
Year of the Lung: 2010

World TB Day: 24 March

**A CONSULTATIVE DISCUSSION
TO STRENGTHEN MEDIA ENGAGEMENT
IN TUBERCULOSIS CARE AND CONTROL IN INDIA**

**22 March 2010, 10.30 am – 2.30 pm
The Park Hotel, New Delhi**

A REPORT



The Partnership for TB Care and Control in India

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Report by Apurva Narain; with inputs from Subrat Mohanty, Dr Darivianca Laloo and Dr S Srinath

1 BACKGROUND

- 1.1 A consultative discussion was held on 22 March 2010 in New Delhi with the basic objective of initiating a joint process to strengthen media engagement in India's tuberculosis (TB) care and control efforts. While the event was held prior to the World TB Day (24 March) to explore ideas for expanding constructive media coverage of TB, it was also expected to come up with strategies to sustain media interest in lung health generally through 2010 (Year of the Lung).
- 1.2 The discussion was organized under the aegis of the Partnership for TB Care and Control (the Partnership) and facilitated by its Secretariat housed at the South-East Asia Office of the International Union against Tuberculosis and Lung Disease (The Union). It was conceived as a peer to peer brainstorming among journalists with interest in TB, with members of the Partnership's Steering Committee bringing in technical, civil society and private sector perspectives.
- 1.3 The event also continued a process of engaging non-programme sectors in TB control, which representatives of different sector had deliberated in Chennai on 19 February 2010 in a meet organised by REACH, a Partnership member. The current event, focused on media.

2 RATIONALE

- 2.1 TB remains a leading killer today. In India, some 800 people die each day from it, although this fact is somehow lost in the media for a variety of reasons:
- 2.1.1 Public apathy to TB- the magnitude of the disease is huge and it disproportionately targets the poor. This keeps it on the periphery of mainstream attention. Like poverty itself, it coexists with our daily lives without shocking or making news any more.
 - 2.1.2 TB is under-politicized compared to, say, HIV.
 - 2.1.3 There are limited media 'pegs' for TB unlike, say, tobacco where a variety of sensational doors open to the tobacco industry, tax evasion, illicit trade, advertising, counter-advertising, bans and legislation. The few pegs that do exist, like stigma or access, are often not able to out-complete other health issues on media space.
 - 2.1.4 There are few obvious action points for a reader unlike again, say, tobacco reporting where messages are clearer – 'stop smoking' or 'report violations'. For TB, it is often 'creating general awareness' without necessarily pointing readers to an action focus.
 - 2.1.5 The emerging problems of drug-resistant TB and TB-HIV co-infection are only beginning to get attention – in patterns that, again, do not make immediate news. These will pose significant health challenges in the near future.
- 2.2 In light of these, it was also necessary to visit the *need* to constructively orient, expand and sustain media engagement. There is increasing realisation globally and in India that a much wider social interest, beyond health systems, is needed to support national TB programmes. As TB is treatable and free diagnosis and treatment exists, the task now is to accelerate universal access through early case detection and supervised treatment completion, while engaging with the emerging challenges of drug-resistant TB and TB-HIV co-infection. All these can benefit by involving non-programme sectors like civil society, private players, affected communities and media. Their role in TB control is only starting to be fleshed out relative to the public sector. While major developments in the civil society context like the recent

GFATM grant have recognised the need for precisely such a role, it is important to engage the media.

3 OBJECTIVES

The event aimed to initiate a collaborative process between media and civil society and strengthen media engagement in India's TB control efforts. It sought to do this through:

- 3.1 Creating a common understanding of 'media-relevant' issues involved in TB and TB control in India through an initial brainstorming on potential leads to 'story ideas' and 'action points'
- 3.2 Developing mechanisms to enhance meaningful TB coverage in media and facilitate the process through inputs from technical and civil society partners
- 3.3 Exploring ground to synergise interest in TB with allied lung health areas like tobacco control and HIV, and create a 'ripple effect' between mainstream, regional and vernacular media

4 ORGANISATION

- 4.1 The event was organized by the Secretariat of the 'Partnership', a coalition of civil society, private sector, technical and international organisations, formed in 2008 to support TB control in India. *Please see www.tbpartnershipindia.org for information on the Partnership.*
- 4.2 Structured as an informal first discussion on 22 March 2010 in New Delhi, it included an introduction, overviews of TB and relevant issues, brainstorming between participants, and consensus-building on next steps, followed by lunch. 19 participants attended (*list attached*).
- 4.3 The idea was conceived and technically supported by the Union SEA office and was coordinated / facilitated by the Partnership Secretariat.

5 PROCEEDINGS

- 5.1 After brief introductions on the session by Apurva Narain and the Partnership by Darivianca Laloo, the participants introduced themselves.
- 5.2 Dr Pramesh C Bhatnagar, Chairperson of the Partnership's Steering Committee, gave the welcome address. Giving an overview of TB and its control measures globally and nationally, he emphasized the Advocacy Communication and Social Mobilization (ACSM) component of the STOP TB Strategy in the context of the Partnership's support to the national programme. He stressed the need for a greater and more systematic involvement of the media and welcomed the journalists who had made it possible to attend. He urged them to take this peer to peer discussion forward to provide vital links to TB control efforts in the country.
- 5.3 An overview of TB in India and issues relevant to a TB-media interface were flagged in a presentation (*available on request*); Apurva Narain then moderated a discussion on these as per objective 3.1. It included deliberations, and thus media story pointers, on the following:
 - 5.3.1 It was noted that around 80% cases were pulmonary cases of infectious TB and only 20% extra pulmonary; thus **raising awareness on infection control was crucial**.
 - 5.3.2 **Limitations on quality-assured diagnosis and access to services** in remote areas, despite free treatment extended through the country under the national programme, were discussed. Local reporting in places facing these issues could play a vital role in drawing attention to the neglected districts and accelerate access here.

- 5.3.3 **The top drivers of TB include tobacco, diabetes, malnutrition and HIV** – even though programme linkages between these had not been formalised for the most, these links needed to be brought out and were prime ‘story ideas’ for media.
- 5.3.4 **TB in marginalized and vulnerable segments like tribal communities, commercial sex workers, prisons, transgender communities, urban slums, and immigrants**, as also the poor in rural, remote and difficult areas, made for very significant media attention.
- 5.3.5 Unlike ‘new’ diseases like swine flu that draw fast media attention, TB presents a case for a different kind of reporting. Awareness and advocacy become critical in the context of it being an old and forgotten, yet extensive and communicable, disease. This calls for **revisiting the paradigm of scoop-based investigative journalism** for TB.
- 5.3.6 **Early detection is critical to TB control.** Awareness on this, especially in rural and isolated hinterlands of the country, through local media could be vitally useful.
- 5.3.7 **Innovations in diagnosis and rapid treatment for TB are slow** compared to other diseases. Influencing political will to invest more in TB research is needed.
- 5.3.8 A proactive media role can help push the case for challenges like MDR-TB, where the majority of the affected still lack access to treatment. **Lessons from campaigns like those for AIDS and methods like those of anti-tobacco advocacy need to be tapped.**
- 5.3.9 The importance of supervised treatment completion in line with the Stop TB Strategy is crucial not just to the less complex forms of TB but also drug-resistant TB that at a level can be attributed to doctors more than patients, who need to ensure full treatment for patients and avoid the development of drug resistance. **The crises posed by MDR/XDR-TB, and private doctors not mainstreaming with the programme**, are key issues for a media role in this context.
- 5.3.10 Community involvement is very important as total dependence on the government does not help. **ACSM in the community context is still relatively limited** – the media can play a big role here through locally relevant and easily understandable messages.
- 5.3.11 TB is often seen as a poor person’s disease. When celebrities get it (TB can strike anyone), it gets a different media attention. The idea of **using ‘ambassadors’ of the sort used for the ‘polio campaign’** was mooted. But it was equally felt that this was a marginal gimmick – raising awareness on TB **using local vernacular media in difficult and impoverished hinterlands had no alternative**, where most of the problem lay.
- 5.3.12 **Reporting on TB research** has progressed, but much more needs to be done.
- 5.3.13 800 still die due to TB in India daily. **The huge socio-economic burden here needs to be highlighted to make a political case for prioritising TB care and control.**
- 5.3.14 TB is often compared negatively to HIV in terms of the political and public attention it gets. While this may be true to some extent, **pitching diseases against each other was less helpful than finding unique reporting opportunities for each.**
- 5.3.15 Progress on the Millennium Development Goals shows prevalence and mortality rates down by 66% and 46% from 1990. This became possible by extending DOTS across the country through **RNTCP, among the most successful public health programmes - the task now is to speed up access** where media can play a big role.
- 5.3.16 Issues related to **stigmas and taboos were still rampant in TB**. These were areas where media, especially in specific community contexts, could play a role to address stigma and discrimination at the community level .

- 5.3.17 **Tackling TB in ways analogous to tackling poverty**, given their comparable socio-geographical construct today, is ground that media can explore.
- 5.4 This was followed by a brainstorming on objectives 3.2 and 3.3. Some salient points made by the participants (in alphabetic order) included the following:
- 5.4.1 **Aarti Dhar(The Hindu)** raised the issue of TB being an under-politicised disease compared to AIDS. While it was clear that this may indeed be so, the forum also felt that opportunities for media coverage could be sought in areas like TB-HIV co-infection rather than politically pitching the diseases against each other.
- 5.4.2 **Ashutosh Singh (IMCJ)** stressed that a media role was much more meaningful locally in villages and small towns where TB was rampant than in metropolises and big cities. Involving local press and persons with influence on a larger base of local journalists writing in local languages and dialects, in familiar settings, would create a real impact. He cited the anti-tobacco campaign of the Indian Media Centre for Journalists (IMCFJ) where media training on a J2J model in Hindi-speaking areas led to over 900 articles being published in local papers. He suggested exploring a similar initiative for TB. He also said that a reality check on expectations from the media was needed. Media cannot 'put medicines in the mouth of patients' – it can only point to systemic deficiencies and report events. It was however contested that this is precisely the paradigm which, while fully valid, also needs to be supplemented with a more constructive role for media. The anti-tobacco campaign itself was proof, where many articles played a positive role in furthering it.
- 5.4.3 **Bobby Ramakant(Citizen News Service)** made a case for multiple communication channels to feed media. These could tap free online technologies, such as social networking sites (Facebook, Twitter, LinkedIn), to minimize costs and cited the example of Citizen News Service (CNS). He also emphasised the need to position media engagement in the context of the Year of the Lung rather than the World TB Day alone, and cover allied diseases like asthma and pneumonia in addition to TB. He touched upon a number of topical areas like the BCG vaccine experience, extra pulmonary TB and its limited diagnosis facilities in tertiary hospitals, the possibility of preventive treatment for latent TB, the issue of constant drug supply and easy access to services in the context of drug-resistant TB, and the need to look at HIV and TB non-competitively given the threat posed by TB-HIV co-infection. He said that such topical issues must be brought to media notice by technical partners through simple timely communiqués on various health issues, world days, health conferences, and other relevant information.
- 5.4.4 **Chitra Mahesh(REACH)** pointed out the need to address neglected populations such as transgender communities, lorry drivers, slum dwellers and commercial sex workers, which were also amongst the most vulnerable segments for TB. She narrated some of the experience at REACH, which in collaboration with Eli Lilly had recently instituted awards for Indian journalists writing on TB. Media training programmes were now being drawn up, and a TB hotline had recently been started in Chennai. In the current event, media kits prepared by REACH on TB resources were distributed.
- 5.4.5 **Gaurav Saigal(Hindustan Times)** narrated his recent coverage of a misdiagnosed case of TB and its repercussions. He mentioned how he has been monitoring the impact of his TB coverage in the past, and the results were very encouraging. Such stories helped fill vital gaps in the delivery of TB services. In this context, the cost-effectiveness of spending on prevention and diagnosis versus treatment was discussed.

- 5.4.6 **Jasvinder Sehgal(IMCJ)** (emphasized the vital role of non-print media, especially community radio, in TB reporting. He presented his recent experiences in Rajasthan and mentioned how the media could play a role in drastically altering misconceived perceptions about issues like tobacco-use and TB. He cited the very interesting case in Rajasthan of women wearing a necklace made of gutka (chewing tobacco). He reiterated the need for more dialogues like the current one at different locations and suggested at least a two-day event with mostly outstation journalists.
- 5.4.7 **Kalyan Ray(Deccan Herald)** also felt that vernacular media was a key vehicle for TB coverage – mainstream English media in cities had different priorities and competing for media space was difficult for an old ongoing health issue like TB. He also suggested that it would be useful to sensitise editors of newspapers and journals other than health journalists as it were the former who decided space allocation to different issues.
- 5.4.8 **Dr M M Singh(TBAI)**, among the senior-most persons today associated with India's TB control efforts, narrated a touching account of how he goes out in his van even today to take care of TB patients around Delhi but lamented the fact that media had little interest in documenting such stories. He urged media to highlight initiatives that could have an encouraging effect on wider social involvement in TB control.
- 5.4.9 **Dr Pramesh Bhatnagar(VHAI)** said that the idea of a resource center under the Partnership could be explored towards providing press releases, communiqués and other media-relevant material on a regular basis. He said that this possibility and its modalities could be discussed in the next Partnership meeting.
- 5.4.10 **Sanjay Sarin(BD)**, while bringing in the private sector perspective to TB care and control, emphasized the need to develop concrete new story ideas – it was often the case that the same themes were rehashed in relation to TB. He also stressed the critical need for accelerated innovation in diagnosis and treatment – the theme of this year's World TB Day and an area that the media could track.
- 5.4.11 **Savita Verma(Mail Today)** brought out several programme-related issues, especially in the context of drug-resistant TB that was now an impending health crisis and in relation to the major determinants of TB like tobacco, HIV and diabetes.
- 5.4.12 **Simon Lobo, Shabab Alam and David Thapa (MISBAH)** brought in the affected community perspective. Simon Lobo narrated his experience as a prisoner affected with TB. Infection control was paramount in settings like prisons and immigrant ghettos and these had to be highlighted by media as TB hotbeds.
- 5.4.13 **Dr S Srinath** proposed the idea of journalistic training for public health professionals interested in writing on TB and allied issues. It was felt that this could be taken up as a follow-up to media orientation programmes at the vernacular level. He also stressed the need to highlight the achievements of the national TB programme as a model for other programmes in several areas.
- 5.4.14 **Dr Sugata Mukhopadhyay(CRS)** reiterated the need to take media engagement to the hinterlands of the country where real awareness and advocacy were needed, in continuation of the point made by Ashutosh Singh. The idea of maintaining language-specific databases on TB for vernacular journalists to tap was also debated – very often journalists were not able to find equivalents for medical and technical words in English; this created a very real problem in reporting.
- 5.4.15 **Tripti Nath(Women's Feature Service)** drew attention to gender issues and to women in relation to TB. Issues of stigma were discussed and it was agreed that this

was a critical area for media. It was also pointed out that women were the subject for this year's World No Tobacco Day and useful links with TB could be drawn here.

A fuller chronology of the proceedings is available in the minutes and recording of the event.

5.5 Next steps were then discussed. Some of the recommendations from this are given below.

6 RECOMMENDATIONS

6.1 Set up a media resource function: The need for a regular multi-pronged communication between the media and technical partners from the programme and civil society was strongly and repeatedly expressed. Such a link would serve to filter out key messages, developments, updates, ideas, resources and news from the technical and medical domains, in simple and accessible language, for the media to pick. While this was needed across public health issues, the idea of initiating some mechanism for TB and allied lung diseases under the aegis of the Partnership was mooted. Some associated ideas that were discussed included:

- 6.1.1 A cost-effective online resource centre with archives of factsheets/press releases and real-time information updates would be a useful starting point. Having this on the Partnership website, and related ideas on syndication and access, must be explored.
- 6.1.2 Social networking links can usefully supplement the above (Facebook/ Twitter/ LinkedIn) and allow interactive forums and groups on subject-specific areas like TB and children, TB and finance, etc for ideas and stories to be exchanged.
- 6.1.3 Making these resources available to vernacular media in locally accessible ways will be equally crucial, as online facilities may not be always available. Translation into local languages for resource centres coordinated by local partners can fill a vital gap.
- 6.1.4 The Partnership's Newsletter could, as a start, be distributed regionally, with space dedicated to media resources on this 'Year of the Lung', to begin sensitising select partners, officials and journalists, before such local language resources are initiated.

6.2 Generate concrete story ideas: Sustaining a steady stream of story ideas was a linked component of enhancing coverage of TB in the media, given that 'scoops' were not easily found here. These ideas, it was felt, should flow both ways, to and from local journalists in touch with the grassroots reality, and the English press that can more easily track global and national developments. The media resource function above could facilitate this flow. While story ideas emerging in the session itself are covered in sections 5.3 and 5.4, modalities for implementing this on a long-term basis will have to be explored in sync with 6.1 above.

6.3 Create a ripple effect for media involvement: To meet the objective of strengthening media engagement in TB control effectively, it was essential to cascade steps to involve media to larger platforms at the national, regional and local level. Several ideas were mooted for this:

- 6.3.1 Expand collaborative partnerships across sectors, including those with media.
- 6.3.2 Take this discussion to the regional level, through media orientation workshops in local languages for a much larger vernacular press. Coordinating this through IMCFJ in the north and REACH in the south are possibilities that could be explored.
- 6.3.3 Involve editors where possible in such discussions, encourage individual relationships between technical partners and health journalists depending on their areas of interest and reach out to journalism schools through a series of workshops.
- 6.3.4 Conduct tailored media trainings on specific issues (e.g. MDR-TB) as there are often too many issues to cover in one workshop. This can be an idea for Eli Lilly's initiative.

- 6.3.5 Institute TB/lung health-specific media awards like the recent ones by REACH-Eli Lilly.
- 6.3.6 Train interested public health professionals in writing and media skills as a complementary initiative to training media persons to write on technical issues.
- 6.3.7 Support TB reporting in non-print media, especially community radio that could be taken up as a nation-wide project by itself.

7 NEXT STEPS

- 7.1 In order to chalk out action on the three areas recommendation emerging from this consultative discussion, it is proposed that this be discussed as a priority item by the Steering Committee of the Partnership as a first step, and then jointly with selected participants, media persons and Partnership representatives to implement specific action steps.
- 7.2 The feasibility of organising media orientation events regionally for the vernacular press need to be explored. It is suggested that, after 7.1, this be discussed in coordination with Citizen News Service / IMCFJ for Uttar Pradesh and with REACH for Tamil Nadu as a starting point, as they have had prior experience on similar events in these areas. Eli Lilly and interested Partnership members can also be involved in this initiative.
- 7.3 There has been significant coverage in the week following the World TB Day from journalists who participated in the event – some of this coverage is in the process of being collected on the Partnership website. The website is also being updated for links to other relevant coverage. It is suggested that related online resources be mutually linked and information on this disseminated.
- 7.4 The possibility of a dedicated person to take forward recommendations 6.1 and 6.2 should be explored under the aegis of the Partnership. Such a position can also play a vital role in coordinating with other online resources, English and vernacular media, media outreach activities of the national TB programme, and technical and civil society partners.
- 7.5 Synergies between the above and the Global Fund project for TB control in India that will start this year can be tapped, especially in relation to the Advocacy, Communication and Social Mobilisation (ACSM) and other civil society components of the project that are likely to involve significant media interfaces. This can be taken up once the Project Management Units (PMUs) for the project are in place.

LIST OF PARTICIPANTS

in alphabetical order

A CONSULTATIVE DISCUSSION TO STRENGTHEN MEDIA ENGAGEMENT IN TB CARE AND CONTROL IN INDIA

22 March 2010, New Delhi

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<i>In addition, invitees who had expressed their interest in participating but could not make it at the last minute included:</i>				
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