

GUIDELINES for SOCIAL MOBILIZATION

World TB Day 2001 Highlights



- Political Awareness
- Social Mobilization
- Increased Access to TB Care
- Sustainability
- Media and Community Events
- Best Practice

ACKNOWLEDGEMENT:

THE STOP TB PARTNERSHIP WOULD LIKE TO THANK THOSE WHO TOOK THE TIME TO COMPLETE THE WORLD TB DAY 2001 QUESTIONNAIRE AND TO SUBMIT TO US REPORTS AND ILLUSTRATIONS ABOUT THEIR ACTIVITIES.

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Credits

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The theme for World TB Day 2001—DOTS: TB cure for all—suggests that we can eliminate tuberculosis from this planet. A cure for all from tuberculosis (TB) is part of the mission of the World Health Organization (WHO) and its Member States to allow access to health services for all.

A first milestone occurred when Ministers of Health, Development, and Finance Planning from 20 countries with the highest burden of TB met in Amsterdam in March 2000 for the first summit against tuberculosis.

Great progress has since been made as a result of the mobilization of the high TB burden countries supported by the international community as a whole. This was reflected in World TB Day on 24 March 2001.

This document brings to the fore the accomplishments of World TB Day 2001, reports on what has been achieved, underlines the remarkable events and initiatives, and analyses how the global movement to stop TB is progressing towards its goal of eliminating TB as a global public health problem.

This year, World TB Day events were analysed on the basis of five themes: political awareness, social mobilization, increased access to treatment and care, sustainability, and media and community events. The analysis was drawn from a structured questionnaire developed by the Stop TB Partnership Secretariat. This document is based on the many replies from all of you, out there, working in the field: from government officials, WHO outposts, medical professionals, TB advocates, and leaders of nongovernmental organizations (NGOs).

World TB Day was, for the first time, launched from a poor community social centre in Africa by His Grace Archbishop Desmond Tutu. It was innovative and highlighted the empowerment of people—without which there can be neither development nor TB control.

PAKISTAN



Pakistan to Fight TB

The Chief Executive of Pakistan issued a message to the nation on World Tuberculosis Day, March 24, in which he called upon all concerned "to take up the stand against TB on an emergency footing until we succeed in significantly reducing the incidence of the disease in the country."

"With political commitment and broad social support, we can and must expand access to health services for treatment of tuberculosis. We must act now to halt the further emergence of multidrug-resistant strains of TB. The government of Pakistan has already taken several steps to translate its commitment into concrete actions by implementing the National TB Control Programme based on the DOTS Strategy(...). Every one of us has a crucial role to play in TB control. We must all join our forces..."

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Identity, Merge and Action (AIM), a Pakistani NGO, have gathered TB patients under treatment to celebrate World TB Day. During the meeting, they distributed certificates to the persons who has completed their treatment. [AIM: aimngo@brain.net.pk]



THE ISLAMABAD DECLARATION TO STOP TB (Excerpts)

I. THE MINISTRY OF HEALTH OF THE GOVERNMENT OF THE ISLAMIC REPUBLIC OF PAKISTAN NOTES WITH GRAVE CONCERN THAT:

THE MAGNITUDE of suffering and death caused by tuberculosis is both alarming and unacceptable;

TUBERCULOSIS exerts a toll of three hundred and fifty thousand new sufferers and 26% of all the avoidable deaths every year, including many children.

[...] NO OTHER disease in Pakistan more directly blocks the development of families, communities and resultantly our national economy.

THE LEVEL of public awareness concerning tuberculosis remains inadequate.

II. WE RECOGNIZE THAT :

[...] CONFRONTING TB requires collaboration across government sectors and action across society;

THERE exists a cost-effective cure; however the access of the population to safe and efficacious first-line drugs remains a point of concern in Pakistan and needs to be grossly improved.

Moreover efforts need to be made to avert and contain the potential threat of multidrug-resistant tuberculosis which will have tremendous social and economic costs;

THUS AN ACCELERATED response to TB founded on an increased level of efforts is now required in Pakistan to match the political commitment currently available.

III. WE AFFIRM THAT:

[...] THE WHO-recommended strategy of DOTS to combat tuberculosis is the internationally accepted set of core practices required to confront the disease and prevent the emergence of drug resistance.

TB CONTROL represents a global public good. [...]

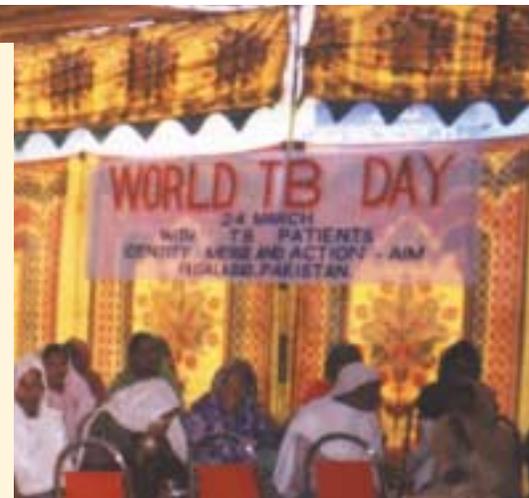
IV. WE COMMIT OURSELVES TO ACCELERATE ACTION AGAINST TUBERCULOSIS THROUGH :

EXPANDED coverage of our population with DOTS providing for at least 70% detection of infectious cases throughout Pakistan by 2005. ENSURING that sufficient human and financial resources are available...

IMPLEMENTING, monitoring and evaluating our national tuberculosis programmes in line with internationally-accepted WHO standards;

V. WE CALL ON PARTNERS:

[...] We call upon our partners to join...in the Stop TB Initiative to actively participate in building new momentum against TB as a means towards ensuring better health for all in the new millennium.



AUSTRALIA



Australia does not have the massive TB burden of its Asian neighbours, but the mobilization on World Tuberculosis Day centred on what the country could do to heighten political commitment to control TB, not for itself, but for the region as a whole. The Community Health and Anti-Tuberculosis Association (CHATA) fronted a media campaign focused on World TB Day. "We developed our own message highlighting the relevance of the Asia-Pacific region's TB problem to Australia," Kathryn Dinh of CHATA wrote. "The Association urges the Government to continue to increase its commitment to fighting TB in the region while there is still an opportunity to bring this epidemic under control." The press releases stressed the fact that Australia plays an important role in south-east Asia, and TB cannot be kept out of Australia. The organization distributed facts, video clips, and photographs to the media for general educational purposes, but also to indirectly raise the issue of TB in the Australian government.

Community Health and Anti-TB Association
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Political Awareness

Health programmes the world over have always benefited when national leaders have come forward to adopt them. A strong statement by a top leader sensitises the media, encourages social and volunteer groups, mobilises the bureaucracy and builds personal commitment.

Measuring political will can be a difficult task. Only with the passage of time will the effect of political representatives' talk about TB, and professed commitment to the TB programme, be measured. Other important questions include:

- To what extent are the health services well equipped in both human and technical resources to implement DOTS? To what extent are they informed? To what extent do they have the means to reach the entire population?
- To what extent are NGOs and community groups aware of the TB situation and are able to apply pressure on elected officials and bureaucrats so that TB becomes a political issue?

In Burkina Faso some years ago, a well known TB medical expert, Dr Guy Auregan, told an assembly of media people that to get elected and maintain popularity for life, a politician in that poor African country should run his campaign on just one issue: TB. He suggested that getting rid of TB presents an unique opportunity to address the issues of poverty comprehensively: to help people rise out of poverty, to increase labour and farm productivity, to decrease the burden of disease, to improve municipal services funding, to increase school attendance and performance... To this day, no politician has taken up the challenge.

UNITED STATES



National Action to Maintain Political Will

The American Lung Association (ALA), the main organization concerned with tuberculosis and lung diseases in the United States, and the American Thoracic Society, the scientific society for US pulmonologists, used materials distributed for World TB Day in preparing briefings for congressional representatives in Washington. Lobbying in support of a bill proposed by US Congressional Representative Sherrod Brown to fund TB programmes, these NGOs spoke to 100 congressional staff members.

Last year, Representative Brown proposed a bill for US\$ 100 million dollars to fight TB. Only US\$ 60 million passed. Although the Clinton administration was supportive of efforts to fight TB, there was not the political vigour to pass the full bill. This year, Representative Brown's proposed bill upped the ante to US\$ 200 million for the year 2002. The money would help fund a new TB facility at the World Health Organization, with a separate bill to promote TB awareness and programmes in the United States.

Other NGOs also joined in the efforts to pass this bill. RESULTS USA ran a national media lobbying campaign in support of the TB legislation. RESULTS is a grassroots lobbying organization working to create the political will to end hunger and the worst aspects of poverty. It organizes its numerous volunteers in monthly "national town meetings" held by telephone. The town meetings are used to educate, prioritize and set strategies for effective action. RESULTS worked on all levels for this year's World TB Day, encouraging volunteers to write both to their Congressional Representatives in Washington and to their local newspaper.

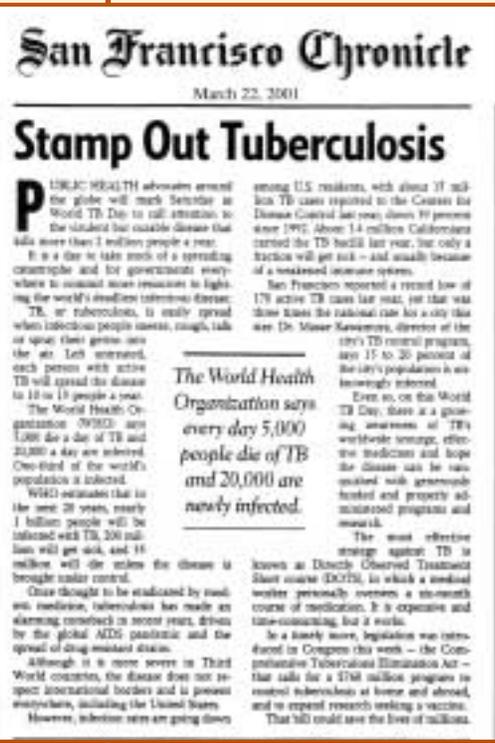
RESULTS reports that newspapers published over 75 articles about TB, reaching an estimated 48 million readers, on or near World TB Day. Of these, 18 were editorials endorsed by the paper. *The Washington Post*, *The Boston Globe*, *The San Francisco Chronicle*, and *The Houston Chronicle* all published editorials in support of the TB legislation.

The editorials echoed the press release of the lobbying organization which stressed the importance of TB both as a global disease and as a threat in America. "Since epidemics show little respect for borders, it's definitely time to worry [about TB]," wrote *the Minneapolis Star Tribune*. *The Houston Chronicle* editorialised that "world travellers run TB risks every time they step on an airplane." *The Washington Post* reported 16,372 cases of active TB in the United States in 2000, and that "more and more people are dying of it," implying the need for action. Every article (not just the editorials) used statistics to show that TB was a problem.

Every editorial supported Representative Brown's bill, with words like, "This is a bill that deserves to pass straight away" from *The Star Tribune*. The *San Francisco Chronicle* concluded "that bill could save the lives of millions."

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PUNJAB (NORTH INDIA)



"The Punjab government has succeeded in generating a community-level movement in the State to focus public attention on the ensuing TB epidemic in the country," according to the **Health Initiative**, a nongovernmental organization (NGO) in India. District TB control committees have been set up with NGO participation to ensure that people take their drugs properly.

The Health Minister from Punjab addressed a meeting of city officials on World Tuberculosis Day in Amritsar. He emphasized that over the next ten years, "perhaps 30 million people will die of tuberculosis. In Punjab alone, 46 000 people develop TB every year."

He said, "The inclusion of five more districts of the State in the Revised TB programme by the WHO and the Government of India has further strengthened the efforts of the State to control the TB epidemic." He pleaded that all districts be included by next World Tuberculosis Day in 2002.

Both sides appreciate the innovative approach, which implicates NGOs in the implementation of the State's TB programme.

A district TB control committee (modelled on the AIDS Control committee) has been set up in each district to ensure a regular drug supply.

The Health Initiative NGO plans to refurbish its website with information and advocacy material on TB (www.healthinitiative.org). The NGO notes that there is a paucity of information on the TB situation in India, notably on multidrug-resistant tuberculosis, as well as the performance of the Revised National Tuberculosis Control Programme (RNTCP) in districts implementing DOTS.

Health and Development Initiative
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United States: TB education session for nurses in the occasion of World TB Day 2001.

There is some hope that things are changing. The Chief Executive of Pakistan issued a speech on World TB Day 2001 calling for an extensive programme to fight TB and implement DOTS. The Prime Minister of India talked about TB in his national independence day address. One of the first official field trips of the President of the Democratic Republic of the Congo, Joseph Kabila, was for World TB Day as he visited a TB clinic in Kinshasa. In TB programme success stories such as in Nepal, it was the combination of the international involvement of donors and technical experts, such as Japan and the Netherlands, together with local and international NGOs, which gave the necessary backbone to fulfil the mobilization drive of the National TB Programme leadership. These efforts are a step in the right direction. Their action should also be monitored: Is the true commitment there? Are these politicians backing up their talk with money?

Sustaining political will, and thus sustaining the fight against TB, requires mobilization from the bottom-up, within and across networks of concerned NGOs, community groups, citizens, and ground to mid-level bureaucrats. The United States did not pass funding for the fight against TB globally until year 2000 when a network of grassroots organizations mobilised for the cause. In the Netherlands, on the other hand, widespread education and information campaigns by NGOs mean that the country has long been an international leader in the global TB campaign.

DEMOCRATIC REPUBLIC OF THE CONGO

From a meeting with the Director of the National TB Programme, Dr. Henriette Wembanyama.

"We are a country at war," says the Director, not mincing her words, "and therefore our situation is very difficult".

"World TB Day meant an opportunity to publicize our results in case-detection. We had a two fold objective: use advocacy and information to expand voluntary detection and to improve the quality of that detection. After all, a good DOTS programme does not start with the administration of drugs, it begins with the efficiency of the programme in identifying cases that must come under treatment. Once this is accomplished, then the proper treatment can succeed."

"Besides, we were very lucky on World Tuberculosis Day," she added. "Our new President Joseph Kabila chose to come to Kinshasa General Hospital to administer drugs to TB patients, on his first official field trip after moving into the Presidential office. As a result, TB got much coverage in the press."

The Health Minister also visited a Kinshasa prison on the day, to stress the difficulties in access to treatment and the need for speedy remedy.

"WHO organized a workshop with journalists and a press conference. There has been a lot of TV coverage, with a special spot on the topic."

"Essential to the sustainability of our efforts, we have established a partnership with **the Association des Communicateurs en Santé**, the Health Communicators Association, a group of people who are actively engaged in health education. They operate around the idea that we must reach deep into the population by visiting people and bringing to them knowledge about health in general and TB in particular."

"World Tuberculosis Day saw the launching of **Stop TB mobile teams**, which will foster TB case-detection, carry out identification of sputum positive cases, and set up supervised treatment throughout the land, even in remote rural areas, thanks to the mobile prevention teams that have operated with success against other diseases such as sleeping sickness."

The Stop TB mobile team is the core activity of development NGOs such as the 'Centre for Integrated Development', a group operating with assistance from the Belgian government and international NGOs.

"Even though we are very poor with, at times, extreme limitations in resources, we have been able to make strides in improving DOTS by using innovative and participatory concepts from the community, such as the roving mobile detection and information health teams."



National TB Programme
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Democratic Republic of the Congo: Congolese President Joseph Kabila at the Kinshasa General Hospital.



YEMEN

One aspect of Yemen's Anti-TB Association's (YATA) World TB Day campaign featured an hour-long TV roundtable interview with TB experts aimed at decision-makers, donors, and NGOs. Their overall media campaign aimed at the community and patients. Although faced with a lack of budgetary resources and little time to prepare, YATA felt the multi-media campaign, using posters, TV, radio, and newspapers, did raise awareness of TB.

Yemen Anti-TB Association
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Social Mobilization

Social mobilization requires Information Education and Communication (IEC)

As it was understood at the United Nations General Assembly Special Session on HIV and AIDS held in June 2001 in New York City, effective social mobilization against a disease requires information, education and communication (IEC). However, each country has to refine these concepts to apply it to its own cultural paradigm for it to work.

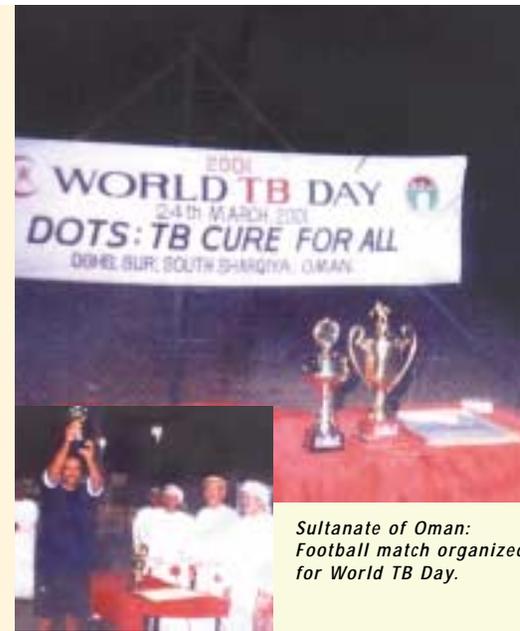
TB control is not that different from HIV/AIDS control, even if the former is an airborne disease with an easy cure, and the latter a sexually or blood borne disease with only lifelong treatment and no cure.

In both cases, people, especially including preliterate, semiliterate people and disadvantaged groups, must be informed in ways comprehensible to their specific culture as to the disease and the available remedies. "DOTS: TB Cure for All" is a wonderful slogan if people understand the meaning of it.

Community leaders, rural leaders, slum dwellers or refugee camp representatives also must be informed. This has been understood in those States of India undergoing rapid DOTS expansion.

The press, both local language press and national media, must communicate the message constantly. A network of health care providers and information relays must exist to radiate and penetrate deep into the population and keep the public informed, motivated and disease conscious.

The stigma must be removed from both TB and HIV/AIDS for control to become effective.



Sultanate of Oman: Football match organized for World TB Day.

OMAN

Health officials in Oman supplemented World TB Day outreach to hospitals, schools, and community centres with a football match, adapting the global theme to: "DOTS: The Winner," which was printed on the contestants' T-shirts, and officials gave educational folders (see below) to the 2 000 spectators. Press coverage further multiplied outreach. Oman officials stressed the importance of DOTS, and said the word "all" in the theme was very important. "All countries," they wrote, "should give free and equal treatment services to nationals and non-nationals without any discrimination."

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TOGO



Inspired by the last Conference of the International Union Against Tuberculosis and Lung Disease African Region in Conakry, which placed emphasis on social mobilization, the Togolese Association for a Sustainable Promotion of the Disadvantaged Woman (APDFD) made extensive plans to mobilise community representatives on the TB issue in a series of meetings. One such meeting brought together female rural community leaders to carry out advocacy campaigns in the rural areas, informing people about symptoms of TB and how it is easily cured when treatment is properly followed. Their theme was "Together against TB in the rural areas", and participants heard from the person in charge of TB and Leprosy in the Kpalimé area, a journalist, a public information representative and two development NGO leaders.

For those meetings, skits were prepared in local languages from which a videocassette was made for use in TB advocacy. Audio interviews and educational material about TB were also prepared in local languages, to be played on local radios.

APDFD suggests that it was important to mobilise concerned United Nations organizations, starting with the World Health Organization, but also the Food and Agriculture Organization, the United Nations Development Programme, the United Nations Population Fund, etc., so that they become involved locally in advocacy and support for TB.

ASTODEC, the Togo Association for the Defence of Consumers (Association togolais pour la défense du consommateur), member of the reputed international NGO "Consumers International", celebrated World TB Day with the theme "DOTS : Tuberculose, Guérison pour tous" (Cure for All) with the participation of all its members and supporters, and representatives of both the government and the health services.

The mobilization entailed a press conference with the Human Rights Commission of Togo on "improving life in prisons".

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ASTODEC
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Togo: role play organized by the APDFD, a trained volunteer observes the patient taken her medications.

Togo: role play organized by the APDFD, the patient is completely cured after DOTS treatment.



NIGERIA

TEEPAC, a voluntary NGO, was the main organizer of World Tuberculosis Day events in Nigeria. Holding events in five districts, the organization helped found a government action committee on TB in Anambra. The largest rally was in Njaba, where there was a truck motorcade, a 3 kilometer march and a rally that was reported to include a "Who's Who" assemblage of state government and NGO officials. Elsewhere, TEEPAC organized rallies that included local government officials, school children and market women.

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INDIA/MUMBAI



A "KARM DOTS CENTRE"

KARM is a nongovernmental social welfare organization involved in school assistance and eye problems surveillance that has recently become involved in a community programme on DOTS. It has opened a "KARM DOTS centre", distributing information and guidance, and operating a referral centre for people who think they may have contracted TB. A large demonstration was organized on World Tuberculosis Day (see picture) with a "Tableau Mobile Campaign"—street educational with theatre—travelling through the city, that was inaugurated by the State's Welfare Minister.

RNTCP
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Togo: launch of World TB Day among disadvantaged women in a rural area.

It is no accident that both the Nepal and the Indian State TB Control plans copy the AIDS control society strategy, creating a "TB control society" which, as in AIDS, brings together politicians, TB experts, health staff, NGOs, and community representatives.

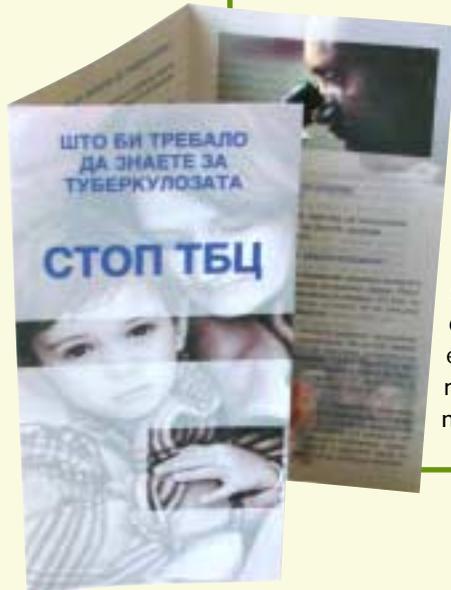
The private sector must be made to stop the poor medical practices largely responsible for multidrug-resistant forms of the disease, and public/private collaboration is a must.

But to do that, a DOTS control centre must take it upon itself to propagate the DOTS-related information to the middle class or lower middle class medical practitioners, while placing emphasis on the proper training of medical students very early in the curriculum. Nepal and India have developed initiatives of this kind, South Africa has become aware of the problem and the need for mass social mobilization.

As Archbishop Desmond Tutu said, in the fight against TB, as against all social ills, "you are all Very Special Persons, each one of you is a VSP! Each one of us!" It depends on every one, regardless of class status or country, to partake of that disease consciousness, so that the old WHO Alma Ata "Health for All" Declaration will some day be real.

THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA

Asking the NATO's multinational army force (KFOR) in the former Yugoslav Republic of Macedonia if it would be possible to fly a helicopter over Macedonia to distribute informational flyers was not Lucica Ditiu's idea of how a smooth World TB Day should go. In the end she had to settle with the chopper only flying in Albania, but her TB day campaign received prominent news coverage. Organising a brainstorming meeting a month in advance "with all possible stakeholders," involving officials from all levels of government and schoolchildren, Ditiu ensured that the media would take notice.



Macedonia: leaflet distributed in schools for World TB Day.

The former Yugoslav Republic of Macedonia: poster distributed for World TB Day.

Lucica Ditiu
office@who.albnet.net

ALBANIA

In Albania, the helicopter spectacle was supplemented with a drawing exhibit by students at a local art school, a banner proclaiming "TB Treatment is Free and Accessible to All," and Miss Albania handing out flyers. Lucica Ditiu's imaginative public awareness effort also targeted government leaders: every member of the Parliament

received an information packet on TB, the first lobbying effort of this scope in Albania.



Albania: helicopter disseminated educational leaflets.

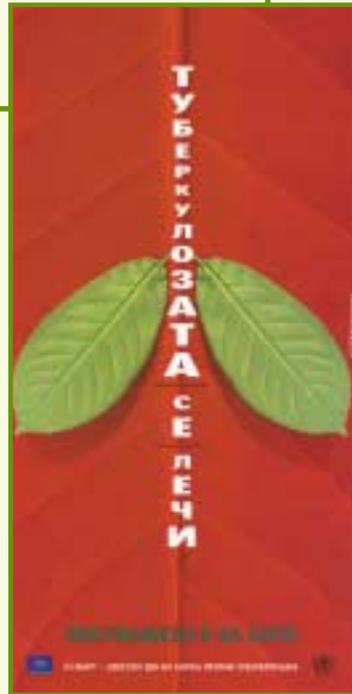


Lucica Ditiu
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FEDERAL REPUBLIC OF YUGOSLAVIA

The Federal Republic of Yugoslavia had the National TB Co-ordinator give a lecture on state TV and radio. While Yugoslavia has implemented a "DOTS-like program" for many years, this programme has not worked well with the Roma population. The government committed to working with NGOs to target TB programs for the Roma.

Municipal Institute for Lung Disease and Protection Against TB, aldbgd@eunet.yu



SLOVAKIA

Since Slovakia felt that TB was under control in the country, officials used the message that "ill people need treatment. Care and medicine are available for all."

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The Maldives: educational poster on TB.



HAITI

Haiti is small in population, but bears a heavy TB and HIV burden.

Planning for World Tuberculosis Day brought together the directors of Haiti's health services, NGO representatives, and the National TB Programme. Using information from the Stop TB Partnership, they decided they needed to capture the attention of the population at large. To do this, they utilised an educational song, called "Solityon se DOTS la" in Haitian Creole ("Solution? It's DOTS, there!").

Considering the importance of TB in the country, emphasis was put on free treatment. Concomitantly, organizers sought to communicate that

widespread participation was the key to success since treatment adherence and observation require the use of volunteers in this resource-poor country.

In the northern part of the country there was a meeting with the press, while, in the north-western part of the island, no less than 14 primary and secondary schools took part in information sessions. To achieve sustainability, the organizers have envisioned the use of continuous radio programs and interviews, regular community meetings, and they would like to "encourage decision-makers to create a local branch of Stop TB."

National TB Programme
myrthelouisaint@hotmail.com

MALDIVES

The Maldives, with one of South Asia's benchmark TB control programmes, felt the need for social mobilization was with their children. The Ministry of Health of the Maldives, in addition to a news campaign, turned to the country's youth. Schools across the islands held workshops, parades, and TB quiz contests, and there was a meeting with higher officials and secondary schoolchildren chaired by an Atoll chief. The next day, 74 schoolchildren attended a workshop on TB awareness so they could organize awareness campaigns in their own communities. schoolchildren have already effectively proved elsewhere their capacity as educator of adult parents in smoking cessation campaigns or environmental issues, why not TB? Some work was also done to reduce the social stigma associated with TB patients and to alert policy-makers to the continuing need to fight TB.

The health care system, adapted remarkably to the scattered islands of this country, uses medical and political leaders (the Atoll Chiefs, who also serve as social advisers) to implement a DOTS programme that effectively reaches 97% of the people.

National TB Program
Fax: 960 316598

INDIA/ANDHRA PRADESH

Mahavir Hospital and Research Centre, Hyderabad, organized an event with much media coverage. There, a public/private project started in 1995 and sponsored by the World Health Organization and the Department For International Development of the United Kingdom is being carried out. This project currently reaches 500 000 population. The Hospital TB Unit individually contacted all the private practitioners in the area and requested them to refer their chest symptomatic patients to the chest clinic. After an initial treatment in the presence of family members, patients were moved to the neighbouring DOTS centres, nursing homes in the catchment area. Conversion of acid-fast bacillus smears from positive to negative and cure rates are now in the range of 95-98%.

The newspaper *the Hindu*, said, "It was that same hospital which shot into fame same day last year when then United States President, Mr Bill Clinton, visited and gave final dose of TB drugs to three patients under DOTS."

Marking World Tuberculosis Day, three patients, a young girl in traditional dress, a woman and a man, who migrated to the city as construction labourers, were administered their last dose of TB medicine by Mr Akkineni Nageswara, veteran movie actor, Mrs. Shobba Naidu, noted classical dancer and Dr. Nalini Krishnan of a Chennai-based community initiative against TB.

Mr Nageswara turned nostalgic and remembered the role he played as a TB patient in a film three decades ago. That was the time when popular perception was that TB meant death. But thanks to medical advancement, the disease could be totally cured. But, "this message should reach the poor and ignorant masses," he said, and offered to do his part in spreading the message through TV channels.

India, Orissa:
Patient-provider interaction meeting.



Mahavir Hospital, Dr. K.J.R. Murthy
kollurjrm@hotmail.com

INDIA/RAJASTHAN

In the 13 Southern Districts of Rajasthan, World Tuberculosis Day was used as an opportunity to expand the DOTS programme through every conceivable means.

For example, **Udaipur** organized the most extensive outreach efforts. Banners and pamphlets were printed and widely distributed, in every health post and public area.

For two days, one person in an auto-rickshaw and one on a Tonga (a transport vehicle) distributed pamphlets to people, displaying a banner on the rear of the vehicle.

A morning rally was held with 100 schoolchildren, holding banners and then walking through town.

In the middle of the slum area, a meeting was called where a physician explained DOTS.

Ajmer, Banswara, Bikaner, Chittorgarh, Churu, Dungarpur, Hanumangarh, Jhunjhunu, Nagar, Nagaur, Rajsamand and Shirganga each had many events, from street puppet shows to a Town Hall meeting with district and local officials, slum area meetings with banners and posters everywhere.



RNTCP
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INDIA/
TAMIL NADU

In Erode, the **District TB Control society**, organized an event with health and political leaders, which served to train 160 physicians and 1,400 paramedical staff, according to a local paper.

The New Indian Express announced, "The World Bank assisted Revised National TB Control Programme (RNTCP) will be commenced in 17 districts, including Erode from May." The unique programme in Erode is modelled on the AIDS Control Society. The training will allow one microscopy centre per 100 000 people, and one TB centre for every 500 000.



India, Tamil Nadu:
Invitation card for
the World TB Day
rally and hand bill
distributed during
the rally.



RNTCP
dddb_erode@eifmail.com

Increased Access to TB Care

An innovative approach to the celebration of World Tuberculosis Day can promote and expand access to treatment. In many ways, this was demonstrated by the States in India, a vast country of 1.2 billion inhabitants, 14 million TB cases, 30% of the world's burden. With a large loan from the World Bank, India has embarked on a vast initiative to revamp its National Tuberculosis Control Programme (NTCP) into an efficient DOTS-based programme that goes by the name of the Revised National Tuberculosis Control Programme (RNTCP).

The initiative presents both a technical and organizational challenge, at the same time as its speed and efficiency in execution depends on the awareness of the poor population and of the public and private health sector.

The organizational challenge was met by modelling the District TB committee on the successful AIDS Control Society, bringing together NGOs, health staff and District or Municipal political and administrative representatives. Planners met the technical challenge with a star-like structure, with every microscopy centre serving an array of treatment centres themselves advising other local health outlets or public services corporations.

For advocacy, those Districts that are moving ahead to bring DOTS to their population used an array of instruments to reach the WHOLE population.

- Slum area meetings brought together several hundred people in each city;
- Rural people were also involved;
- Large street rallies and marches involved many schoolchildren everywhere;



India, Uttar Pradesh: World TB Day rally in Lucknow.

INDIA/BIHAR

The **Revised National TB Control Programme** (RNTCP) of the Vaishali District, organized an event on *"DOTS, a great success in Vaishali"*. The State Government of Bihar sent representatives to the State event on World Tuberculosis Day, including Central government representatives and NGOs. A WHO consultant noted that World TB Day *"really helps us to gain publicity for DOTS and bring together people from various forums to chalk out future strategies."*

A full-page four-colour supplement was published in *the Hindustan Times*, the largest English circulation newspaper in Bihar, using the World Tuberculosis Day information pack prepared by *the Stop TB Partnership*. Other

newspapers also gave extensive coverage to the World Tuberculosis Day events. About 800 people participated in four major functions in Patna, Vaishali, and Muzaffarpur. Overall there was the determination to involve every sector of society to make DOTS available, accessible and acceptable to one and all, in spite of the adverse conditions existing in this *"poorest part of India"*. The TB district leaders have plans to train rural Anganwadi workers, traditional practitioners and community leaders, as DOTS providers to achieve decentralization of DOTS. A microscopy cum DOTS Centre was inaugurated in the **Nalanda Medical college** in the Patna district, and one in the Muzaffarpur District in the presence of hundreds of teachers and students, followed by a seminar.



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INDIA/UTTAR PRADESH

In Jayant, The **Indian Medical Association**, Singrauli Branch sponsored an educational session on TB and multidrug-resistant TB. The Chief of Medical Services briefed medical staff and the general public on the importance of educating people and treating TB, indicating the seriousness of the TB problem in India.

The audience was reminded that if an employee suffers from TB and is not treated, he not only causes harm to himself but also to society and to the productivity of the company. Both public and private sector companies are now beginning to realise that TB poses a genuine threat to the workforce and the marketplace, and the only way to curb the spread of TB is through information, education, communication, and DOTS.

The Director of the **Health and Development Initiative**, an Indian NGO organized to generate public support for early inclusion of the districts under the Revised National Tuberculosis Control Programme based on DOTS: *"This was most appropriate for World Tuberculosis Day since the revised programme at present includes few districts and it was necessary to expedite benefits of DOTS to the country as a whole,"* said Dr Dinesh Kumar, the NGO director.

Elsewhere, the newspaper *Sunday Pioneer* reported that in Uttar Pradesh each district will have a DOTS centre. At a seminar in Lucknow, the state capital, **the State Health Minister** announced plans for the expansion of DOTS.



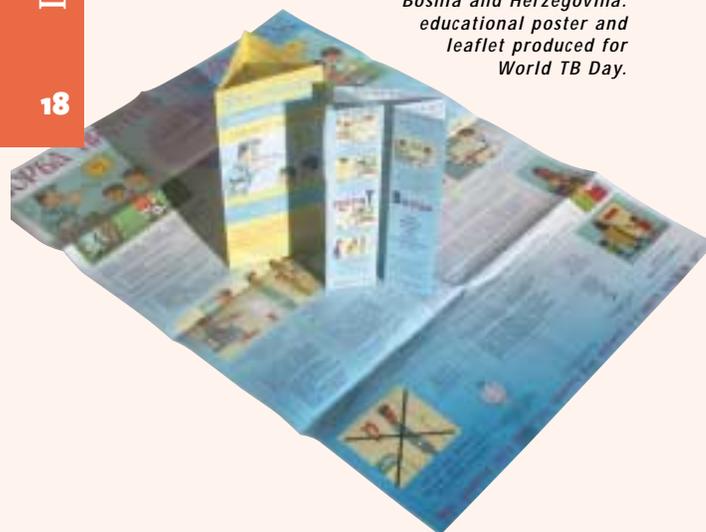
Health and Development Initiative
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- Banners, posters and flyers on DOTS were used in the street, on moving auto-rickshaws, in and around public meetings, in the streets, around treatment centres;
- Medical know-how meetings were abundant, bringing together up to 1 000 people each and addressed a large body of private practitioners, students and teachers, representative of public services - such as Railroads and Defence - which were not sufficiently conscious of proper treatment procedure, such as the basic drug combination for good treatment;
- Political meetings with politicians and health services leaders were also held at times including movie stars and other celebrities, with plenty of media;
- Radio programs were produced for media, briefings were prepared and local media guides in local languages.

The whole programme was centred on DOTS.

- 1) Politicians were solicited by officials from the National TB Programme to announce that new Districts would come under DOTS.
- 2) District TB Centres propagated both DOTS training to local treatment centres and awareness of the advantages of DOTS to the general population.
- 3) Local treatment units informed surrounding populations of the free treatment.
- 4) Private practitioners were reached to modify their bad practice.
- 5) Community meetings in the middle of slum areas informed thousands of very disadvantaged poor people that DOTS was there, what to do and who to see in case of symptoms.

This initiative to improve and expand TB programs is much needed. WHO's Director General Dr Gro Harlem Brundtland has warned that global efforts to control TB would be futile unless the disease were contained in Asia. Proper practice as regards treatment needs can be disseminated on World TB Day and beyond. Factors such as the spread of HIV/AIDS, spread of multidrug-resistant TB and an increase in migration within and among countries further indicate the importance of rapid DOTS expansion.



Bosnia and Herzegovina: educational poster and leaflet produced for World TB Day.

LEBANON



The Health Ministry proudly reports that TB cases have fallen from 33 to 15 per each 10 000 inhabitants thanks to DOTS. The percentage of cured patients has gone from 70 to 97%. This represents the highest success rate in the Middle East, going over WHO's target of an 85% cure rate.

The WHO representative in Lebanon reported that in 1995, only one country in the region applied DOTS, while today 20 out of the region's 23 countries do. He reported that mobilization, and not rejoicing, was required as there still were 650 000 people with TB every year in the region, and 115 000 would die of TB.

Some 43% of TB cases are in Pakistan and 12% in Afghanistan, a situation that is due to the non-application of DOTS, he said.

PHILIPPINES



For us, DOTS TB Cure for All was a very appropriate theme, report people from The Philippines. *"For our country, we emphasized two aspects of TB: TB as a disease of poverty and access TB treatment as a basic human right,"* wrote one official. *"With the inauguration of the DOTS Plus project, the national TB day mobilization ensured greater access to treatment for multidrug-resistant tuberculosis patients."*

"Meanwhile, more people have become aware of TB treatment as cheap and efficient, and we expect that the World Tuberculosis Day events will serve to increase referrals from both government and private sector," the official concluded.

A Memorandum of Agreement was signed on World Tuberculosis Day among participants for the launch of a **Partnership in Health**

(Kabalikat sa Kalusugan), which will implement the DOTS-plus Pilot project for the management of multidrug-resistant tuberculosis.

The World Tuberculosis Day celebration included WHO, the Ministry of Health, the **Partners in Health** and **TB medical officers**, the **PhilCAT organization** (Philippine Coalition Against Tuberculosis), and main pharmaceutical corporations.

The **Tropical Disease Foundation** and the **Makati Medical Centre** - the Centre has a clinic-based programme providing supervised treatment to both drug susceptible and multidrug-resistant TB cases (DOTS and DOTS-plus) - have formed a Partnership to handle DOTS-plus administration for multidrug resistant tuberculosis cases.

Tropical Disease Foundation
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The Russian Federation: winner of the children's poster competition organized for World TB Day.

INDIA



World Tuberculosis Day saw the launching of the web site

<http://www.tbcindia.org> and the publication of the **Revised National Tuberculosis Control Programme Status Report TB India 2001**. The Deputy Director General of the TB division in New Delhi commented that his plan was *"to make it a campaign rather than a one time event"*, even though the national event was quite successful and the news reached millions through the press.

The *Indian Express* newspaper reported, *"The new TB programme will reach 400 million people by the end of the year"* according to the Health Minister, who added that the DOTS-based programme had doubled the number of people reached from 136 million in 1999 to 360 million in 2001, spreading faster than anywhere else.

On World Tuberculosis Day, the **Municipal Corporation of Delhi** announced it would open DOTS centres in each of its 134 wards. Across the nation, local efforts to educate, implement DOTS, and train officials were under way.

Sustainability

A TB Control programme is sustainable if the community, country, or world in which it operates is continuously motivated to make it work over the long term.

What would happen in crisis and catastrophes if public assistance, relief, security forces and the like were motivated one day a year?

Sustainability means a concerted effort for durability and depth of commitment.

Sustainability is achievable when there is a crucial mix of State and NGO partnership and a strategy that reaches deep into the poorer strata of the country and contributes to its empowerment. The Russian Federation realises that mobilization must be of yearlong duration.

The Democratic Republic of the Congo has developed sustainability through the use of a mobile Stop TB team. This team goes to the population with health education, enhances voluntary detection of cases and ensures the proper village-based implementation of DOTS. A model of this kind originated in the struggle against sleeping sickness before second World War, and was brought into present day disease control by Belgian and Congolese medical experts (with backing from the Belgian government and international NGOs).

To increase sustainability, the World Tuberculosis Day mobilization needs the private sector. For the private medical sector to perform, it needs a solid public sector in partnership. This is increasingly the case in Nepal and in some States of India where DOTS is expanding. Without these links, treatment of TB will never be possible, much less sustainable.

RUSSIAN FEDERATION



The Russian Federation, formed a **TB Organizing Committee** to elaborate a strategy to improve TB treatment access and awareness. The TB Committee brings together government representatives and NGOs around the concept that World Tuberculosis Day is very useful as a reminder of the magnitude of the TB problem, for its capacity to draw attention to TB, to unite governmental and nongovernmental forces on the issue and to foster a common understanding in the value of solving the TB problem.

Consequently, it was decided that World Tuberculosis Day would no longer be just a one

day affair, but, that 2001, would mark the beginning of a year long campaign of sensitisation and thereafter, that special Day would just be a peak of a sustained drive to get TB under control.

The organising committee agreed on the mechanisms to develop a campaign of awareness for the 2001-2002 period.

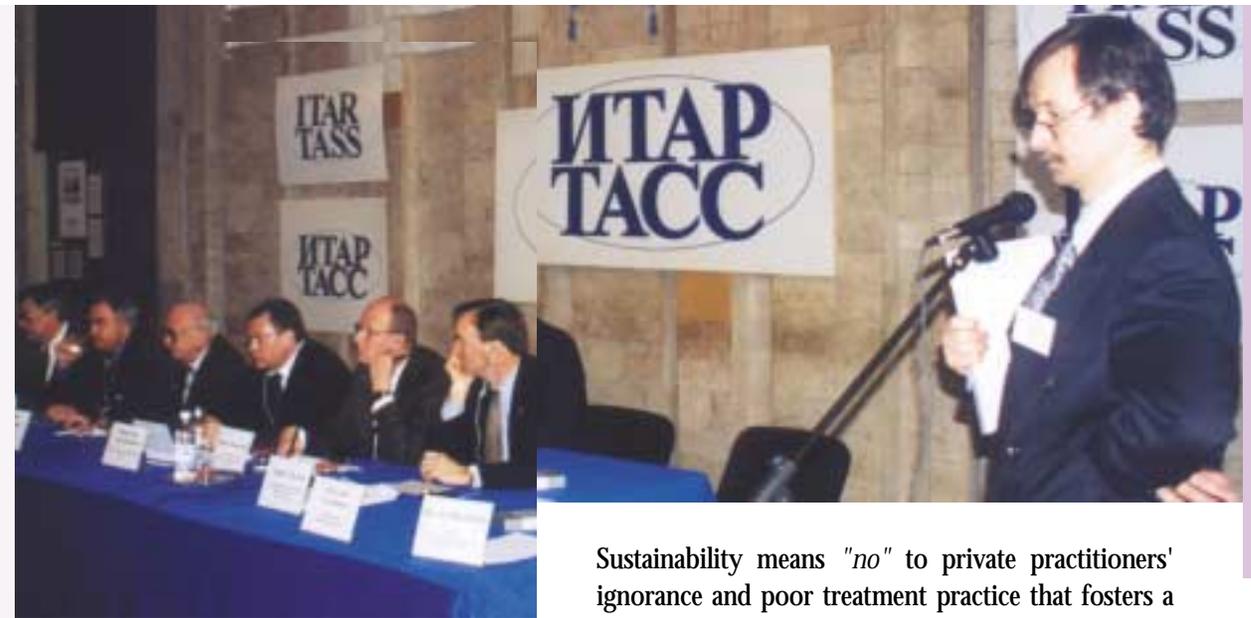
The **Russian TB Organizing Committee** distinguished itself by modifying the WHO chosen theme for this year *"DOTS: TB Cure for All"*, choosing instead *"TB against Society, Society against TB."*

A children's poster competition was organized

and prizes were awarded during the TB day press conference.

For the press conference, political awareness of the TB issue was exemplified by the presence of the Minister of Justice of the Russian Federation who spoke of the prison situation side by side with the Health Minister and the WHO representative. Participants also included the Director of the **Research Institute of Phtisio-pneumology**, the **Central TB Research Institute**, the **International Federation of Red Cross and Red Crescent Societies** (representing the NGOs).

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The Russian Federation: Press Conference for World TB Day 2001 organized jointly by the Moscow office of WHO, Médecins Sans Frontières, Russian Red Cross Society, MERLIN and Public Health Research Institute.

Sustainability means "no" to private practitioners' ignorance and poor treatment practice that fosters a world-wide epidemic of multidrug-resistant TB.

The need for sustainability is even truer for poor than for very rich countries. True, TB negligence in New York was overcome with thorough political, social and media mobilization, but at the cost of almost one billion dollars. What developing country could afford this kind of expense when disaster is evident?

Yet it is possible to build and sustain a TB programme anywhere, if the problem is dealt with holistically. The Maldives has built an exemplary programme relying on public education programs and non-health officials. These programs work because the Maldives also invested in an educational structure that is able to produce very high literacy rates. Peru has built a successful programme based on the political will of leaders who viewed TB treatment not just as a health problem but also as part of poverty alleviation. The Democratic Republic of the Congo, while poor and affected by war, is keeping the World Tuberculosis Day mobilization live by empowering its people to request TB control.

PERU



For World TB Day, national organisers managed to successfully air messages on the TV, radio, and Internet, as well as conduct meetings between national, local, and other organizations.

Over the past years in Peru, the TB treatment programme was seen as a part of the fight against poverty, and 100% of the population has access to DOTS. Strong political commitment and leadership at the top partnered with effective management and

dedication at local levels to produce these effects. Peru has also effectively teamed with NGOs and international agencies like the World Health Organization and the Pan American Health Organization. This World TB Day, organisers sought to maintain these ties, and further reach into the private sector. They estimate that their campaign reached 30% of the population, and that they charted a strategy for better diagnosis at the local level.

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ISRAEL



The Israeli Health Ministry decided to extend WTBD into a two to three month campaign among the primary health care staff and social workers with regional and local workshops and educational.

Since Israel has already achieved a low prevalence rate, emphasis was placed on DOT - good compliance through observation. The TB Control Programme noted that it took some efforts to convince staff that TB was indeed a priority. As seen in many developed countries, decrease in prevalence can lead to complacency which is soon followed by a resurgence of the disease, as was experienced, for example, in New York.

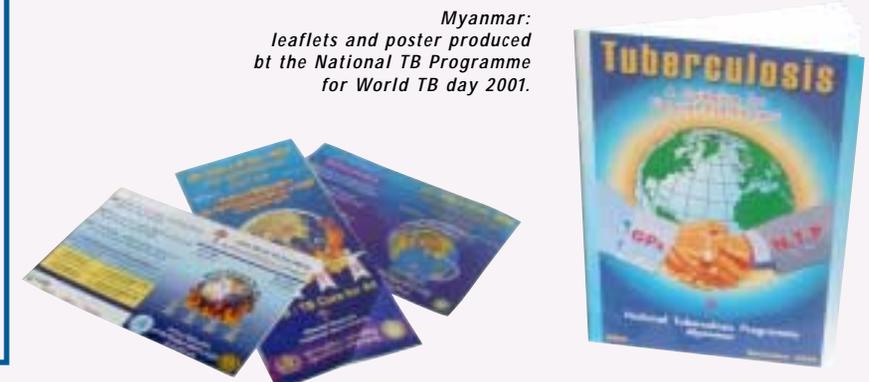
In 2001, the TB Plan called for a working network to be established between TB specialist and community leaders and representatives.

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Russian Federation: poster from the children's competition.

Myanmar: leaflets and poster produced by the National TB Programme for World TB day 2001.



RUSSIAN FEDERATION

The Contagious Concert

In Moscow, Doctors without Borders held a "contagious concert" in which young musicians performed works by composers who suffered from tuberculosis, such as Chopin, Liszt, Shostakovitch and Stravinsky.

Médecins sans Frontières Russia
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SWAZILAND

The Ministry of Health decided to prepare the country for World Tuberculosis Day by holding a training session two days before World Tuberculosis Day. This session trained workers at all levels and also stressed how important it was for health care workers to involve the relatives of TB patients.

The day before World Tuberculosis Day, the Health Ministry held a session for journalists, since they have an "inherent communication advantage" that allows them to educate the public. They stressed to the journalists a comprehensive picture of TB, explaining its symbiotic destructiveness with HIV/AIDS and the need for proper nutrition. The Health Minister herself shared stories of her experiences when she was once treated for TB.

On World Tuberculosis Day itself, information brochures (see picture page 23) were handed out at bus stops and other busy places, and the government announced plans to build a TB hospital by 2002.

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KENYA

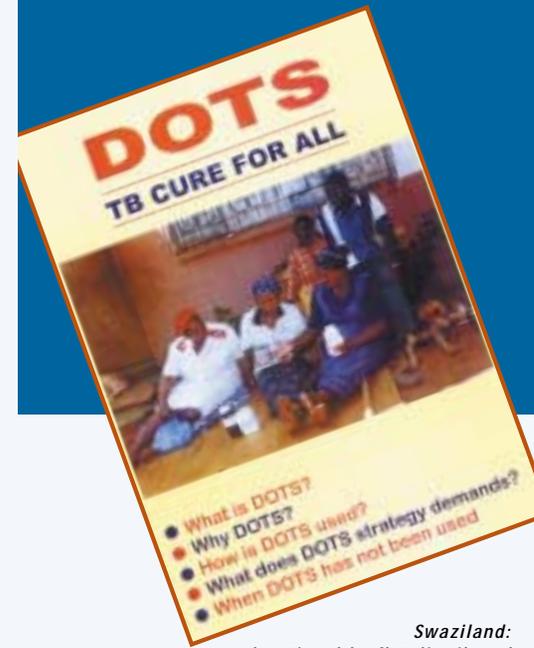
The **Mount Kenya Community (MKC) Health Days** celebrated the struggle against diseases and the promotion of good health and economic development from March 21-24, 2001. The MKC is a unique project combining TB advocacy, with global advocacy against poverty alleviation in selected rural communities of Kenya and three of the greatest diseases affecting mankind: TB, HIV and malaria. The World TB week MKC Health Days were organized in a community with small scale farmers who mainly cultivate cash crops such as macadamia nuts and coffee and food crops such as maize, beans, bananas and a variety of vegetables.

The MKC Health Days consisted in the setting up of a microscopy-screening centre at the Kimweas youth polyclinic. Sputum was collected and screening for *Mycobacterium tuberculosis* was conducted for three days making TB screening accessible to a rural community where access to medical services is difficult, and provisions were made for access to have direct observation of treatment. People were also screened for diabetes.

On World Tuberculosis Day, the partners in the MKC Health Days organized a march and a rally with speakers from all partners: the Mirichi organic farmers association, the University of Nairobi's Centre for Behaviour and Health Studies, the Swiss DIP Foundation, the Kenya Nut company, the Kenyan Health Ministry, the Diabetes Information Centre (DMI), the Medvantis group of Winterthur Insurance (Credit Suisse, Switzerland), Roche Diagnostics, and Cosmos Ltd of the United Kingdom.

There was street theatre, drama and music and many festivities with the participation of the primary, secondary schools and polytechnic school. This event is part of a series in Kenya's farming communities, conducting Information, Education and Communication (IEC) activities against TB, HIV, and malaria, as a follow up to the Massive Effort Against Diseases of Poverty meeting held in Winterthur in 2000.

Kenya DIP Foundation
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Swaziland:
educational leaflet distributed
during World TB Day.

SRI LANKA

The media in Sri Lanka stressed the outbreak of multidrug-resistant TB on the island and the need to complete the entire six months of the drug program. Of the total 8 000 TB patients in this country, 50 have multidrug-resistant TB. Elsewhere, medical seminars were held for alumni of local medical schools. These seminars updated doctors on the HIV/TB co-epidemic, and stressed that all levels of the health care system need to be informed about TB treatment.

Organizers for World TB Day ran programs in 11 out of 25 districts. These programs varied from displaying banners and parades with schoolchildren bearing educational posters to health camps screening patients for TB. Nationally, World TB Day gained press coverage in the national newspapers, TV interviews with chest physicians and the telecast of a docudrama on TB.

Media and Community Events

The media undoubtedly are an important bridge for people fighting TB to spark political will, reach out to the population for social mobilization, convey information about TB, and stress the need for a sustainable effort. Similarly, community events bring people together for a cause, triggering conversation and, thus, are more likely to stay in memory than a newspaper article.

A media campaign or a community event must suit the situation where it is presented. In Somalia, a play was used because of the country's strong oral tradition; such a strategy may not be as effective in the UK or USA. Somalia was able to take that community event and turn it into a media tool by videotaping it for later play on television.

Australia and the US both saw grassroots NGOs organize media campaigns specifically to influence each country's role in the international fight against TB. They both adopted a strategy which posed TB as a problem needing a solution, stressing that no country is safe from TB. The UK, on the other hand, decided that its weakening health services for TB at home should be the most prominent message. Egypt combined the forces of anti-TB and anti-tobacco advocates to achieve the greatest possible media saturation.

A media strategy that saw little use was the personal interest story. This is regrettable since the stories of individuals struggling against TB often are the stories that make a big impression on people. Media outlets, with fierce competition for space or air-time, may reward outreach efforts with only a limited space, and thus use more succinct statistics to tell the story. On the other hand, a "good" story will command media attention. In the United Kingdom,

EGYPT

Health officials in Egypt linked smoking and tuberculosis for their World TB Day campaign, making possible a thorough media campaign. Among the activities were:

- Five TV spots run at prime viewing times.
- Songs, dramas, and interviews played on the radio and a mobilization campaign in the national newspapers stressing the double burden of these two scourges.
- The display of cartoon posters designed by famous artists in public areas.
- The distribution of informational leaflets to mosques and churches for reading at prayers.

World TB Day also marked the decision to start implementing DOTS in prisons and to ban smoking on all university campuses.



Egypt: this poster stresses the importance of DOTS and its countrywide implementation.

CZECH REPUBLIC

The DOTS strategy is reported to be completely integrated in the Czech Republic. Their media outreach campaign, however, stressed that TB is still a problem as both health and human rights concerns.

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Mongolia: a ceremony organized for World TB Day 2001 in the Chingeltei district in the capital city.



GAMBIA

"I lost two sisters who were TB patients and did not recover from it," wrote Abdoulaye Cham, Coordinator of the **Society Against Tuberculosis, Lung Disease, Tobacco and Drug Abuse of The Gambia**. "This compelled me to leave my job and mobilise people in my community in the fight to eradicate TB." This happened six years ago, and Cham has been fighting TB ever since, whether holding meetings or giving talks in communities, or, as he is now, as a field assistant for the Medical Research Council in the Gambia.

"I have decided to use the rest of my life in the fight to eradicate TB wherever it may be," he stated. But his idealism has hit reality: he received no funding whatsoever for his outreach efforts on World TB Day. Despite this, and through the support of his office, friends, and volunteers (including TB patients) he managed to have an article in the major national newspaper, radio coverage, and a TV programme. A play dramatising the symptoms, treatment, and effects of TB was run on the radio and acted out in local communities.

Despite six years of working against TB, Cham reports, "I do not have much knowledge or training on TB, except what I read [in] papers and books [for] on-the-job training." He feels formal training, whether long or short term, would help him to be more prepared and effective in the fight against TB.

It is committed people like Cham who can make the difference in TB control.

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SOMALIA

2001 marked the third year that World Tuberculosis Day was celebrated in Somalia. All three days were celebrated only in the northwestern Somaliland, with most activities limited to a single city. This year, the Mayor of Burao's support for the Burao TB Centre brought the celebration there instead of the city of Hargeisa as it was in past years.

Limiting the activities to Burao, however, did not limit outreach to only that city. By videotaping all the events, they were replayed on TV with narration for a wider audience. It was also a headline event on the radio news program. Activities included speeches, banners, and a drama (a vital form of communication in Somalia's oral culture).

WHO Somalia
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the outbreak of TB at a local school meant that national newspapers published long, in-depth, and personal stories with accompanying photos. Such coverage certainly mobilises people to take action against TB; in these cases, the political will of people needs to be sustained.

Local areas focused their outreach efforts more on combating discrimination and emphasising that TB is a curable disease, if treated properly. These more positive media campaigns were also popular in places where TB is more of a burden. In these places, people generally know TB is a problem; but need encouragement to take action that will alleviate the problem. Thus, media and community events were primarily educational, not political.

UNITED KINGDOM

Nothing can attract the media's attention to TB more than the disease itself. An outbreak of a virulent, easily spread strain of the disease at a school in Leicester a few weeks after World TB Day attracted the attention of three major national newspapers (*The Independent*, *The Times*, and *The Guardian*), which all ran in depth articles. The outbreak, reported to have infected 24 children, and possibly a further 60, was the first major outbreak of TB in the United Kingdom (UK) in decades.

The articles were accompanied by information on TB, and warned that TB may continue to grow as a threat in the UK. *The Independent* wrote, "what alarms public health officials most is the onward march of new strains of TB which are resistant to the antibiotic drugs most used to treat the disease."

A few weeks before this outbreak, three charities, TB Alert, Results United Kingdom, and Ryder-Cheshire teamed to lead an all out media outreach campaign on World TB Day in the UK. By sending out press releases and information to media members, over forty articles ran nationwide, with at least eight significant articles in national newspapers (although none as large as those accompanying the outbreak in Leicester).

Dr. Ormerod, of the British Thoracic Society, stressed the neglect TB had experienced in the U.K. "The belief that TB is a disease of yesteryear has led to complacency," he was repeatedly quoted as saying, so health efforts are under funded: cases are rising, preventive measures are inadequate.

The three charities pushed a similar agenda in their media campaign. They called for TB to become a national priority

in the National Health Service plan, free drugs for treatment, and more aid to fight TB abroad. They pointed out that there are still not enough nurses trained to handle TB cases, and that a lack of funding for TB resulted in health authorities failing to reach their targets.

A few magazines also ran lengthy articles about TB near or on World TB Day. The *Nursing Standard* ran an article detailing the development of TB treatment in the UK. While sighting a "dramatic rise" in the number of TB cases in England and Wales, the article spoke well of reforms under Frederick Marais. Appointed the first TB/HIV clinical nurse specialist in the UK, he was given the responsibility for "developing a nurse-led TB service for people co-infected with HIV."

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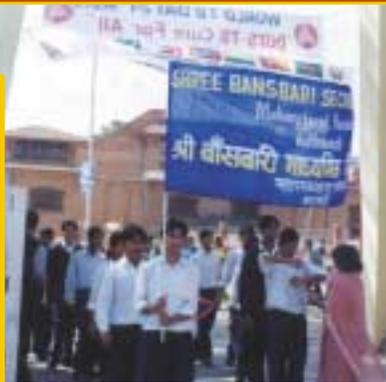
FIGHTING TB: The Lesson from Kathmandu

World Tuberculosis Day is a national affair in Nepal, unlike many countries where it is a one-day event in a capital city. The mobilization to raise awareness on TB and its cure is an event in which the whole country participates and all sectors of society are involved.

It is a day when festivities, such as parades, are held, for what is best learned but in fun? Only the naive may believe that children learn by being told. Similarly, activities involving both fun and day-to-day work engage the adult population through a participatory process, which helps them to acquire an understanding of TB for empowerment.

The **Nepal TB Association** estimated that the entire population was involved one way or another in World Tuberculosis Day. There were street parades, involving elephants, and street theatre plays, games and quizzes in Kathmandu as well as in other cities, involvement of village development committees in community celebrations, TB events throughout the country, and prominent attention from the print and audio-visual media.

Medical schools and others were enlisted as volunteers for DOTS expansion and education, fostering expanded partnership.



*Nepal, Kathmandu:
students rally
for World TB Day 2001.*

*Nepal:
street drama organized by Yala
Urban Health Programme a
Nepalese Nongovernmental
Organization.*



International Governmental and NGO support

The exemplarity of the Nepal TB control strategy and mechanism has been strengthened by an array of key international players who provide guidance and financial support. Norwegian AID (NORAD), supplies drugs, while the Norwegian Heart and Lung Association provides funds for training, supervision, research, drug supplies and an Annual Review.

Other agencies include JICA (Japanese International Cooperation Agency), WHO, the International Union Against Tuberculosis and Lung Disease (IUATLD), the United Kingdom (UK) Department for International Development (DFID), The Britain Nepal Medical Trust, The International Nepal Fellowship, the Netherlands Leprosy Relief group, the United Nations Mission to Nepal, the German Nepal TB project, and the UK's Nuffield Institute of Health.



*Nepal, Kathmandu:
official World TB Day event with Dr. D.S. Bam,
Director of the National TB Programme.*



*Nepal, Birendranagar, Surkhet, Mid Western Region:
students rally for World TB Day 2001.*

Best Practice NEPAL

National TB Program, Dr. D.S. Bam
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"Information, Education and Communication"

IEC, a novel approach to fight TB and celebrate World Tuberculosis Day.

Dr Dirgh Singh Bam has been a long time advocate of TB in south-east Asia. A very passionate man, the Director of the Nepal National TB Centre has developed a campaign strategy that is very effective in creating the proper environment for a functioning national TB programme. This has resulted in Nepal being a model to be emulated in south-east Asia.

Activities include:

- Exemplary collaboration between private and public health care providers for the proper care of TB patients with DOTS.
- Private sector workforce and management enlisted for TB control.
- School and community participation in TB awareness activities throughout the year and not just on World Tuberculosis Day.
- Lobbying and recruitment of political leaders at national and local level.
- Street visibility of the TB issue with World Tuberculosis Day parades, year-long events, street theatre, etc.
- Involvement of NGOs and use of internet technologies for international advocacy

Dr Bam's activities stretch from media mobilization to one to one advocacy, from raising

community group awareness to ensuring that political leadership understands and is involved in making the TB programme a success.

In Nepal, Dr Bam has also contributed to tbnet, an informal NGO network that has gained international prominence through use of the internet for TB mobilization on the international scene.

Tbnet has held an NGO meeting on TB in Kathmandu every year since 1997, a gathering that includes NGOs working on HIV/AIDS and People Living With AIDS.

Nepal has developed one of the most sophisticated bodies of knowledge internationally in regards to TB management. The Nepalese have built a unique partnership between state officials and NGOs with the concept that informing the public was of paramount importance in stopping TB, not as a problem solely for pneumologists.

"Information, Education and Communication," IEC, a concept at the centre of the international strategy against HIV/AIDS as it evolved over the past 20 years, has been a core strategy utilised against TB in Nepal, which means this country's TB advocates, and especially Dr. Bam and NGO personnel, have an international lead in "how to".

Nepal, Inf, Surkhet,
Mid Western Region:
Dr. D.S. Bam, administering
TB treatment.



NEPAL

NEWSLETTER OF THE NATIONAL TUBERCULOSIS PROGRAMME

On the occasion of World Tuberculosis Day, Dr. Bam announced that Nepal was actually ahead of plans for DOTS expansion as each of the 75 districts of the country were each equipped with at least one DOTS centre.

He wrote, 'This year Desmond Tutu said, "Every person with TB has the right to be treated for his or her disease. TB can be cured, this scourge can be defeated. So let us stop denying them this basic human right." In Nepal, we estimate that over 80% of the population has access to DOTS and our national treatment success rate has achieved the international target, however, we still have further to go.

Will you join us in the fight against TB?'

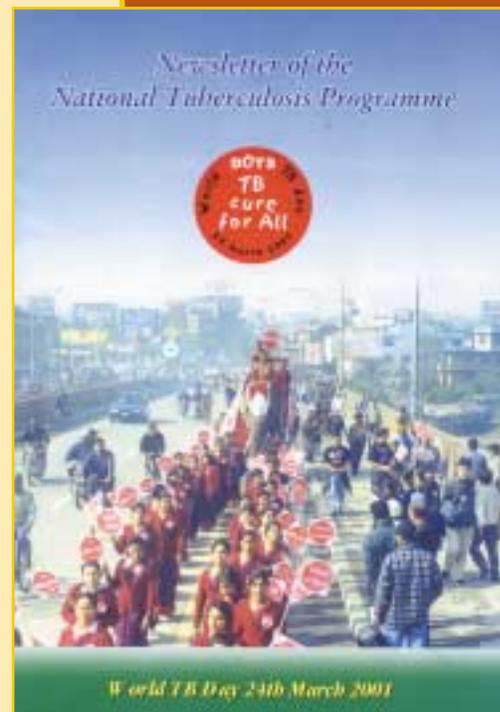
The newsletter is a good sample of IEC work as regards TB. "TB affects more than just the patients. TB patients are often wage earners. While they are ill, their families suffer. Without treatment, parents may die, leaving children as orphans."

The Newsletter goes on to say that TB is increasing globally because of HIV, and that while Nepal is not among the countries badly affected by HIV/AIDS, the epidemic is "expected to increase in Nepal too".

The State Health Minister called upon individuals, communities and all other concerned agencies to be actively involved in tasks aimed at combating the menace of tuberculosis in Nepal.

"Tuberculosis is a killer disease in the country simply because of the ignorance of its causes and cure among the mostly illiterate and poor people in the remote and rural areas. As the government is committed to provide all the citizens of the country with basic and necessary health care services, there has been a nationwide anti-tuberculosis drive in Nepal. Like in other countries in the world, DOTS has proved successful in Nepal: However, tuberculosis is still a disease that afflicts many Nepali people."

Among the obstacles remaining are a lack of information and knowledge among many illiterate rural populations and the tendency in certain communities to hide people suffering from the disease. Therefore, the need for information in the community is important.



NEPAL

TB FACTS

- 80 000 to 90 000 people have active TB.
- 44 000 new cases per year.
- 20 000 infectious cases per year.
- 8 000 to 11 000 deaths per year (a decline from 18 000 in 1996).

TB is a major health problem in Nepal.

Nepal has made excellent progress with the DOTS implementation since its introduction in pilot areas in April 1996.

DOTS coverage is now extended to 207 treatment centres and 640 sub centres in all 75 districts.

Strong political commitment and active resource mobilization have contributed to the success of DOTS implementation.



Republic of South Africa, Cape Town:
Prof. Donald Enarson/Director of Scientific Activities of the International Union Against Tuberculosis and Lung Disease, the Archbishop Desmond Tutu, Dr. Peter Moore /Medical Director of GlaxoSmithKline and Mr Nick Koornhof/Provincial Minister of Health during the Launch of World TB Day 2001.

Best Practice

REPUBLIC OF SOUTH AFRICA

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A factor that greatly contributes to successful programme implementation is the multi-sectored approach. Major and key stakeholders must be part and parcel of the programme and be part of the implementation team. This includes people infected with TB, and communities affected by TB. All stakeholders must have a sense of ownership of the plans or the program.

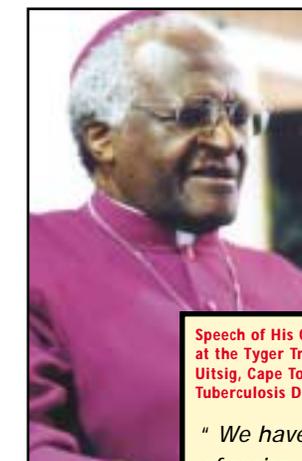
The opening of the Tyger Trade and Training Centre (TTTC) brought together the crucial mix of stakeholders needed for sustainability: an international NGO, local community organizers and politician, prominent social figures, and private companies. The sparkle of the Archbishop Desmond Tutu, the presence of the South African Health Minister, and the smiling faces of children served as an event to bring the community together.

The Archbishop Desmond Tutu called for the social cohesion that defeated apartheid to show itself in the fight against TB. He also echoed the Health Minister's political call: TB is more than a health issue; it is economic, social, and cultural. Reaching the entire population requires the commitment of local government to alleviate the blight of slums and the dedication of central government to expanding TB care throughout the nation.

Set in a developing country, in a high unemployment area, the event demonstrates what needs to be done to reach all the people who need to hear about TB. The centre approaches the problem of TB not just with a multi-sector approach but also a multi-factorial approach.

Treating the social and economic problems of TB by training people in job skills, the centre aims to fund itself.

By encapsulating all the necessary ingredients of world TB advocacy, from political awareness to media mobilization, the idea of starting World Tuberculosis Day in that fashion was a good demonstration of what the Stop TB Partnership is all about: using all the creative resources of partners.



SOUTH AFRICA

Speech of His Grace the Archbishop Desmond Tutu at the Tyger Trade and Training Centre Opening, Uitsig, Cape Town, Republic of South Africa, World Tuberculosis Day 2001

" We have to hear about incidents of racism to remind ourselves that it still exists, even though we know that it still exists. Similarly, we have to hear about the incidents of TB. Understanding can bring helping and concern. In Uitsig, the community has not sat down and folded its hands. (...)

We can defeat it when we as a community want what is best, not for ourselves, but for us. Not for me, for all of us. We say, 'TB get out of the way. We want to be well. We want our people to be well. We want our children to be well.'"



SOUTH AFRICA

The Launch of World TB Day in Cape Town

For the first time, the launch of World TB Day activities came from a developing country's community centre, and not a developed country.

Furthermore, the key speaker was none other than the famous Archbishop Desmond Tutu, president of the country's Truth and Reconciliation Committee and long time fighter of apartheid.

The Archbishop is an extraordinary personality. The audience was thrilled when he spoke of TB as a human right, stressing that all human beings, whether rich or poor, are each and every one a "VSP" (Very Special Person).

The event brought together the South African Health Minister, local Health and City Officials, the University of Tygerberg and Stellenbosch, the International Union Against Tuberculosis and Lung Disease (IUATLD), the Chief Executive Officer of GlaxoSmithKline (GSK) South Africa and community volunteers, not to mention the World Health Organization. The meeting featured music and primary school pupils.

Tyger Trade and Training Centre

The Tyger Trade and Training Centre was opened in Uitsig, in the Western Cape Province of the Republic of South Africa, in an area of very high unemployment. It is also a town where one in three households have at least one case of TB. The centre focuses on teaching skills to the adults of the community, especially people affected by HIV/AIDS and tuberculosis. Some of the skills taught are knitting, pottery, dressmaking and vegetable gardening.

The Centre also offers workshops for adults on topics as HIV/AIDS issues. Classes are offered in one of two shipping containers donated by Safemarine for this purpose. Members often spend the day, and there is a facility for preparing meals for children. The project aims to be self-sustainable; when members sell the products they have made or grown, a portion of their profits goes to the centre.



SOUTH AFRICA

Cape Town City Hall
Talk with Mr Kenny Newman

"One cannot fight TB merely with drugs. Unless there are improvements in the social conditions of people, such as access to decent housing, employment and training, the struggle against TB is doomed to fail. Here, the municipality has a major role to play."

Republic of South Africa,
Cape Town:
Dr. Refiloe Matji, National TB Programme Manager shaking the Archbishop's hand, with Prof Donald Enarson from the IUATLD and Ms Sharon Alexander, chairperson of the Uitsig TB Care Group.

SOUTH AFRICA

Interview with Dr Andrew Robinson,
Medical Adviser, GlaxoSmithKline, South Africa.

Q: What was your participation in World TB Day?

John Kearney, Chief Executive Officer of our company, GlaxoSmithKline, (GSK), participated in the opening of the Tyger Trade and Training Centre (TTTC), along with the South African Minister of Health, Dr Manto Tshabalala-Msimang. The Tyger Centre is a model for an all-encompassing positive response to tuberculosis, both on the political level and in terms of a sustainable social mobilization. Effectively, the opening by the Archbishop Desmond Tutu ensured total community commitment and involvement in the project and led to extensive media coverage.

GSK's financial sponsorship of the TTTC is part of a broader programme called the Action TB Initiative whose success depends on community involvement.

Q: What is the Action TB Initiative?

The Action TB programme as a whole started in 1993, amounts to 20 million pounds (200 million Rands) and was started in several centres and medical teaching schools. In the Republic of South Africa, the Action TB Initiative is a five-year programme started in 1998, running until 2003.

The Initiative focuses on five key areas: HIV/AIDS, children's health, primary health care, community involvement, and continued medical education.

The research principally involves three areas: new targets for anti-TB therapies, identifying novel vaccine candidates and identifying surrogate markers for use in clinical trials.

SOUTH AFRICA

Speech of South Africa's Health Minister Tshabalala Msimang



"Access to medicine is part of an important struggle. We need community action, and we need public/private partnership. This centre was opened by the community. Community is critical in TB control."

"This centre showed the community, volunteers, health workers all working together. This is a good example. I hope more partners, both national and international, will follow this example."

SOUTH AFRICA

Prof. Nulda BEYERS, University of Stellenbosch, Cape Town, Republic of South Africa.

Q: How did the research community become involved in

the Tyger Trade and Training Centre (TTTC)?

We always felt we needed to give something back to the community. We have initiated a number of projects, of which the TTTC is the latest. We had the idea that the creation of a job centre was wanted, but the request had to come from the community and it did two years ago.

60% of the people here are unemployed; they are in desperate need to develop skills,

and to overcome the problems of a low level of education. *"I am worth something, I can do something."*

Q: Where will the Tyger Trade and Training Centre go from here?

It is a long way to go in terms of skill training; we need 2-3 years before the micro-enterprise support "business" centre can make it on its own. Computer training will start with GlaxoSmithKline and we hope to be able to receive some equipment. Then, we are going to get a business school to teach the basics in accounting, and a driving school teacher to teach how to drive, three skills

needed for micro-enterprises. The idea is to train a few people and then have them train other people.

Q: Did World TB Day in your country increase access to TB treatment?

It is impossible to say whether this event increases access to TB treatment, but it helped locally to raise awareness about TB problems. Access to treatment is a political issue. Repeated events with many communities could increase TB treatment by making more people aware that TB is easy to treat and there is no need to discriminate against TB sufferers.

The Global TB Drug Facility obtains its first US\$ 10 million

On World TB Day, the Canadian International Development Agency (CIDA) contributed US\$ 10 million to the Global TB Drug Facility (GDF), marking Canada as the first contributor to the fund. The facility intends to reduce the burden of TB by 50% by 2010 by providing needed drugs to poorer nations. However, the objective of this fund is not to replace a country's own contribution. The GDF needs US\$ 50 million a year over the next five years to treat 10 million people. "TB has received too little attention," Ernest Loevinsohn, Director General of CIDA's Food Aid Centre said. "It's so easy to cure and the economic and health ramifications are huge. This is a landmark project."



proof TB can be cured - Ti

On World TB Day 2001 Médecins Sans Frontières (MSF) organized a special meeting in New York City.

MSF sponsored a panel discussion entitled "Defusing the Time Bomb: The World's TB Crisis" at the City University of New York. The panel stressed the need for cheaper, more effective TB treatments, the confluence of TB and HIV, and the need to make treatment more accessible to people in developing countries. Dr James Orbinski, the former president of MSF International Council and

president of the Global TB Drug Development stakeholders, laid out two objectives MSF seeks to put on the agenda concerning TB. First, along with the Global Alliance for TB Drug Development, it sees a need to develop drugs that shorten or simplify TB treatment and address latent TB and multidrug-resistant TB. Secondly, he added, "There is no question that DOTS is good, however DOTS must get better in

terms of its efficacy and its ability to actually reach and treat people with tuberculosis." Laurie Garrett, of *Newsday* and author of two books on TB, moderated the panel which featured Dr Orbinski and Dr Giorgio Roscigno, acting CEO of the Global Alliance for TB Drug Development. MSF runs 13 programs specifically targeting TB, including programs in Russia and Afghanistan.



Bill and Melinda Gates at a meeting during World TB Day 2001.



Tuberculose, la situation en Belgique



New Weapons Against Tuberculosis

More than one-third of the world's people suffered with the bacillus that can cause tuberculosis, and at least 100 million of those people were unaware of the disease. One of the deadliest killers, taking one million lives a year, it is being propelled by the global AIDS crisis, says TB in a desperate struggle and it is growing more difficult to treat.



TB Returns

An emerging threat... But one in the world is infected that causes this...



THE GLOBAL ALLIANCE FOR TB DRUG DEVELOPMENT

During the week preceding World TB Day, the Global Alliance for TB Drug Development held a press conference in Brussels. Most major pharmaceutical companies develop drugs targeted for the wealthier parts of the world, while diseases like TB get very little attention, as evidenced by the fact that there has not been a new TB drug for over 30 years. The Alliance sought to point out the flaw in this logic. Acting CEO Dr Roscigno argued that a new TB drug that shortened TB treatment to two months

could capture a market of "between \$300 million and close to \$400 million (US\$)" annually. Evidence shows that compliance up to two months of treatment is very good, but that after two months adherence rates drop. The Alliance, which was founded to organize the development of much needed new TB drugs to shorten treatment, combat multidrug-resistant TB, and facilitate treatment of latent TB, seeks to develop partnerships between academic institutions, private research, and public funding for drug development.



THE BILL & MELINDA GATES FOUNDATION

On the eve of World TB Day, the Bill & Melinda Gates Foundation awarded US\$ 10 million to the United Nations Development Programme / World Bank / WHO Special Programme for Research and Development in Tropical Diseases (TDR) at the World Health Organization to facilitate the development of new tests for the diagnosis of tuberculosis. The five-year grant, supporting

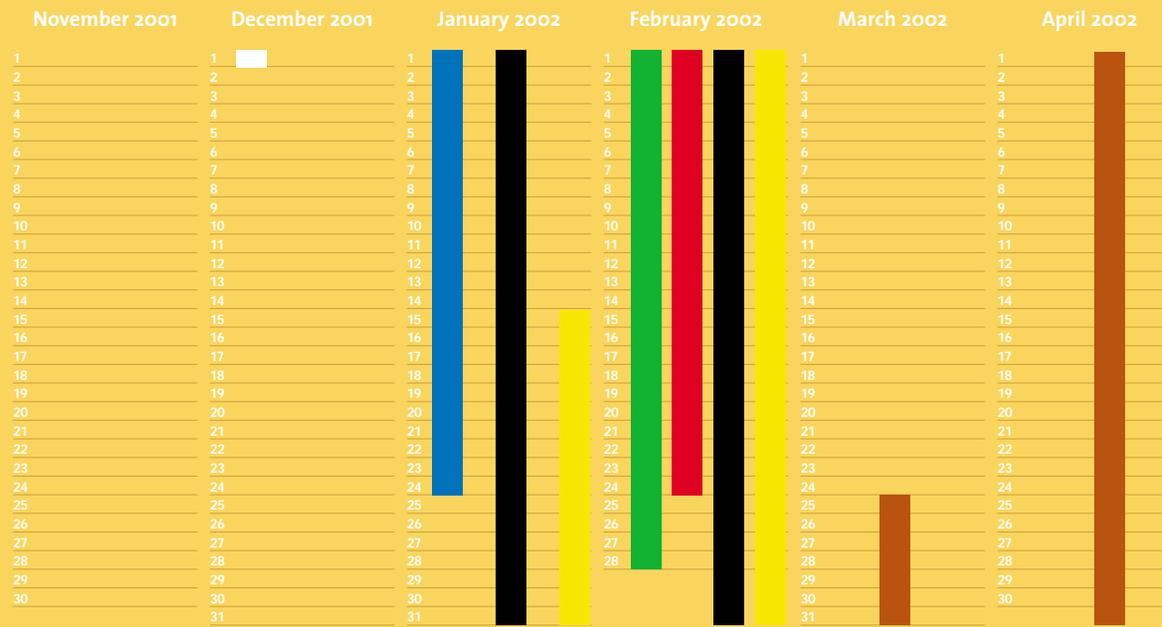
the Tuberculosis Diagnostic Initiative (TBDI), will speed efforts to design new approaches to detecting TB among patients with symptoms such as cough, so that they can have access to curative treatment. Work is also under way on simple and accurate methods to quickly detect bacterial resistance to treatment and to uncover latent infection or incipient disease in persons without symptoms.



Britain 'facing serious TB outbreak'... Dr Christodoulou said there was a great need for more TB specialists and health professionals to manage the disease...



World TB Day 2002 Planner



Ref: "The Guidelines for Social Mobilization" "Planning World TB Day", WHO 2000

- Form a planning committee: 1 December
- Identify Partners: 1 January–24 January
- Collect Information: 1 February–1 March
- Establish media contacts: 1 February–24 February
- Contact sponsors: 15 January–1 March
- Develop a list of events/activities: 15 January–15 February
- Send thank you letter: beginning 24 March

PRODUCED BY THE INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE
ON BEHALF OF THE STOP TB PARTNERSHIP



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