

CHALLENGE TB NEWS



Welcome to the first edition of the Challenge TB Newsletter which brings you a snapshot of Challenge TB work, with stories from Cambodia, Indonesia, South Sudan, Nigeria, India and the Democratic Republic of Congo.



USAID
FROM THE AMERICAN PEOPLE

CHALLENGE TB

Above - Les Ambassadeurs de Sud Kivu, DRC Photo: Olivier Bahati Rusumbu
Below - Social media promotion, Indonesia Photo: Trishanty Rondonuwu

DETECTING TB AT PAGODAS

CAMBODIA

In the early stages of disease, many people with TB do not experience typical TB symptoms such as cough, night sweats, fever and weight loss. These individuals are therefore unlikely to seek medical attention early, and may not be properly diagnosed when they do. This is particularly true of elderly people with poor access to health care. According to the most recently available TB prevalence data, 75% of smear-positive TB occurred in people aged 45 or older and the prevalence rate for those over the age of 65 was as high as 384 per 100,000.

About 90 percent of the Cambodia's 14 million population are Buddhist. In 2010, according to the statistics provided by Ministry of Religion and Cults there were 4,392 pagodas and more than 50,000 monks. Pagodas are where most of the elderly come together to worship and to offer monks food, particularly during holy days or special traditional ceremonies. During holy days, which occur every 8 days (on the new moon, half-moon, full moon and half-moon), the majority of people aged 60 and older go to a pagoda.

Challenge TB has initiated "Active Case Finding at Pagodas on Holy Days" in 9 operational districts of 5 provinces. The approach aims to ensure that active TB is detected early and treatment is initiated promptly to reduce the risk of morbidity and mortality, and TB transmission.

In June 2015 the Village Health Support Group and health center staff informed the monks of Tbeng pagoda in Kampong Speu that the next day (a holy day) active case finding would be conducted at the pagoda.

Elderly people who had a cough lasting more than two weeks, hemoptysis (coughing up blood), weight loss, fever or night sweats were asked to provide a sputum sample, which was taken for testing using Xpert MTB/RIF (GeneXpert).

Yeay Bou, 73, a clergywoman with six children, has lived with and cooked for monks at

the Tbeng pagoda for the past three years. She was found to have chronic fever, weight loss and night sweats, and her Xpert test result confirmed that she had bacteriologically positive TB.

Yeay Bou couldn't believe she had TB when she was informed about her result. She said, "I feared that my disease could not be cured", but was relieved after the Village Health Support Group assured her that she would be cured. As she is poor and lives 6 km from the nearest health center with no means of transportation, Yeay Bou was also worried about her treatment, but her health worker brings her drugs directly to the pagoda, and makes sure that she adheres to treatment.

Meach Piseth, Kampong Speu TB supervisor said that screening for TB at pagodas is an approach which gets services to elderly populations who are most in need, and those who face great difficulties accessing health care at traditional health centers.

Within four months of implementation, 3,033 elderly were screened for TB symptoms, of which 59% had at least one symptom suggestive of TB. A total of 37 bacteriologically confirmed TB cases have now been identified and 58 others were referred for further evaluation based upon their symptoms.



Explaining how to produce good sputum, Cambodia - Photo: Ngo Menghak



THAT'S TB...

INDONESIA

“That’s TB not lung spots” was Lestari’s response when one of the mothers at her daughter Keshia’s school in Jakarta, Indonesia, told her about a doctor’s diagnosis of her son’s symptoms. Lestari knows a lot about TB and its symptoms because both her husband Binsar and Keshia have had the disease and have been cured successfully.

Binsar was first diagnosed with TB in 1997, a time when TB treatment and knowledge was still limited in Indonesia. The doctor never explained in much detail about the illness, nor about the treatment that Binsar would have to go through. The lack of explanation meant that Binsar stopped taking his medicine halfway through the course because he felt better. Then in 2010 he started coughing up blood and when he received a diagnosis it turned out he had multi-drug resistant TB (MDR-TB).

Binsar’s experience means he knows the signs of TB, so he was the first to notice when his daughter (aged five) started showing familiar symptoms. She stopped gaining weight, lost her appetite, her hands were always sweaty, but the

one symptom that stood out the most was her cough, which just wouldn’t go away. Her mother took her to the pediatric polyclinic, and there she was diagnosed with drug sensitive TB, and fortunately her mother and younger brother were both found to be healthy.

Both Keshia and her father have now successfully completed their treatment and are cured, he says the things he learned are the importance of healthy living and completing your treatment.

Even though her daughter has completed her TB treatment, Lestari still worries when she gets sick, “Once Keshia had a cough, so I immediately took her to the local clinic to be checked, but thankfully the result was negative”.

As a result of their experiences both Binsar and Lestari are actively involved in educating others about TB. Binsar himself is the member of PETA, a peer education group for MDR-TB patients in Jakarta and which was introduced as a part of a patient support approach. Lestari provides TB education at her children’s school.

NIMERI'S STORY

SOUTH SUDAN

Ripenti Nimeri Yotma is a 40 year old soldier and father of three who lives in Logobero Village, South Sudan. In April 2013 he began coughing, and the cough never got better. When he started to cough up blood, his wife took him to the nearest health center, Muniki Primary Health Care Center in Juba City. There he was examined and asked to produce sputum specimens for analysis, three days later a health worker informed him that he had TB. He said that this information shocked him, but that he was reassured after he was educated about TB and started on treatment.

After four months of treatment, Nimeri's health had improved and the cough had gone, but during the sixth month, war broke out in Juba and he and his family were forced to relocate to Yei (170 km southwest of Juba) to escape the fighting. As Nimeri had stopped his treatment, he started to feel weak again and the previous symptoms returned, he also developed a skin problem and he became too weak to move. His wife, children and friends were afraid to get close to him. "I became depressed" said Nimeri, "I wished that I would die".

In June 2015 help came in the form of three Challenge TB community mobilizers who visited his home, they were going from house to house providing health education to the community and screening people for TB. Nimeri's wife asked them to take a look at her husband and they asked him about his cough and previous treatment for TB, but

he could not produce his patient card as it was lost during the move from Juba.

"I was given a referral slip that requested me to go to the hospital for sputum examination", Nimeri explains, "One of the community mobilizers saw that I was too weak to move, so he went to the hospital and came back with container to collect a sputum sample to bring with me to the hospital".

At the end of June, Nimeri's wife took him to the hospital where a sputum examination was done but the results were negative, so he was sent for a chest X-ray which was suggestive of TB and he was started on TB treatment a few days later. "After seven days of treatment I had already started to feel better, I was able to eat properly and move again, and my cough had also improved". Nimeri continues: "In July, Uwar (one of the mobilizers) came to visit me again, and I was very happy, I didn't know how to thank them, as I know that if it wasn't for them, I would have died".

Nimeri says the community mobilizers told him to stop smoking and drinking alcohol and to sleep in a separate room from his wife and children until his treatment was finished. He has followed their advice and his family have been screened for TB and none of them have the disease. He has been assigned one of the community mobilizers who ensures that he takes his drugs and goes to hospital for regular check-ups. He is expected to make a full recovery.



Nimeri at home with his family, South Sudan - Photo: Males Emmanuel Elias



Bukola Osinubo, Challenge TB Call Center Operative - Abuja, Nigeria Photo: Habiba Bello

0800-CALL-CTB

NIGERIA In a little over a decade, Africa has become the world's second most connected region by mobile phone subscriptions, and at the end of 2014, more than 65% of Nigeria's roughly 178 million population had mobile phone subscriptions.

This high level of adoption is already bringing significant changes to the lives of Nigerians and has dramatically increased the flow of information in Nigerian society.

In light of this mobile revolution, Challenge TB is using a combination of text messages and a call center to directly target people across Benue and Akwa-Ibom States. The interventions are designed to create awareness on TB and to provide basic information on TB signs and symptoms.

The following text message is being sent to about 1.5 million people in the two states:

Coughing for 2 weeks or more? It may be TB. TB is curable! Test & treatment are free at designated clinics. Call 0800-CALL-CTB/0800-2255-282 at no cost for more info.

This encourages those with or knowing someone with one of the most indicative symptoms of TB, to contact the call center and seek further advice.

The call center has now been live for more than two weeks and is manned by four operators who can

take calls in either English, Pidgin, Hausa, Yoruba or Igbo. They are trained in basic TB symptoms and provided with basic TB facts such as:

- TB is curable provided the patient takes the appropriate medicines with the correct dosage and duration
- Diagnosis is free at designated facilities
- Drugs are free at designated facilities (TB DOTS centers).

The call center operatives are not medically trained, but can refer those with health concerns to their nearest health facility for further help.

A social media campaign is also being created that will see the creation of a Facebook account and an accompanying Twitter account/handle, both of which will contain vital and easy to understand information about TB. The links to both will be given to callers who are on hold and to those who speak to an operative and need more information.

If the campaign proves successful, it will be rolled out to the other Challenge TB supported states, namely Lagos, Osun, Ondo, Niger, Enugu, Cross River, Rivers, Kano, Katsina and Bauchi.

As the mobile revolution unfolds, Challenge TB will take advantage of this powerful way of providing individual level support to health care consumers throughout Nigeria and beyond.

CALL TO ACTION

INDIA

What do a Bollywood mega-star, an internationally known businessman/philanthropist, and a US Ambassador have in common? They have all pledged their commitment to the Call to Action for a TB-Free India, a campaign to catalyze a massive social movement launched by the Government of India's Ministry of Health with support from Challenge TB.

Making a dent in the global burden of TB requires changing the game in India, the country single-handedly responsible for approximately 23% of the world's TB cases annually. Growing numbers of people with MDR-TB and extensively drug-resistant TB add to the urgency of the situation. While the Revised National TB Control Programme has made huge strides forward in mounting a technical response to the epidemic, TB remains a politically neglected and underfunded disease. TB sickens 2.2 million Indians and leaves 251,000 dead every year. The consequences are felt not only by individuals with TB and their families: TB is responsible for estimated economic losses in the billions of dollars annually for India alone.

Many families fall into poverty while searching for diagnosis, treatment and cure for their TB from drug sellers, traditional healers, and private practitioners who may not use the right tests or appropriate treatments for the disease and often do not report the cases to the national program. People with TB may be subjected to discrimination in the community and at health facilities or may lose their jobs as a result of ongoing stigma and misunderstanding about the causes of TB and the opportunity for cure.

Challenge TB, led in India by the International Union Against Tuberculosis and Lung Disease (the Union) with technical support from KNCV Tuberculosis Foundation, seeks to mobilize the power of the people to end TB as a public health threat in India. In collaboration with the Ministry of Health, Challenge TB is reaching out to prominent individuals, elected officials, businesses, universities, private health providers, community organizations, and the general public to build a broad-based movement capable of achieving huge gains in the global fight against TB.

The campaign is already seeing a growing momentum and a willingness to join the effort from all sectors of society. Most recently, Bollywood legend Amitabh Bachchan and noted philanthropist Ratan Tata joined US Ambassador to India Richard Verma to host the high-profile Mumbai Dialogue, urging representatives of some of the largest and most influential Indian corporations to do their part to end TB. Challenge TB is simultaneously carrying out consultations with other key sectors of Indian society to understand what roles they can play in the fight against TB.

The goal of this work is not just to raise awareness, however. The Call to Action will culminate in a national Summit scheduled for March 2016 where substantial sector commitments will be announced. After the Summit, the hope is to devolve the campaign to State level and replicate the process to support real change on the ground for people with TB, ensuring the financial and human resources to end TB are in place and will be sustained through strong domestic commitment to the cause.



Call to Action Towards a TB-Free India - Photo: The Union



LES AMBASSADEURS

DR CONGO “Les Ambassadeurs du Sud Kivu” are a group of former and current TB patients in the province of South Kivu in the Democratic Republic of Congo. Formed in 2012 and with approximately 1,000 members, their main objective is to carry out door-to-door campaigns. Besides TB, they also provide HIV-related information, education and communication, and provide family planning services with the Association Santé Familial in hard-to-reach communities.

Many people in the province have no access to health care services because of the long distances to health facilities, and the lack of transportation that sometimes requires boats. In addition, people are extremely poor and they cannot afford to pay for both transport costs and the fees at health facilities. Until December 2014 the “Ambassadeurs” activities were funded by TB REACH and now thanks to

Challenge TB funding these activities have resumed. Beginning in April 2015, each Ambassadeur visited at least one household per day, targeting the most remote parts of the area where access to health services poses huge problems to the people that live there.

In three months, the Ambassadeurs managed to visit an incredible 15,687 households, and a total of 72,527 people received health talks that increased TB knowledge and awareness. They also screened people for TB symptoms and found 9,389 persons (13%) with TB symptoms (mainly chronic cough). Those with symptoms or their sputum samples were sent directly to the TB diagnostic and treatment center (Centre de Santé de Diagnostic et de Traitement) and were investigated. As a result, 520 TB patients have been diagnosed and all of them have begun treatment.

WEBSITE



If you haven't already visited we have also launched the Challenge TB website:

<http://www.challengetb.org>

There you will find everything you need to know about the Challenge TB project, please take a moment to visit and to browse all of the new information.

The website also hosts all the tools and publications from the previous USAID funded projects, i.e. TBCTA, TB CAP and TB CARE I.

Our latest reports can be found online in the 'Reports' section.



What is Challenge TB?

Challenge TB is the flagship global mechanism for implementing USAID's TB strategy as well as contributing to TB/HIV activities under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).



To eliminate TB

Challenge TB is led by KNCV Tuberculosis Foundation and implemented by a unique coalition of nine organizations: American Thoracic Society (ATS), FHI 360, International Union Against Tuberculosis and Lung Disease (The Union), Interactive Research & Development (IRD), Japan Anti-Tuberculosis Association (JATA), KNCV Tuberculosis Foundation, Management Sciences for Health (MSH), PATH and the World Health Organization (WHO).

Challenge TB contributes to the WHO End TB Strategy targets:

Vision: A world free of TB
Goal: To end the global TB epidemic
By 2025: A 75% reduction in TB deaths (compared with 2015) and less than 50 cases per 100,000 population.

Global Fund:

Challenge TB assists countries with the full Global Fund life cycle, from epi-analysis and national strategic plans to concept notes and full implementation.

Overarching:

Challenge TB is a cost-effective and efficient mechanism with a particular emphasis on reaching out to vulnerable communities. It assists countries to move towards universal access through a patient-centered approach that identifies and addresses the needs of all patients including women and children.

CONTACT DETAILS

E-mail info@challengetb.org
 Phone +31-70-7508447
 Website www.challengetb.org
 Twitter @challengetb

Design, Graphics & Layout - Tristan Bayly

The Global Health Bureau, Office of Health, Infectious Disease and Nutrition (HIDN), US Agency for International Development, financially supports this publication through Challenge TB under the terms of Agreement No. AID-OAA-A-14-00029. This publication is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Challenge TB and do not necessarily reflect the views of USAID or the United States Government.