



Year 2004
SAARC Awareness Year for TB and HIV/AIDS

STC

Newsletter

Vol.XIV, No.1 Jan-June. 2004



(Inaugural Ceremony of ToT on Tuberculosis Control Programme Management)

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Chief Editor
Dr. D.S.Bam, Director

Editor : Dr. Rano Mal Piryani, Deputy Director
Co-editors : Dr. B.P.Rijal, Microbiologist
Dr. Md.M. Rahman, Epidemiologist

STC Newsletter is a regular 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

For more information and correspondence, please contact

SAARC Tuberculosis Centre, Thimi, Bhaktapur, G.P.O.Box No. 9517, Kathmandu, Nepal

Tel: 0097-1-6632601, 6632477, 6631048, Fax: 0977-1-6630061, E-mail: saarctb@mos.com.np Website: www.saarctb.com.np



SAARC TB Centre Newsletter

Vol. XIV No. 1

Jan-June 2004

From the Editorial Desk

The South Asian Association for Regional Cooperation (SAARC) is established when its Charter was adopted on 8 December 1985 by the Heads of State or Government of Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.

The Association provides a platform for the people of South Asia to work together in a spirit of friendship, trust and understanding. It aims to promote the welfare of the peoples of South Asia and to improve their quality of life through accelerated economic growth, social progress and cultural development in Member States.

The quality of life & social progress is mainly based on the health status of the people. Prevention and control of the diseases are priority for the people. Both TB and HIV/AIDS are identified as major public health problem in the Region. Asthma and COPD are also highly prevalent in the Region. To take collective efforts to tackle these problems and share experiences and expertise in the relevant field STC has been organizing SAARC Conference on TB, HIV/AIDS & Respiratory Diseases in Kathmandu from 14 to 17 Dec. 2004. Your participation is highly desirable to make the conference fruitful and successful.

Your visit to Kathmandu will give you an opportunity to observe the most beautiful city of South Asia with very exciting history that is reflected in its culture, architecture and cuisine.

STC is looking forward to meet you in Kathmandu to make the conference a memorable, scientific and social event. Ultimately, the experiences gained during the conference will certainly be beneficial to the people of the Region.

Editorial Board:

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Dr. Rano Mal Piryani
Dr. B. P. Rijal
Dr. Md. M. Rahman

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Report on Activities

Public Awareness, Advocacy and Partnership Programmes on TB and HIV/AIDS

Partnership programme with Industry Workers

1. Programme held at BCCI, Bhaktapur, January 22, 2004:

With view to mobilize the corporate sector into social activities, the STC has been organizing partnership programme with industry workers, since, the employees are the backbone of industries as well as the main wage earners of the community.

STC organized a daylong talk programme on public awareness & advocacy on TB & HIV/AIDS, control and prevention with the workers working in various industries in industrial complex at Byasi, Bhaktapur. The programme was held in the conference hall of Bhaktapur Chamber of Commerce and Industry (BCCI) on Jan. 22, 2004. Besides workers, managerial personnel of the BCCI also participated in the programme.

Mr. Bibek Man Karmacharya, 1st Vice-President, BCCI welcomed the STC staff and participants. In his welcome address, he highlighted the necessity of being aware about the infectious diseases. He thanked STC for organizing the important programme for industry workers at their place.

Dr. D. S. Bam, Director, STC presented the key information on TB. He emphasized on TB at the workplace and availability of DOTS at their places.

Dr. B. P. Rijal, Microbiologist, STC

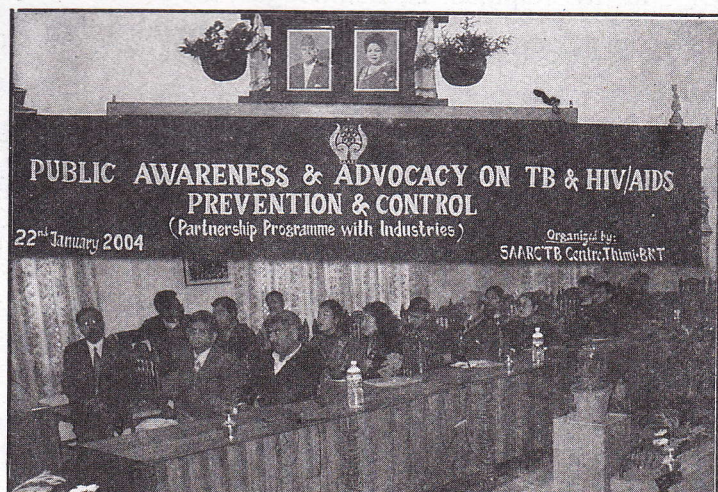
explained about the TB disease and its diagnosis.

Dr. Md. M. Rahman, Epidemiologist, STC, explained about spread and prevention of HIV/AIDS

Dr. Rano Mal Piryani, Deputy Director, STC clarified the queries raised by the participants about TB and HIV/AIDS. Dr. Piryani thanked BCCI authorities for their invaluable support to make the programme successful. He also thanked all participants for their patience hearing and active participation in the programme.

The Director, STC was felicitated by BCCI senior official for making industry workers aware about TB and HIV/AIDS.

Sixty-five participants participated in the programme.



2. Programme held at Biratnagar, Eastern Nepal- June 20, 2004.

SAARC TB Centre organized an awareness programme with the help of District Health Office, Morang, Britain Nepal Medical Trust, Biratnagar and Nepal Anti-TB Association (NATA), Morang, branch to mark the awareness year for TB and HIV/AIDS at Biratnagar, Eastern Nepal on 20 June 2004. Mr. Torendra Man Pradhan, President, NATA, Morang branch presided the programme. Nearly two hundred industry employees of Ashok Textile (Pvt.) Ltd. Rani, Morang participated in the programme.

The programme started with the welcome speech of Dr. D. S. Bam, Director, STC.

Dr. Rano Mal Piryani, Deputy Director, STC presented the general information about TB, its type, mode of transmission, symptoms, diagnosis, treatment, and things to remember in life to be safe from TB disease.

Dr. Md. M. Rahman, Epidemiologist, STC delivered talk on general information of HIV/AIDS.

Dr. D. S. Bam, Director, STC highlighted the need of partnership with industry employees in the control of TB and prevention of HIV/AIDS. He explained the importance of SAARC awareness year for TB and HIV/AIDS along with its objectives. He also briefed the programmes



planned to mark the year 2004 as an awareness year.

- A 4-day SAARC Regional conference on TB, HIV/AIDS and Respiratory Diseases
- Publication of special books on TB and HIV/AIDS separately
- Production of audio visual documentary on TB and HIV/AIDS in SAARC Region
- Awareness programme
- Publication of IEC materials

Along with the above programme, he also emphasized to continue to strengthening partnership with Media, Industry, School, Pharmacists & Druggist, Private Sector and Medical College.

Dr. B. P. Rijal, Microbiologist, STC delivered vote of thanks and the Chairman of the programme Mr. Pradhan gave closing remarks.

Partnership programme with schools/colleges:

1. Programme held at Banepā, Kavrepalanchowk, January 29, 2004.

Only the successful awareness programme can bring the remarkable change in the control of diseases like TB and HIV/AIDS.

To fulfill the requirement, partnership programme has been developed with potential segments of the society in order to make the awareness programme successful. In this regard, STC has selected schools students who could propagate the messages about TB and HIV/AIDS to their friends, families and neighbours and in community at large.

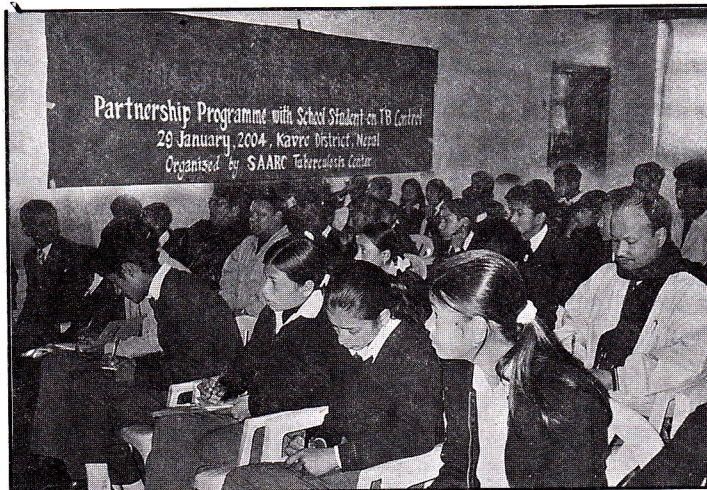
Twelfth SAARC Summit has declared the year 2004 – a SAARC Awareness Year for TB and HIV/AIDS. In order to promote awareness on TB and HIV/AIDS, the STC organized a programme outside of Kathmandu Valley.

Students of 7 renowned schools of Banepa city gathered at Nepal Red Cross Society, building Kavrepalanchowk branch, Banepa to participate in the programme.

The programme was chaired by Mr. Samundra Lal Shrestha, President, Nepal Red Cross Society, Kavre district.

Mr. Shrestha, welcomed Dr. D. S. Bam, Director and other staff of STC by offering beautiful bouquet as a token of appreciation. In his welcome address, he appealed the students to listen carefully and learn some thing new on TB & HIV/AIDS.

Dr. D. S. Bam, Director, STC extended a warm welcome to students and teachers and thanked Nepal Red Cross Society, Kavrepalanchowk



branch for their heartily welcome and kind cooperation by providing venue for the programme. He highlighted the objectives of the programme, the role of students in TB control and made presentations on TB and its control.

Dr. Rano Mal Piryani, Deputy Director, STC presented the sign and symptoms of TB, its diagnosis and treatment.

Dr. Md. M. Rahman, Epidemiologist, STC discussed about spread of HIV/AIDS and its prevention.

Presentations session was followed by question and answer session, where STC Director and Professionals answered the queries raised by the participants.

Mr. Bal Krishna Bhusal, Senior Public Health Officer, Kavrepalanchowk District explained the demography of the district and expressed his hope that students will always be ahead in propagating the message on TB and HIV/AIDS. He assured that IEC materials will be provided by the District Health Office as per the requirement of the schools.

On behalf of the participants Mr. Dan Bahadur Shrestha, Teacher, Azad Secondary School, Banepa expressed his satisfaction and requested to provide additional informative material about TB and HIV/AIDS.

Dr. Bam gave vote of thanks and the Chairman concluded the programme by giving thanks to all.

Pre-test and Post-test were conducted to evaluate the programme.

The following schools participated in the programme:

1. Pragati Prabhat Higher Secondary School
2. Chaitanya Madyamik Vidyalaya
3. Shikshya Sadan Madyamik Vidyalaya
4. Himalaya Madyamik Vidyalaya
5. Aazad Madyamik Vidyalaya
6. Shidarth Madyamik Vidyalaya
7. Bal Batika Boarding School

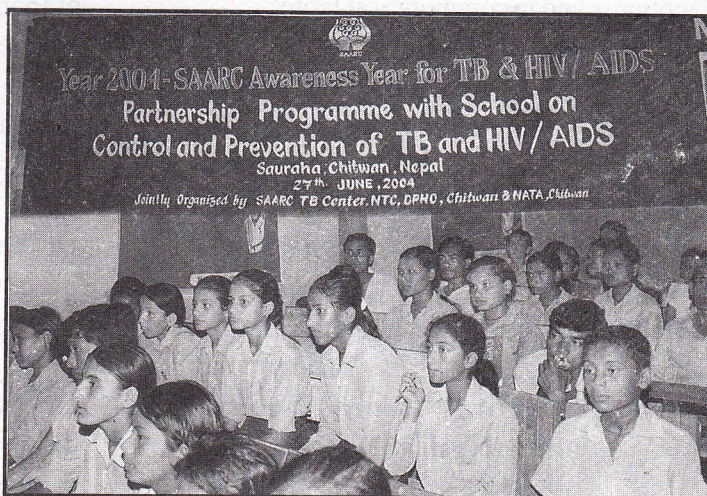
2. Programme held at Sauraha, Chitwan, June 27, 2004.

The partnership programme with students was also organized at Chitwan district with the following objectives:

- To educate students about TB, HIV/AIDS and TB/HIV co-infection and control of TB and prevention of HIV infection.
- To forge an active partnership with students in fight against TB, HIV/AIDS and TB/HIV co-infection
- To raise public awareness by mobilizing community at large.

The programme was held at Tharu Culture Centre, Sauraha. Over 200 students/teachers from Jhuwani High School, Jhuwani, Bachhuli High School, Bachhuli, Malpur Middle School, Sauraha, and Nepal High School, Ratna Nagar participated in the programme.

The technical session was chaired by Mr. Bhim Raj Pathak, Chairman, Nepal Anti-TB



Association, Chitwan district. The welcome remarks was given by Dr. Chandra Dev Mehata, DPHO, Chitwan district.

Dr. D. S. Bam, Director, STC presented papers on SAARC awareness year for TB and HIV/AIDS, involvement of partners in this programme from different sectors, situation of TB disease in the Region and need of advocacy for TB control programme in the context of SAARC Region.

Dr. Rano Mal Piryani, Deputy Director, STC presented papers on general information on TB disease.

Dr. Md. M. Rahman, Epidemiologist, STC gave talk on mode of spread of HIV infection and its prevention.

At the end, on behalf of the schools, Mr. Jayashwar Poudel, Principal, Jhuwani High

School thanked the organizers for conducting the important programme at their place. He also thanked the students for their active participation and taking keen interest in the programme.

Dr. B. P. Rijal, Microbiologist, STC thanked the Principals of the schools, DPHO, NATA and community organizations for their remarkable help in organizing this programme at Chitwan.

3. Programme held at Nursing College, Mohakhali, Dhaka, Bangladesh, May 13, 2004.

To mark the SAARC awareness year for TB and HIV/AIDS as well as to promote awareness among the nursing students on TB and HIV/AIDS, an interaction programme was organized at auditorium of Nursing College, Mohakhali, Dhaka, Bangladesh on May 13, 2004.

Inaugurating the programme, the Principal of the College extended a warm welcome to the participants, authorities from NTP, Bangladesh and SAARC TB Centre, Nepal.

The technical session of the programme was started with the presentation of Dr. D. S. Bam,

Director, STC. He presented the situation of TB in the Region, advocacy on TB control programme and role of students in TB control in the community. Dr. Bam also requested for the active participation of nursing students in TB control programme.

Dr. Rano Mal Piryani, Deputy Director, STC explained the objectives of the programme and gave a talk on what is TB and how it can be prevented and controlled?

Dr. Vikarunnessa, Deputy Manager, NTP, Bangladesh highlighted the situation of TB in Bangladesh.

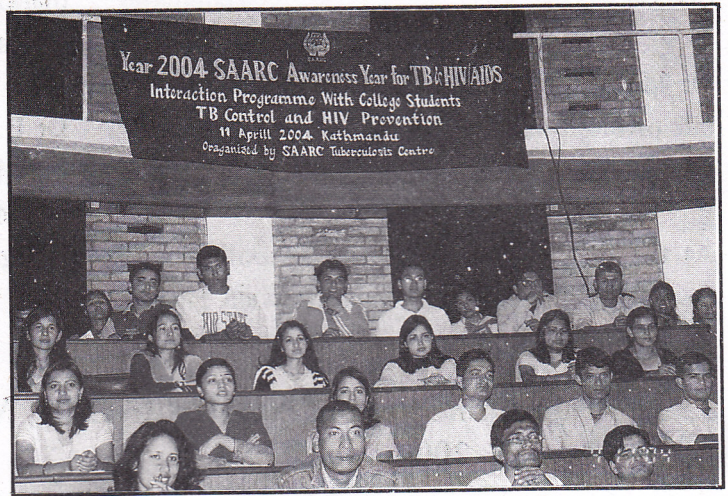


The talk on TB/HIV co-infection was given by Dr. Md. M. Rahman, Epidemiologist, STC.

The session was concluded with the remarks from the Principal of the college. She thanked the organizers for this important programme organized at her college and requested to provide IEC material to the institution. ♦

4. Programme held at STC for college students:

The message of observing the year 2004 as SAARC awareness year for TB and HIV/AIDS, activated the Master-level students of Nepal Commerce Campus, Minbhawan, Kathmandu. The campus students requested STC to arrange an awareness programme on TB and HIV/AIDS for them. Accordingly, an interaction programme was organized at STC training hall, Thimi on April 11, 2004.



Mrs. Sarita Khadka, Assistant Campus Chief, Nepal Commerce Campus chaired the programme.

Dr. D. S. Bam, Director, STC welcomed the participants and explained the objectives of the awareness year. He highlighted the role of students in TB control and the situation of TB in Nepal as well as in SAARC.

Dr. Rano Mal Piryani, Deputy Director, STC presented signs- symptoms, diagnosis and treatment of TB. He also highlighted the importance of partnership programme to control TB in the community.

Dr. Md. M. Rahman, Epidemiologist, STC presented the problem of HIV/AIDS and TB/HIV co-infection in the region.

Most of the queries were raised on mode of transmission of TB and occurrence of TB/HIV co-infection. Students were enthusiastic to assist

TB control programme & TB patients.

Mrs. Khadka expressed her pleasure for the opportunity to participate and to be aware about TB and HIV/AIDS. She assured that students would certainly help in creating awareness in the community. She thanked the organizer for accepting their request and making good arrangement.

At the end, Dr. Bam thanked all students, Professors and Asst. Campus Chief for their positive response and willingness to support the programme.

Around 200 Degree Level students participated the programme. This programme was conducted by Dr. B. P. Rijal, Microbiologist, STC.

Partnership Programme with Media/Journalists

1. Programme held at The Gorkhapatra Sansthan (Corporation), New Road, February 1, 2004.

The media is an important vehicle to spread awareness on TB and HIV/AIDS and to mobilize the community.

It also supports TB control programme to achieve the desired objectives.

Considering the facts, the SAARC TB Centre (STC) has identified media people as active partners. When these people produce articles, new reports etc. on TB and HIV/AIDS, certainly the TB programmes and people will be benefited.

With special importance for the year 2004-SAARC awareness year for TB and HIV/AIDS, SAARC Tuberculosis Centre organized a talk programme on partnership with print media at conference hall of the Gorkhapatra Corporation, Dharmapath, New Road, Kathmandu on February 1, 2004. The Gorkhapatra is the leading and oldest National Newspaper (daily) of Nepal. This corporation publishes five different types of publications namely – The Gorkhapatra, The Rising Nepal, The Muna, The Madhupark and the Yuba Manch.

The programme was started under the chairmanship of Mr. Ganu Man Malla, General Manager, Gorkhapatra Corporation. At the beginning, Mr. Shiva Prasad Bhattarai, DCE of



the corporation delivered the welcome speech.

The technical programme started with the presentation of Dr. D. S. Bam, Director, STC. In his presentation, he highlighted role of media in TB control. Simultaneously, Dr. Bam described the current situation of TB and HIV/AIDS in Nepal and explained how media people could contribute to reduce the TB in the community.

Dr. Rano Mal Piryani, Deputy Director, STC explained the aim and objectives of SAARC awareness year for TB and HIV/AIDS (year 2004). He briefed the TB situation and current status of TB control programme in the SAARC Region.

TB/HIV co-infection is one of the challenges in TB control programme; considering this, TB/HIV co-infection and its impact were highlighted by

Dr. Md. M. Rahman, Epidemiologist, STC.

Dr. C. Gunneberg, Medical Officer, WHO/NTP Nepal presented talk on Global situation of TB and the role of journalist to create awareness in community.

After the technical presentation, interaction

session was held.

At the end, the General Manager Mr. Malla thanked organizer for strengthening them in using their capabilities for control of TB and prevention of HIV. On behalf of the participant journalists he expressed their willingness to make a strong partnership with TB control & HIV prevention programme.



2. Programme held at The Radio Nepal, Singhadarbar, February 11, 2004.

The role of electronic media in propagating the messages is very large. The direct effect of the media to the people of all level plays very significant role in making aware the community about TB and HIV/AIDS. The Radio and Television are always ahead in communicating people. STC organized a talk programme on partnership with electronic media at Radio Nepal hall on February 11, 2004. The participants were from Radio Nepal and Nepal Television.



The programme was started under the chairmanship of Mr. Durga Nath Sharma, General manager, Nepal Television. The welcome speech was delivered by Mr. Rajendra Sharma, Deputy Executive Director, Radio Nepal.

Dr. D. S. Bam, Director, STC informed the media about the declaration of the 12th SAARC Summit to observe the year 2004 as SAARC Awareness year on TB and HIV/AIDS. He started his presentation with the role of media in control of

TB and HIV/AIDS. Dr. Bam also explained about the situation of TB in Nepal and in the Region and how the media can support TB control programme.

Dr. Rano Mal Piryani, Deputy Director, STC appealed the people working in electronic media for their cooperation to observe the year 2004 as SAARC awareness year for TB and HIV/AIDS. Dr. Piryani also presented an overview of the TB situation and current status of TB control programme in the SAARC Region. He also presented some modalities of possible

cooperation between TB programme and media unit.

Dr. Md. M. Rahman, Epidemiologist, STC explained the status of TB/HIV co-infection and its impact in the SAARC Region.

Dr. K. K. Jha, Senior Consultant Chest Physician, National Tuberculosis Centre presented a paper on Global burden of TB and how the media people could create awareness in community specially in the field of TB and HIV/AIDS.

At the end all the participants took part in interaction session. The participants raised different queries regarding infection of TB and possibilities of having infection during singing etc. The TB experts, Drs. Bam, Piryani, Jha, Rahman and Rijal, answered the queries.

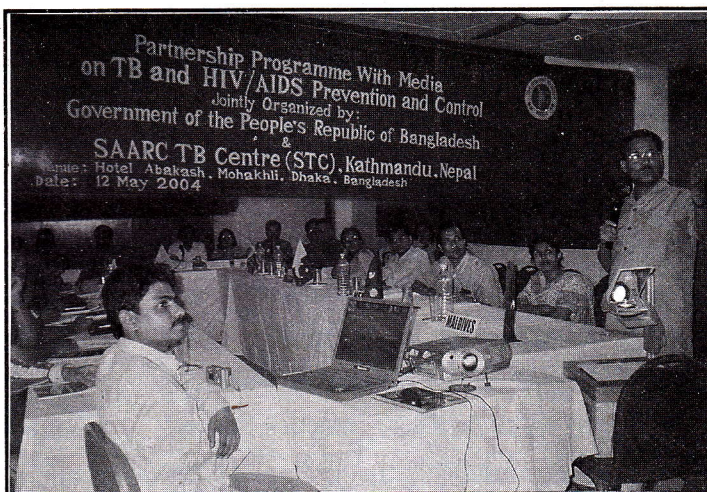
In concluding remarks Chariperson Mr. D. N. Sharma assured SAARC TB Centre that they would support in observing the year 2004 as SAARC awareness year for TB and HIV/AIDS.

3. Programme held at Dhaka, Bangladesh – May 12, 2004.

With the objective to increase the level of awareness of the people at all level about TB and HIV/AIDS, the SAARC TB Centre organized a partnership programme with media in Dhaka, Bangladesh on May 12, 2004. In the programme, the theme of the awareness year was highlighted. It was also explained that the media is potential vehicle to spread awareness on TB and HIV/AIDS to the people and mobilize community for control and prevention of TB and HIV/AIDS.

Dr. Jalal Uddin Ahmed, Deputy Director, CDC & National TB Programme Manager, Bangladesh welcomed the participants at the programme. Dr. D. S. Bam, Director, SAARC TB Centre, Kathmandu presented technical paper on the role of media in control of TB and HIV/AIDS.

The programme was participated by the leading journalists from News Network, The Daily Star,



The Daily Prothom Alo, Jugantor, Daily Lalsing, Daily Dinkal etc. In the discussion, the queries were answered by, Director, Deputy Director and Professionals from STC, Manager and Deputy Manager of NTP, Bangladesh and WHO Medical Officer, Bangladesh.



Fourth JSC Meeting of SAARC-Canada Regional TB and HIV/AIDS Project

The 4th Joint Steering Committee (JSC) Meeting held at SAARC Secretariat under the chairmanship of H. E. Mr Q. A. M. A. Rahim, Secretary General, SAARC on 15th March 2004.

Mr. Mohamad Naseer, Director, SAARC Secretariat participated in the meeting.

Dr. D. S. Bam, Director, SAARC Tuberculosis Centre presented the brief achievements of the year 2003/04.

Ms. Jacinthe Desmarais, International Project Manger, International Health Policy and Communications Division (IHPCD), Health Canada presented overview of the project & expenditures till the end of the project.

In the meeting, the key issues for discussion were SAARC Regional TB/HIV co-infection Strategy and its long-term implication, which, was based on the presentation of Dr. Md. M. Rahman, Epidemiologist, STC.

Dr. Rano Mal Piryani, Deputy Director, STC briefed about the sustainability of project, while Ms. Jecinthe explained about the review and evaluation of project.



Mr. Jean-Marc Mangin, First Secretary (Development) and Consul and CIDA Representative from the Canadian Cooperation Office (CCO) in Kathmandu expressed his satisfaction over the achievements made under the project.

Dr. Chris Archibald, Director, HIV Epidemiology and Research Division, Health Canada appreciated the achievements of the project since its implementation. He thanked the Director, STC and his team for successful implementation of the project activities.

Dr. B. P. Rijal, Microbiologist, STC also attended the meeting.

Completion of the SAARC-Canada Regional TB and HIV/AIDS Project

SAARC-Canada Regional TB and HIV/AIDS Project completed its fourth years in March 2004 (it was designed for April 2000 to March 2004).

The project was initiated with the purpose of strengthening the capacity of SAARC TB Centre, Kathmandu to support Regional & National

responses to the TB & HIV/AIDS epidemics.

The project had four major components:

- I. Regional TB and HIV/AIDS epidemiological network
- II. Improved accuracy in laboratory diagnosis of TB through better quality assurance in National laboratory networks.
- III. STC supporting role in regional communications & policy development on TB and HIV/AIDS
- IV. Project Management

The Regional TB & HIV/AIDS epidemiological networking enhanced data exchange between SAARC Member Countries with collaboration of WHO/SEARO and UNAIDS. With the participation of Nodal Officers from each SAARC Member Countries, the project supported the development of Regional TB and HIV/AIDS epidemiological networking activities by strengthening the capacity of staff for sharing data between SAARC Member Countries.

The Regional TB & HIV/AIDS epidemiological networking is developed to enhance data exchange between SAARC member countries by using the epidemiological and laboratory networks to transfer and exchange data among countries and with the STC. Collaboration with Regional Offices of WHO and UNAIDS based in New Delhi is also part of the networking. The synthesis and analysis of the data provide evidence needed for generating regional situation

analyses that can support communications and policy development.

With the participation of Nodal Officers from each SAARC countries, the project supported the development of regional TB and HIV/AIDS epidemiological networking activities by strengthening capacity for sharing data between SAARC member countries and generating the analyses needed to support strategy development for the monitoring, prevention and control of TB and HIV/AIDS in South Asia.

This project has established a regional networking between national TB reference laboratories in the SAARC region and supported QA activities of national networks of sputum smear microscopy. This was done through the provision of supplies to the SAARC Regional TB Reference Laboratory (microscopes, equipment and furniture) and training to the STC Microbiologist in sputum smear microscopy and QA programs for national microscopy networks. At the regional level, senior staffs of national TB reference labs were given training in the management of national TB reference labs and in national networks on sputum smear microscopy. A regional network of national TB reference laboratories coordinated by the SAARC Regional TB Reference Lab has been established for the coordination of regional QA activities.

The SAARC Secretariat has the mandate to disseminate issues on TB and HIV/AIDS and to develop policy document related to these epidemics. This project component strengthened the STC to develop capacities in policy development and communications with regards

to TB and HIV/AIDS. The several situation analysis and epidemiological reports produced from the data and information gathered with the epidemiological networking and other acceptable sources (e.g., UNAIDS, WHO, NGOs and other regional networks) provided data and information that were used as the basis for developing communications material and to inform and influence policy makers with respect to TB and HIV/AIDS in the region.

A situation analysis of TB & HIV/AIDS national programmes had been conducted in the summer 2003; this served as the basis for a consultation process undertaken with SAARC member countries in October 2003 for developing a SAARC Regional strategy for TB/HIV co-infection.

The project was a bilateral development assistance project between SAARC and Canada under the CIDA. Health Canada had been contracted by CIDA to be responsible for implementing the project with STC. The STC and HC co-directed and co-managed the project. Three professionals (Epidemiologist,

Microbiologist and Research Officer) at the STC were involved. One Epidemiologist from HC was based in Kathmandu from time to time to share the technical knowledge with STC. The Canadian Cooperation Office (CCO), Kathmandu was providing assistance to the project for finance and procurement.

Publications of Project in 2004:

1. SAARC Regional Strategy for TB/HIV Co-infection.
2. Report of Second Round External Proficiency Testing of Smear Microscopy in National TB Reference Labs in SAARC Region.
3. Situation analysis on QA of sputum microscopy in Bhutan
4. Gender differences among TB patients in NTPs within SAARC countries





World TB Day 2004



The World TB Day 2004 commemorated widely with the theme “Stop TB Now – Every Breath Counts!” in all over the SAARC Member Countries as well as in the World. SAARC TB Centre had requested the SAARC Member

Countries for the commemoration of World TB Day 2004. It aims to generate commitment from every individual to join the fight against TB. This is the time to take the fight against TB beyond Doctors and Health Centres.

Stop TB Now – Every Breath Counts!

Use every breath to spread the message that *TB is curable*. Every person who has TB counts in our fight against TB. And, every TB patient has the right to breathe and to live. You live because you breathe. And, if you breathe, you can get TB.

TB is a public disease and the battle must be fought in public domain if we want our **air to be free of TB**.

Communicate, mobilize, why should million continue to die of TB just because they do not know there is a cure?

Commemoration of World TB Day –2004 by SAARC TB Centre:



SAARC TB Centre commemorated the World TB Day on March 24, 2004, in Kathmandu by organizing various functions in association with His Majesty's Government of Nepal, Ministry of Health, Department of Health Services, National TB Centre, SAARC TB Centre, WHO, JICA, LHL, DFID, NLR, BNMT, INF, MDM, NATA, NGOs and INGOs.

Request to commemorate the World TB Day was circulated to the Member Countries of SAARC by STC. Accordingly, the day was commemorated in all Member Countries of SAARC by organizing various activities. In this connection SAARC TB Centre has been compiling a combined report on the activities organized in Member Countries, which will be published.

Activities

Display of banners:

On March 23, 2004 SAARC TB Centre started World TB Day activities by displaying banners.

Attractive banners with slogans related to TB control and SAARC Awareness Year for TB and HIV/AIDS – 2004 were demonstrated at prominent places of Kathmandu valley.

Release of Messages:

Message from SAARC Secretary General

His Excellency Mr. Q. A. M. A. Rahim, Secretary General, SAARC released a message on the occasion of the World TB Day – 2004 in Kathmandu. In his consequential message he reiterated the efforts performed by SAARC to control TB and HIV/AIDS in the Member Countries. He also reminded the declaration of the year 2004 as the "SAARC Awareness Year for TB and HIV/AIDS". In addition he added that 24th March every year is observed as the World Tuberculosis Day. This day not only reminds us of the landmark discovery of the fearsome disease made in 1882 but also gives us an opportunity to launch effective campaigns with a view to raising awareness about it, and its prevention and control. It is our happiness that SAARC has joined this global campaign.

Message from the Director

Dr. D. S. Bam, Director, SAARC TB Centre gave a message on this day in Kathmandu that the theme selected for the day highlights the link between the act of breathing and life itself. Breath and breathing are also closely associated with Tuberculosis. In his message it is also mentioned

that the SAARC has given top priority for control of TB and prevention of HIV. He appealed in his message for social mobilization and efforts from professionals, social sectors, NGOs, media, community and the individual to make the TB control programme successful and the SAARC Region free from TB.

Joint Programme:

His Royal Highness Crown Prince Paras Bir Bikram Shah Dev graciously inaugurated the joint function organized at Royal Nepal Academy Hall on March 24, 2004. At the inaugural ceremony the welcome speech was delivered by the Secretary of Health, HMG, Nepal Mr. Lok Man Singh Karki. The publications of SAARC TB Centre and National TB Centre were presented by the Chief Specialist of Ministry of Health, HMG, Nepal Dr. Mahabir Kishna Malla. On behalf of WHO, the WR to Nepal Dr. K. Wagner addressed the gathering. Hon'ble Health Minister, HMG, Nepal also addressed on the occasion.

Dr. D. S. Bam, Director, SAARC TB Centre and National TB Centre presented felicitations to His Royal Highness and delivered his speech. In his speech current status of TB control programme in Nepal as well as in SAARC Region were highlighted for the kind information to His Royal Highness and other invitees of the programme.

Exhibition:

His Royal Highness kindly inaugurated the exhibition and observed it. In the exhibition 27 stalls were arranged to demonstrate the TB

control activities. Along with the activities of SAARC TB Centre on TB and HIV/AIDS programme different I/NGOs and National TB Control Programme of Nepal demonstrated their activities in the exhibition.

Rally Programme:

All participants of the joint programme joined the rally organized at Basantapur, where a large number of students, social workers, sport personnel, politicians etc. were gathered. The rally crossed the main market of Kathmandu city and reached open theater for closing of both the programmes.

Closing of the Programme:

At the closing ceremony held at open theater, Dr. D. S. Bam, Director, SAARC TB Centre and National TB Centre delivered the welcome speech. The Rana-samundra Bam Awards were distributed and Dixa-daxa Awards to the organizations and individuals for their remarkable contributions to the TB control activities during the year.

World TB Day in Member Countries:

All SAARC Member Countries commemorated World TB Day 2004 on March 24 as per their schedule. The consolidated reports on activities carried out during the day will be published by STC.



Trainers' Training on TB Control Programme Management, 10-19 May 2004

Government of People's Republic of Bangladesh and SAARC Tuberculosis Centre (STC), Kathmandu, Nepal jointly organized a trainers' training on TB control programme management in Dhaka in 10 May 10-19, 2004.

Dr. Khandaker Mosharraf Hossain, Honourable Minister for Health & Family Welfare, the People's Republic of Bangladesh inaugurated a SAARC trainers' training on TB control programme management in May 10, 2004.



In the inaugural address, Hon'ble Minister expressed his views on Regional situation of TB and need of expansion of DOTS for control of TB. He also appreciated the role played by SAARC TB Centre for the welfare of millions of people living in the Region. He extended gratitude to the STC for organizing this course in Dhaka, Bangladesh.

Mr. M. Fazlul Karim, Director General, South Asia & SAARC, Ministry of Foreign Affairs, People's Republic of Bangladesh welcomed the guests, participants and dignitaries in the inaugural function. In his welcome speech he threw light on the activities of SAARC along with the activities of SAARC TB Centre. He also explained the objective of this training programme.

Mr. A. F. M. Sarwar Kamal, Secretary, Ministry of Health & Family Welfare, Bangladesh

spoke on the initiative taken by the STC to strengthen TB control programme by organizing trainers' training in the Member Countries.

Dr. Rano Mal Piryani, Deputy Director, STC speaking at the function, explained the situation of TB in the Region and efforts put by the Member Countries for its control. He paid sincere thanks on behalf of STC to the government of Bangladesh for accepting the proposal to organize training programme in Dhaka and Member Countries for nominating participants for the training course.

The inaugural function was chaired by Prof. Dr. Md. Mizanur Rahman, Director General, Department of Health Services, Government of Bangladesh. In his remark, he explained the problem created by the emergence of HIV/AIDS in Bangladesh. He

The objectives of the training course were to strengthen the skills and update the knowledge for implementing and monitoring DOTS strategy to control TB in the Region effectively and efficiently.

informed the participants and guests that

Bangladesh has identified TB as a major public health problem and the government has given a priority to TB control programme.

At the function, Dr. M. Becx, WHO, Medical Officer, Bangladesh spoke on various aspects of TB control in the World.

Dr. Md. Mahbubur Rahman, Director, PHC & Line Director, ESP paid the vote of thanks.

The training programme was based on the four modules approved by WHO and SAARC Member Countries, such as:

Establish revised TB programme strategy, Ensure training, Plan supplies, Revised recording and reporting.

Besides those modules, the training course also covered the other areas i.e. problem solving exercises & group discussions, lecture/talk on relevant topic, display of audio-visual documentary, field visits of TB diagnostic & treatment centre, presentations by participants.

A *concluding session* was held to felicitate the participants and facilitators for their 10 days' deliberation. The session was graced by Dr. M. Mahbur Rahman, Director, PHC & Line Director, ESP, as the Chief Guest. He awarded the certificates to the participants and facilitators. Dr. Rahman congratulated the participants and facilitators for their hard work. He also appreciated the efforts made by the STC for organizing the training programme. In his remark, he added that the quality of training would be able to meet the regional needs in TB control programme. He urged the participants to use their skills and knowledge they acquired during this training.

On behalf of the participants Dr. Shahjahan Molla, Medical Officer, TB Control and Training Institute, Dhaka and Dr. Iqtidar Ahmed, Director, TB Control Programme, Sindh Province, Pakistan gave their remarks.

Dr. Vikarunness Begum, DPM, TB, graced the session as special guest.

Dr. Rano Mal Piryani, Deputy Director, STC paid his sincere thanks to the Government of Bangladesh for kind concurrence to organize the training programme. He also thanked the NTP Bangladesh authority for their strong support and participants and facilitators for their active participation in the programme.

Dr. Jalal Uddin Ahmed, Deputy Director & Programme Manager, CDC, Directorate General of Health Services, Dhaka expressed his opinion that TB control is the collective responsibility of the people of the region. He appreciated the partnership programmes developed by STC with different segments of the society to make them aware about the concept of National TB Control Programme (NTP) as well as control and prevention of TB and HIV/AIDS.

At the session Dr. Md. M. Rahman, Epidemiologist, STC thanked Government of Bangladesh, participants, facilitators and all the people who helped to make the programme successful.

◆

Progress Report on the Activities of SAARC Awareness Year

Year 2004 – SAARC Awareness Year for TB and HIV/AIDS

Pursuant to the decision of the Twelfth SAARC Summit held in Islamabad from 4 to 6 January, 2004 to observe the year 2004 as the “SAARC Awareness Year for TB and HIV/AIDS” the SAARC Tuberculosis Centre (STC) is in the process of implementing the following approved activities:

i) i) Preparation of an audio-visual documentary on Advocacy on TB and HIV/AIDS:

A documentary production team visited Bangladesh, Bhutan, India, Maldives, Pakistan and Sri Lanka to accomplish the task. The team will complete the rest of the work by July 2004 and will submit final version of the documentary to STC in August 2004. The documentary will be distributed to the Member States in September 2004.

ii) Organizing awareness programme related to TB and HIV/AIDS and their prevention and control through essay competition, focusing the issues of TB and HIV/AIDS and presenting award to winners of the competition:

The STC has circulated the request with the guidelines through SAARC Secretariat to Member Countries in April 2004, to coordinate with the National TB Control Programmes to organize the Essay Competition (Role of School Students in Control & Prevention of Tuberculosis and HIV/AIDS) among the high school students, and send their best three essays before the end of August 2004. The Member Countries have been putting their efforts in conducting this activity.

iii) Production of special publications in English and seven National languages to disseminate upto date knowledge and information about TB and HIV/AIDS:

The English versions of special document on TB and HIV/AIDS have been prepared. These documents will be circulated to the Member States for printing in their National language in July/August.

iv) First SAARC Conference on TB, HIV/AIDS and Respiratory Diseases (Kathmandu, 14-17 December 2004)

The announcement of the dates for the conference was done in January 2004. The information has been disseminated widely through information brochure. The second information will be circulated shortly.

v) Partnership programme with media to observe the SAARC Awareness Year for TB and HIV/AIDS:

The following partnership programmes have been organized during the awareness year:

- a) Partnership programme with print media – see report on page 9
- b) Partnership programme with electronic media – see report on page 10
- c) Partnership programme with media in Dhaka, Bangladesh – see report on page 11
- d) Partnership programme with students – see reports on pages 5,6,7,8
- e) Partnership programme with industry workers – see report on page 3

Other activities carried out by STC to observe the SAARC Awareness Year for TB and HIV/AIDS are:

- Distribution of pocket calendars (March 2004 – May 2005) with the theme/message of the SAARC awareness year and information about the SAARC conference on TB, HIV/AIDS and Respiratory Diseases.
- Dissemination of information on the awareness year through all STC publications.
- Reports, articles etc. related to TB and HIV/AIDS and TB/HIV co-infection are put on the STC website: www.saarctb.com.np
- World TB Day 2004 activities highlighted the importance of the SAARC awareness year.

Brief News

Director and Deputy Director visited different institutions and organizations in Dhaka

During the trainers' training programme in Dhaka, the Director and Deputy Director of SAARC TB Centre visited the following organizations and institutions and observed their activities. During their visit interaction were held among the authorities of the organizations and Director and Deputy Director of SAARC TB Centre.

Director, Dr. D. S. Bam visited:

1. Sonargoun Village Health Facilities
2. HIV/AIDS Control Programme
3. Ministry of Health and Family Welfare

Deputy Director, Dr. Rano Mal Piryani, visited:

1. Bangladesh Rural Advancement Committee (BRAC) Health Programme
2. Damien Foundation
3. National Reference Laboratory, Mohakhali., Dhaka
4. SAARC Agricultural Information Centre (SAIC), Dhaka
5. SAARC Meteorological Research Centre (SMRC), Dhaka
6. Bangladesh Centre for Communication (BCC), Dhaka
7. TB Control and Training Institute, Chankharpool, Dhaka
8. National Institute of the Disease of Chest and Hospital, Mohakhali, Dhaka
9. Chest Disease Clinic, Shyamoli, Dhaka

SAARC-UNAIDS MoU signed:

SAARC and UNAIDS signed a MoU to combat HIV/AIDS on a special occasion held at SAARC Secretariat on April 19, 2004. Executive Director of Joint United Nations Programme on HIV/AIDS (UNAIDS), Dr. Peter Piot termed the agreement a "turning point" in South Asia's response to the epidemic. The agreement specifically focused on tackling the challenges of stigma and discrimination associated with HIV. It also seeks scaling up HIV care, treatment and prevention services, which are lacking in the SAARC Member Countries.

UNAIDS team visited STC:

After signing MoU, the UNAIDS team along with Mr. M. Naseer, Director, SAARC Secretariat visited SAARC TB Centre to update information on TB and HIV/AIDS activities of STC and its achievements on April 19, 2004. Dr. D. S. Bam welcomed the team.



The team was informed about the situation of TB and HIV/AIDS in the region. He briefed about the activities and achievements of STC. Considering the seriousness of TB and HIV/AIDS in the Region, the SAARC Member Countries have decided to address these problems collectively through a Regional cooperation. The mandate has been given to STC to coordinate the regional efforts for control and prevention of TB, HIV/AIDS and TB/HIV co-infection. The team was also informed about the regional strategy developed by STC to address TB/HIV co-infection in the Region.

Dr. Suman Mehta, Associate Director for the Asia, Pacific and Middle East Division, UNAIDS expressed her satisfaction on STC visit. She thanked STC team for warm reception extended to them and appreciated the efforts made by STC in the field of TB and HIV/AIDS. She explained the possible areas of bilateral cooperation between STC and UNAIDS. She also mentioned that UNAIDS would continue to be partner with STC and Dr. Emelia Timpo, Team Leader, South Asia Inter-country team, New Delhi would continue to liaise with STC.

Areas identified for collaboration:

- Develop a joint strategy and work-plan for HIV prevention care & support for HIV/AIDS affected persons.
- Carry-out advocacy & awareness programme jointly.
- Strengthen linkage between SAARC & ASEAN to combat HIV/AIDS problem collectively.
- UNAIDS will collaborate with SAARC and STC in resource mobilization for the TB/HIV co-infection e.g. through the Global fund.
- Strengthening STC Library.

SAARC-UNFPA MoU Signed:

A Memorandum of Understanding between SAARC and UNFPA was signed on June 17, 2004. In memorandum it is mentioned that the two organizations should work jointly through mutual consultation endeavour to promote many programmes including HIV/AIDS.

Audit of the Accounts of STC

A Joint Audit Team (JAT) of Mr. Md. Zaharul Islam, Director, Defence Audit Directorate, Office of the Comptroller and Auditor General of Bangladesh, Dhaka, Bangladesh and Mr. Muhammad Iqbal, Director General Office of the Auditor General of Pakistan, Islamabad, Pakistan audited the annual accounts and the related statements of the SAARC Tuberculosis Centre for the year 2003. The JAT examined and reviewed the financial statements of the Centre from 23rd to 24th April 2004 in Kathmandu.



Special Articles and Technical Information

The UNION (IUATLD) and its Resource Centre in India

Founded in 1920, the International Union Against Tuberculosis and Lung Diseases (UNION) is one of the most experienced international non-governmental organizations (NGOs) dealing with lung health in the world.

Its members (organizations and individuals) are dedicated to the prevention and control of tuberculosis, lung diseases and related community health problems throughout the world with special emphasis in low-income countries.

The UNION's goals are to:

1. Gather and disseminate knowledge on all aspects of tuberculosis and lung disease
2. Alert the medical profession, opinion makers and the general public to the dangers of tuberculosis and lung disease
3. Develop and promote innovative and sustainable tuberculosis and lung disease treatment and
4. Establish lasting partnership with the WHO, other UN organizations, government and non-government organizations in the health and development sectors.

The UNION's activities consist of:

1. Technical support
2. Education and training programmes and
3. Research

The UNION's seven scientific sections are:

1. Tuberculosis
2. TB in animals
3. Bacteriology and immunology
4. Respiratory disease
5. Child lung health
6. Tobacco prevention
7. Nursing and allied professionals

Members are entitled to the following facilities:

1. Our publications (12 monthly issues of the International Journal of TB and Lung Disease; Technical Guidelines; Activity Report and Newsletters).
2. Participation in strategic decisions of any of the seven scientific sections.
3. Voting rights and contribution to the work and decisions of the UNION during the annual assemblies.
4. Discounts on registration fees when attending the World and Regional Conferences.

The UNION'S Resource Centre

The UNION'S Resource Centre, to be situated in New Delhi, India will work in TB and lung disease control in India and South East Asia. This region carries the largest burden of tuberculosis with 11 of the 22 high burden countries situated here. The first overseas branch office of the UNION, the Resource Centre will gather and disseminate knowledge on all aspects of TB and lung diseases.

The Resource Centre proposes to undertake the following activities:

1. Run training programmes
2. Disseminate the UNION's publications and
3. Develop linkage with governments, international organizations, members NGOs, the private sector and the media.

Source:
Regional Co-ordinator
International Union Against TB and Lung Disease (UNION)
New Delhi
Tel: 91 11 516 59 248/9
Fax: 91 11 516 59 372
Mobile: (0) 98 101 60920
E-mail: skripalani@iuatld.org
WWW.iuatld.org

DIFFICULTIES IN THE DIAGNOSIS OF TUBERCULOSIS IN CHILDHOOD

Due to the fact that most childhood TB is paucibacillary, the sputum is usually smear negative, with a positive culture in only a minority of cases. In the majority of cases, the diagnosis is made based on the history of contact with an adult smear-positive case, the symptoms and signs of chronic infection and the special investigations that include tuberculin skin testing and chest radiography. All of these have their own inherent problems:

1. **Contact with an adult index case**, especially if the case is sputum smear positive, makes infection with TB highly likely.

While this is nearly always the case for children living in low-burden countries, it is not always true for children living in high-burden countries. Children younger than two years of age are more likely to be infected in the household by their parents or caregivers, while children older than two years are more likely to be infected in the community. For children living in high burden countries, the absence of a household contact certainly does not exclude the likelihood of TB.

2. **The symptoms and signs** are very vague and common to symptoms and signs seen in children with other chronic diseases or infections, especially HIV infection. This is particularly true for symptoms commonly used in the diagnosis of TB, such as chronic cough, weight loss, fever lasting many days, and repeated respiratory tract infections.
3. **Tuberculin skin tests** identify children infected with TB, but not necessarily those with active disease. The test can be positive

in children who are asymptomatic (TB infection), as well as those with disease (TB disease). False-negative tests can occur in children with severe malnutrition after measles and other severe infections, including HIV all conditions commonly found in high-burden countries.

4. **Chest radiographs** are difficult to interpret, with great intra-and inter-observer variability reported. Often in low-income countries, facilities for chest radiographs are developed for adults, and radiographers are not readily available. This can lead to poor quality chest radiographs that are difficult or impossible to evaluate.
5. **Culture of *M. tuberculosis*** is expensive, has a low yield and is not available in most low-income countries. In the best circumstances, the highest yields are about 40 percent.
6. Due to the fact that the diagnosis is difficult, various **scoring systems and diagnostic algorithms** have been developed. Many of these systems have not been tested. Those that have been tested in low-income countries with a high prevalence of both TB and HIV are very insensitive and non-specific for the diagnosis of TB. New scoring systems need to be developed.

It should be clear, therefore, that the children must have a high level of suspicions that a child has TB, and then use all the tests to make the best diagnosis possible, however imperfect it might be.

Information Source: Diagnostic Atlas of Intrathoracic Tuberculosis in Children, A Guide for Low Income Countries, 2003, Robert Gie, IUATLD

The Important Facts About Childhood TB for Low-income Countries

1. TB can occur at any age. The highest burden of disease is found among children less than 4 years of age, with the highest burden found in children younger than 1 year.
2. Adult, smear-positive index cases are 10 times more infective than smear-negative index cases.
3. About 50% of children exposed to adult index cases will become infected.
4. The younger the child the greater the risk of developing disease, with 40% of children under 1 year, 30% of children under 4 years, and 15% of infected adolescents developing disease.
5. Children attending school (6-14 years of age) have the lowest incidence of disease (golden school-going age).
6. The two most serious forms of TB are acute disseminated TB and TB meningitis, with the highest incidence in young children, especially those less than 2-years of age.
7. A positive tuberculin skin test means infection with TB, not TB disease or immunity to TB.
8. Children develop paucibacillary TB (few organisms). This is important, as children are less likely to have smear-positive TB, can be treated with fewer drugs, and are less likely to develop multi-drug resistant TB (MDR-TB).
9. The chest radiograph picture in children is the result of mediastinal lymph gland enlargement and the complications of the lymph gland enlargement.
10. Children are treated by DOTS.
11. MDR TB is as infective as drug-sensitive TB. MDR TB in children is suspected if the adult index case is not responding to treatment, or is being retreated for TB.
12. Chemoprophylaxis and treatment of latent infection is important in young children (< 2 years) as they have the highest chance of developing serious disease (Military TB and TB meningitis).
13. Children infected with HIV have the greatest risk of developing TB disease. There should be a high degree of suspicion that HIV-infected children have developed TB. An HIV-infected child in contact with an adult index case requires thorough investigation and either treatment or chemoprophylaxis for TB.
14. In children infected with both TB and HIV, the diagnosis is more difficult. HIV-related lung disease has similar symptoms, the children are less likely to have a positive tuberculin skin test, and the radiological picture may be confused with TB (LIP).
15. Adolescents develop either TB pleural effusion or post-primary TB (adult-type) and are examined and treated in the same way as adult TB patients with similar disease.

Information Source: Diagnostic Atlas of Intrathoracic Tuberculosis in Children, A Guide for Low Income Countries, 2003, Robert Gie, IUATLD.

(We thankfully acknowledged UNION for giving permission to publish above information)

Tuberculosis Control Network (TBCN), Nepal

TBCN is an informal forum for agencies and individual involved in or interested in TB control work, established in 1994. This arose from a desire by the in-country implementing INGOs and NTP to agree on case definitions, NTP reporting mechanism, and shared health promotion activities. This expanded into a national group with documented group values, procedures and functions.

The group meets every four-month to share experiences and ideas, and discuss issues of mutual interest and concern in relation to TB control in Nepal. It is an important forum for fostering understanding and co-ordination of activities for the NTP. However, it has a position to assist and support the NTP in policy development upon request.

The central function of TBCN is to act as a forum for members to share experiences and ideas, and for open discussion on issues of mutual interest and concern in relation to TB control in Nepal. It provides support to the NTP in the further development of TB control work; promote excellence in technical, managerial and administrative values, policies, strategies and structures in TB control. Furthermore it helps to foster co-ordination between its members and act as a point of reference for member to obtain technical advice if required.

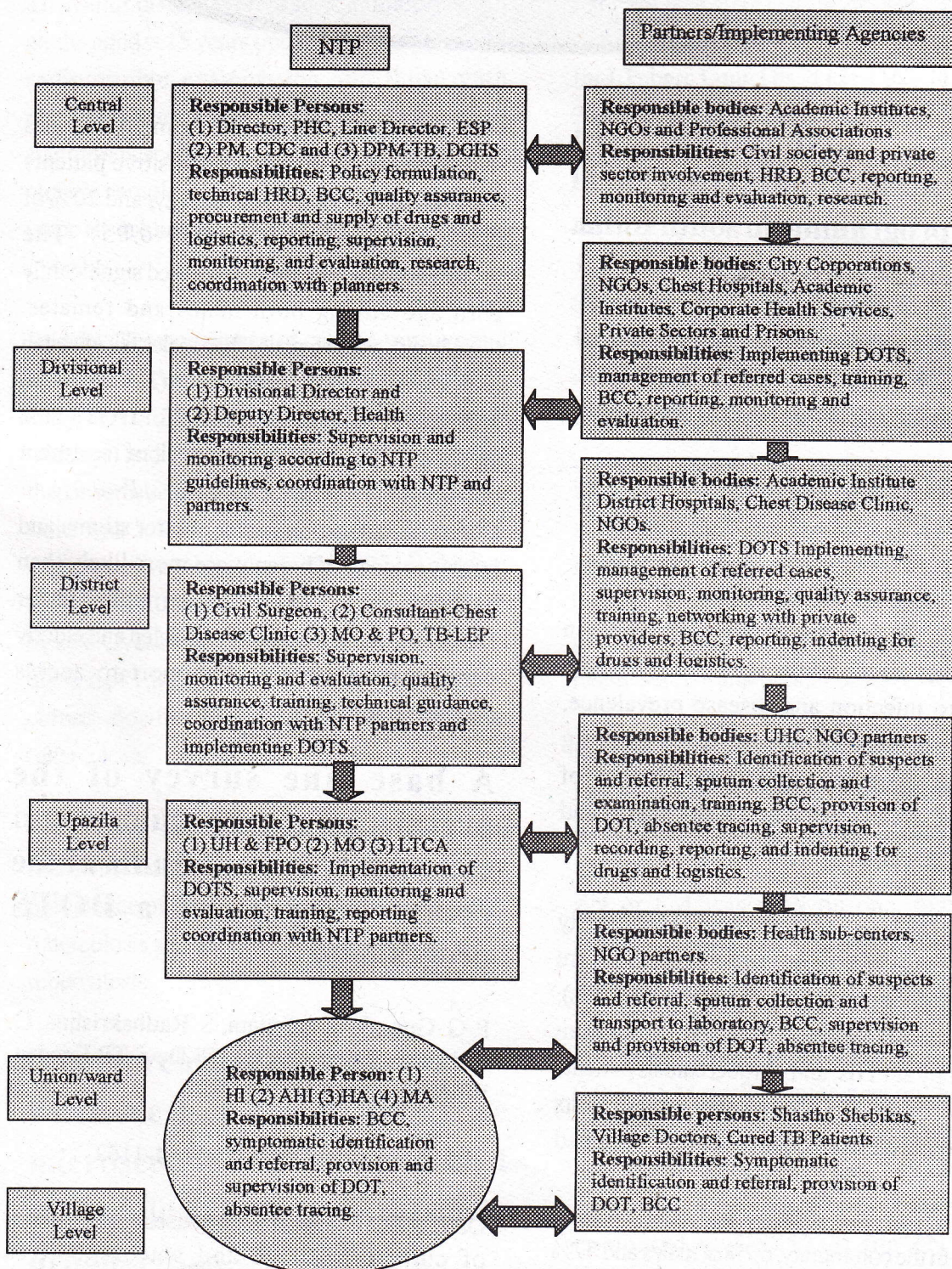
Membership is open to all individuals and agencies involved or interested in TB control work in Nepal. Since the importance of TB and HIV identified, it has carried out several meetings with individuals and agencies working for HIV in Nepal, and now some HIV agencies are also member of TBCN.

The NTP Director is act as a Chairperson and member secretary will be elected by the participating members each year. The secretary acts as the focal point for correspondence and circulation of meeting minutes. The secretary creates the agenda in discussion with the Chair and also with members access with electronic communication.

The meetings are hosted at National Tuberculosis Centre (NTC) just after the National TB Reporting and Planning Meeting. It provided the NTP with ideal platform for the required change management process necessary to implement all the enhanced features embedded in the TB development plan. Interestingly the TBCN become a model for a similar group set up by the counterpart INGOs working in the Leprosy and other health programme in Nepal.

*Source:
NTP, Nepal*

Structure of the National Tuberculosis Control Programme (NTP) of Bangladesh and its Partners/Implementing Agencies



Source: National Guidelines and Operational Manual for Tuberculosis Control, third Edition, Published in 2004

PHC= Primary Health Care, ESP=Essential Service Package, PM=Programme Manager, CDC=Communicable Disease Control/ Chest Disease Clinic, DPM-TB=Deputy Programme Manager TB, DGHS=Directorate General of Health Services, MO & PO=, TB-LEP=, HI=Health Inspector, AHI=Assistant Health Inspector, HA=Health Assistant, MA=, BCC=Behavioral Change Communication, DOT=Directly Observed Treatment, HRD=Human Resource Development, NGOs=Non-governmental Organizations, DOTS=Directly Observed Treatment Short-course, UHC=Upazila Health Complex, DOT=Directly Observed Treatment,

Abstracts

Gender disparities in tuberculosis: report from rural DOTS programme in south India.

R. Balasubramaniam, R. Garg, T. Santha, P.G. Gopi, R. Subramani, V. Chandrasekaran, A. Thomos, R. Rajeswari, S. Anandkrishnan, M. Perumal, C. Niruparani, G. Sudha, K. Jaggarajamma, T. R. Frieden, P. R. Narayanan.

Int J Tuberc Lung Dis 8(3):323-332
2004 IUATLD

Setting: Tiruvallur District, south India.

Objectives: To examine gender differences in tuberculosis among adults aged >14 years with respect to infection and disease prevalence, health care service access, care seeking behaviour, diagnostic delay, convenience of directly observed treatment (DOT), stigma and treatment adherence.

Methods: Data were collected from 1) community survey, 2) self-referred out-patients seeking care at governmental primary health institutions (PHIs), 3) tuberculosis suspects referred for sputum microscopy at PHIs, and 4) tuberculosis patients notified under DOTS. Community survey results were compared with those for patients notified at PHIs.

Results: In the community, 66% of males and 57% of females had tuberculosis infection. The prevalence of smear-positive tuberculosis was 568 and 87/100,000 respectively, among males and females. Fewer males than females attended

PHIs (68 men for every 1000 women). Females constituted 13% of all smear-positive patients detected in the community survey, and 20% of those detected at PHIs ($P < 0.05$). The probability of notification decreased significantly with age among both males and females. Significantly more females than males felt inhibited discussion their illness with family (21% vs. 14%) and needed to be accompanied for DOT (11% vs. 6%). Males had twice the risk of treatment default than females (19% vs. 8%; $P < 0.01$).

Conclusion: Despite facing greater stigma and inconvenience, women were more likely than men to access health services, be notified under DOTS and adhere to treatment. Men and elderly patients need additional support to access diagnostic and DOT services.

A base line survey of the prevalence of tuberculosis in a community in south India at the commencement of a DOTS programme

P. G. Gpoi, R. Subramani, S. Radhakrishna, C. Kolappan, K Sadacharam, TS Devi, TR Frieden, PR Narayanan

Int J Tuberc Lung Dis 7(12):1154-1162
2003 IUATLD

Objective: To determine the baseline prevalence of culture-positive and smear-positive tuberculosis and the annual risk of tuberculosis infection (ARTI) in a community in south India where DOTS is being implemented.

Method: Using cluster sampling, 50 rural panchayats (villages) and three urban units in Tiruvallur district were selected randomly. All adults aged ≥ 15 years underwent symptom and radiographic examination and those with abnormal shadows and/or chest symptoms had sputum smear and culture examination. In another cluster sample of 73 villages and three urban units, all children aged < 10 years were tuberculin tested.

Results: The prevalence of culture-positive and smear-positive tuberculosis was respectively 605 and 323/100,000. Both increased appreciably with age, and were substantially higher in males than in females at all ages; the overall male:female ratio was 5.5 for culture-positive and 6.5 for smear-positive tuberculosis. The ARTI in children aged under 10 years was 1.6, and was unaffected by sex. Over three decades there was an overall decline of 1.8% per annum in the prevalence of culture-positive and 2.1% for smear-positive tuberculosis.

Conclusion: Tuberculosis is a major problem in this rural community in south India, with a prevalence of 605/100,000 for culture-positive tuberculosis and 323/100,000 for smear-positive tuberculosis.

A comprehensive comparison of Ziehl-Neelsen and fluorescence microscopy for the diagnosis of tuberculosis in a resource-poor urban setting

LEA Kivihya-Ndugga, MRA van Cleeff, WA Githu, LW Nganga, DK Kibuga, JA Odhiambo, Paul R Klatser

Int J Tuberc Lung Dis 7(12):1163-1171
2003 IUATLD

Setting: Nairobi City Council Chest Clinic, Kenya.

Objectives: To establish the efficiency, costs and cost-effectiveness of sputum diagnostic strategies using Ziehl-Neelsen (ZN) and fluorescence microscopy (FM).

Design: A cross-sectional study of 1398 TB suspects attending a specialized chest clinic in Nairobi subjected to three sputum examinations by ZN and FM. Lowenstein-Jensen culture was used as the gold standard. Cost analysis included health service and patient costs.

Results: Of 1398 suspects enrolled, 993 (71%) had a complete diagnostic work-up involving three sputum specimens for ZN and FM, culture and chest X-ray (CXR). Irrespective of whether ZN or FM was used on one, two or three smears, the overall diagnostic process detected 92% culture-positive. Different strategies affected the ratio of smear-positive to smear-negative TB; however, FM was more sensitive than ZN ($p < 0.001$). FM performance was not affected by the patient's HIV status. The cost per correctly diagnosed smear-positive case, including savings, was US\$ 40.30 for FM on two specimens compared to US\$57.70 for ZN on three specimens.

Conclusion: The FM method used on one or two specimens is more cost-effective and shortens

the diagnostic process. Consequently, more patients can be put on a regimen for smear-positive TB, contributing to improved treatment and reducing transmission.

Adult to child transmission of tuberculosis: household or community contact?

HS Schaaf, IA Michaelis, M Richardson, CN Booysen, RP Gie, R Warren, PD van Helden, N Beyers

Int J Tuberc Lung Dis 7(5):426-431

Setting: If a child develops tuberculosis, it is assumed that the source was an adult infectious case, usually living in the same house. Restriction fragment length polymorphism (RFLP) was used in this study to establish transmission from source cases to children.

Design: Adult and child tuberculosis cases were prospectively identified from 1993 to 1998 and cultures of *Mycobacterium tuberculosis* collected. Interviews and RFLP analysis of *M. tuberculosis* strains were performed to establish epidemiological links and to confirm household transmission.

Results: Tuberculosis was confirmed by culture in 1139 (91%) of 1291 adults and 65 (16%) of 417 children. Due to problems in recovering specimens or extracting DNA, RFLP analysis was done in 832 adults and 35 children: 19 (54%) children had household members identified with tuberculosis, 12 with the same strain as the child. Twenty-nine (83%) strains from children formed part of community clusters, but definite contact with source cases was established in only 15.

Conclusion: The presence of an adult with infectious tuberculosis in the same house as a child with tuberculosis does not necessarily imply adult to child transmission. Young children may be infected in the community or in the household. These findings have implications for contact tracing and treatment strategies in high incidence areas.

Pharmaceutical formulation of a fixed-dose anti-tuberculosis combination

MP Danckwerts, S Ebrahim, V Pillay

Int J Tuberc Lung Dis 7(3):289-297
2003 IUATLD

Setting: Department of pharmacy and pharmacology, University of the Witwatersrand. Despite the availability of highly effective treatment regimens for tuberculosis (TB), the cure rate still remains relatively low. This may be attributed to the high incidence of patient non-compliance, which subsequently leads to the emergence of multidrug-resistant TB (MDR-TB). To avoid the problem of further creation and propagation of MDR-TB, it may be proposed that patients should be given fixed-dose combinations of anti-tuberculosis drugs whenever self-administration is permitted.

Objective: To optimize an anti-tuberculosis extemporaneous power formulation for suspension in order to develop a fixed combination of rifampicin, isoniazid, pyrazinamide and ethambutol hydrochloride as a powder to be reconstituted with water by the patient prior to administration.

Methods: Different suspending agents were

evaluated for their influence on powder flow properties, and sediment volume on the powder blends. Sodium starch glycolate was selected as the suspending agent because of its favourable powder flow properties and sediment volume produced. The dissolution characteristics of the extemporaneous powder for suspension were also compared to the dissolution profiles of commercially available anti-tuberculosis tablet dosage forms.

Results: The powder for suspension for rifampicin, isoniazid, pyrazinamide and ethambutol hydrochloride all compared favourably to the dissolution rate from the commercially available tablet dosage forms.

Are community surveys to detect tuberculosis in high prevalence areas useful? Results of a comparative study from Tiruvallur District, South India

T Santha, Garg Renu, TR Frieden, R Subramani, PG Gopi, V Chandrasekaran, N Selvakumar, A Thomas, R Rajeswari, R Balagubramaniam, C Kolappan, PR Narayanan.

Int J Tuberc Lung Dis 7(3):258-265:
2003 IUATLD

Background: In Tiruvallur District, South India, tuberculosis cases are detected at health facilities (HF) as part of a DOTS programme, and by screening adults through community survey (CS) as part of ongoing epidemiological research.

Objective: To compare social-demographic, clinical and bacteriological characteristics and treatment out-comes of all patients detected at HF with those of all patients detected by CS during a 12-month period.

Results: Of 32663 adults surveyed, 100 had smear-positive and 116 had smear negative tuberculosis; of 65 smear-positive patients who began treatment, 44 were cured. Compared to HF patients, CS patients were significantly more likely to be older (AOR=1.9), male (AOR=2.7), non-literate (AOR=1.7), and living in poor quality housing (AOR=2.0), and were less likely to have cough >3 weeks (AOR=3.4), or smear-positive tuberculosis (AOR=4.2). Of 61 new smear-positive CS patients, 40 reported chest symptoms, of these, 32 (80%) had already consulted a health-care provider, but remained undiagnosed.

Conclusion: The community survey was of little value in tuberculosis case detection even in this high prevalence setting. Patients identified by the survey were less symptomatic and less infectious, and less than half were cured. Diagnostic services should be made more accessible to the elderly, the non-literate and men.

Annual risk of tuberculosis infection in rural areas of Uttar Pradesh, India.

VK Chadha, PS Jagannatha, PS Vaidyanathan, S Singh, Lakshminarayana

Int J Tuberc Lung Dis 7(6):528-535
2003 IUATLD

Setting: Rural areas in Uttar Pradesh, the most populous state in India.

Objectives: 1) To estimate the average annual risk of tuberculosis infection (ARI), 2) to study ARI trends with age and 3) to compare tuberculin reactions among children with and without BCG scar.

Study Design: A cross-sectional tuberculin survey was conducted among children aged 1-9 years residing in Rae Bareli, Hardoi and Jaunpur district, Uttar Pradesh. Tuberculin testing was performed using 1 TU of PPD RT23 with Tween 80, and indurations were measured 72 hours later. Prevalence of infection was estimated in children without BCG scar based on the cut-off point identified on the frequency distribution of reaction size. The ARI was computed from the estimated prevalence.

Results: The proportion of children with BCG scar varied from 25% to 31% in the study districts. Using a cut-off of 14 mm among children without BCG scar, the ARI was estimated at 2.3% in Rae Bareli, 1.9% in Hardoi and 1.5% in Jaunpur, and was observed to increase with age. Tuberculin test results among children with BCG scar suggest that they may be included in tuberculin surveys to estimate ARI.

Conclusion: High rate of transmission of tuberculous infection suggest that tuberculosis control measures need to be intensified.

The private-public divide: impact of conflicting perceptions between the private and public health care sectors in India.

RM Vyas, PM Small, K DeRiemer
Int J Tuberc Lung Dis 7(6):543-549
2003 IUATLD

Setting: India's private health care sector manages

half of nation's tuberculosis (TB) patients, accounting for an estimated sixth of global TB cases. While several studies have demonstrated private physicians' dubious diagnosis and treatment styles and lack of cooperation with public physicians, very little is still known about the private sector.

Objectives: Using a detailed questionnaire to randomly survey private and public practitioners in Ahmedabad, Gujarat, India, we quantified perceptions held by each sector.

Study Design: Cross-sectional survey of private and public physicians.

Results: Significant conflicts in perception were found regarding interpretation of general facts, attitudes towards each sector and effectiveness and social implications of DOTS. We also found that such differences in perception were likely to result in mistrust, differing views on reform propositions, conflicting mindsets about social agendas, and unwillingness to cooperate.

Conclusion: Our data suggest that réconciliation is attainable by obtaining and distributing unbiased, evidence based information and exposing physicians to both private and public health care sectors in a professionals setting.

Welcome News

Mr. Mohamed Naseer, Director, Social Affairs, SAARC Secretariat visited STC on March 11, 2004. During his visit he observed the activities

and available facilities of the Centre. Mr. Naseer was welcomed by the Director and staff of the Centre.

Proposed Programmes

Proposed programmes for July-Dec. 2004:

1. SAARC Regional Workshop on TB/HIV Co-infection and Workshop on Fixed Dose Combinations (FDCs) in TB Treatment, Regional/Protocol. – July 2004
2. SAARC Regional Workshop on TB Drug Management and Workshop to Develop Regional Guidelines for Treatment of MDR TB – July 2004.
3. SAARC Awareness Year for TB and HIV/AIDS - Partnership Programme with School, Medical College and Industry – July 2004.
4. Community based study to identify barriers in seeking health care in Tuberculosis control programme – July-August 2004
5. Regional workshop for laboratory supervisor on QA in sputum microscopy in Pakistan.
6. Situation analysis of TB control activities in Sri Lanka and Maldives – August 2004
7. 14th Governing Board Meeting
8. SAARC Charter Day
9. 1st SAARC Conference on TB, HIV/AIDS and Respiratory Diseases – Dec. 14-17, 2004
10. World AIDS Day

Editors' Request

It is our matter of satisfaction that you are getting STC Newsletter regularly. If not, just e-mail us at - saarctb@mos.com.np with your postal address.

It is your Newsletter. We always appreciate our readers' views in order to make this publication a valuable one. Please do not forget to guide us.

Dear readers once again we want to remind you for participation in 1st SAARC Conference on TB, HIV/AIDS and Respiratory Diseases, which is scheduled to be held in Kathamndu in

December 14-17, 2004. You are cordially invited. For more information log on www.saarctb.com.np

The 1st issue of SAARC Journal on TB, Lung Diseases and HIV/AIDS has been published and it will be in your hand very soon.

SAARC has declared the year 2004 as SAARC awareness year for TB and HIV/AIDS. Your little bit contributions for control of TB and prevention of HIV will save precious human lives.

First SAARC Conference on TB, HIV/AIDS and Respiratory Diseases

SAARC TUBERCULOSIS CENTRE IS ORGANIZING A SAARC CONFERENCE ON TB, HIV/AIDS AND RESPIRATORY DISEASES FROM 14 TO 17 DECEMBER 2004. TB, HIV/AIDS AND RESPIRATORY DISEASE SPECIALISTS OF SAARC REGION AND OTHER COUNTRIES OF THE WORLD CAN PARTICIPATE. OUTSTANDING RESEARCHERS AND EXPERTS OF THE FIELD WOULD PRESENT THE SCIENTIFIC PAPERS AND SPECIAL ORATION ON PRIORITY AREAS OF TB, HIV/AIDS, TB/HIV CO-INFECTION AND RESPIRATORY DISEASES.

For more details, please contact:

Conference Secretariat:

SAARC Tuberculosis Centre
Thimi, Bhaktapur, Kathmandu, Nepal.
GPO Box: 9517,
Tel: 00977-1-6632601, 6631048
Fax: 00977-1-6630061
E-mail: saarc_conference04@saarctb.com.np
Website: saarctb.com.np

TB Infection vs. TB Disease

- TB infection - organism is present, but dormant, cannot infect others
- TB disease - person is sick and can transmit disease to others if in lungs
- 10% of individuals with TB infection will develop TB disease
- Each individual with active TB can infect 10-15 people/year

Postage Stamp

To,

If undelivered, please return to :

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GPO Box: 9517

Kathmandu, Nepal