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This issue of the newsletter was written by staff members Divya Bajpai, Paul Dawson, Tina Harrison and Melanie Matthews and volunteers May Atkinson, Chris Button, Clara Egwuigu, and Robert Woodward.

To make a donation:



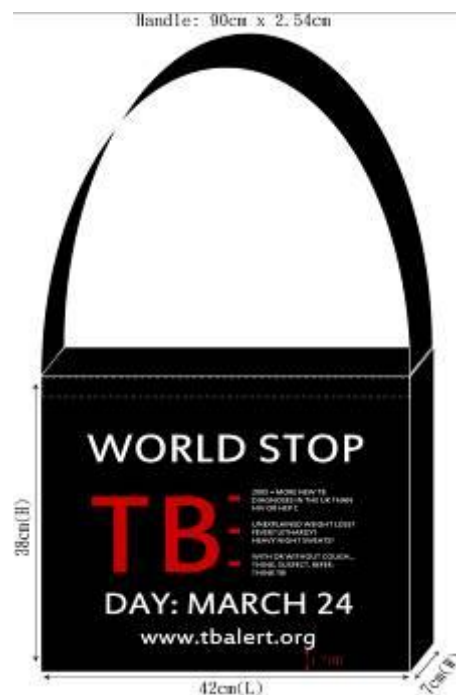
write a cheque payable to TB Alert & post to above address; donate on-line by going to www.tbalert.org (click on Donate Now); or call 0845 223 5293. THANK YOU.

Charity Registration No: 1071886

Think, Suspect, Refer- frontline health professional awareness

World TB Day is fast approaching and TB Alert is again working closely with teams of health professionals around the country to help them put on events to raise awareness.

In addition to the posters, pens and postcards we provided last year, this year, thanks to generous support by Genus, we have been able to further expand our range of materials. It is all very well to raise awareness among vulnerable groups but that work is of no value unless they are diagnosed and receive the correct treatment. So we felt that something needed to be developed to raise awareness among non-TB specialist frontline health professionals. We've therefore produced an environmentally friendly bag, a coaster and a laminated symptoms checklist which we hope will act as useful reminders to help health professionals to "think TB".



We are asking all teams who are holding events to circulate the new materials as widely as possible to GPs, Consultants in Accident & Emergency, Orthopaedics, Ear, Nose, Throat and HIV, as well as Prison Health leads. We hope that the new materials will have an impact in raising awareness of TB, a disease often not considered as a possibility by very busy professionals dealing with myriad other conditions which they may see on a more frequent basis.

See Page 5 for our volunteer Robert Woodward's account of co-ordinating World Stop TB Day events at TB Alert.

Convenience store

Sultana (right) is a regular visitor to her local tailor's shop during her school lunch-break. The tailor, Syed, is her DOT (Directly Observed Treatment) provider throughout her six months of treatment for TB. If it wasn't for Syed, Sultana would have to miss an afternoon of school three times a week to visit the TB clinic, so she sees Syed as her hero.



Read more about Syed on page 2.

A new way to tackle the issue of TB in Urban Slums

India’s Revised National TB Programme (RNTCP) means that TB treatment is now available to all, free of charge. Cure rates are excellent for those who access the services. However - not everyone knows what TB is, that it is curable and where to go. This is why an innovative new project was set up in Hyderabad.

The problem

People with TB symptoms are likely to go first to a pharmacist for cough medicine and then perhaps to a native or local healer (a witch doctor). They may eventually find a private doctor who diagnoses TB but charges for medicines and gives incomplete treatment or even the wrong treatment (risking drug resistance). All this time they are spending money that they cannot afford, possibly infecting other people with TB and getting more and more ill so they cannot work, while their family goes without food or children don’t go to school in order to go out and earn money instead – all because they don’t know that TB treatment from an RNTCP clinic is free.

Sometimes people cannot get to the diagnostic centre because of sheer distance or the cost of public transport or the fear of losing their job if they take a day off to go there. There are other, social barriers too, such as being scared their family will reject them (in the case of women the outcome may be divorce) if they are known publicly to have TB.

If a person with TB can overcome all of these barriers and get diagnosed with TB, ensuring they finish their treatment is still not always easy . Attending a clinic 3 times a week if you are a daily paid worker means not earning 3 days a week and a possibility of being sacked for being unreliable, or because your employer is afraid of you infecting their other workers.

The solution - Hyderabad Urban DOTS (HUD)

HUD aims to increase the number of ‘doorways to diagnosis’ for patients who might not otherwise access government TB services. The project does this by collaborating with other health providers and agencies to train them to refer people with TB symptoms. These “referral agencies” include private medical practitioners, native healers, homeopathic healers, and nursing homes - anywhere that a patient might present with typical TB symptoms.

When a patient visits one of the referral agencies and TB is suspected they refer them to Mahavir hospital for diagnosis but the referral agency carries on being responsible for treatment and providing or arranging the DOT (Directly observed treatment). In this way the patient will get better, while having a relationship with the referral agency which may be (for convenience or social reasons) better for them than going to an official ‘clinic’.

A Hyderabad Hero - Syed Akbar - the local tailor



Syed Akbar is a remarkable man. As well as being the local tailor he is also a DOT provider with 16 patients (10 males, 4 female, 2 children) in a radius of half a kilometre. He performs the role solely out of social commitment, as he has never had TB himself. He has been a DOT provider for 8 years and in that time he estimates that he has helped 60-70 patients complete their treatment, with only 2-3 defaulting in that time.

His clients visit him at 7 am on the prescribed days so he can note and record their treatment. If they fail to show up he’ll try and track them down: if there is no success he reports the incident to the TB Health Visitor. He is also strongly involved in educating his community about the risks of TB by giving talks and making house calls - he does not restrict himself to purely being a treatment provider. This attitude is one of the main reasons why stigma is gradually being reduced in this area and issues like TB are now being more openly discussed.

Shattering the myths and misconceptions about TB in Zambia

TB Alert’s support has provided training for Volunteer caregivers at the Bwafwano project in Lusaka, Zambia to give TB treatment (DOT) as well as HIV drugs to patients. However a vital part of their job is making sure that patients, their families and the general public really understand the TRUTH about TB - rather than some of the dangerous myths that are common in Zambia and other African countries.

Mary Kwenda (below) has been a caregiver in Lusaka, Zambia for 10 years. Her sister had TB and HIV and was divorced by her husband when she was sick, as he didn't want to be with someone who had these two diseases. Mary admits this is one of the reasons she volunteered to be a caregiver, to help to reduce the stigma of TB in the community, as well



as to help others. Her sister’s TB has now been cured and she is able to live a normal life with the help of Antiretroviral (ARV) drugs for her HIV. Mary believes the work she and the other volunteers have done in the last ten years has led to many positive changes in the area. People are now more open to talking about TB and HIV.

“My child was sick and the neighbours told me to take her to the witchdoctors – they said it was evil spirits that were making her thin with a swollen tummy. But I avoided them and went to the clinic – I found it was TB and now she is cured. So don’t listen to your neighbours!”

Fanny Phiri (right)



“When I got sick and went to the clinic and got drugs my mother encouraged me to throw them down the toilet because she said medicines were no good and would kill me. She says people who take these drugs die. Only God can make me better. I took them in secret and when my mother said “see – I told you that you didn’t need drugs to get better” I explained I had taken the drugs and she was ashamed. Now she understands that God gave us the skills to invent these drugs and wants us to use them.”

Vista Banda (right)



MYTH - Don't take TB medicine - it will kill you!

TRUTH - TB is curable, however sadly some people in Zambia are so afraid to come forward they leave it too long before they start treatment.

MYTH - you can catch TB if you sleep with a woman who has had an abortion

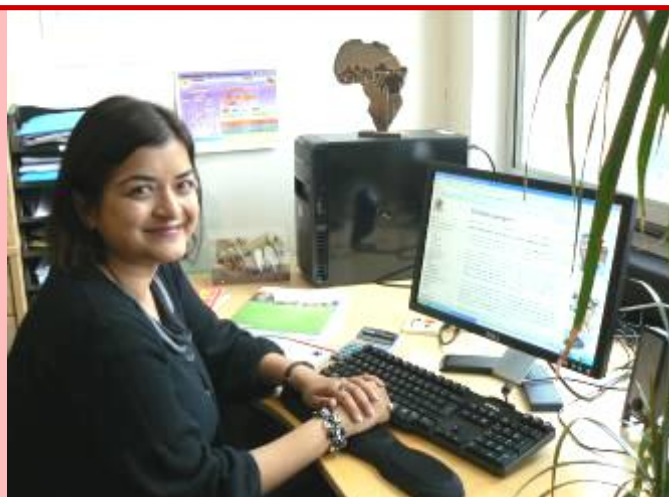
TRUTH - you only catch TB by breathing in the bacteria coughed out by someone else. ANYONE can catch TB but people with poor immune systems are more likely to.

MYTH - It is ok to stop the treatment the moment you start feeling better

TRUTH - you should always take the full course prescribed by the doctor or drug resistance can occur.

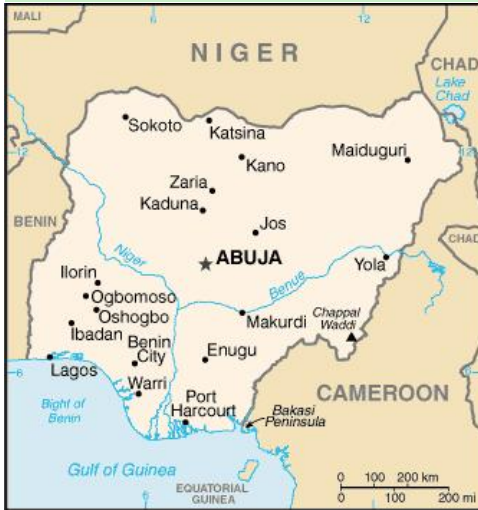
New team member at TB Alert

Hello! My name is Divya and I am delighted to join TB Alert as the new Programme Manager, responsible for overseas project management and working with our partners in Bangladesh, India, Malawi, Zambia and Zimbabwe. I have been working as an independent health and development consultant for the past 6 months and have good experience in health-related development programme management having worked with Interact Worldwide and the International HIV/AIDS Alliance since 1998. I very much look forward to working with colleagues, partners and well-wishers of TB Alert.



One Voice Out of Africa

Clara Egwougu is from Kano State in Nigeria. She is spending three months in the UK volunteering for TB Alert as part of the Global Xchange (GX) programme, an initiative run by Voluntary Service Overseas (VSO) and the British Council. Alongside Robert Woodward, our other volunteer from the UK side of the programme, Clara joined us at TB Alert having spent three months volunteering in Nigeria. Here Clara tells us about what motivated her to join the programme and why her time at TB Alert is of particular personal interest to her.



amazing opportunity to me especially coming from a country that has the fourth highest burden of TB in the world and the highest number of new cases in Africa. HIV is fueling the TB epidemic, leading to a 6 percent annual increase in the number of TB cases. Despite these alarming facts, TB issues have not received much media coverage because TB is not considered a major issue.

Around 400 people a year die of TB in the UK - almost as many as those who die of HIV. This suggests that TB is not just an issue associated with developing countries like Nigeria, but also with developed nations. It is one of the diseases the MDGs seek to combat amongst other health related issues.

Combating this disease and other related diseases, I feel should be seen as everybody's business. There is a need for massive enlightenment. All hands have to be on deck in creating awareness of TB, its causes, symptoms and on how best to prevent it. I equally believe we can fight stigma in Nigeria when senior government officials begin to support TB Control just like they have supported HIV Control and the National Program of Immunisation.

The bedrock of the GX programme is volunteering and it is on this basis that I chose to participate in GX in order to enhance my knowledge, skills and experience on how to effectively render humanitarian assistance; to learn how to relate and interact with people so as to bring positive changes to their lives, and, through these, help in my little way to reduce human suffering.

Most people in Nigeria still think that TB patients have been poisoned. Some think it is a curse from the gods, (especially when many family members get infected) and they go to fortune tellers and prayer houses for deliverance. Lack of information about the availability of effective treatment fuels stigmatisation and negative attitudes about TB and TB treatment.

With the skills, knowledge and experience I've acquired in my time at TB Alert, I intend to go into partnership

My journey through GX has been an incredibly valuable cultural learning experience which has taught me not only a lot about global issues and challenges in the UK, but also about my own Nigerian culture and heritage.

In my state city of Kano on the edge of the Sahel in Northern Nigeria, which has a population of about three million, tuberculosis is a common disease. TB is the leading cause of death among HIV-positive people in this area.

For me, it was surprising to realize that TB was never eradicated in the UK, contrary to what was earlier thought.

Volunteering with TB Alert has been an

What is Global Xchange?

Recognizing that serious and imminent problems confronting our world, the British council in partnership with VSO, came up with a youth programme known as Global Xchange. The programme is based on a model of youth exchanges originally developed in Canada over thirty years ago.

GX is a six-month exchange programme which gives young people from different countries a unique and wonderful opportunity to work together, to develop and share valuable skills and to make a practical contribution where it is needed in local communities. It aims to support the development of active global citizens committed to working for positive change within communities.



World Stop TB Day Preparation at TB Alert

Robert Woodward, one TB Alert's two volunteers from the Global Exchange programme, has been helping to coordinate materials and events for World Stop TB Day. Here he gives his account of the work involved...

My first experience of volunteering for TB Alert came just before Christmas with a couple of hours of stuffing envelopes with Clara, my Nigerian work counterpart. We are part of a youth exchange between the UK and Nigeria called Global Xchange (GX), a 6 month programme with 3 months in Nigeria and 3 months in the UK. During the two phases we work in cross-cultural pairs with NGOs, charities and schools.

I knew nothing about TB Alert before volunteering with them. We are lucky the people in the office are patient and helpful, as it is my first time working in an office and Clara's first time in the UK. Once we got started, we soon settled down into the new experience of office life. I've been able to learn many new skills through the varying tasks I've been given.

World Stop TB Day is probably the biggest campaign which I have helped to

organise. It takes a large amount of work to ensure that all the separate events being held up and down the country have the materials and permissions necessary.

What we didn't realise at the time was that the envelopes which we had been stuffing on our induction day would form a vital part of our work, as it was the replies from these that would tell us what everyone's plans were for World Stop TB Day. Clara and I had to sort through the replies, separating those who gave exact number of materials required from those who we needed to contact for clarification. Once separated, we compiled a master spreadsheet to log all the orders.

I then had to call the people who we needed more clarification from. This was not a task which I was looking forward to as my phone manner was not the best! It has now improved with practice along with support from the TB

Alert team and is not something which worries me anymore.

When materials started to arrive the race was on, with the large number of boxes quickly taking up space in the office. With 30,000 pens, 8,000 balloons and 10,000 posters just for starters I think you can see the task we faced. The running theme of my time with TB Alert has to be stuffing envelopes, as there we were at it again. Whilst we were sending materials out to people, more and more requests for materials were coming in.

I've also had to arrange permissions for those events being held in public places, which meant I had to learn another new skill - pleading - as we are a small charity and can't afford to pay the fees the centres usually charge. I must have been quite good as I was able to get massive discounts!

Another part of the activities around World Stop TB Day has led me to work with another charity, Target Tuberculosis, on a joint stand with TB Alert which will move around various different locations in Brighton and Hove. We'll also be holding a TB awareness raising day with all 18 GX volunteers. Working with two different charities has added a new level of difficulty as everything that each person does has to be carefully noted down to ensure that another person doesn't do the same thing. For the duration of the programme, I'm co-incidentally staying with Alastair Burt, who happens to be CEO of Target Tuberculosis which means I can never get away from the subject of TB!



One Voice Out of Africa (cont'd)

with government institutions and non-governmental organisations so as to impact the knowledge and skills of TB and other related global issues to my community and nation at large. If need be, I will establish a non-governmental organisation that will specially address the issue of TB and stigmatisation of people in an emerging democracy.

Through awareness raising, Communities will come to appreciate the fact that though TB is dangerous, to continue to fear and refuse to understand it is even more dangerous; that knowledge about must be sought to protect those that have not contracted it and assist those that already have. In this wise, people will begin to understand that all individuals, positive or not, had the right to non-discrimination, and that they should

have equal protection before the law.

People living with TB shouldn't be discriminated against, for, with good support, they have a future and can live productive lives. Together with other non-governmental bodies, I will organise and participate in seminars, workshop lectures and talk shows that promote TB awareness across all stakeholder groups in the country.

TB Alert Supports Shared Learning around the World

TB Alert worked with the Stop TB Partnership and The Union to help increase the number of TB Advocates attending the Union's World Conference on Lung Health (Nov 07 in South Africa). The theme of the conference was "**Confronting the challenges of HIV and MDT in TB prevention and care**" - particularly relevant to TB advocates from around the world. The Stop TB Partnership provided up to \$40,000 for grants to assist in paying for accommodation, flights, and food of TB advocates who would not otherwise have been able to attend. TB Alert provided admin, co-ordination and monitoring.

The grant process began by sending out the grant application to members of the Stop TB Partnership Working group on Advocacy, inviting them to forward the application on to anyone working in the field of TB advocacy. The applications then began flowing in, starting as a trickle but slowly working up to a flood as the deadline fast approached.

applicants would be supported. TB Alert was surprised by not only the high number of applicants but also the exceptional standard of the applications received. The assessment panel, after deep deliberations, selected 21 advocates to receive grants totalling \$38,433.58. And although the grants didn't cover the entire cost of attending the conference, they did make it possible for many TB advocates to share their knowledge and experience and take back new learning to their home countries.

Applications came from all four corners of the globe from Burkina Faso to Bangladesh, Egypt to Ecuador, Kenya to India, the UK to the Ukraine, Sudan to Iran and many more countries beside.

TB Alert is proud to have supported so many advocates from so many countries to attend a world level conference on TB and to have helped to promote shared learning around the world.

Stop TB Partnership a network of over 500 international organisations including TB Alert



The Union "International Union Against TB and Lung Disease", is an international scientific membership organisation, committed to TB control, of which TB Alert is an organisational member.



The applications were then collated by TB Alert into a form that could be assessed by a panel made up of 5 members of the Stop TB Partnership Working group including TB Alerts' chair of Trustees Paul Sommerfeld. TB Alert then contacted all the applicants to let them know the outcome of their application or to gain further information in order to assess which

Below right, grant recipient, Winstone Zulu, a keen advocate in Zambia



Information for health professionals.....

Advanced London TB Course

The third annual London Advanced TB Course, organized by the NWL TB Network, in association with Imperial College London, will take place on 24th and 25th April. The course is aimed at Specialist Registrars, General Practitioners, Nurse Specialists, Public Health Specialists, Consultants and other Healthcare professionals wishing to update their knowledge on TB.

This two-day programme will provide comprehensive information on all aspects of TB including epidemiology, clinical presentation, microbiology, diagnosis and treatment. It will also include screening, chemoprophylaxis, BCG vaccination, MDRTB, HIV- TB issues and new innovations in TB management and control. Participants will be provided with extensive training material and participate in workshops. The course is structured for those currently working in TB or related fields or those who would like to update their knowledge.

Speakers include: Peter Davies, Ajit Lalvani, Graham Bothamley, Beate Kampmann, Adrian Martineau, Annette Jepson, Heather Milburn.

Cost: £300 for full course/ £180 per day. **Venue:** The Read Lecture Theatre, Imperial College, London SW7.

For further information and an application form, please contact: Bianca D'Souza, North West London TB Network Coordinator. Tel: 020 8327 7195 Fax: 020 8327 7181 E-mail: bianca.dsouza@hpa.org.uk

National Knowledge Service – Tuberculosis Pilot

The National Knowledge Service (NKS) is an NHS initiative to make patient and public information available. This was set up in response to the 'Kennedy' enquiry into cardiothoracic surgery in Bristol. In the response, the Secretary of State stated that one of the steps that would be taken was the development of a national service which would ensure that both patients and clinicians could have access to best current knowledge wherever and whenever it was needed.

Tuberculosis is one of the pilot areas where information resources have been developed for this service. The aim of the NKS TB pilot is to reduce the risk of TB by increasing awareness among vulnerable groups and people who work with them.

The Pilot is a collaborative project, coordinated by the Health Protection Agency (HPA) working with the NHS and various charities like TB Alert, Homeless Link and Adfam. The project aims to ensure that sources of information and knowledge to enable both health professionals and patients to base their decisions on best current knowledge.

Resources developed

The NKS-TB Pilot has already developed a number of information resources designed to advise homeless sector staff and managers; staff working with people seeking asylum; staff who work with children; and prison officials. There are also booklets on TB and pregnancy for healthcare professionals, patients and the public.

The latest information developed, in association with the National Treatment Agency and Adfam, relates to substance misuse and TB. These are aimed at substance mis-users, families affected and key workers.

Resources can be accessed from: <http://www.hpa.org.uk/tbknowledge/default.htm>

RSM Meeting - drug resistant TB and HIV; the deadliest duo?

A meeting will take place at the Royal Society of Medicine, London on 26th March to discuss the important issue of drug resistant TB and HIV co-infection.

Programme

- The epidemiology of drug resistant TB with and without HIV.** *Dr Ibrahim Abubakar, Clinical Senior Lecturer in Health Protection, HPA, Colindale*
- The accuracy of sensitivity testing** *Professor Francis Drobniowski, Professor of Tuberculosis and Mycobacterial Diseases, HPA, London*
- Which and how should we use the drugs available** *Dr John P Watson, Consultant Physician, Leeds*
- New drugs on the horizon** *Professor Peter Ormerod, Consultant Physician, Blackburn Royal Infirmary, Blackburn*
- Healing from within - modulating the immune response.** *Professor John Grange, Visiting Professor, UCL Centre for Infectious Diseases and International Health, London, UK*
- The new national MDRTB service** . *Professor Peter Davies, Consultant Chest Physician, The Cardiothoracic Centre, Liverpool*
- Public health aspects of drug resistance.** *Dr Philip Monk, Consultant in Communicable Disease Control, HPA, Leicester*
- Environmental mycobacteria: their diseases and management.** *Dr Ian Campbell, Consultant Chest Physician, Cardiff*
- The view of HIV related MD and XDR from South Africa.** *Dr Keertan Dheda, Consultant Physician, Cape Town and UCL*
- The view of MD and XDR from India.** *Dr Zarir Udwadia, Hinduja Hospital and Research Centre, Mumbai*

Attendance at the day brings 5 CPD credits. For details of costs and how to register, go to our website www.tbalert.org

National Knowledge Week on TB

The NKS-TB Pilot, along with the National electronic Library for infection (NELI), will be hosting the National Knowledge Week on TB from March 24th to 30th 2008. A National Library for Health initiative, the week is designed to provide busy health professionals with an annual evidence update on TB.

The week will provide peer reviewed publications and systematic reviews, with best evidence showcasing top current knowledge and highlighting current issues. Specialists will also be providing commentaries on topical issues in TB. Access the week at: <http://www.neli.org.uk/IntegratedCRD.nsf/TBNKW?OpenForm>



£1 on the bill for World Stop TB Day

This year, in addition to our other events surrounding World Stop TB Day in March, we are organising a fundraising campaign involving restaurants around the country from Brighton to the Wirral. The restaurants taking part will place a colourful TB Alert card on every table, informing the customers that a discretionary £1 will be added to their bill for TB Alert day. This money will then go towards helping TB patients in the UK, providing meals as well as information, advice, emotional support and cost of travel to clinics.

We piloted this '£1 on the bill' scheme last year with just three Brighton restaurants and managed to raise over £1000, so we are looking forward to even greater success this year. Restaurants have been very encouraging, including Momma Cheri's in Brighton, which is now famous locally following a visit by Gordon Ramsey for his Kitchen Nightmares programme a few years ago!

The campaign has mainly been concentrated in Brighton but volunteers around the country have also given their time to ask their favourite restaurants if they'd like to be involved. To see whether any restaurants in your local area are taking part please do check our website. And if there isn't one in your area - why not ask one yourself - its not too late! Just call Melanie for more information.



You can run on two lungs too!

TB Patients have been out in force over the last year, raising money for TB Alert. Well done to Amy (below - finishing the **Women's Hydroactive 5k** just 4 months after having a lung removed), and Hitan and William who both finished the **Great North Run** after recovering from TB.



But remember you don't have to have TB to run for us!

To enter either of these races (and others) get in touch now!

A new way to save money - and raise money!

Supporter and former TB patient Clare introduced us to Utility Warehouse, who provide phone, internet, mobile phone, electricity and gas, and guarantee to save you money on these services compared to most other suppliers. They also put all your utilities on one clear and convenient monthly bill, and there is no minimum term contract (except for some mobile phones).



Home Phone



Mobile



Internet



BroadCall



Energy

If you join the Utility Warehouse as a customer, they will pay up to 5% of your monthly utility bill to TB Alert, every month. **To join just phone 0800 131 3000, quoting B18320.** It's a freephone number so it costs you nothing to call, and you COULD save yourself money while helping raise regular funds for TB Alert.

Dewsbury Soroptimists—a successful year for TB Alert



Our grateful thanks to President Kate Currie and all the ladies of the Dewsbury Soroptimists Club, who chose TB Alert as their charity of the year 2007-08. They undertook various fundraising activities, including a bring and buy sale, and a Book, Bottle and DVD stall at a local Gala.

One fantastic fundraiser was their "Ladies Who Lunch" sponsored walk - 5km through a local woodland to an allotment where gentleman waiters served drinks and canapés. Their last event, a Fashion Show is shaping up to be a great success too, and we wish them a wonderful evening. We look forward to meeting the ladies at the finale of their year in April.

If you are a member of a club or group which undertakes fundraising for charity, could you choose TB Alert as your charity of the year?



To contact us about any item on this page, please email fundraising@tbalert.org or call Melanie on 0845 223 5293.