



## **Briefing Note -1: World Stop TB Day 2005**

### **Frontline TB Care Providers: Heroes in the Fight Against Tuberculosis**

#### **BACKGROUND**

World TB Day (WTBD) presents a unique opportunity to involve all stakeholders, at global, regional, national and sub-national levels, to collectively advocate for the elimination of TB, a curable disease that kills nearly 2 million people each year and stigmatizes millions more and their families.

A number of consultations, including a special meeting at the recent IUATLD conference in Paris, were held to gauge partner priorities at the global, national and sub-national levels related to World TB Day 2005. Several key issues and suggestions emerged to facilitate more effective planning:

- The objective and overall theme of WTBD needs to be overarching, should be relevant to all partners and countries, easy to use, and integrate easily into diverse work plans.
- Global WTBD slogans have often been a challenge to translate, not just literally but conceptually as well. It was strongly recommended that a specific slogan should not be promoted. Instead, based on a relevant overarching theme, and key messages, each partner should be allowed to develop slogans which are tailored to specific local circumstances.
- A small but very strategic suggestion that emerged is to slightly alter the name of the event to World Stop TB Day, which better reflects the reason for having it on the calendar in the first place. The change is slight but significant, especially at this critical juncture of the global TB targets for 2005 and longer term MDGs in 2015.
- Patient-activists who are taking a more assertive role, especially around the issue of TB/HIV co-infection, strongly urge greater involvement of patients and patient voices in Stop TB campaigns. Partners are strongly encouraged to develop WTBD plans that strategically and creatively project/amplify patient voices.
- Accessible, user-friendly information materials relevant to the national and local context must be provided in advance of WTBD in order to generate media interest and to allow for effective, strategic planning in countries and communities. The WHO Global TB Control Report, the main source of TB information that WHO and the Stop TB Partnership releases every year, will be made more accessible for country use this year.
- The year 2005 will present several major advocacy opportunities for TB throughout the year. WTBD planning should include engagement in these opportunities including the development and launch of The Global Plan to Stop TB-II (2006-2015); release of the Report of the MDG Project Task Forces; the G-8 Summit (focus on the MDGs); the MDG Summit at the General Assembly of the UN, and the world-wide roll-out of the NGO-led Millennium Campaign.

## PROPOSED THEME

The Stop TB Partnership therefore proposes that World TB Day 2005 focus on the theme of frontline TB care providers and their crucial role in stopping TB.

More than 16 million TB patients have been put on treatment over the last 10 years. Millions of lives have been saved through the untiring efforts of tens of thousands of dedicated health workers and DOT<sup>1</sup> providers.

Think about it: the whole mighty edifice of the global fight against TB -- WHO and other technical partners, the World Bank, GFATM and other funding mechanisms, TB drug manufacturers and distributors, health ministries and national TB programs, hospitals, clinics and laboratories -- ultimately depends for success on an army of health workers and volunteers who help spread the messages of TB services, receive and counsel ill patients, diagnose, treat, support and cure more than 3 million TB patients every year. In India, people like **Prem Neelkanth**.

Prem runs a food shop in a sprawling Bombay slum of overcrowded shacks, narrow alleyways and open sewers. Every day, dozens of men and women -- mostly labourers who live nearby and do not have time to visit the hospital for treatment -- line up at Prem's shop to obtain their TB medicines and take them under his watchful eye.

*"My shop is now like a TB clinic," he says, pointing to a neat row of medicine boxes marked with patient names, given to him by city health officials. "I know everyone in the neighbourhood. So if someone does not turn up for their dosage, I go and knock on their door in the night with medicines. It is my duty to ensure they don't miss a single dose."*

The TB program's team leader at the World Bank in New Delhi, Sunita Singh, praised the 40-fold growth in India's DOTS program since 1998. *"It is the story of ordinary people achieving the extraordinary,"* Singh said. *"It has turned thousands of cobblers, grocers, roadside tea-stall owners and postmen into DOTS providers."*<sup>2</sup>

The unsung heroes in TB control include grassroots-level public health system staff, lab technicians, NGO volunteers, prison clinicians, private medical practitioners, pharmacists, shopkeepers, academia, students, cured patients and, in many instances, ordinary people concerned about the well-being of others. The time has come to publicly acknowledge them all.

The time has also come to put front and centre with policy-makers the emerging health workforce crisis in many of the high-burden countries that threatens to seriously undermine the gains that have been made in the last 10 years, and which will prevent the world from meeting the Millennium Development Goals if not addressed.

## THEME RATIONALE

Despite the staggering progress that has been made, much more still needs to be done. Each year close to 9 million people still develop active TB and nearly 2 million die of the disease despite the existence for 50 years of a cost-effective cure. The 'process' targets set by the World Health Assembly for 2005 are to detect 70% of all infectious cases of TB and to cure 85% of them. The Global Plan to Stop TB (2001 - 2005) was prepared as a roadmap towards achieving these targets. However, the next WHO Global TB Control Report to be issued next year, and based on 2003 data, is expected to find case detection at about 44% and cure rates at 81%. Even when 100% DOTS coverage is achieved,

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<sup>1</sup> DOTS: The internationally recommended strategy for TB control

<sup>2</sup> Lakshmi R. Corner Groceries and Tea Stalls Double as TB Clinics in India. *The Washington Post*, 12 September, 2004; Page A26.

current trends indicate that case detection rates may plateau at 50-60% unless innovative new efforts are made.

A special focus on the health workforce, on the upcoming World Stop TB Day is of critical importance to TB control for many reasons:

- It acknowledges and celebrates human endeavour by centre-staging the human element in fighting a global epidemic. It also brings attention to the criticality of the relationship between patient and service-provider -- the interface between a community and the health care system.
- Mainstreaming pro-poor approaches into TB control programs, expanding the network of providers through the Public-Private Mix -DOTS approach, and collaborative interventions by national TB and HIV programs, are emerging as the most critical operational strategies for improving outreach and access to diagnosis and treatment for patients. All of these strategies hinge substantially on a highly motivated and committed workforce of frontline service-providers.
- Even with the accelerated efforts now being made to achieve scientific breakthroughs in the form of improved drugs, more effective diagnostics and a new vaccine, frontline health providers will remain the critical link in reaching communities and delivering services, particularly to the poorest and most vulnerable --- a key factor for meeting the Millennium Development Goals of 2015.
- The Global Plan to Stop TB - II (2006 - 2015) will provide the framework for achieving the MDG impact targets of halving TB prevalence and deaths by 2015, and will be launched in late 2005. A key element of the plan will be to advocate on the workforce issue and its implications for stopping TB.

## **OBJECTIVES**

The overall objectives of **World Stop TB Day 2005** (and which feeds into the wider, on-going **Stop TB Campaign**) are:

- To acknowledge the tremendous human endeavour of frontline TB care providers, who now put more than 3 million patients on effective treatment every year around the world.
- To highlight the emerging health workforce crisis that threatens to undermine the gains that have been made, and which may prevent the world from meeting the Millennium Development Goals in 2015.
- To infuse a sense of urgency in the TB movement to meet the 2005 targets, and mobilize civil society to build greater societal commitment in the fight against TB.

Based on the above rationale and theme, we invite all partners to develop key messages and map out their target audiences for their respective constituencies. We would particularly encourage the development of messages and campaign plans that incorporate personal statements from TB care providers and TB patients at the core of their strategies. We would also strongly urge you to send us the messages and plans that you develop, so that we can post a selection of ideas on our website for sharing with the wider Stop TB movement.

This document will be followed by Briefing Notes 2 & 3, which will elaborate further on strategies, planned activities at the global level, and ideas for information/media products. In the interim however, we welcome feedback from all partners on this and subsequent notes. Currently, all feedback can be sent to: [advocacy@stoptb.org](mailto:advocacy@stoptb.org). Please include in the subject line "World TB Day planning."

## ANNEXE - 1

### **NOTES ON ACCESSING GLOBAL TB DATA AND COUNTRY PROFILES THROUGH THE NEWLY RE-DESIGNED WHO TB WEBSITE**

(Based on a recent communiqué from Dr Chris Dye, Coordinator,  
Tuberculosis Monitoring and Evaluation, Stop TB Department, WHO - Geneva)

The WHO departmental website on tuberculosis has undergone a major redesign over the last few months, and is now in a standard WHO format, designed to be accessible to as many users as possible, especially in developing countries. Here are some details:

#### **URL change**

An important thing to note is that the web address (url), for the site has changed (from [www.who.int/gtb](http://www.who.int/gtb) - the old address) and is now: [www.who.int/tb](http://www.who.int/tb). If you have web pages linking to our site, please make sure you now link to the new url.

#### **Progress towards the MDGs**

One of the new features on the site is the global TB data that summarize the progress made in each country towards the four MDG targets. Notifications for 2003 and treatment outcomes for the 2002 cohort have now been received from **192** countries, and preliminary data from **168** of those countries are now available on the web. Estimates of TB burden are also available. We are still working on improving the presentation and navigation to make these data easier to find. Meanwhile take the following steps:

#### **TO VIEW AND/OR DOWNLOAD DATA:**

1. Go to [www.who.int/tb](http://www.who.int/tb)
  2. In the right-hand column you will see "Global TB Database" - click on the link
  3. Choose from the groups of indicators which are listed in the centre of the screen, and then select individual indicators. To choose an indicator: 1) check the box next to the indicator, 2) click "add to selected indicators", 3) click "go" to move to the next step
  4. Select the countries and years for which you want to see data. Click "view data".
  5. Data can be downloaded to excel by clicking on the "export to Excel" button above the table.
- These data are rounded to whole numbers. Data will be added to the website at least monthly until the publication of the next Global TB Control report in March 2005

#### **TO VIEW AND/OR DOWNLOAD COUNTRY PROFILES (pdf files):**

1. Enter the Global TB Database by following steps 1 and 2 above, then
2. click on "country profiles" in the left hand column to see epidemiological profiles for each country. Currently you can see one-page profiles for all countries (2003 data for the 22 high burden countries, and for more countries as data are received and the profiles are prepared). For those countries where 2003 profiles have not yet been prepared, you can view profiles for 2002. You can also see the 3-4 page detailed profiles for the high-burden countries which were published in the 2004 Global TB Control report (2002 data).

As the database continues to be refined and improved, the appearance of the Global TB Database is expected to change over the coming weeks.

NOTE: The above developments are very important and useful. The latest epidemiological information on global and national trends will now be available well in advance, for use in developing local WTBD media materials.

## ANNEXE - 2

### REGIONAL AND NATIONAL MILLENNIUM CAMPAIGN PARTNERS

Note: Please find below a list of coordinating partners of the MDG Campaign, which is led by networks of nongovernmental organizations (NGOs) and civil society organizations (CSOs) in both donor and developing countries. The Partnership has developed a close relationship with the Campaign, which offers a strong platform for TB advocacy in the coming months and years. For further information, please visit their web site at [www.millenniumcampaign.org](http://www.millenniumcampaign.org).

	East Africa and Horn	West Africa	Southern Africa	North
Regional Campaign Partners	<b>AWEPON (Kampala)</b>  <b>Davis Ddamulira</b> <a href="mailto:awepon@africaonline.co.ug">awepon@africaonline.co.ug</a>	<b>ANCEFA (Dakar)</b>  <b>Coumba Toure</b> <a href="mailto:Kuumbati@sentoo.sn">Kuumbati@sentoo.sn</a>	<b>MWENGO (Harare)</b>  <b>Idaishe Chengu</b> <a href="mailto:idaish@mwengo.org">idaish@mwengo.org</a>	
	<b>Ethiopia</b> Poverty Action Network (PANE) Eshetu Bekele <a href="mailto:eb.fss@telecom.net.et">eb.fss@telecom.net.et</a>  <b>Kenya</b> Action Aid Kenya Njeri Kinyoko <a href="mailto:njerik@actionaid.org">njerik@actionaid.org</a>  <b>Tanzania</b> Tanzania Association of NGOs (TANGO) Mary Mungira <a href="mailto:tango@africaonline.co.tz">tango@africaonline.co.tz</a>  <b>Uganda</b> AWEPON Davis Ddamulira <a href="mailto:awepon@africaonline.co.ug">awepon@africaonline.co.ug</a>	<b>Ghana</b> SEND Foundation Samuel Zen Akologo <a href="mailto:send@africaonline.com">send@africaonline.com</a>  <b>Nigeria</b> CSACEFA Justice Egware <a href="mailto:justice2@yahoo.com">justice2@yahoo.com</a>  <b>Senegal</b> CONGAD Buuba Diop <a href="mailto:buubadiop@yahoo.com">buubadiop@yahoo.com</a>	<b>Mozambique</b> FDC Helder Malauene <a href="mailto:hmalauene@fdc.org.mz">hmalauene@fdc.org.mz</a>  <b>South Africa</b> South Africa NGO Coalition (SANGOCO) Zanele Twala <a href="mailto:zanele@sangoco.org.za">zanele@sangoco.org.za</a>  <b>Zambia</b> Zambia Trade Network (ZTN) Henry Malumo <a href="mailto:hsmalumo@yahoo.com">hsmalumo@yahoo.com</a>  <b>Zimbabwe</b> ZERO Regional Environment Organisation Dorothy Manuel <a href="mailto:dorothy@zero.org.zw">dorothy@zero.org.zw</a>	<b>Austria</b> Nullkommasieb en Kampagne Simone D. Fachel <a href="mailto:simone.fachel@nullkommasieben.at">simone.fachel@nullkommasieben.at</a>  <b>Germany</b> Venro - Projekt "Perspektive 2015" Klaus Wardenbach <a href="mailto:k.wardenbach@venro.org">k.wardenbach@venro.org</a>  <b>Italy</b> Peace Round Table/"No Excuse 2015" Lucia Maddoli <a href="mailto:lucia.maddoli@millenniumcampaign.it">lucia.maddoli@millenniumcampaign.it</a>  <b>Spain</b> Millennium Campaign/"Sin Excusas 2015" Fernando Casado <a href="mailto:casado@un.org">casado@un.org</a>  <b>U. S. A.</b> Millennium Campaign Carol Welch <a href="mailto:Carol.welch@undp.org">Carol.welch@undp.org</a>  <b>One Campaign</b> Paul di Guardi <a href="mailto:paul@data.org">paul@data.org</a>  <b>Ireland</b> Trocaire  <b>Australia</b> Fair Share Campaign
National Campaign Partners				

ANNEXE - 2 contd.

REGIONAL AND NATIONAL MILLENNIUM CAMPAIGN PARTNERS

Regional Campaign Partners	Latin America	Asia-Pacific	Arab
	<p><b>Social Watch (Uruguay)</b></p> <p>Patricia Garcé <a href="mailto:pgarce@item.org.uy">pgarce@item.org.uy</a></p>	<p><b>ActionAid (Bangkok)</b></p> <p>Basu Dev Neupan <a href="mailto:basudn@actionaidasia.org">basudn@actionaidasia.org</a></p>	<p><b>Arab NGO Network for Development (Beirut)</b></p> <p>Ziad Abdel Samad <a href="mailto:annd@annd.org">annd@annd.org</a></p>
National Campaign Partners	<p><b>Uruguay</b> Cotidiano Mujer - Comisión Nacional de Seguimiento de Beijing Lilián Abracinkas <a href="mailto:liliabra@adinet.com.uy">liliabra@adinet.com.uy</a></p> <p><b>El Salvador</b> Asociación Intersectorial para el Desarrollo Económico y el Progreso Social (CIDEP) Mario Antonio Paniagua Hernández <a href="mailto:investigacion@cidep.org.sv">investigacion@cidep.org.sv</a></p> <p><b>Costa Rica</b> Centro de Estudios y Publicaciones Alforja (CEP Alforja) Cecilia Díaz Soucy <a href="mailto:cep@alforja.or.cr">cep@alforja.or.cr</a></p> <p><b>Paraguay</b> DECIDAMOS Juan Carlos Yuste <a href="mailto:direccion@decidamos.org.py">direccion@decidamos.org.py</a></p> <p><b>Colombia</b> Asociación Trabajo Interdisciplinario (ATI) Alberto Yepes</p>	<p><b>Bangladesh</b> People's Health Movement, Bangladesh Gonosasthaya/People Health Moreneut Zafrullah Choudhury <a href="mailto:pha_gk@citechco.net">pha_gk@citechco.net</a></p> <p><b>India</b> Samarthan Yogesh Kumar <a href="mailto:samarth_bpl@sancharnet.in">samarth_bpl@sancharnet.in</a></p> <p><b>Indonesia</b> CRP (Community Recovery Program) Titik Hartini <a href="mailto:titik@indocrp.or.id">titik@indocrp.or.id</a></p> <p><b>Nepal</b> RRN and National Network of NGOs Nepal Arjan Karki <a href="mailto:rrn@rrn.org.np">rrn@rrn.org.np</a></p> <p><b>Pakistan</b> National Network of NGOs, Pakistan South Asia Partnership Pakistan (SAP-PK) Irfan Mufti <a href="mailto:irfan@sappk.org">irfan@sappk.org</a></p> <p><b>Philippines</b> Social Watch Philippines Leonor Briones <a href="mailto:sowat@info.com.ph">sowat@info.com.ph</a></p>	<p><b>Lebanon</b> Arab NGO Network for Development Ziad Abdel Samad <a href="mailto:annd@annd.org">annd@annd.org</a></p> <p><b>Morocco</b> Espace Associatif Sayouty el Hassan <a href="mailto:hassayout@yahoo.fr">hassayout@yahoo.fr</a></p> <p><b>Palestine</b> NPPP Advocacy Ziad Yaish <a href="mailto:yaish@unfpa.org">yaish@unfpa.org</a></p> <p><b>Tunisia</b> Salah Eddine El Jorchi Ligue <a href="mailto:sjourchi@lycos.com">sjourchi@lycos.com</a></p> <p><b>Sudan</b> Gender Center Neimat Kuku <a href="mailto:kneimat@hotmail.com">kneimat@hotmail.com</a></p>

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