



Dr. Ram Baran Yadav, Hon'ble Minister of Health, His Majesty's Government of Nepal releasing a book on the commemoration of World TB Day 2000 at City Hall Kathmandu

Contents

<i>STC News:</i>	<i>Page No.</i>	<i>Special Articles and Technical Information on TB</i>	<i>Page No.</i>
• Report - SAARC Trainers' Training held in Thimphu, Bhutan	2	• Role of DOTS Committee, Dr. D. S. Bam	8
• Participants' view on Trainers' Training	4	• NTP Bangladesh, Dr. Anwara Khatun	10
• Report on World TB Day 2000	6	• Forging Partnership in Fight Against TB, Dr. P. Kumar	13
		• Abstracts	19
		<i>Wel-come News</i>	21
		<i>Proposed Programmes</i>	22
		<i>Letters to Editors</i>	22

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SAARC Tuberculosis Publication

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STC Newsletter is a Six-monthly publication of SAARC TB Centre. It includes reports on activities, decisions of important meetings of the centre and recent information on tuberculosis and its control.

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SAARC Trainers Training Course for TB Control Programme Managers in Bhutan



A ten day SAARC Trainers Training Course for TB Control Programme Managers jointly organized by the Royal Government of Bhutan and SAARC TB Centre held in Thimphu from 12 – 22 June 2000. Fourteen participants from Bangladesh, Bhutan, India and Nepal attended the training programme.

Dr. Sangay Thinley, Hon'ble Secretary, Ministry of Health & Education, the Royal Government of Bhutan, inaugurated the programme at a function held in the Royal Institute of Health Science Auditorium. In the inaugural address the Hon'ble Chief Guest expressed concern about current

situation of TB and HIV/AIDS in the SAARC Member Countries and lauded the decision of Member States of establishment of SAARC TB Centre. Dr. Thinley expressed satisfaction about important activities organized by the SAARC TB Centre and appreciated the decision of the centre for organizing this training course in Bhutan. He also informed that more number of such training programmes may be organized by the centre in order to strengthen TB control efforts of Member Countries. Dr. Rinchen Chopel, Joint Director, Public Health Division, Thimphu, welcomed all the guests and participants in the inaugural function and Dr. D. S. Bam, Director, SAARC TB Centre highlighted

the activities being carried out by the SAARC TB Centre. He expressed gratitude to the Royal Government of Bhutan for providing opportunity to organize this training in Bhutan and making excellent arrangements for the training.

Dr. P. Kumar, Deputy Director and course co-ordinator made a presentation on objectives, course curriculum and methodology of the training. This Training Programme was based on the four approved modules for providing training to National TB Control Programme Managers. These four modules are:

1. ***Establish Revised National Tuberculosis Programme strategy,***
2. ***Plan supplies,***
3. ***Ensure Training,***
4. ***Revised Recording and Reporting.***

This course has also included the following areas in addition to above-mentioned modules:

Epidemiology of TB, principles of TB control, laboratory aspects of TB control and management of the NTP (including planning, training, supervision, logistics, monitoring, and evaluation). Additional sessions on presentation skills, practical management skills, advocacy skills, proposal writing, report writing have also been included.

Interaction on burning issues like management of TB and HIV/AIDS cases, emergence of MDR TB, problems and challenges encountered during expansion of DOTS have also been incorporated in the programme.

The basic objectives of the training Programme were to:

- i) impart the trainers with managerial skills to manage the Tuberculosis Control Programme at national level.
- ii) sensitize the participants to implement revised strategy of TB control to achieve 85% cure rate & 70% case detection rate.
- iii) impart skills of planning, implementation and evaluation of effective TB control Programme, based on the strategy of DOTS.

The training programme was facilitated by Dr. Nani Nair, WHO, SEARO; Dr. P. Jagota, NTI, Bangalore, India; Ms Rose Walley, WHO, Nepal along with Dr. P. Kumar from STC.

The Out Comes of the Training Programme:

The training concluded by awarding certificates to the participants in the concluding ceremony chaired by Dr. Gado Tshering, Director, Department of Health, Royal Government of Bhutan. Dr. Tapas Gurung, TB Programme Manager of Bhutan, accorded a warm welcome to every one in the concluding function of the training. Dr. P. Kumar presented a report of the training and informed that on conclusion of the Training, the participants are able to device to plan, to implement the revised NTP strategy DOTS in their countries. Ms Rose Walley on behalf of facilitators and Dr. Mehra on behalf of participants informed that this training has been helpful to the TB Control Programme managers to learn:

- How to plan and implement Revised National TB Control Programme.
- How to ensure a regular supply of anti-TB drugs and other supplies.
- How to ensure availability of trained manpower at all levels.
- How to organize and implement a revised reporting and recording system.
- How to conduct supervisory visits.
- How to establish microscopy services and ensure quality of sputum microscopy.
- How to write proposals and reports
- How to prepare action plan.
- How to present programme and other research papers in different seminars, workshops and conferences.

The chief Guest appreciated the content and methodology of the training and congratulated the participants and SAARC TB Centre for organizing successful training programme.

Dr. Kumar expressed sincere thanks on behalf of SAARC TB Centre to the Royal Government of Bhutan for extending assistance to STC and making excellent arrangements for the training programme. He also expressed sincere thanks to Dr. Sangey Thinley, the Hon'ble Secretary, Ministry of Health and Education for inaugurating the training and hosting a dinner. Dr. Kumar paid gratitude to Dr. Gado Tshering, the Director, Department of Health for chairing the concluding function of the training and awarding the certificates to the participants. The Deputy Director of STC appreciated the co-operation and assistance rendered by Department of Health and expressed sincere thanks to Dr. Rinchen Chopel and Dr. Tapas Gurung for excellent arrangements made for the training. He also thanked to

facilitators and participants for excellent co-operation.

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**Dr. Hemlal Sharma -
A participant in Trainers' Training
Course for TB Control Programme
Managers expressed views of
participants in the form of a poem**

Under the leadership of STC & STC Director,
RGoB and Bhutan's NTCP Managers;
Managers of TB of member of SAARC,
Got together to sit and work;

And learned to implement revised NTCP
And way of expanding DOTS strategy.

The mood was good and the day fine,
The guest and participants gathered at nine;
The opening session was short and sweet,
With food for thought and lot to eat;

The welcome address of Joint Director Health,
Warned us all to tighten our belt;
As Dr. D. S. Bam, a man full of charm,
Had to turn grave, without meaning to harm;

For who knew better than the STC director,
About impact of TB and the ghastly specter;
He gave it all, standing tall,
And holding attention of us all;

Then came the Secretary, Dr. S. Thinley of MoHE,
You will not find a secretary as learned as he;
He is a technocrat in a bureaucrat's shoe,
Some one who knows how and what to do;

His address was grave and insightful,
His pledge for the cause of TB made us helpful;
Dr. Tapas Gurung offered Vote of Thanks,
Aptly and adeptly to all ranks;

The introduction was really nice,
Besides familiarizing, it broke the ice,
The business session did succeed in business,
The facilitators helped to remove uneasiness;

Overall facilitation and participation,
Was beyond anyone's expectation;

TB status report of World & SAARC,
Made it clear that we were in the dark,
The only silver lining in the cloud,
Was introducing DOTS and advocacy loud;

We learned to implement DOTS in phase,
To monitor and expand it to every place;
We learned the keys, training and planing,
Adequate supplies, recording and reporting;

The role of SAARC Tuberculosis Centre,
The world's anti-TB activity epi-centre;
Was presented by Dr. D. S. Bam,
A man larger than life, bold and warm;

He has the knowledge and the fire,
And unwavering faith, will and desire;
To fight this killer, is his mission,
A TB free world, is his vision;

His team of experts, the course facilitators,
Were just as grand as the STC Director;

They made the course a lively play,
A joint learning activity, funny and gay:

Dr. P. Kumar's principle of training,
His comments, stresses and issue highlighting
His introduction, intervention and sharing knowledge
With respect and thanks we acknowledge;

Dr. Nani Nair's action planning,
Her plea to put in lateral thinking;
Her lively presentations and smart little acts,
Gave life to the presented facts;

Dr. P. Jagota, an eminent expert in TB
Talked of logistics and HIMS in TB,
It's impact on health and welfare of women,
Ant the suffering of the children of these women;

We had among us a yellow rose,
As facilitator in form of Miss Walley Ros,
Who spoke on NGOs and private sector's role
And proposal writing to get to our goal;
Dr. K. K. Jha's presentation model,
And the Mandala of his TB control model,
Were insightful, thought provoking and clear,
His creativity is class A for sure;

The participants were a lively lot,
They fitted together like pea in a pod;
We were different in more than a way,
But we became a body within a day;
We learned that we were still different,
Our situations, conditions and approaches different;
Yet we were similar in many ways,
We came to know in the past ten days;

Issues were discussed and thoughts shared,
The common ground was that we all cared;
About the suffering of mankind due to TB,
And that we were committed to eliminate TB;

We all thanked the STC Kathmandu,
And RGoB for gathering us in Thimphu;
And on this day we also take a vow
To fight TB and HIV, the deadly duo;

The old enemy in this deadly alliance,
Is striking us with renewed vengeance;
The only way for us existing to-day,
Is to implement DOTS, DOTS and DOTS today;

We are committed for sure, to do so,
And to make others too, to do so.

It was a pleasure to be associated with you all,
It was fun and frolic like in a ball;
The Takins, Kichu and jokes we shared,
I assure you, will be always remembered.

It is good to meet and sad to part,
It tears the soul and breaks the heart;
Thought it is hard to say goodbye,
Yet I must now say goodbye:

The world is round and it is small,
So, I believe I will again meet you all.

World TB Day 2000



We commemorate World TB Day on 24th March every year in the memory of the day in 1882, when Dr. Robert Koch announced his landmark discovery of the TB bacillus. This announcement paved the path of diagnosis of Tuberculosis. Though the people knew the cause of the disease but it took long time to discover its treatment. The first anti-TB drug was invented in 1944 and National TB Control Programmes were started in SAARC Region in 1960s. National TB Control Programmes could only proved partially successful even after 25 years of operation. The Member States decided to include TB control in the agenda of regional cooperation while planning to have an association for regional co-operation. The SAARC TB Centre is functioning, since 1992 in Kathmandu, Nepal.

After 100 years of Koch's discovery at the centenary function in 1982, it was decided to observe 24th March as **World TB Day** every year. The World TB Day is not the celebration, as biggest killer is on his job and taking lives of millions of people every year. It is the day of mourning that's why we commemorate this day and mobilize public support to deal with this problem effectively.

SAARC TB Centre is helping to strengthen awareness and advocacy programmes of the Member Countries for TB control. On the occasion of World TB Day 2000, STC organized different events in a joint function organized in Kathmandu in association with His Majesty's Government of Nepal /NTC, WHO, NATA and JICA. The highlights of the day's activities were:

1. *An Elephant procession.*
2. *Joint function in City Hall.*
3. *Organizing an Exhibition.*
4. *Public awareness campaign using audiovisual media and news papers.*
5. *Displaying banners with different slogans relating to TB disease and DOTS.*

An Elephant procession:

In early morning on 24th March in Kathmandu, an elephant parade began as a very slow march from National Zoo to the Open Theater (nearly 5 KM distance) passing through the main market of Kathmandu. Students, health workers, social volunteers, INGOs members, Journalists and Artists were following the decorated elephant with different slogans and STOP TB play-cards, revised strategy, DOTS.

Joint Function in City Hall:

A joint function was organized in City Hall which was attended by officials of His Majesty's Government of Nepal, Health Workers working in governmental and non-governmental organizations, Journalists, Artists, Representative of UN organizations and Diplomatic Missions, Students, Social Workers, Community Leaders and TB Control Workers. The Hon'ble Health Minister Dr. R. B. Yadav addressed the function as a Chief Guest and emphasized the need of a united efforts to control the menace of TB and HIV/AIDS. The function was also addressed by Hon'ble State Minister of Health, Mr. T. R. Dangol, Secretary of Health, Representative from SAARC Secretariat, Mr. Abdul Ghafoor and Mr. Thinly Dorji, Directors. Hon'ble Health Minister released a book, a General Information on TB and Its Control prepared by SAARC TB Centre to distribute to the general people.

In the joint function, the Director and Deputy Director of the STC made presentations.

Exhibition on TB control:

At the open place in the hall, STC had arranged an exhibition on tuberculosis. The information on activities performed by the STC along with developments occurred in the field of TB control in the Member Countries were displayed. A large number of visitors of the function observed the exhibition.

Regarding the World TB Day 2000 an special issue of STC Newsletter is being published by incorporating the news on activities held on this day in all seven-member countries and other important organizations abroad.

Media Coverage:

Radio Messages of the Rt. Hon'ble Prime Minister Mr. G. P. Koirala, Health Minister, Dr. R. B. Yadav and State Minister of Health Mr. T. R. Dongol were telecast early in the morning by Radio Nepal. A message of Director, STC and NTC was also telecast.

A message from His Excellency, Secretary General of SAARC along with Director, STC were covered in National Newspaper. The newspaper also covered information on TB disease and its control along with efforts being made by Governmental and Non-governmental organizations in order to contain TB disease. An special article on Partnership with Students in TB control jointly written by Principal, KVK and Dy. Director, STC was among the important articles covered by various newspapers.

Displaying of Banners:

Banners with different slogans about TB disease its extent and DOTS were displayed all over the Kathmandu valley.

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Special Articles and Technical Information on Tuberculosis

Role of DOTS Committee in Successful Implementation of National TB Control Programme

Dr. D. S. Bam, Director, SAARC TB Centre and National TB Centre

Background:

Tuberculosis is one of the major public health problems in Nepal. About 45% of the total population are infected with TB, out of which 60% are in productive age group. Every year 44,000 people develop active TB, of whom 20,000 have infectious cases. These cases are capable of spreading disease in the community.

A joint HMG/WHO review of the National TB Control Programme (NTP) revealed that only 30% TB cases were registered under NTP of these, only 40% were cured. The government adopted the DOTS strategy in 1995, and established pilot DOTS centres in four districts; Kailali, Nawalparasi, Parsa, and Bhaktapur in 1996. Cure rates achieved in the cohort of patients registered in these centres was above 89%. By July 2000 the programme has been expanded to 165 treatment centres in 67 districts by covering nearly 70% of population. The treatment success rate in DOTS centres has remained over 89%, and the national treatment success rate has now been reached to nearly 80%. Nationally, over 27,000 TB patients are registered and treated each year under the NTP, and TB treatment is now available in all the 75 districts of the country.

Introduction of Directly Observed Treatment Short-course (DOTS) has reduced the deaths. Expansion of cost effective but highly successful treatment strategy of DOTS has proven its efficacy in Nepal. This will have a profound and long lasting impact on mortality and morbidity due to TB. By achieving the global targets of diagnosing 70% of new infectious cases and curing 85% of these patients would save 60,000 deaths over the next five years. High cure rate would reduce the transmission, and lead to a decline in the incidence of disease, which would ultimately help us to achieve our objectives of TB control.

Success with DOTS depends on local participation, with collaboration between the district health office and the community. The most important factor of success of DOTS in Nepal is formulation of District DOTS Committee.

DOTS Committee:

The DOTS (district and treatment centre level) committee is a group of motivated people, consists social workers, political leaders, civil leaders, health service managers, informal leaders, representatives of local organisations, medical colleges and school and TB patients.

Objectives of DOTS Committee:

1. *To plan and monitor DOTS in the district*
2. *To educate the community about DOTS*
3. *To mobilize local resources*

Formulation of DOTS Committee:

Before DOTS is introduced in the district, the DHO calls a meeting. The meeting is chaired by President of District Development Committee. This is participated by NGO and INGO representatives, social workers, health workers, teachers, TB patients and other community leaders.

The District Health Office (DHO) describes the DOTS Programme and proposes the formation of DOTS committee. The meeting selects members of the DOTS committee.

Anyone can contribute in the DOTS committee and the decision of inclusion rests with the local community. There are usually 10-15 members. The committee appoints the chairperson and office bearers including vice chairperson, secretary, treasurer, and advisors. The basis of selection of office bearers is their technical understanding of DOTS. The DHO is usually the member secretary of the committee and is responsible for calling meetings.

The DOTS committee needs to meet once in every four months in the at least first year of DOTS implementation, however later on it can meet as per necessity.

Function of the DOTS Committee:

The basic function of DOTS committee is to meet the objectives of the NTP. These are to introduce DOTS in all 75 districts of Nepal, to successfully treat 85% of new infectious TB patients, and to diagnose 70% of people estimated to develop infectious TB every year.

The strengths of DOTS committee:

- Increasing public awareness about TB in the community through advocacy and education
- Supporting people with TB in the community by providing treatment observers and late patient tracers
- Identifying local problems in DOTS implementation, and proposing appropriate solutions at the community level.
- Encouraging cooperation between health institutions, health workers, volunteer, and NGOs
- Protecting health workers at treatment centres from undue political pressures.

The International Review Team 2000 has appreciated the role of the DOTS committee for NTP Nepal. The team has expressed in the report that **"The community has expressed its commitment to the fight against tuberculosis through the involvement of DDCs, VDCs, CDOs, political and community leaders as well as community organizations in the DOTS committees and in voluntary assistance to the tuberculosis services"**. The DOTS Committee has contributed a major share in the success of the DOTS in Nepal.

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National TB Control Programme (NTP) in Bangladesh

*Dr. Anwara Khatun
Deputy Programme Officer
NTP Bangladesh*

Tuberculosis (TB) has been always considered one of the major public health problem in Bangladesh and the development of TB control has taken place in the context of large sector wide approach to health sector development with involvement of international aid agencies. Health Sector Reform (HSR) and a Sector Wide Approach (SWAp) to health are features of the Health and Population Sector Programme (HPSP) being funded by the Government of Bangladesh and the World Bank with a donor consortium. TB control is one of the components of the Essential Service Package (ESP) and the decentralized of service delivery to units providing 'one stop' care for population of upto 6000 people will be considerable assistance in increasing access to Directly Observed Treatment, Short-course (DOTS).

Government of Bangladesh has strong political commitment on TB Control and adopted DOTS strategy nation-wide covering about 90% of the population. TB services are available in all 460 Thanas of the country, 44 Chest Clinics and in the Chittagong metropolitan city making accessible for diagnosis and treatment of TB patients free of charge. NGO partnership already serves 40% of the existing coverage areas. A total of 346,256 TB cases were detected after revising the strategies of TB control, of whom 172,938 are new smear positive. The cohort analysis of the new TB smear positive patients under DOTS evaluated showed overall treatment success rate of about 80%.

National Tuberculosis Control Programme has a 1999 – 2000 budget of US \$ 1.46 million and requires about US \$ 20-25 million for the next 5 years upto 2005.

More technical assistance in future is required for:

- Management and supervision at central and peripheral level,
- Social mobilization,
- National TB reference laboratory
- Anti- TB drug resistance surveillance (WHO, IUATLD, Global surveillance)
- Review training package with in ESP,
- Research

Our National TB Control Programme is internationally known for its performance and coverage of 96% of the country. It is also considered a successful example of collaboration between Government and NGOs in providing TB Services. The success and achievements are to be focussed in the coming Ministerial Conference on Tuberculosis and sustainable development from 22nd to 24th March 2000 (on the occasion of the World TB Day) in Amsterdam. This important conference will be attended by the Ministers of 22 countries, representatives of US Government, the Gates Foundation, the World Bank, WHO, UNICEF and UNAIDS. New alliances will be established to strengthen DOTS globally and fight against TB.

Current Situation of NTP:

The annual incidence of pulmonary smear-positive TB cases in Bangladesh was 111/100,000 population in 1997. In 2000, the estimated incidence is 238 new total TB cases (107 new pulmonary smear-positive) per 100,000 population. More than 300,000 new TB cases and 60,000 deaths due to TB (assuming different mortality rate for each type of TB and health care provider) are expected in Bangladesh in 2000.

A National sentinel surveillance in 1999 found that HIV is alarmingly present among especially vulnerable groups (0.3% in STD patients, 0.6% in brothel based sex workers, 2.5% in injection drug users). One thousand six new smear-positive TB cases in two chest clinics in Dhaka were also tested during Jan.-Jun. 1999. HIV positivity was found in one patient (0.1% rate).

The present revised National TB Control Programme (NTP) was launched in Dec. 1991 under the project "Further Development of Tuberculosis and Leprosy Control Service", one of the largest of the Fourth Population and Health Project (FPHP). Since July 1998, NTP continues under the 1998-2003 Health and Population Sector Programme (HPSP), integrated in the communicable disease control area of the Essential Service Package (ESP).

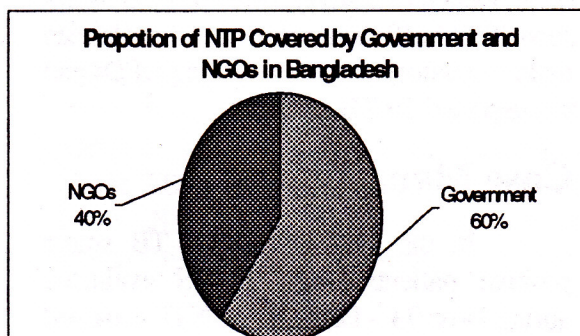
Specific NTP objectives by the year 2003 are:

1. to cure 85% of the detected pulmonary TB new smear positive cases;
2. to detect 70% of the existing pulmonary TB new smear-positive cases. The DOTS strategy is adopted.

Case-finding:

Since June 1998, all 460 thanas are served by the revised NTP, 274

(60%) by GoB and 186 (40%) by NGOs, BRAC and Leprosy Co-ordinating Committee (LCC). NTP is also implemented in Chittagong Metropolitan City by Government, city corporation and NGOs facilities. A new MoU was signed with the Urban Family Health Partnership (UFHP) for the further expansion of NTP in the metropolitan cities. *As at March 2000, about 90% of the total population is served by NTP, i.e. 117 million.*



From the inception of registration (Nov. 1993) until March 2000, the cumulative number of reported total TB cases is 346,254. Of the pulmonary cases, 55.1% are smear positive. The *ratio* of new pulmonary smear-positive cases to new pulmonary smear-negative and extra-pulmonary is 1:1.

During 1999, the reported *case notification rate* for pulmonary TB new smear positive patients was 34.2 per 100,000, which corresponds to a *case detection rate* of 31.6%, considering the incidence of 108 per 100,000 smear positive cases in a year and an mean catchment population of 109 million.

To promote NTP to different audiences and increase TB case detection, a number of initiative have been taken with WHO support: a) celebration of 2000 World TB Day countrywide at thana level (March); b) production of two posters, one video and one flip-chart for education of communities; c) publication of a special

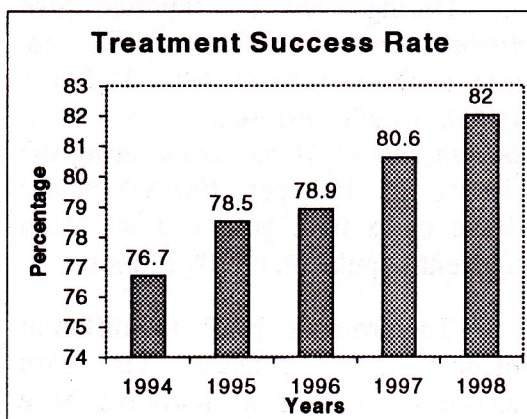
issue of the Bangladesh Medical Research Council (BMRC) Bulletin.

Special activities were targeted to improve the case detection: a) collaboration with Finlay Tea Company in Srimangal (Sylhet); b) extended collaboration with the Research Institute of Tuberculosis in Tokyo for a participatory action research.

NTP has the overall Male: Female ratio of 1:0.04 (5:2) in the new smear-positive TB patients reported. The preliminary results of a quantitative study performed in May-June 1998 in 59 thanas show less female than male respiratory patients attending OPDs and be suspected for TB.

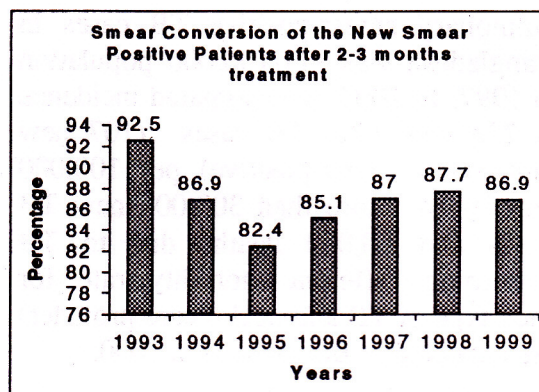
Case Management:

In the new pulmonary TB smear positive patients under DOTS evaluated during Nov. 93 – Dec. 98, the NTP achieved the overall *successful treatment rate* of 80.4% (75.5% cure and 4.9% treatment completion). The *death rate* was 5.2%, the *failure rate* was 1.3%, the *defaulter rate* was 10.1% and *the transferred out rate* was 3.0%. The *success rate* was 82.0% in 1998, 80.6% in 1997, 78.9% in 1996, 78.5% in 1995, 76.7% in 1994 and 80.6 in the four thanas implementing the NTP in 1993.



The successful management of TB patients is also reflected by the overall 86.5% smear conversion of the new smear positive patients after 2-3 months treatment of which 86.9% in 1999, 87.7% in 1998, 87.0%

in 1997, 85.1% in 1996, 82.4% in 1995, 86.9% in 1994 and 92.5% in 1993.



Supply:

Since, the launch of HPSP and due to unavoidable constraints in the reorganization of the Central Medical Store Depot (CMSD), TB drugs and supplies have procured with some delays. Various emergency procurements through WHO, UNICEF and CMSD were needed to restore the stock of drugs and laboratory reagents.

The central storage for NTP has been maintained at the Shymoli Chest Clinic. Distribution to districts and thanas is through NGOs and government authorities coming to Dhaka against specific indents.

Monitoring and Supervision:

Through close monitoring, completeness of reporting has been improved during the last quarters. The number of TB cases evaluated after registration has also improved correspondingly. A new software (Epi-Centre) to process NTP data in Bangladesh has been developed in WHO-SEARO and it is under trial in Dhaka. Regular quarterly feedback to the districts is provided by the headquarters since March.

The health information system in Bangladesh is in the process of major review under HPSP. The NTP forms and registers are likely to be maintained to ensure regular surveillance of the programme. Supervision is strengthening by eight WHO national consultants.

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Forging Partnership in Fight against TB

Dr. P. Kumar, Deputy Director, SAARC TB Centre

Background:

Tuberculosis is a serious public health problem. Eight million new cases with 2 million deaths occur globally, out of which 95% are in developing countries. Over 30% burden of TB is in SAARC Member Countries. Tuberculosis Control Programmes have been reviewed and found partially successful. HIV/AIDS epidemic is looming large, which would further increase the number of cases. In this

situation there is urgent need of strengthening our National Tuberculosis Control Programmes. SAARC TB Centre has initiated the action and identified three new partners Students, Media and Industries, to strengthen our fight against Tuberculosis. The projects have been initiated with these new partners in order to create awareness about TB disease and seek co-operation from different sectors of society to defeat this enemy of mankind.

A Joint Project of SAARC TB Centre (STC) and Kendriya Vidyalaya, Kathmandu, (KVK)

A joint project to involve school children has been designed by STC and KVK to develop students to deliver messages on TB and its control. The students have been identified as new partners considering the facts that:

- 📖 Students are most potential force of the community
- 📖 Students have provided their capability by bringing revolution in many fields.
- 📖 Students are in the process of learning and have skills of communication.
- 📖 Students have strength of educating friends, family and community at large.
- 📖 Students can be most potential partners in our fight against TB.

Viewing this potential of school children appropriate material for key messages has been developed and provided to students. Students have been trained to become the partner in TB control.

Objectives of the project:

1. *Educate school children about TB disease, its control programme and seek their co-operation in TB control.*
2. *Built a cadre of child ambassadors committed to spreading messages of awareness about TB and its control.*
3. *Forge an active partnership with children in fight against TB.*

Duration:

The duration of the project on an experimental basis would be for the year 2000, after which it would be reviewed.

Executive Committee:

Chairman, **Dr. D. S. Bam**, Director,
SAARC TB Centre
Co-Chairman, **Mr. Thinley Dorji**,
Director, SAARC Secretariat

Coordinators, **Dr. P Kumar**, Deputy
Director, SAARC TB Centre
Mr. V. Venkataraman, Principal,
Kendriya Vidyalaya, Kathmandu.

Members, **Mr. C. K. Ojha** and
Mrs. Sangita Sapan, Teachers, Kendriya
Vidyalaya, Kathmandu.
Mr. P. Bhandari and **Mrs. Jyoti
Gautam**, SAARC TB Centre

Project details:

A substantial period has been spent since the discovery of tuberculosis bacillus in 1882, invention of first anti-TB drug in 1994, implementation of National Tuberculosis Programme in 1960s, declaring TB as a global emergency in 1993 and introduction of DOTS. However, TB still remains a serious problem in South Asia. We can not afford to be complacent as if we continue with poorly functioning TB control programmes; we will be facing a serious problem of MDR-TB. To over come with this problem we have to implement

successful DOTS programme. Our experience shows that it may not be possible to achieve desired success without new partners.

Therefore a project Partnership with students in fight against TB has been designed by STC with the Kendriya Vidyalaya, Kathmandu.

- Kendriya Vidyalaya, Kathmandu has been selected for the pilot project.
- Students of the KVK have been trained jointly by principal, teachers and STC,
- Selected students are delivering the key messages on TB and its control,
- Students first exchanged their views in the school and family and now they are doing the same in the community,
- Additional schools will be involved in second phase
- Different competitions will be arranged
- Best students would be rewarded and chances would be provided to communicate in other schools and in community in Nepal and other SAARC countries.
- In second phase more school will be involved and competition developed in order to have a wider awareness Campaign in the forms of debates, essay writing and dramatics (skits). Private sector would be encouraged to support such activities through their sponsorship. This would help generate enthusiasm, interest and widen the participation.

Calendar of Activities:

Date	Activities Planned	Activities held
1 Jan 2000	An advocacy project has been planned as per decision of the Governing Board	Project planning
31 Jan 2000	Discussions with Mr. A. D. Gupta and Mr. T. Dorji, Directors, SAARC Secretariat for finalization of the project	Project has been finalized and Kendriya Vidyalaya, Kathmandu has been selected as Project site
12 Feb 2000	Meeting with Mr. V. Venkataraman, Principal, KVK	Visit of the Project site and team has been selected
14 Feb 2000	Discussions with the principal, teachers and students of KVK	Modalities of the Project discussed with identified students of the class VII, VIII, IX and XI
17 Feb 2000	Providing Information relevant to the project to the teachers and students	A set of 25 sheets of presentation and 12 copies of handouts submitted by Dr. P. Kumar to Principal, teachers and students
3 Mar 2000	Visit of KVK to assist students for their deliberations	Five students delivered key messages on TB and its control in an assembly organized in school premises
30 Mar 2000	Distribution of Booklet	Handed over 400 copies of booklet to Principal of KVK.
9 Mar 2000	Presentation on details of the project and information about TB and its control	Students delivered individual speeches on TB control on the basis of presentation prepared by STC at KVK. Library.
20 Apr 2000	Meeting at KVK	Meeting with Principal and teachers for students' visit to STC (a detailed note is prepared)
25 Apr 2000	Visit of STC by students of KVK	14 students and Mr. CK Ojha visited STC at 12 – 2 PM
28 Apr 2000	Planned for rehearsal at KVK at 2.30 pm	Seven students delivered speeches at rehearsal
29 Apr 2000 (Saturday)	Individual meeting with students for preparation of presentations.	Preparation of individual presentations
22 May 2000	Contact of other schools for expansion of the school project	Contacted other 4 schools by telephone for preliminary talking. Dr. P. Kumar talked with the principals
8 Jun 2000	Meeting with Principal, KVK for the next programme of school project	Meeting has been held
10 –25 Jun	Rehearsal at school by school team	Rehearsal has been held
30 Jun 2000	Grand rehearsal in the presence of STC team	Grand Rehearsal has been held
6 July 2000	Final rehearsal of presentation and Discussion for the preparation of final presentation.	Final rehearsal has been held
8 July 2000	Final Presentation	The final presentation was held in Embassy Hall where the 7 students of KVK presented their views on TB and its control.
September	Inter-school drawing and quiz competitions	
	Core group of students for delivering lectures at schools of out of valley.	

Future Plan:

In the month of July there will be an another Presentation in the presence of parents, teachers of KVK, honorable guest from HMG Nepal, SAARC Directors, STC staff, Principals and students of some of the schools.

A inter school competition on "Human fight against TB", would be organized in one of the bigger hall. The students would be divided in three groups.

- Group 1** Class IV - VI
- Group 2** Class VII -IX
- Group 3** Class X -XII

Two students from each group will be identified from each school those would participate in this competition and that would be followed by quiz competition.

Inter School Drawing competition:

In this competition the students would draw pictures, showing favorable conditions causing TB and another group would draw methods of prevention and control of TB. The best performing children would be rewarded in the function.

Inter school submit group on TB control:

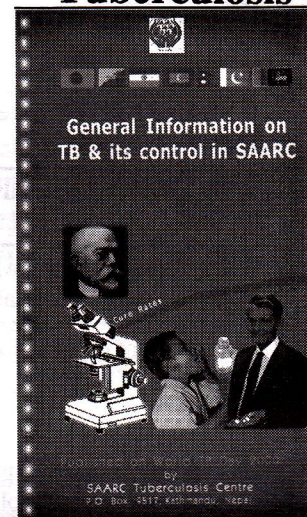
A best performing children from different schools would be identified and trained to deliver lectures in schools out of the valley, industries and media offices.

This Programme would be expanded in other schools of the valley and other parts of Nepal as well as in other Member Countries.

Outcome:

- i. To transmit the messages on awareness about TB disease and method of its control to other target groups like school children, Industries, Media offices and community centres.
- ii. To help reducing mortality and morbidity to other families and children due to tuberculosis.
- iii. Building partnership with children with their commitment in TB control by disseminating in other areas.
- iv. Forging partnership with other people to make TB control easier than ever before.

Preparation and distribution of a Book on General Information on Tuberculosis



To create awareness about TB disease and its control a Book has been prepared by SAARC TB Centre. The Book was released by Hon'ble Health Minister Dr. Rambaran Yadav on the World TB Day 2000. This Book is being distributed in students, media personnel and general public to create awareness about TB disease and seek their co-operation in successful implementation of TB control efforts in SAARC Member Countries.

Project with Industries

SAARC TB Centre has planned a partnership with the personnel working in industries. The objective of this partnership is to mobilize the corporate sector into social activities. Since employees are the backbone of industries, their and their families' wellbeing therefore is of the prime

concern. In this concern, SAARC TB Centre and Confederation of Indian Industry (CII) have agreed to work together. Similarly, SAARC TB Centre has established links between some the leading group of industries in Nepal to initiate the programme.

Project with Media

Media is a potential vehicle to spread messages and mobilizing community support to achieve desired objectives. Considering this fact, SAARC TB Centre has taken a decision to involve media as an active partner in the fight against TB. The partnership begins with a programme organized by SAARC Secretariat on 31st Aug. 1999. This programme was attended by journalists from SAARC Member Countries, representative from UN agencies, Diplomats from missions in Kathmandu along with Doctors and official of SAARC Secretariat and Centre. A presentation was made in the programme by Director and Deputy Director of SAARC TB Centre on Status and Trend of HIV/AIDS and TB in SAARC Member Countries and Role of SAARC TB Centre in control of these diseases. On this occasion, an appeal was made to media to render their help in generating awareness about TB and HIV/AIDS in general public to seek community's active cooperation to control these diseases. The news of the programme was widely covered by various media.

This was followed by publication of various articles in Newspapers i.e. an article written by

Dr. P. Kumar, Deputy Director, STC under the title of *'Tuberculosis Race Against Time'* on 7th May 1999. Similarly, in the Rising Nepal, a National daily newspaper, published an article on 15th May 1999 titled – *'Media's Role in TB Control'*. Both the articles were focused on the role and value of media in successful implementation of TB control programme in the Region. The Kathmandu Post also published *'Role of SAARC in TB and HIV/AIDS Control'*. This article was jointly written by Dr. D. S. Bam, Director and Dr. P. Kumar, Deputy Director of SAARC TB Centre on 28th Sept. 1999. The article expressed the immediate need of united effort to control TB and HIV/AIDS in the Region.

An article written on the partnership with students was published in the Rising Nepal on 24th March 2000. This was jointly written by Mr. V. Venkataraman, Principal of KVK and Dr. P. Kumar, Deputy Director, STC.

During the international conference the tb.net 2000, on Power, Poverty and TB the PANOS South Asia organized a four-day workshop for South Asian Journalists from 21 to

24 Feb. 2000. During the conference, Dr. P. Kumar, Deputy Director made a presentation on TB & HIV/AIDS and their control in South Asia. Answering the questions raised by Journalist of South Asia Dr. Kumar urged them to support TB control programme by creating awareness in the general public.

Journalists from South Asia visited SAARC TB Centre on 24th Feb. 2000, and agreed to become the partners in TB control programme. They ensured their solidarity and started their contribution in the fight against TB by using their strong weapon "*the Pen*".

This was followed by publishing various important articles all over the Region. On 2nd April 2000, an article under the title of '*A Major KILLER DISEASE*' written by Mr. Binod Kumar Dubey was published in The Hindustan Times, Patna, India. In the article, Mr. Dubey has expressed his views on the strategic plan for TB control and situation of TB in the Region.

The Rising Nepal published an interview of Dr. D. S. Bam under the title of '*DOTS Programme has been successful*'. Dr. Bam expressed his views on present situation of TB control in SAARC Region and new strategy of TB control called DOTS along with its success and importance.

Mr. Afsan Chowdhury, BBC, Bangladesh and India visited SAARC TB Centre on 29th May 2000. The purpose of his visit was to interview Dr. D. S. Bam and Dr. P. Kumar in order to make a series on TB and methods of its control This broadcast would be in Bengali language on prime time from BCC to create awareness in the community about TB disease.

These partnership projects may be proved very crucial to generate awareness in the community. The better awareness may lead to better TB control and therefore would help in achieving our objective of TB control.



(A group of Journalists from South Asia visited STC on 24th Feb. 2000)

ABSTRACTS

PREVALENCE OF PULMONARY TUBERCULOSIS AMONG CHILDREN IN A SOUTH INDIAN COMMUNITY

L. Suryanarayana, Ind.J.Tub.1999, 46,171

Summary: A study on prevalence of pulmonary tuberculosis was conducted during 1991-94 among 20,063 children, aged <14 years, residing in 62 randomly selected villages situated within a 5 km belt, beyond 19 km radius from the center of Bangalore city. Of the 20,063 children, 17,477 were subjected to elicitation of history, clinical examination and tuberculin test with 1 TU RT23 with Tween 80 and results read between 72-96 hours later, of the 16,451 (94.1%) children test-read, 34.5% had tuberculin indurations of >10 mm; 20.1% were undernourished; 3.2% had lymphnode enlargement and 4% had history of contact with a case of pulmonary tuberculosis. In all, 6075 children with the above criteria became eligible for subsequent investigations. Of them, 1,798 (29.6%) children aged <5 years were subjected to chest X-ray while the remaining (aged > 5 years, 4277-70.4%) were subjected to bacteriological (smear & culture) as well as radiological examination. From these examinations, a total of 50 radiological positive cases (11 from below 5 years and 39 from 5 years & above group) and 17 bacteriological positive case (14-culture positive +3 smear positive) from children aged 5-14 were detected. The diagnosis of tuberculosis in children obtained in this manner was found to be related to under-nutrition, positive reaction to tuberculin and history of contact. The prevalence of bacteriological cases was 0.15% in the age group 0-14 years and that of radiological cases 0.3% in the age group

0-14 years. These rates are similar to the rates observed in the initial round of the conventional longitudinal epidemiological survey conducted 30 years ago as well as the one conducted among the urban slum children of Bangalore. These rates, considered as low, are not likely to alter the epidemiological situation of tuberculosis in the community.

PREVALENCE OF HIV INFECTION AMONG TUBERCULOSIS PATIENTS IN DELHI-A SENTINEL SURVEILLANCE STUDY

S. K. Jain, Ind.J.Tub.2000, 47,21

Summary: To determine the prevalence of HIV infection among newly diagnosed untreated tuberculosis patients in Delhi, serum specimens of about 400 patients between 15 and 45 years of age were collected from each of six randomly selected tuberculosis clinics of Delhi and screened by the ELISA test. Out of the total 2,361 specimens thus collected from six clinics, 16 (0.68%) were found to be positive for HIV -I antibodies. All the 16 HIV positives were among 1409 males examined (1.14%), suggesting a higher risk of HIV co-infection present among males suffering from tuberculosis. Among them, illiterates and those educated upto primary level were significantly more compared to those with middle and higher education. The other risk factors for HIV and tuberculosis co-infection were (i) heterosexual relations with multiple partners, (ii) intravenous drug abuse and (iii) concomitantly present sexually transmitted disease.

TUBERCULOSIS TREATMENT FOR THE BEGINNING OF THE NEXT CENTURY

D. E. Schraufnagel,
Int.J.Tuberc.lung.Dis.1999,3, 8,(651)

Summary: As we move into the next century it appears that new anti-tuberculosis drugs will arise from four categories: 1) new use of old drugs, 2) new delivery of old drugs 3) new drugs within old classes, and 4) new classes of drugs. Old drugs such as clofazimine and its analogues, rifabutin, the macrolides, aminoglycosides, quinolones and perhaps vitamin D may find a way into better regimens. New therapy may also arise from new combinations and new uses of current anti-tuberculosis drugs. New drugs are being developed in the rifamycin, fluoroquinolone, and nitroimidazole families. Several immune amplifiers, such as interferon-gamma (IFN- γ), interleukin-2 (IL-2), and interleukin-12 (IL-12), have undergone pilot testing. Counteracting adhesion molecules is being tested for several infectious diseases. With the unraveling of the tuberculosis genome, attacking enzymes unique to mycobacterium tuberculosis is easier and allows us to hit elements in both a metabolic pathway and its alternate pathway. Interfering with transcription factors that bind DNA but do not promote RNA production could interrupt transcription. Genetic products of mycobacteria can be modified to cause their own death. Phages may deliver anti-sense nucleic acids for inhibition of mycobacterial gene expression. The

distinction between drugs, immunotherapies and vaccines may blur.

SMOKING PREVALENCE IN 2010: WHY THE HEALTHY PEOPLE GOAL IS UNATTAINABLE

David Mendez, PhD, Am J. Public Health, 2000,90,401

Abstract

Objectives: This study examined the changes in smoking initiation and cessation needed to realize the healthy people 2010 national adult smoking prevalence objective (13%).

Methods: Using data from the National Health Interview Surveys, we calculated smoking prevalence over time with a dynamic population demographics model, examining the effects of changes in smoking initiation and cessation.

Results; The draft objective is unattainable solely through decreases in smoking initiation. It could be achieved through smoking cessation alone only if cessation rates immediately increased by a factor of more than 3.5 assuming plausible decreases in initiation and increases in cessation, the draft objective is virtually unattainable.

Conclusions: the health objectives should challenge the status quo but be achievable. Formal analysis often can assist in establishing reasonable objectives.

Wel-come News

STC Visit:

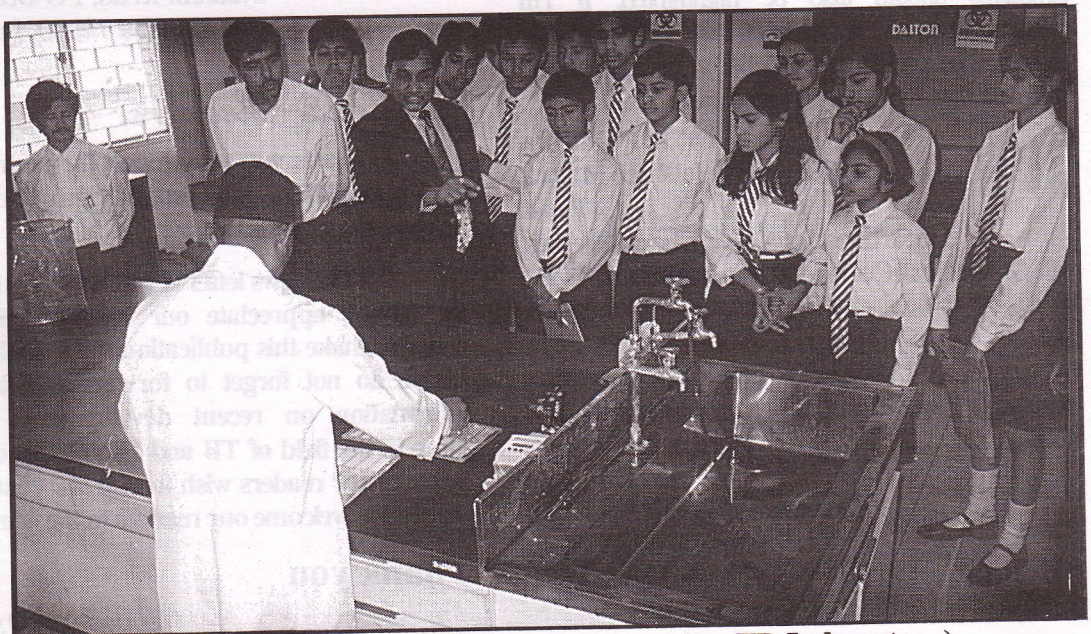
A group of 20 Journalists from PANOS, Institute of south Asia and Norway visited SAARC TB Centre and National TB Centre on 24th Feb. 2000. In the group, there were representatives from Bangladesh, India, Nepal, Pakistan, Sri Lanka and Norway along with the journalists from National dailies of Nepal.

A group of 29 Journalists and representatives from – Embassy of Japan, Ministry of Foreign Affairs, National Newspapers, National News Agency, CEDA etc. visited SAARC TB Centre and National TB Centre. The team obtained the information about TB control in SAARC Member Countries and Japanese assistance in TB Control at the reception ceremony held at meeting hall of the centre on 31 March 2000.

Mr. C. K. Ojha, a Teacher with 14 students of Kendriya Vidyalaya, Kathmandu visited SAARC TB Centre to observe the TB control activities under the advocacy programme of STC on 25th April 2000.

A delegation consisting Dr. Donald Sutherland, Dr. Adalbert Laszlo, and Dr. K. Jochen from CIDA visited SAARC TB Centre on 22 June 2000. The team discussed on the SAARC-CIDA Project on TB and HIV/AIDS.

Mr. Salim J. Habayab, Team Leader, World Bank, Washington and Dr. Tirth Rana, World Bank, Nepal visited SAARC TB Centre and National TB Centre on 5 June 2000. The team obtained the information on TB control activities of SAARC Member Countries and current situation of TB and HIV/AIDS.



(Teacher and Students of KV, Ktm. observing TB Laboratory)

Proposed Programmes

1. Public awareness and advocacy in relation to TB and HIV
2. Workshop on operational research related to TB control in member countries
3. Expert meeting for standardizing training curriculum at the level of Directors of National TB institutes

Letters to Editors

*To the Editor,
STC Newsletter*



Thank you for the January 1999 issue of STC Newsletter. We are looking forward to Secretary General's visit here in Ottawa.....

.....
Dr. Donald Sutherland
Director
Health Canada,
Bureau of HIV/AIDS, STC and TB



Thank you for the newsletter and the directory, which is a valuable literature for academic purposes. In this global newsletter our areas, problems should also be highlighted. If I'm permitted I would like to contribute with academic matters. The problems of Tribal areas are little bit different than the other educated areas.....

Dr. B. P. Mishra
Dr. (Mrs) Jaishree Mishra
Head
Department of TB & Chest Diseases
S. S. Medical College, Rewa - 486001, M.P.,
India.



..... Kindly post your newsletter regularly. I would like to visit the centre in near future.....

Dr. K. R. John
Community Health Department
Christian Medical College
Vellore 632 002, India.



The STC Newsletter is an excellent means of keeping the health care workers informed about the regional progress in the field of TB control.....TB is not an expensive disease to treat but most of our region does not have an organized management system. A strong and sustained regional cooperation is needed to achieve a degree of control on TB and HIV.

Dr. Syed Fayyaz Hussain, FRCP (Edin.)
Head of Pulmonary Section
Department of Medicine
The Aga Khan University
Faculty of Health Science, Medical College,
Stadium Road, PO Box 3500,
Karachi 74800, Pakistan.



Dear Readers:

Thank you very much for your letters of appreciation, suggestions, guidance and acknowledgements.

STC News letter is your publication and we always appreciate our readers' views in order to make this publication the valuable one. Please do not forget to forward articles and information on recent developments taking place in the field of TB and HIV/AIDS control. Some of our readers wish to visit our centre and we always welcome our readers in the centre.

Thank you

Editor

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