

# WORLD TB DAY 2017

## *A Special Series Report*

This Special Series report highlights the issues and challenges presented by tuberculosis both internationally and in Nepal. It explains how and why World TB Day is celebrated across the world and what happens in World TB day? This report also describes HERD's efforts and contributions to tackle the disease in Nepal through its projects. In Nepal, TB treatment is costly and inaccessible to the poor and are largely deprived of much needed psychosocial support. This report urges that the time is high to unite, commit and work towards elimination of TB from Nepal.

With  
Glimpses of World TB Day 2017 Event at  
National Tuberculosis Centre



HEALTH RESEARCH AND  
SOCIAL DEVELOPMENT  
FORUM

UNITE TO  
→ END  
TB

## About Tuberculosis

Tuberculosis is an infectious disease caused by Mycobacterium tuberculosis that particularly affects the lungs. It not only affects lungs but also other body parts such as gland, abdomen, intestine, skin, brain, bone, and joint among others. As TB progresses, it can result in serious infections that, if left untreated, can result in death. It is transmitted from one person to another via droplets from throat or lungs of the infected person. A person needs to inhale only a few of these germs to become infected. According to WHO, about one third of the world's population is infected with TB bacteria and people with weak immunity are much likely to get sick with TB. A person living with HIV is about 30 times more likely to develop active TB. Common symptoms of active lung TB are cough with sputum and blood at times, chest pains, weakness, weight loss, fever and night sweats.

## About World TB Day

World TB day is celebrated on 24th of March each year, for the cause of building awareness and promoting unity for combating the epidemic claiming almost 1.5 million deaths each year, most of which is attributed to developing countries. On this day, in 1882 Dr. Robert Koch had discovered the cause of Tuberculosis i.e. TB bacillus. In 1996, WHO joined The Union and other organizations to promote World TB day. The Stop TB partnership was established in 1998 which is a network of organizations and countries fighting tuberculosis. WHO works with this partnership for supporting the activities that take place on World TB day each year. World TB Day is an opportunity for people everywhere to join this fight to educate others about TB and for urging governments to take action. It is also an opportunity to highlight the efforts that have been made by various agencies to treat this disease.

World TB Day is about commemorating the lives and stories of people that are affected by TB and have been treated for it. The nurses, doctors, researchers, community workers along with other health workers unite together for a global fight against the deadly epidemic of TB. World TB day celebration is a big opportunity to all the people to get aware about the causes and precautions of TB. It mobilizes the political and the social authorities for further progress towards the disease prevention for the effective reductions in the TB cases and death rate in the coming years. Since the first World TB day celebration, the mortality rate of TB has drastically gone down all over the world. Invention of various new TB tools has occurred for rapid diagnostic tests of TB. All this have become possible only because of this awareness campaign.

## The Red Arrow

The Red Arrow symbolizes the goal of 'a world without TB' and represents firm commitment to move forward until the disease is brought to an end. The Red Arrow was developed with the input of thousands of partners in the TB community. The symbol belongs to no single organization, person, tagline or agenda and represents the unity against

TB. This is a powerful symbol that has united activists, political leaders, researchers, and people affected by TB against a common cause.

## What Can You Do?

As an individual, you may feel like there is not much you can do to support the cause. It has to be understood that this is not true. As an individual there is so much you can do to fight against tuberculosis. Below mentioned are some activities an individual can undertake on this year's World TB Day;

- Change your profile picture in Facebook and Twitter by adding the red arrow to raise awareness about TB
- Participate in awareness campaigns and talk sessions
- Raise your voice and encourage stakeholders to step up actions against TB to ensure that everyone affected by TB gets the right attention
- Wear the Red Arrow pin to support the TB victims which represents unity against TB
- Donate what you can as every contribution is valuable and makes a huge difference, to the poor and vulnerable TB victims
- You can write blogs and publish stories to encourage TB patients
- You can host functions, rallies and events to promote TB case reporting and encourage help-seeking behavior of TB patients
- Participate in discussions and joint functions of various related stakeholder agencies

## The Global TB burden

According to WHO reports, there were an estimated 10.4 million new cases of TB worldwide and a total million people died from TB in 2015. In 2015, 1 million children fell ill with TB, and 210,000 children (including 40,000 with HIV) died due to TB. Globally, childhood TB is often overlooked by health providers as it is tricky to identify and treat children with TB. TB is the leading killer among people living with HIV. About 35% of deaths among people with HIV is due to TB. In 2015, the 30 high TB burden countries accounted for about 87% of new TB cases. TB prevails in every part of the world, but the majority of cases are found in Asia (61%) and in Africa (26%). An estimated 480,000 people developed MDR TB in 2015 and in some cases XDR TB were developed as a result of bad treatment. TB treatment saved 49 million lives between 2000 and 2015, however important diagnostic and treatment gap still persists. Of the estimated 10.4 million new cases, only 6.1 million were detected and notified in 2015, leading to a gap of 4.3 million cases.

The treatment success rate for people with TB was 83% in 2014. For TB care and prevention, investments in low and middle income countries fall almost US\$ 2 billion short of the US\$ 8.3 billion needed in 2016 and this gap will widen

## TB Myths vs. Facts

Some of the myths that prevail globally on TB are mentioned in the table below:

### Myths

- Tuberculosis has been defeated
- Tuberculosis does not exist in my country
- There is enough political will and resources to end tuberculosis
- I cannot get tuberculosis because I was vaccinated
- Tuberculosis cannot be prevented
- Tuberculosis cannot be cured
- People with tuberculosis should be isolated for a long time
- People affected by tuberculosis have access to the diagnosis and treatment that they need

### Facts

- Over 10 million people develop TB each year. TB is the world's leading infectious killer
- TB is an airborne disease that exists in every country. Everyone is vulnerable
- Less than half of the resources needed are available to end TB
- The existing vaccine does not protect against TB in Adults
- There is treatment to prevent you from becoming sick if you have been exposed to Tuberculosis
- Tuberculosis is curable, with a treatment costing as little as \$30
- Isolating people with tuberculosis is not a remedy to combat it. People need to be identified and treated not isolated
- Many people from developing countries have no or little access to diagnosis and treatment

by 2020 if current levels of funding are not increased.

## TB Scenario in Nepal

TB is a major health problem in Nepal. In 2015, a total of 34,122 cases of TB were reported to the NTP. MDR-TB, XDR-TB, childhood TB and TB/HIV co-infection are major issues in Nepal. The TB programme in Nepal was able to save 32,973 lives however 978 lives were claimed by the disease in 2015. TB ranks as the sixth leading cause of death in Nepal. The majority of TB cases and deaths occur among men and the burden of disease among women is significantly lower in a 2:1 ratio. TB mortality is high despite the fact that most deaths are preventable if people can access tuberculosis care for diagnosis and treatment is provided.

"TB, like many diseases, typically affects the poor. In Nepal, these poor often have joint family, which is worrying due to its easily transmittable nature. Other issues of TB in Nepal include large inflow of immigrants from the neighboring country India where TB is common, and TB among refugees and prisoners. Gender biasness is also another factor affecting TB diagnosis and treatment. In Nepal, women have limited money and spare time making the DOTS

strategy ineffective to a great extent. Moreover, accessing medications can be particularly difficult for marginalized people as they are the prime residents of the poorest geographical regions in the country.

Uneven geographical situation accompanied by poor roads and long distance to health institution are the other barriers to accessing TB services. The social stigma associated with TB is the other issue of TB in Nepal. Many people with symptoms such as chronic cough do not go for treatment; for fear that, their diagnosis will be tuberculosis. Moreover, they think that the symptoms of TB mean they have HIV, which is incurable, and do not seek treatment.

TB control programmes in Nepal had achieved significant results in the past decade. With expansion of DOTS, more patients are successfully treated and the case notification rates have also gone up. MDR and XDR TB cases have also gone down, however this needs special attention and if not addressed properly could lead to additional problems down the road. Despite of all these progress much is still to be achieved to achieve the target of ending TB by 2020.

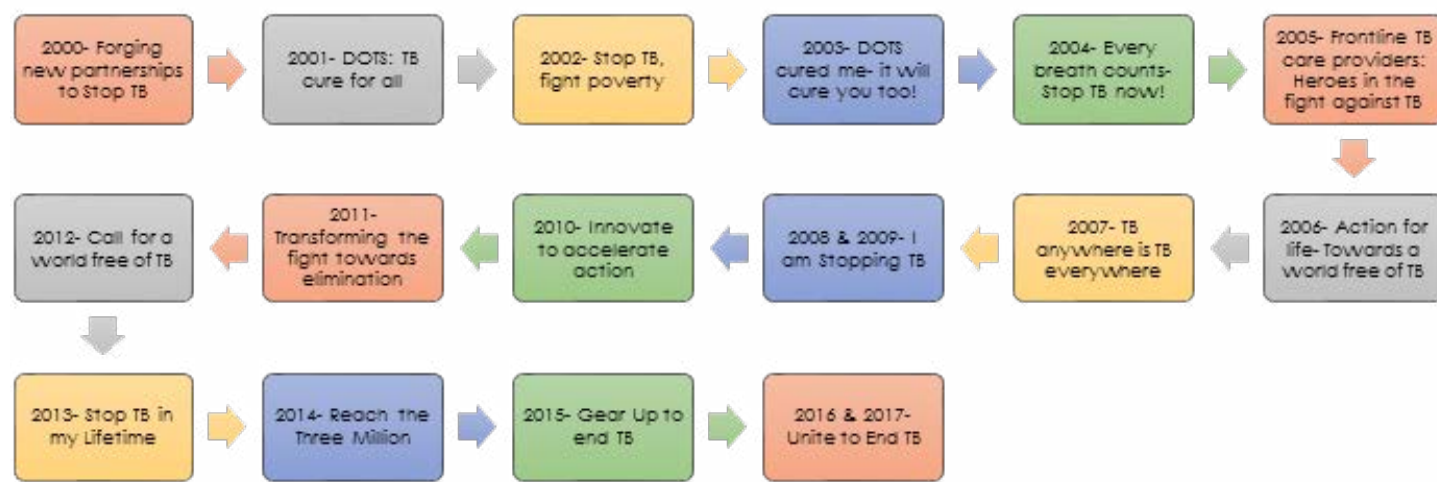
## Global TB events

Various events and activities are organized by various



# TB Day Celebration over the Years

Each year, World TB Day is celebrated addressing different themes. The themes for the last 17 years i.e. 2000- 2017 are shown with the help of the following image:



organizations. WHO works with this network to promote World TB day each year. World TB day is being celebrated globally by undertaking the following types of activities:

- Community discussions groups that are organized to look at ways to prevent TB
- Award ceremonies or other events to honor the life and work of those who dedicated their lives to prevent and fight against TB
- Photo exhibitions that showcase images to raise worldwide awareness of TB
- Charity events to raise funds for TB disease control in countries that need assistance.
- People, community groups and government agencies may also take the time to work with broadcast, print and online media stories on the awareness of tuberculosis and the work of those people who help fight against the spread of the disease.

## TB Activities in Nepal

In the past, World TB day has been celebrated in Nepal by undertaking the following activities:

- Organization of Interaction Programme on TB Control Management with students and teachers
- Publication of messages by government officials and key personnel working in the field of TB
- Exhibitions and displaying banners/hoarding board and mass rallies
- Distribution of t-shirt with TB slogan and awareness message on TB control
- Press conferences and partnership programmes with media on prevention and control of TB and participa-

tion in joint functions and discussions

- Publication of articles in national newspapers and publication of brochures and pamphlets

## HERD's Battle against TB

Tuberculosis has been a major working area for HERD since it was first established. HERD has been participating in TB related activities for over a decade in partnership with government agencies, other I/NGOS, development partners and educational institutions. TB has remained a core service delivery area for HERD. We have been engaged in this area realizing the scope and the intensity of threat tuberculosis bears onto Nepal. Some of our major TB related projects and interventions are listed below:

**TB Reach:** TB Reach was HERD's initiation for creating innovative strategy to improve TB case detection among high risk population such as urban slum dwellers, factory workers, prisoners, refugees, monks/nuns, diabetic patients, people living with HIV and household contacts of TB patients. This project was implemented through mobile camps using Gene Xpert in 22 districts focusing on TB case detection among high risk population. The project aimed to identify 3136 cases of TB over the period of 2 years to ensure rapid diagnosis and treatment of all TB and MDR TB cases and to continually monitor and reflect on the case finding and referral strategies.

**Support to Implementation of NTP:** This project involved supporting the National Tuberculosis Programme in Central Development Region and Western Development Region as a Sub Recipient of the NTP. This project involved supporting and implementing the programmes of National Tuberculosis Centre in many districts of the two regions. This programme involves activities to increase

case notification through establishing sputum transportation, increase childhood case detection and contact tracing. We also aim to increase case notification from private sectors through a Public Private Mix (PPM) approach, volunteer mobilisation and strengthening referral system. This project aims at raising awareness among communities through orientations and engagements.

**Ethnographic Study to Understand TB:** This was a three years ethnographic study funded by Wellcome Trust and was supported by the University of Edinburgh. This study sought to understand the impact of introducing new diagnostics in TB in relationship of health workers and patients and to understand the impact of the Global Fund on TB control institutions and their relations in health development sectors. This study aimed to generate understanding around problems faced by people with TB/HIV co-infection and they deal with it both at individual and programme level and to develop individual/institutional capacity for qualitative research.

**Supervision and Patient Support Approach in DR-TB Management:** This was a psychosocial support intervention for MDR TB care in Nepal. HERD, in collaboration with the NTP and with the support from COMDIS-HSD had designed, piloted and evaluated an improved supervision and patient support approach aimed at DR-TB patients. This project involved developing educational materials and support for different health care providers and patient care takers in line with this approach to supervision and patient support. This project also aimed to support the scale up of the proven approach across Nepal and to develop a generic version of supervision and patient support materials for patients and health workers.

**Technical Assistance to Developing National TB Strategic Plan (2016-2020):** HERD being one of the major partners of NTP, had provided technical inputs for development of the National TB strategy and had facilitated discussions and assisted in the writing of the Plan. NTP is a comprehensive national programme for TB care and control and is supported by many national and international stakeholders. HERD also as a Sub Recipient of the Global Fund will be working with NTP to implement the activities as per the NSP.

**Revision of NTP education materials and adoption of TB desk-guide for NTP Nepal:** This project aimed to bring new developments into policy and practice by revising existing NTP materials with locally tested best practices. The project team worked closely with NTP, SAARC TB and HIV/AIDS Centre, and its stakeholders (NGOs, INGOs and private sector). The final products were widely used under the NTP and has been expected to enhance the overall performance in the long run.

## Conclusion & Recommendation

The problem of TB in Nepal can be countered through

effective and timely diagnosis and treatment with early case detection. Despite the progress made in TB over the last 10 years, by the government and other agencies, the prevalence is still very high. Several existing challenges such as discrimination, smoking, stigmatization, poverty, illiteracy and geographical factors have made it difficult to reach out to the disadvantaged and vulnerable groups. Furthermore, the current capacity of health service providers is insufficient to deal with the existing threat imposed by TB. Lack of clear guidelines and frameworks has also made TB diagnosis and treatment difficult.

Major challenges to control TB in Nepal include poor primary health care infrastructure in rural areas of many states; unregulated private health care leading to irrational use of TB drugs; spreading HIV infection. Poverty, corruption and lack of political will. More investment and active participation by all concerned agency is prerequisite to fight the problem of TB. The MoH, together with partners from the public and private sector needs to be committed to further improve the TB programmes in order to reach the elimination targets that are linked to Sustainable Development Goals of Nepal.

There is a need to inform the public about TB and to promote healthy diet and proper lifestyle. TB day is an important event which helps raise awareness and support the TB patients and can help to improve collaboration between TB and HIV/AIDS program. Also the social stigma and gender bias issue associated with TB can be improved to greater extent by mass public awareness program on World TB day and can promote active involvement of community people in TB programs conducted in their area. It helps to discourage smoking and adapt to a healthier lifestyle.

In addition, patients should be encouraged for regular intake of drugs and avoid stopping their drug intake midway through the treatment course. The people who are infected needs to be oriented on how they can transmit the disease onto the other person. World TB Day provides a platform for all concerned stakeholders to come together and work towards ending the epidemic of TB on a global scale. On this year's World TB Day, all concerned bodies such as government agencies, development partners, non-government agencies, private sectors, civil society and media community are urged to work in unity with a combined effort to deal with the tuberculosis in Nepal.

**Let's Unite to End TB !!!**

## References

- National Tuberculosis Centre - website: <http://www.nepalnpt.gov.np/>
- National Tuberculosis Programme Annual Report 2015
- WHO Facts on Tuberculosis - website: <http://www.who.int/features/factfiles/tuberculosis/en/>



# Glimpses of World TB Day 2017 Event

World TB day was celebrated today at the National Tuberculosis Centre, Sanothimi, Bhaktapur represented by various government and non-government agencies that have been involved in the field of tuberculosis control. Secretary of Health Dr. Senendra Upreti, Director General of Department of Health Services, Dr. Rajendra Pant, Director of National Tuberculosis Programme, Dr. Sharat Chandra Verma, Country Representative of World Health Organization (WHO), Dr. Jos Vandelaer along with several other senior officials from the government and non-government agencies attended the event. The participants in the ceremony involved FCHVs, Nursing Students, health workers, NGO/INGO representatives, TB patients and other stakeholders.

The event started with the national anthem which was followed by a short opening speech by Dr. Mohan Prasain, Senior Chest Consultant at NTC on how TB treatment and attitude towards the disease had changed over the years. He also acknowledged the remarkable contribution Dr. Robert Koch had made in the field of TB by identifying the bacteria which caused TB. He talked about the history and evolution of NTC and how it has been providing service to the TB patients since its inception. He advocated that prevention and control of TB is a common responsibility and everyone has to contribute in order to end this epidemic. Dr Prasain explained that despite having remarkable treatment success rate of over 90%, the case notification rate is still very low. The cases of TB are higher in males than females and this could be due to stigmatisation and unawareness regarding the disease among females from rural parts of the country. Dr Prasain expressed that World TB Day is an opportunity to remember those who have dedicated their lives in the fight against TB and encouraging those who are suffering from TB. He further talked about the achievements from the DOTS programme in Nepal and stated that TB lies among the top priority programmes of the Government of Nepal.

An inauguration programme was held which involved the chief guests along with TB patients participating in the event, releasing balloons with a banner which said 'Unite to End TB'. This was a gesture suggesting TB patients are not untouchables and they should not be stigmatised. They are equal and need to be encouraged and motivated rather than ignored and isolated. This was followed by a TB awareness song which was composed and sang by Mr. Sudhir Khadka, a lab technician at NTC. Also, a story were shared by a TB patient on how he first developed the disease and how he had suffered from it. Through the song, he shared how he had arrived to a point where he was so frustrated that he didn't want to live anymore. After consulting with doctors and getting proper support from his family, he was encouraged to take medication and is now recovering.

A TB community volunteer, Jog Bahadur Gurung, who had been working for 20 years providing DOTS service was also awarded during the event. He was awarded a certificate of hon-

or for his lifelong and relentless dedication in the field of TB.

WHO Country Representative, Dr. Jos Vandelaer gave a brief speech on how TB has been a major problem in Nepal and in the world. He highlighted that 10 million people are diagnosed with TB annually and 1.8 million people die of TB. Every day 24,000 people acquire TB worldwide and 4000 people die each day. He stressed on reaching the unreached as a major milestone towards ending the epidemic of TB.



Dr. Rajendra Pant, called for unity against TB and highlighted the importance of awareness on combating TB. He claimed that this day was an

opportunity to unite against TB. He stressed on that 2 things are absolutely critical to improve the TB scenario in Nepal - raising awareness and effectiveness of service provided.



Secretary of Health Dr. Senendra Upreti, on his speech said that TB is both preventable and curable disease and yet it poses a severe threat to the population. He said that large number of cases are still missing and are not reported to the NTC. According to Dr

Upreti, these unidentified people are likely to spread the disease to other people. These people need to be identified as soon as possible to avoid the spread of the disease. Though a united and a joint effort, we can work to identify these missing cases and this TB Day is an opportunity for all concerned stakeholders to unite and work towards the common cause of eradicating TB from Nepal. Hence, we need to unite and commit to identify and cure TB cases as soon as possible.

Director of NTC, Dr. Sharat Chandra Verma, ended the programme thanking all guests for their participation and called for a commitment for fighting the disease in Nepal. He said that this occasion was an opportunity to work together for the common cause of ending TB and we need to accelerate our efforts to progress towards achieving the National TB targets in the near future. He said that TB is social problem and hence this is a responsibility of the society to help in the fight against this deadly disease.

NTC has designed a 5 year strategy to achieve the national targets and is also undertaking a prevalence survey which will help understand the scenario of TB in Nepal and will provide directions on how to fight TB and helps identify where attention is needed the most.



**HERD Research Uptake and Communications Unit also caught up with some of the event participants to share their experiences about TB activities**

**Jog Bahadur Gurung,**

**Community Volunteer, DOTS Clinic in Tanahun**



As a retired Indian army, I was looking for a work after serving my active years in the military service. I learnt that a DOTS clinic was in need of a volunteer, so I started serving there since 1987. I am still working there and I will continue to serve the TB patients till my last breath. I have served more than 3000 patients till date and am proud of playing a small hand in their lives.

While dealing with the patients, I found that illiterate patients did not have any idea about the disease while the literate were aware to some extent. The government has started DOTS clinic in every health post, so drugs are now available. To find out the hidden TB cases in the society, door to door campaigns need to be conducted. I always encourage the patients to complete their medication course. If you complete the course on time, you will be cured.

**Sharmila Sapkota, FCHV, ward no 14, Kathmandu**

I have been serving as an FCHV from 1998. Earlier, when we went to the community we didn't have any dress or ID card which made it difficult for the people to trust us completely. The people were very scared to reveal their identity as they were scared they would not get shelter. The patients from rural areas or slums do not continue the medicine, they change their shelter and disappear. They do not continue over a month. Due to this practice, we are not able to track them and this might



be the reason that the number of TB patients is increasing.

The level of awareness about TB is increasing day by day and it is easier to deal with patients now compared as compared to earlier days. Media should play a very important role to inform people.

**Bhim Bahadur Rai, Patient from Kavrepalanchowk**

I started having severe cough for weeks, I went to medical store nearby but it didn't help. After some time, I noticed blood while coughing. Then I came here at NTC for treatment. I was diagnosed of TB, I was under medication for 6 months. But this didn't make it any better. After three months, the symptoms were again noticed and the result showed that the TB has increased. Then I took the medicines again and was informed that I was cured. This is the third time I am having the medicines. I am also having problems in eyesight.

I live in Suryabinayak and there is a DOTS clinic nearby. However, most of the TB cases are referred to NTC. It is difficult for patients like myself to travel long distances and it is costly as well. If the quality services are made available nearby, it will be very helpful for patients like me. I also feel there is a need to raise awareness in community level especially in rural areas. Door to door campaigns has to be organised so that the people are properly oriented about the disease.







***Kamala Wagle,***

***Public Health Nurse Officer,***

***DR TB Programme Coordinator, National Tuberculosis Centre***

There has been a difference in the attitude of people towards TB treatment. They used to hide the disease and now they come for test even if a minor problem is noticed. Even the attitude of health workers have changed. Social media has played a very important role. Still, all the cases of the targeted group has not come into light yet. For this, we need to introduce decentralised programme packages as most of the programmes are only concentrated in Kathmandu or major urban areas. If we reach all the patients in every corner of the country, we will be able to find many cases. There is a need to expand awareness programmes and conduct sensitisation programmes through media. The access to diagnostic centres also needs to be expanded and made easy even in the remote areas. This will help in early diagnosis which will help in early treatment.

■ ***Photographs taken with informed consent***

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