

News from the partnership...

Partners Speak

Vol 1 Issue 8 September 2009



From our desk...

Nine months of the Partnership initiative were completed with a National Consultative Meeting of Partners held on 30th September 2009 in New Delhi. We had the pleasure of having Dr. L. S. Chauhan, Deputy Director General (TB) in the Government of India, Dr. Kendra Phillips, Deputy Director, Population, Health and Nutrition, USAID India, Dr. Pramesh Bhatnagar, Chair of the Partnership Steering Committee, Dr. Nevin Wilson, Director of The Union South-East Asia Office and Dr Giuliano Gargioni, Team Leader, Partnering & Social Mobilization, STOP TB Partnership Secretariat, in the inaugural session. The meeting brought together representatives from NGOs, corporations, government and donors together to discuss the future road map for the Partnership. The website of the Partnership www.tbpartnershipindia.org was officially launched in the meeting. The Secretariat of the Partnership thanks all the participants and looks ahead with hope.

Partnership Secretariat

Third Regional Consultative Meeting of Partners for the Central and Western Regions

A two-day Regional Consultative Meeting of Partners, organised by the Secretariat of the "Partnership for Tuberculosis Care and Control in India" (the Partnership), was held at Hotel Palash, Bhopal, on 15-16 September 2009, in coordination with the Madhya Pradesh Samaj Seva Sanstha (MPSSS). Partners from the central and western regions, including NGOs, government representatives from Madhya Pradesh, Chhattisgarh, Rajasthan, Gujarat and Maharashtra, and staff from India's Revised National TB Control Program (RNTCP) participated. The meeting was inaugurated by the Joint Director of Health Services in the Government of Madhya Pradesh, Dr. B.N. Chauhan, who said that "the burden of TB in the country had not changed much... we had to identify positive cases and put them on treatment." He said that a lot of NGOs were now coming forward to join the programme, but the Government needed a solution at its level too. Dr. K. Hemachandran, Programme Management Specialist at USAID, said that USAID was committed to the programme and looked forward to working together with the Partnership initiative. He said that this Partnership should move beyond the project period. Mr. Subrat Mohanty, Technical Officer in the Partnership's Secretariat at the International Union Against Tuberculosis and Lung Disease (The Union), talked of how the Partnership had evolved through a series of discussions and dialogues, and talked about its newsletter, website and charter. Father Mathew Vattakuzhy of MPSSS gave a formal welcome to all participants.

Initiating the session on the opportunities and challenges faced by civil society in the state-level implementation of RNTCP, Dr. B.N. Chauhan, said that while in some areas they were doing better, improvements in case detection and cure rate were clearly still a big challenge. He said that the need of the hour was proper counselling to patients and providers. He urged civil society to do more in this area. Dr. Dewangan, State TB Officer of Chhattisgarh, highlighted the magnitude of this killer disease in the state and gave a regional perspective. All participants felt that a strong partnership had to be built to effectively implement RNTCP/DOTS, especially at the periphery level. This would help bring more TB suspects from the community under treatment. ACSM and IEC activities could play a crucial role in bringing all those infected with TB under the DOTS programme.



Dr. Vilas Somvanshi, Assistant Director of Health Services and State TB Cell, Maharashtra, and Dr. Manoj Toshniwal, Medical Consultant, WRTAP, Maharashtra presented the state scenario. Dr Toshniwal said that the contribution of NGO partners in Maharashtra was minimal and the state wants to involve more NGOs in the programme. He suggested that this type of meeting should be held in states where NGO involvement had been very poor. Initiating discussion on the need to support TB care and control through the Partnership, Dr. Sanjay Srivastava, UNICEF, Madhya Pradesh, gave a perspective on how the Partnership could be strengthened with the effective involvement of partners. Dr. K. Hemachandran, USAID, said that the Partnership had to think beyond the box now. We may have

to build pressure groups to take action and NGOs may need to be noticed in India. We need to work against the indiscriminate use of TB drugs. He said that this Partnership should now aim at something beyond a 25-year time-period and have a clear vision. He urged effective and meaningful private sector participation and said that USAID believed in partnership across sectors. Mr Benoy from the Hindustan Latex Family Planning Promotion Trust (HLFPPT) presented the context of implementing the Global Fund supported HIV/AIDS programme.

The meeting concluded with remarks from Dr. K. Hemachandran, USAID. He aptly said "Believe in this Partnership".

Scientists use nanotech to 'upgrade' TB drugs

Source: SciDev.Net

South African scientists have used nanotechnology to enhance the absorption of tuberculosis drugs in the body so that fewer, smaller doses are needed. Clinical trials for the antibiotic Rifanano, a combination of the four main first-line TB drugs, are scheduled for 2012 and the drug should be available in government clinics in 2016, Hulda Swai, principal researcher in biomaterials research told SciDev.Net.

Swai and her team from the Council for Scientific and Industrial Research (CSIR) won 'best science to business opportunity' at the second SA Bio Plan Competition held during the recent Bio2Biz Conference in South Africa last week (20-23 September).

Rifanano needs to be taken just once a week for two months and there are no adverse reactions. Most TB antibiotics must be taken daily for up to six months and often cause debilitating side effects, such as nausea and fatigue.

The new drug is coated with nano-sized particles, which are in turn coated with chemicals that make them stick to the intestine wall, enabling the drug to be far more easily absorbed.

"When the white blood cells see these particles they take them up because they look like foreign objects. But doing so, they actually transport them throughout the body while releasing their cargo," says Swai. "We have not invented a new medicine but have taken an existing medicine and made it better."

Team member Boitumelo Semete says Rifanano will be targeted at government health departments in the developing world.

"TB is a poor man's disease, which means it is not a popular choice for development by commercially-driven pharmaceutical companies," she says. "We are using local science and technology skills to make an existing treatment more effective and affordable for our people."

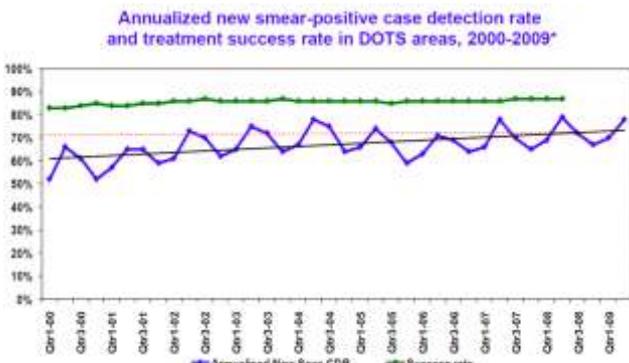
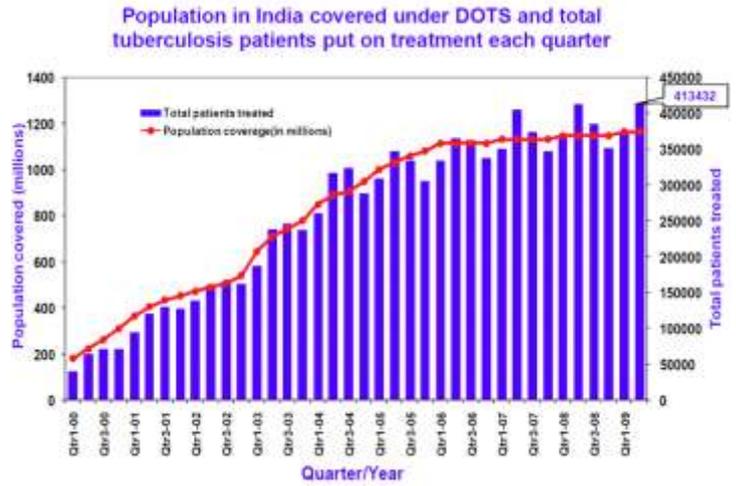
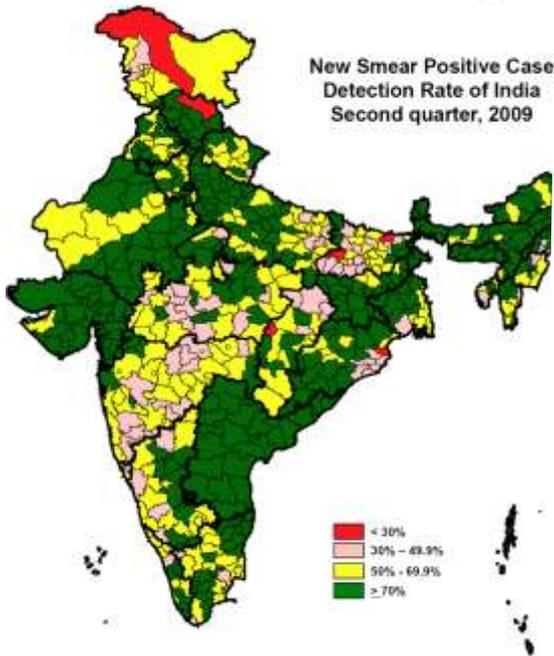
Nanotechnology is being used by scientists worldwide to improve the efficiency of treatment for a host of diseases. CSIR now plans to turn its attention to improving medications for a number of other diseases, including malaria and cancer.

The Bio Plan award ceremony was attended by Naledi Pandor, Minister of Science and Technology, and Mamphela Ramphele, Chair of the Board for the New Technology Innovation Agency. The competition was organised through a joint collaboration between Emory University in the United States and South Africa's Innovation Fund.

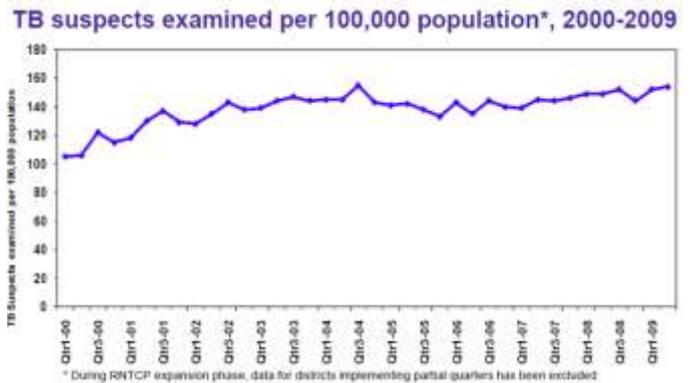
Portable tuberculosis tests, FORT COLLINS, Colo., Oct. 9 (UPI) -- U.S.

U.S. researchers say they seek to develop a portable, simple-to-use tuberculosis test for use in the developing world. Diego Krapf of Colorado State University, Fort Collins, Colo., says detection is key because an estimated 2 billion people worldwide carry TB but most do not even know because their infections are latent - there are no symptoms. However, 10 percent of latent cases will develop into "active" TB. Krapf says what is needed is a way to widely detect latent TB where it is most prevalent. He is leading a research team in developing a technique that uses light to detect traces of TB bacteria in fluids. They have used this technique to detect a single molecular marker of TB infection in solution. The team's findings are to be presented by Barbara Smith at the annual meeting of the Optical Society in San Jose, California.

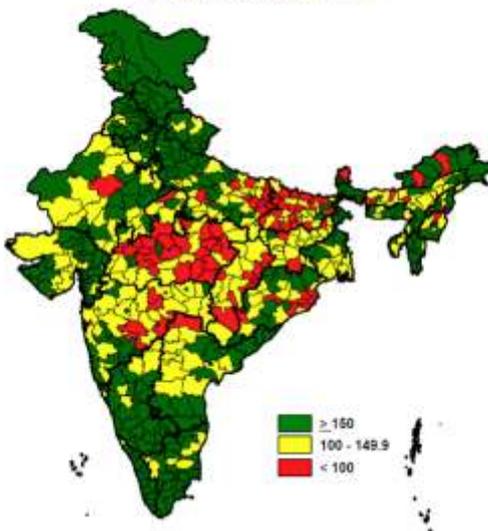
Performance Report of RNTCP for Quarter 2 (April-June 2009) *



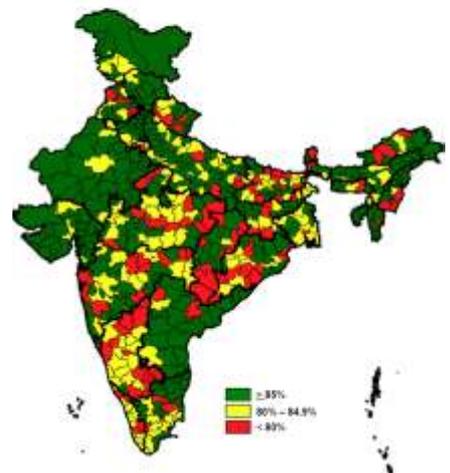
*Estimated no. of NSP cases - 75/100,000 population per year (based on recent ARTI report)



TB Suspects examined per 100,000 population by district, India, Second quarter, 2009



Cure rate by district, India Second quarter, 2008



*We acknowledge the contribution of the Central TB Division, Government of India, for allowing us to use the graphs and maps

Success Story

Johan quits bad habits:

Johan, son of Velgi, is a TB patient undergoing treatment through DOTS. He is a poor farmer aged 55 years and has five children. He lives in a village called Phulgeedi, in Jahbua District of Madhya Pradesh. He came to know about DOTS through our volunteers. He was a drunkard earlier and used to take tobacco. However, ever since he started taking medicines for TB he has given up these habits. Initially he had problem stopping them. But he realized that these were dangerous to his life. Today he is convinced that DOT can cure him fully from his TB. With this hope, he is taking medicines regularly under the guidance of our volunteers. He is a happy man today and is also counselling other TB patients to motivate them to take regular medicines and say no to tobacco and alcohol.

14-19 September, 2009, two, three-day media workshops were hosted by the Lilly MDR TB Partnership in collaboration with RESULTS Educational Fund, India and ACTION India. Facilitated by local media trainers, the workshops empowered 18 TB champions to work with the media by training them in media communications and advocacy strategies, with special attention to message-development and relationship-building skills.

Information desk

- World AIDS Day will be observed on 1 December. This year the theme is 'Universal Access and Human Rights', chosen to address the critical need to protect human rights and attain access for all to HIV prevention, treatment, care and support.
- The Partnership launched its website www.tbpartnershipindia.org on 30 September 2009 at the National Partnership Meeting.
- The 40th Union World Conference on Lung Health, organised by the International Union Against Tuberculosis and Lung Disease, will be hosted in Cancún, Mexico, 3-7 December 2009. The theme of the conference is "**Poverty and Lung Health**".
- The second National Review Workshop of the IMA-GFATM-RNTCP-PPM Project will be held on 14 October 2009.

Two new partners, **FXB India** and **Parivartan Sandesh** joined the Partnership. We welcome them and look forward to their contribution to strengthen the Partnership.

A two-day ACSM Project Review Workshop in Patna

A year-long implementation of the ACSM project in six districts of Bihar, with support from MAMTA, has made a significant contribution in raising awareness levels and mobilizing existing groups at the community level for TB control. There have been both achievements as well as bottlenecks at various levels. To introspect on this and to strengthen the Partnership, a two-day project review workshop was organized with partner NGOs at Patna on 22-23 September 2009.

As decided by the Partnership's Steering Committee, the Partnership newsletter will now become a quarterly publication. The next issue will contain news of October 09 to December 09.

Disclaimer: The information and views expressed in the newsletter is of the authors only. The Union does not take responsibility for any of the views expressed here.

We would like to thank all our partners for sharing their stories, information and news.

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For more information contact us at:

C/O The Union South East Asia

C-6, Qutub Institutional Area, New Delhi-110016, India. Phone: + 91 11 4605 4400 Fax: + 91 11 4605 4430