

<Curriculum (Tentative)> *Detail of subjects will be informed later on.

Subjects	No of session
UHC in SDGs	1
UHC and End TB strategy	1
UHC in Japan	1
Individual disease and UHC	1
Introduction of cases of UHC in developing countries	2
lule 2 Basic concepts of evidence-based medicine	
	2 No of session
lule 2 Basic concepts of evidence-based medicine	
lule 2 Basic concepts of evidence-based medicine Subjects	No of session
lule 2 Basic concepts of evidence-based medicine Subjects Basic epidemiology and the method of operational research	No of session

Module 3 Patient-Centered Care

Subjects	No of session
Public private mix	3
TB control among high risk groups and Understanding and efforts of socio-economic factors associated with TB problems	2
Patient-Centered Care from healthcare worker	2
Community empowerment	1
Delay analysis	1
Patient cost study	1
Field Trip	6
rieu mp	0

Module 4 Strengthening of TB control for achieving UHC

Subjects	No of sessions
TB and HIV	1
TB and NCD	1
Tobacco and TB	1
Child TB	1
TB Infection Control	1

Module 5 Recent problem of TB control and the Japanese technologies

Subjects	No of sessions	
TB laboratory examinations and EQA	1	
TB immunogenetics and immunodiagnosis	1	
Role of chest X-ray for TB control	1	
Diagnostic techniques (GeneXpert, LAMP, CXR, etc.)	1	
Programmatic Management of Drug-resistant TB	4	
TB chemotherapy include new MDR drugs such as Delamanid	1	

Subjects	No of session
Project Cycle Management (PCM)	3
Problem Analysis	2
Country Presentation	3
Tutorial	10
Final presentation	4
Finalization of the proposal	2
	2
grand total	88

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III. Conditions and Procedures for Application

1. Expectations for the participating organizations

- (1) This program is designed primarily for organizations that intend to address specific issues or problems identified in their operation. Participating organizations are expected to use the program for those specific purposes and to nominate the most qualified candidates to address the said issues and problems.
- (2) This program is enriched with contents and facilitation schemes specially developed in collaboration with relevant prominent organizations in Japan, with the ultimate aim of strengthening national TB control programs by enhancing managerial skills of the participants.
- (3) As this program is designed to facilitate organizations to come up with concrete improvement in TB control, participating organizations are expected to make due preparation before dispatching their participants to Japan by carrying out the activities of the Preliminary Phase described in section II-9.1.
- (4) Participating organizations are also expected to make the best use of the results achieved by their participants in Japan by carrying out the activities of the Finalization Phase described in section II-9.3

2. Nominee Qualifications

Applying organizations are expected to select nominees who meet the following qualifications.

(1) Essential Qualifications

Nominees must;

- i) be medical doctors or equivalent officers who belong to central or provincial TB control department and who have at least two(2) years working experiences in the national TB control program with respect to its planning and/or implementation and/or monitoring and evaluation, ii) be medical doctors or equivalent officers who belong to government health departments, of which assignment has some relation with national TB control programme,
- be responsible for planning, implementing, or making decision in the provincial, regional or national TB program or TB program for specific social vulnerable groups,
- 3) not have attended similar international training course on TB,
- 4) have sufficient command of English, in listening, speaking, reading, and writing,
- 5) have basic computer skills, including ability to use Microsoft office softwares (Word, Excel, Power Point),
 *During the course, participants will be required to prepare presentation slides using Power Point, and reports using Word.
- 6) be in good health, both physically and mentally, to participate in the program in Japan.

(2) Recommendable Qualifications

It is preferred that nominees;

- 1) do not have smoking habit (smoking is prohibited in the facility and in the accommodation in Japan.)
- 2) bring their own notebook/laptop

*Note:

-Medical cost for participants who become ill <u>AFTER</u> arriving in Japan will be borne by JICA. However, costs related to the following conditions <u>ARE NOT</u> supported by JICA: -pre-existing illness (such as diabetes mellitus, hypertension, asthma, gout etc.) -anti-retroviral drugs -dental treatment, or -pregnancy

3. Required Documents for Application

- (1) Application Form: The Application Form is available at the JICA office (or the Embassy of Japan).
- (2) Questionnaire on PC: to be submitted with the application form. Please fill in the <u>ANNEX 1</u> of General Information.
- (3) Photocopy of passport: to be submitted with the application form, if you possess your passport which you will carry when entering Japan for this program. If not, you are requested to submit its photocopy as soon as you obtain it.

*Photocopy should include the followings: Name, Date of birth, Nationality, Sex, Passport number and Expire date.

(4) Nominee's English Score Sheet: to be submitted with the application form, If you have any official documentation of English ability. (e.f., TOEFL, TOEIC, IELTS)

4. Procedures for Application and Selection

(1) Submission the Application Documents:

Closing date for applications: Please inquire to the JICA office (or the Embassy of Japan).

(After receiving applications, the JICA office (or the Embassy of Japan) will send them to **the JICA Center in Japan by April 4, 2016**.)

(2) Selection:

After receiving the documents through proper channels from your government, the JICA office (or the Embassy of Japan) will conduct screenings, and then forward the documents to the JICA Center in Japan. Selection will be made by the JICA Center in consultation with concerned organizations in Japan. The applying organization with the best intention to utilize the opportunity of this program will be highly valued in the selection.

(3) Notice of Acceptance:

Notification of results will be made by the JICA office (or the Embassy of Japan) **not later than** <u>April 27, 2016.</u>

(4) English Ability Check:

Nominee's English Ability will be examined in the telephone interview.

5. Document(s) to be submitted by Accepted Candidates

(1) Country Information (ANNEX 2)

Accepted candidates must bring the necessary data for the country information presentation as according to the guidelines (<u>ANNEX 2</u>).

(2) Pre-Course Assessment Questionnaire (ANNEX 3)

Accepted candidates are requested to answer the pre- Course assessment questionnaire (<u>ANNEX 3</u>) and return it via e-mail by 10 May, 2016.

*Note: The questionnaire (ANNEX 3) will be sent as an electronic file to accepted candidates by mid-April from RIT.

6. Conditions for Attendance

- (1) to strictly adhere to the program schedule.
- (2) not to change the program topics.
- (3) not to extend the period of stay in Japan.
- (4) not to be accompanied by family members during the program.
- (5) to return to home countries at the end of the program in accordance with the travel schedule designated by JICA.
- (6) to refrain from engaging in any political activities, or any form of employment for profit or gain.
- (7) to observe Japanese laws and ordinances. If there is any violation of said laws and ordinances, participants may be required to return part or all of the training expenditure depending on the severity of said violation.
- (8) to observe the rules and regulations of the accommodation and not to change the accommodation designated by JICA.

IV. Administrative Arrangements

1. Organizer:

(1) Name: JICA Tokyo International Center, Human Development Division
 (2) Contact: Ms. Mieko MATSUYAMA (ticthd@jica.go.jp)

2. Implementing Partner:

- (1) Name: The Research Institute of Tuberculosis (RIT)
- (2) Contact: Ms. Yumi ISHIKANE (y-ishikane@jata.or.jp)
 Dr. Susumu Hirao (hirao@jata.or.jp)
 (3) URL: http://www.jata.or.jp/ (The Research Institute of Tuberculosis (RIT) is

one of the branches of the Japan Anti-Tuberculosis Association (JATA)).

3. Travel to Japan:

(1)Air Ticket: The cost of a round-trip ticket between an international airport designated by JICA and Japan will be borne by JICA.

(2)Travel Insurance: Coverage is from time of arrival to departure in Japan. Traveling time outside Japan will not be covered.

4. Accommodation in Japan:

JICA will arrange the following accommodations for the participants in Japan:

From your arrival date in Japan to May 29, July 30, 2016

JICA Tokyo International Center (JICA TOKYO) Address: 2-49-5 Nishihara, Shibuya-ku, Tokyo 151-0066, Japan TEL: 81-3-3485-7051 FAX: 81-3-3485-7904(*81:country code, *3:area code)

During the technical program, May 30, 2016 to July 29, 2016

The RIT domitory

Address: 3-1-24, Matsuyama, Kiyose-shi, Tokyo, 204-8533 Japan

TEL: 81- 424-93-5711 FAX: 81-424-92-4600(*81:country code, 424:area code)

- One room equipped with a single bed, a desk and chair, a bathroom and free Wi-Fi is provided for each participant.
- Participants are required to prepare their own meals at the shared kitchen in the dormitory.
- Participants may make international phonecall to their countries through the internet (e.g.Skype®).

5. Expenses:

The following expenses will be provided for the participants by JICA:

(1) Allowances for accommodation, meals, living expenses, outfit, and shipping

(2) Expenses for study tours (basically in the form of train tickets)

(3) Medical care for participants who become ill <u>AFTER</u> arriving in Japan will be borne by JICA. However, costs related to pre-existing illness, dentaltreatment, or pregnancy <u>ARE NOT</u> supported by JICA.(please see III-2,Note)

(4) Expenses for program implementation, including materials

*For more details, please see "III. ALLOWANCES" of the brochure for participants titled "KENSHU-IN GUIDE BOOK," which will be given before departure for Japan.

6. Pre departure Orientation:

A pre-departure orientation will be held at the JICA office (or the Embassy of Japan), to provide participants with details on travel to Japan, conditions of the program, and other matters.

V. Other Information

Course evaluation

The course will be evaluated from the perspectives of the training organizers and from the participants.

1. Evaluation through achievement of the participants.

(1) Post-test score: Participants are required to perform a 60-minute written examination at the start and end of the core phase in Japan, as pre-test and post-test. **Participants are expected to achieve at least 60% in the post-test.**

(2) The final presentation score: An external referee and the RIT committee will evaluate the final presentation in terms of the contents of the proposal, ability to respond to questions, and presentation skill.

Participants are expected to obtain at least 50% in the final presentation score.

(3) Participants will also be evaluated in terms of participation, punctuality, and contribution to the lectures.

*Award of Certificate: Participants who have successfully completed the course will be awarded a certificate by JICA.

2. Evaluation through participants' satisfaction with the lecturers and the course management

Participants will evaluate the performance of the lecturers, resource persons and management staff by the following methods.

- (1) Overall evaluation (at the end of the course)
 -written evaluation; and
 -open and participatory discussion.
- (2) Evaluation of each subject
 An evaluation form will be distributed to every participant at the end of each session.

Some notes on life in Japan

- (1) JICA and RIT do not provide mobile phone. If participants wish to use a mobile phone in Japan, they may rent at the airport in Japan once they arrive, or buy a SIM card in Japan by themselves.
- (2) Participants cannot receive national and international parcel during their stay in the RIT dormitory in Japan.
- (3) Participants may be invited to attend a party or a ceremony during the course. It is therefore recommended that they bring formal wear.
- (4) Participants are kindly informed that it is not easy to obtain Halal foods in Japan. It needs to travel 30 minutes on train from the RIT dormitory in order to buy Halal foods.

VI. ANNEX

ANNEX 1: Questionnaire on PC

For all candidates

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Ending TB in the Era of Universal Health Coverage JFY 2016

Name_____

Country_____

Please answer the following questions.

Q1. Do you bring your own PC to Japan? (Please mark with (o).)

() Yes \rightarrow go to Q2 () No \rightarrow go to Q4

Q2. Do you use wireless LAN (or wi-fi) with your PC? (Please mark with (o).)

() Yes () No

Q3. Please write the antivirus software installed in your PC.

Name of product :(ex) McAfee VirusScan Enterprise + AntiSpyware Enterprise

Version (ex) 8.8.0 (8.8.0.777)

*Please note it is strongly recommended using the latest version of antivirus software.

)

Q4. Please select your level on PC skills for Microsoft office software.

Word	() A	() B	() C	() D
Excel	() A	() B	() C	() D
Power Point	() A	() B	() C	() D

A: I can teach to other people.

B: I can make documents and/or slides by myself.

C: I sometimes use it. (I know well how to use it.)

D: I have little chances to use it. (I know how to use it.)

*Note: After the notification of acceptance, the participants need to install two (2) packages of software (Epi Info, Web browser) in your PC according to the instruction from JICA.

Thank you for your cooperation.

For only accepted candidates

Ending TB in the Era of Universal Health Coverage JFY 2016

Country information Presentation

- Each participant has 15 minutes for presentation, and 15 minutes for discussion.
- The presentation must be conducted using power point slides.
- It is strongly suggested that the data should be presented by gender and by adult/children whenever possible.
- It is strongly suggested that participants rehearse their presentation in advance so that they may finish within the allocated time. Time keeping skill is also part of the general evaluation.

Suggested presentation slides

The presentation should include the following information. If information in some sections is not available, please indicate "NA (meaning data Not Available)" instead of omitting those sections.

Slide 1: Title

- The title of the presentation, the name of presenter, the organization the participant represents

Slide 2: General country information

- Map and population of the country
- GDP per capita, literacy rate by gender, life expectancy by gender, and other major health indicators including those related to MDGs (infant mortality rate, etc.)

Slide 3: General information on UHC

- How is progress UHC?
- Which government (National or provincial) have initiative for UHC?
- What is barrier for achieving UHC?

Slide 4: General information on TB service

- Is TB service integrated into general health service?
- Are TB diagnosis and treatment free for everyone?
- Are anti-TB drugs available in private drug stores (over the counter)?

Slide 5: Burden of TB

- Case notification rates (/100 000 population) – smear positive, smear negative and extra-pulmonary (shown in a line graph with data of 2005-2014)

Slide 6: Burden of TB by age group and sex

- Smear-positive case notification rates (/100 000 population) by sex and age group (0-14, 15-24, 25-34, 35-44, 45-54, 55-64, and 65 years old or older) shown in bar graph

Slide 7: Treatment outcomes

- TB Treatment outcomes for smear-positive TB patients in the past five years (registered in 2009-2013)

Slide 8: TB laboratory service

- Number of laboratories performing smear microscopy, culture, or DST (drug susceptibility testing) examinations.
- Number of laboratories performing external quality assessment (EQA)
- Of which, number of laboratories with "acceptable performance" in EQA in 2015 (or 2014 if the data for 2015 is unavailable)

Slide 9: TB-HIV

- Number of all types of TB patients (new and relapse) in 2013 and 2014
- Of which, number of TB patients who were tested for HIV, and number of TB patients who turned out to be HIV-positive, in 2013 and 2014
- HIV sero-prevalence among TB patients (routine surveillance data, when available)
- Percentage of patients with TB and HIV co-infection receiving cotrimoxazole and ARV
- Percentage of people with HIV receiving TB screening and isoniazid preventive therapy
- Progress of implementing TB infection control (narrative)

Slide 10: MDR-TB

- Drug resistance surveillance/survey data (when available)
- Case-finding strategy of the programmatic management of MDR-TB in the country (e.g. failure to Cat II, Cat I, any re-treatment, etc.)
- Number of all re-treatment cases in 2013 and 2014
- Of which, number of TB cases who got DST on initiation of re-treatment in 2013 and 2014
- Treatment outcome of patients with MDR-TB for the cohort of 2010, 2011, and 2012

Slide 11: Engaging all care providers

- Progress in implementing public private mix approaches
- Collaboration with other sectors
- Do private clinics/hospitals diagnose, treat TB, and report to NTP?

Slide12: Empowering patients and community

- Utilization of community health volunteers for case-finding, DOT, or defaulter tracing
- Other utilization of community health volunteers in TB control activities

Slide 13: Finance

- Financing the national TB program (budget by sources of funding, by Stop TB strategy item)

Slide 14: Challenges in TB control

- Challenges and problems that the NTP is currently facing regarding the TB control activities

Slide 15: Possible topic for your proposal of action plan or operational research

- Proposed topic for action plan or operational research that you would want to develop during the course in Japan
- The participants should also explain why he or she thinks the topic is important.

ANNEX 3: Pre-Course Assessment Questionnaire

For only accepted candidates

Ending TB in the Era of Universal Health Coverage JFY 2016

Pre- Course Assessment

Name_____

Country_____

What is the level of your knowledge and practice experiences for the following topics?

	list of subjects	Level 0:I don't know this subject. 1:I know this subject but do NOT practice it. 2:I know this subject and practice it. 3:I am training this subject to other staff.	Any comment
	Search by internet (eg. Google, Yahoo! etc.)		
2	Literature search (eg. PubMED)		
3	calculate and interpret relative risk, odds ratio		
4	calculate and interpret TB mortality, TB incidence rate, default rate		
5	calculate and interpret confidence interval, p-value		
6	basic skill on Word®		
7	basic skill on Excel®		
8	basic skill on Power Point® presentation		
9	EPIINFO or other software for data analysis		
10	writing research proposal		
11	action plan		
12	operational research (OR)		
13	Project Cycle Management (PCM)		
14	monitoring and supervision on TB programme		
15	impact assessment of TB programme		
16	TB active case finding		
17	TB prevalence survey		
18	Public-Private Mix (PPM) in TB control		
19	social determinants in TB control		
20	AFB smear microscopy and TB culture		
21	TB clinical diagnosis and treatment		
22	Role of chest X-ray for TB control		
23	Programmatic Management of Drug-resistant (PMDT)		
24	TB/HIV co-infection		
25	childhood TB		
26	TB and Tabacco		
27	TB infection control		
28	TB high risk population (urban TB, TB in jail, TB in aged population)		
29	community based TB DOTS		
30	TB delay analysis		
31	End TB strategy		
32	Universal Health Coverage (UHC)		
33	Sustainable Development Goals (SMDGs)		

Thank you very much for your cooperation. The information will be used for classroom arrangement.

For Your Reference

JICA and Capacity Development

The key concept underpinning JICA operations since its establishment in 1974 has been the conviction that "capacity development" is central to the socioeconomic development of any country, regardless of the specific operational scheme one may be undertaking, i.e. expert assignments, development projects, development study projects, training programs, JOCV programs, etc.

Within this wide range of programs, Training Programs have long occupied an important place in JICA operations. Conducted in Japan, they provide partner countries with opportunities to acquire practical knowledge accumulated in Japanese society. Participants dispatched by partner countries might find useful knowledge and re-create their own knowledge for enhancement of their own capacity or that of the organization and society to which they belong.

About 460 pre-organized programs cover a wide range of professional fields, ranging from education, health, infrastructure, energy, trade and finance, to agriculture, rural development, gender mainstreaming, and environmental protection. A variety of programs and are being customized to address the specific needs of different target organizations, such as policy-making organizations, service provision organizations, as well as research and academic institutions. Some programs are organized to target a certain group of countries with similar developmental challenges.

Japanese Development Experience

Japan was the first non-Western country to successfully modernize its society and industrialize its economy. At the core of this process, which started more than 140 years ago, was the "adopt and adapt" concept by which a wide range of appropriate skills and knowledge have been imported from developed countries; these skills and knowledge have been adapted and/or improved using local skills, knowledge and initiatives. They finally became internalized in Japanese society to suit its local needs and conditions.

From engineering technology to production management methods, most of the know-how that has enabled Japan to become what it is today has emanated from this "adoption and adaptation" process, which, of course, has been accompanied by countless failures and errors behind the success stories. We presume that such experiences, both successful and unsuccessful, will be useful to our partners who are trying to address the challenges currently faced by developing countries.

However, it is rather challenging to share with our partners this whole body of Japan's developmental experience. This difficulty has to do, in part, with the challenge of explaining a body of "tacit knowledge," a type of knowledge that cannot fully be expressed in words or numbers. Adding to this difficulty are the social and cultural systems of Japan that vastly differ from those of other Western industrialized countries, and hence still remain unfamiliar to many partner countries. Simply stated, coming to Japan might be one way of overcoming such a cultural gap.

JICA, therefore, would like to invite as many leaders of partner countries as possible to come and visit us, to mingle with the Japanese people, and witness the advantages as well as the disadvantages of Japanese systems, so that integration of their findings might help them reach their developmental objectives.



CORRESPONDENCE

For enquiries and further information, please contact the JICA office or the Embassy of Japan. Further, address correspondence to:

> JICA Tokyo International Center (JICA TOKYO) Address: 2-49-5 Nishihara, Shibuya-ku, Tokyo 151-0066, Japan TEL: +81-3-3485-7051 FAX: +81-3-3485-7904



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Guidelines of Application Form for the JICA Training and Dialogue Program

The attached form is to be used to apply for the training and dialogue programs of the Japan International Cooperation Agency (JICA), which are implemented as part of the Official Development Assistance Program of the Government of Japan. Please complete the application form while referring to the following and consult with the respective countryop JICA Office - or the Embassy of Japan if the former is not available - in your country for further information.

1. Parts of Application Form to be completed

1) Which part of the form should be submitted?

It depends on the type of training and dialogue program you are applying for.

>Application for Group and Region Focused Training Program

Official application and Parts A and B including Medical History and Examination must be submitted.

>>Application for Country Focused Training Program including Counterpart Training Program

Part B including Medical History and Examination will be submitted. Official application and Part A need not to be submitted

2) How many parts does the Application Form consist of?

The Application Form consists of three parts as follows;

Official Application

This part is to be confirmed and signed by the head of the relevant department/division of the organization which is applying.

Part A. Information on the <u>Applying Organization</u>

This part is to be confirmed by the head of the relevant department/division of the organization which is applying.

Part B. Information About the Nominee including Medical History and Examination

This part is to be completed by the person who is nominated by the organization applying. <u>The applicants for Group and Region Focused Training Program are required to fill in **every** <u>item</u>. As for the applications for Country Focused Training Program including Counterpart Training Program and some specified International Dialogue Programs, it is required to fill in the designated "**required**" items as is shown on the Form.</u>

Please refer to the General Information to find out which type the training and dialogue program that your organization applies for belongs to.

2. How to complete the Application Form

In completing the application form, please be advised to:

- (a) carefully read the General Information (GI) for which you intend to apply, and confirm if the objectives and contents are relevant to yours,
- (b) be sure to write in the title name of the course/seminar/workshop/project accurately





according to the GI, which you intend to apply,

- (c) use a typewriter/personal computer in completing the form or write in **block letters**,
- (d) fill in the form in English,
- (e) use ☑ or ‰+to fill in the () check boxes,
- (f) attach a picture of the Nominee,
- (g) attach additional page(s) if there is insufficient space on the form,
- (h) prepare the necessary document(s) described in the General Information (GI), and attach it (them) to the form,
- (i) confirm the application procedure stipulated by your government, and
- (j) submit the original application form with the necessary document(s) to the responsible organization of your government according to the application procedure.

Any information that is acquired through the activities of the Japan International Cooperation Agency (JICA), such as the nomineec name, educational record, and medical history, shall be properly handled in view of the importance of safeguarding personal information.

3. Privacy Policy

1) Scope of Use

Any information used for identifying individuals that is acquired by JICA will be stored, used, or analyzed only within the scope of JICA activities. JICA reserves the right to use such identifying information and other materials in accordance with the provisions of this privacy policy.

2) Limitations on Use and Provision

JICA shall never intentionally provide information that can be used to identify individuals to any third party, with the following three exceptions:

- (a) In cases of legally mandated disclosure requests;
- (b) In cases in which the provider of information grants permission for its disclosure to a third party;
- (c) In cases in which JICA commissions a party to process the information collected; the information provided will be within the scope of the commissioned tasks.

3) Security Notice

JICA takes measures required to prevent leakage, loss, or destruction of acquired information, and to otherwise properly manage such information.

4. Copyright policy

Participants of the JICA Training and Dialogue program are requested to comply with the following copyright policy;

Article 1. Compliance matters with participantsq drafting of documents (various reports, action plans, etc.) and presentations (report meetings, lectures, speeches, etc.)

1. Any contents of the documents and presentations shall be created by themselves in principle.





2. Comply with the following matters, if you, over the limit of quotation, have to use a third personce work (reproduction, photograph, illustration, map, figure, etc.) that is protected under laws or regulations in your country or copyright-related multinational agreements or the like:

(1) Obtain license to use the work on your own responsibility. In this case, the scope of the license shall meet the provisions of Article 2.

(2) Secure evidential material that proves the grants of the license and specifies the scope of the license.

(3) Consult with the third party and perform the payment procedure on your own responsibility regarding negotiations with a third person about the consideration for granting the license and the procedure for paying the consideration,.

Article 2. Details of use of works used for training

(1) The copyright on a work that a participant prepares for a training course shall belong to the trainee. The copyright on the parts where a third party work is used shall belong to the third party.

(2) When using texts, supplementary educational materials and other materials distributed for the JICA training courses, participants shall comply with the purposes and scopes approved by each copyright holder.





Training Programs under Technical Cooperation with the Government of Japan

Application Form for the JICA Training and Dialogue Program

OFFICIAL APPLICATION

(to be confirmed and signed by the head of the relevant department / division of the applying organization)

1. Title: (Please write down as shown in the General Information)

2. Number: (Please write down as shown in the General Information)									
J	0		-						

3. Country Name:

4. Name of Applying Organization:

5. Name of the Nominee(s):

1)	3)
2)	4)

Our organization hereby applies for the training and dialogue program of the Japan International Cooperation Agency and proposes to dispatch qualified nominees to participate in the programs.

Date:		Signature:		
Name:				
Designation / Pos	tion			
Department / Divis	sion			Official Stamp
Office Address and	Address:			
Contact Information	n Telephone:	Fax:	E-mail	

Confirmation by the organization in charge (if necessary)

I have examined the documents in this form and found them true. Accordingly I agree to nominate this person(s) on behalf of our government.

Date:		Signature:	
Name:			
Designation / P	osition		Official Stamp
Department / D	livision		





Part A: Information on the Applying Organization

(to be confirmed by the head of the department / division)

1) Name of Organization:

2) The mission of the Organization and the Department / Division:

2. Purpose of Application

1) Current Issues: Describe the reasons for your organization claiming the need to participate in the training and dialogue program, with reference to issues or problems to be addressed.

2) Objective: Describe what your organization intends to achieve by participating in the training and dialogue program.





3) Future Plan of Actions: Describe how your organization shall make use of the expected achievements, in addressing the said issues or problems.

4) Selection of the Nominee: Describe the reason(s) the nominee has been selected for the said purpose, referring to the following view points; 1) Course requirement, 2) Capacity /Position, 3) Plans for the candidate after the training and dialogue program, 4) Plan of organization and 5) Others.



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Attach the nominee's photograph (taken within the last three months) <u>here</u> Size: 4x6 (Attach to the documents to be

submitted.)

Part B: Information about the Nominee

(to be completed by the Nominee)

NOTE>>>The applicants for Group and Region Focused Training Program are required to fill in ‰very Item+. As for the applications for Country Focused Training Program including Counterpart Training Program and some specified International Dialogue Programs, it is required to fill in the designated "**required**" items as is shown below.

1. Title: (Please write down as shown in the General Information) (required)

2. N	umbe	ər: (Pi	ease \	write d	lown a	s shov	vn in tł	ne Ger	neral Information) (required)	
J	0		-							

3. Information about the Nominee(nos. 1-9 are all required)

1) Name of Nominee (as in the passport)

Family Name

F	First Name														
Ν	Middle Name														

2) Nationality			5) Date of Birth (please write out the				
(as shown in the passport)			month in English as in "April")				
3) Sex	() Male	() Female	Date	Month	Year	Age	
4) Religion							

6) Present Position and Current Duties

Organization							
Department / Division							
Present Position							
Date of employment by	Date	Month	Year	Date of assignment to the	Date	Month	Year
the present organization				present position			

7) Type of Organization

() National Governmental	() Local Governmental	() Public Enterprise
() Private (profit)	() NGO/Private (Non-profit)	() University
() Other ()	

8) Outline of duties: Describe your current duties





9) Contact Information

	Address:					
Office	TEL:	Mobile (Cell Phone):				
	FAX:	E-mail:				
	Address:					
Home	TEL:	Mobile (Cell Phone):				
	FAX:	E-mail:				
	Name:					
_	Relationship to you:					
Contact person	Address:					
in emergency	TEL:	Mobile (Cell Phone):				
	FAX:	E-mail:				

10) Others (if necessary)

4. Career Record

1) Job Record (After graduation)

	City/	Per	iod			
Organization	City/ Country	From Month/Year	To Month/Year	Position or Title	Brief Job Description	

2) Educational Record (Higher Education)(required)

,			<u>,, , ,</u>		
	City/	Per	iod		
Institution		From	То	Degree obtained	Major
	Country	Month/Year	Month/Year	6	,
		wonth/real	wonun/ real		





3) Training or Study in Foreign Countries; please write your past visits to Japan specifically as much as possible, if any.

	City/ Country	Period			
Institution		From	То	Field of Study / Program Title	
		Month/Year	Month/Year		

5. Language Proficiency (required)

1) Language to be used in the progr				
Listening	() Excellent	() Good	()Fair	() Poor
Speaking	() Excellent	() Good	()Fair	() Poor
Reading	() Excellent	() Good	()Fair	() Poor
Writing	() Excellent	() Good	()Fair	() Poor
Certificate (Examples: TOEFL, TOEIC)				
2) Mother Tongue				
3)Other languages ()	() Excellent	() Good	()Fair	() Poor

¹ Excellent: Refined fluency skills and topic-controlled discussions, debates & presentations. Formulates strategies to

deal with various essay types, including narrative, comparison, cause-effect & argumentative essays.
 ¹ Good: Conversational accuracy & fluency in a wide range of situations: discussions, short presentations & interviews. Compound complex sentences. Extended essay formation.
 ¹ Fair: Broader range of language related to expressing opinions, giving advice, making suggestions. Limited

compound and complex sentences & expanded paragraph formation. ¹ Poor: Simple conversation level, such as self-introduction, brief question & answer using the present and past tenses.





6. Expectation on the applied training and dialogue program

1) Personal Goal: Describe what you intend to achieve in the applied training and dialogue program in relation to the organizational purpose described in Part A-2.

2) Relevant Experience: Describe your previous vocational experiences which are highly relevant in the themes of the applied training and dialogue program. (required)

3) Area of Interest: Describe your subject of particular interest with reference to the contents of the applied training and dialogue program. (required)

*7. Declaration (to be signed by the Nominee) (required)

I certify that the statements I made in this form are true and correct to the best of my knowledge. If accepted for the program. I agree:

- (a) not to bring or invite any member of my family (except for the program whose period is one year or more),
- (b) to carry out such instructions and abide by such conditions as may be stipulated by both the nominating government and the Japanese Government regarding the program,
- (c) to follow the program, and abide by the rules of the institution or establishment that implements the program,
- (d) to refrain from engaging in political activity or any form of employment for profit or gain,
- (e) to return to my home country at the end of the activities in Japan on the designated flight schedule arranged by JICA,
- (f) to discontinue the program if JICA and the applying organization agree on any reason for such discontinuation and not to claim any cost or damage due to the said discontinuation.
- (g) to consent to waive exercise of my copyright holder rights for documents or products that are produced during the course of the project, against duplication and/or translation by JICA, as long as they are used for the purposes of the program.
- (h) to approve the privacy policy and the copyright policy mentioned in the Guidelines of Application.

JICAcs Information Security Policy in relation to Personal Information Protection

JICA will properly and safely manage personal information collected through this application form in accordance with JICAs privacy policy and the relevant laws of Japan concerning protection of personal information and take protection measures to prevent divulgation, loss or damages of such personal information.

Unless otherwise obtained approval from an applicant itself or there are valid reasons such as disclosure under laws and ordinances, etc., and except for the following 1.-3., JICA will neither





provide nor disclose personal information to any third party. JICA will use personal information provided only for the purposes in the following 1.-3 and will not use for any purpose other than the following 1.-3 without prior approval of an applicant itself.

- 1. To provide technical training to technical training participants from developing countries.
- 2. To provide technical training to technical training trainees from developing countries under the CitizensqCooperation Activities..
- 3. In addition to 1. and 2. above, if the government of Japan or JICA determines necessary in the course of technical cooperation.

Date:	Signature:
	Print Name:





MEDICAL HISTORY AND EXAMINATION

1. Present Status

(a) Do you currently use any drugs for the treatment of a medical condition? (Give name & dosage.)

() No	() Yes >> Name of Medication (), Quantity ()
(b) Are yo	u pregnant?				
() No	() Yes (onths)	
(c) Are you allergic to any medication or food?					
() No	() Yes >>>	() Medication	() Food	() Other:	
(d) Please indicate any needs arising from disabilities that might necessitate additional support or facilities.					
)					

Note: Disability does not lead to exclusion of persons with disability from the program. However, upon the situation, you may be directly inquired by the JICA official in charge for a more detailed account of your condition.

2. Medical History

(a) Have you had any significant or serious illness? (If hospitalized, give place & dates.)

()	, , ,	3	\ I ,0 I	/
Past:	() No	() Yes>>Name of illness (), Place & dates (
Present:	() No	() Yes>>Present Condition	()
(b) Have y	/ou ever be	en a patient in a mental hospita	al or been treated by a psychi	iatrist?
Past:	() No	() Yes>>Name of illness (), Place & dates (
Present:	() No	() Yes>>Present Condition	()
(c) High b	lood pressu	ire		
Past:	() No	() Yes		
Present:	() No	() Yes>>Present Condition	() mm/Hg to () mm/Hg
(d) Diabetes (sugar in the urine)				
Past:	() No	() Yes		
Present:		() Yes>>Present Condition	()
	() No	Are you taking any medicine	or insulin?	()No ()Yes
(e) Past History: What illness(es) have you had previously?				
() Stoma) Stomach and () Liver Disease		() Heart Disease	() Kidney Disease
Intestinal D	Intestinal Disorder			
() Tuberculosis () Asthma		() Thyroid Problem		

(e) Has this disease been cured?

) Other >>> Specify (

) Infectious Disease >>> Specify name of illness (

	() No (Specify name of illness)	
() Yes	Present Condition: ()

3. Other: Any restrictions on food and behavior due to health or religious reasons?

I certify that I have read the above instructions and answered all questions truthfully and completely to the best of my knowledge.

I understand and accept that medical conditions resulting from an undisclosed pre-existing condition may not be financially compensated by JICA and may result in termination of the program.

Date:	Signature:
	Print Name: