REPORT ON 2014 WORLD TUBERCULOSIS DAY COMMEMORATION

THEME: REACHING THE MISSED TB CASES.

SLOGAN: THE UNTOLD STORY OF THE GHANAIAN TB PATIENT

VENUE: MANTSE AGBONAA, GREATER ACCRA

DATE: 24TH MARCH 2014
Ghana joined the world to commemorate World TB day 2014 on 24th March 2014 at the Mantse Agbonaa in the Greater Accra Region of Ghana.

The day has been set aside by the WHO and the International Union Against TB and Lung Disease (IUATLD) to commemorate the discovery of the bacteria that spreads Tuberculosis in 1882. Many years after the discovery of the TB germ by Dr. Koch, the disease seems to be raging on therefore making it important to continue to commemorate it to send messages across to draw attention to the disease.

Today, many factors have contributed to the worsening of the disease in Africa and Ghana is no exception to this. TB/HIV, MDR TB and XDR is threatening the success being achieved by the various implementation plans the program is putting in place. Other factors threatening the program are stigmatization, lack of information and the influx of faith based churches in the Ghanaian society. The event is intended to educate the public about the devastating health and economic consequences of TB, its effects especially on developing countries and its continued tragic impact on global health.

The theme for the 2014 commemoration is “Finding the Missed TB Cases, The Untold Story of the Ghanaian TB Patient” This year’s campaign challenges us to look at the fight against TB in an entirely new way: that every step we take should be a step towards TB elimination

For the year 2014 the central TB Unit will host the launching ceremony. For consistency and uniformity of activities and messages, the standing committee mobilized other stakeholders to form a National Planning Committee.

The significant change in this year’s planning was that the programme was going to be a press conference. The NTP called a smaller stakeholder meeting that included PRO GHS & MOH, HPD and the GNA and the Stop TB Partnership was tasked to carry out the following:
• Outline a year long activities for TB advocacy, communication and social mobilization
• Identify and draft invitation letters to pressmen and stakeholders.
• Outline a tentative budget for the commemoration.
• Compile a list of resource persons for mass media activities.
• Arrange effective press coverage
• Compile a report on the 2014 world TB day celebration

Meetings:

Members during their meetings deliberated on activities that were carried out in 2011. Members were taken through the theme for 2014 worldwide is, “Reach the Three Million- A TB test treatment and cure”. The theme calls us to our duty to find, treat and cure all people with TB. However the Ghana NTP has adopted a local theme which is “Finding the missed TB cases. The Untold Story of the Ghanaian TB patient. The plan of the programme manager is for the committee to plan a press briefing for the media in the Minister’s conference room or civil servants association hall.

Members suggested that with the number of media houses in Accra, the Minister’s conference room cannot accommodate the people. Therefore the press briefing be done in the civil servants association hall.

Media Houses: Member’s listed radio stations to be invited. For TV the team decided to invite, GTV, TV3, TV Africa, SKY TV, Metro TV, ETV, UTV, Net2 TV, Viasat 1 and Multi TV. The radio stations are: Peace FM, Joy FM, Radio Gold, Oman FM, Unique FM, XYZ, City FM, Adom FM, Okay FM, Obonu FM, Choice FM, Rainbow radio. For the Print: GNA, Graphic, Times, Mirror, Daily Guide, Spectator, Chronicle, Observer, Public Agenda were selected.

Invitations: Members decided to invite a few people to attend the programme due to its nature being a press briefing. They are La Mantse, The Minister of Health, Director GB Partnership and directors of the various programmes.

Activities planned: TV Africa – Oman yi mu nsem
Joy FM- Ultimate Health
Peace FM- Wo mpomu te sen
TV3- New day
Viasat 1- This morning
GTV- Breakfast Show
Crystal TV- Tele Nurse
Adult Education
Metro TV- Good Evening Ghana
GTV- Talking Point


As part of programme for the launch, two documentaries on TB had been developed by CLIKGOLD (NGO) and TBCARE1 and would be launched that day. Videos of the documentaries were played for critiquing. The Committee after viewing the two documentaries decided not to launch the TBCARE 1 documentary on the day but it should be done on a different platform on another day to reduce the time to be spent at the press briefing.

Change in Venue:

The Committee after sending an invitation to the Minister of Health to the press briefing got the feedback the Minister of Health prefers an outdoor programme in the community than a press briefing. She believes this form of launch gets more community participation.

The committee decided to do the outdoor programme at Mantse Agbonaa. The change called for re-planning, re-budgeting and strategizing to achieve the desired purpose.

Invitation letters were sent to the Ghana Education service-SHEP coordinator, to invite schools in the Metropolis, Public Health Nurses School, School of Hygiene, Korle- bu Nurses training college, women's groups working with HFFG, and Youth Groups with Community Outreach Alliance.

Invitation to the launch was also given to all programs in the Disease Control Department, Director GHS, Deputy Director GHS, WHO, Development partners, TB
advisory board members, Directors in the Ghana Health Service, Ministry of Health, Regional Health Directorate, Regional Minister, The TB Ambassador, and the Chiefs and Queenmothers of Ngleshie Alata Traditional Area. Representatives were sent from all programs to grace the occasion.

**Launching**

The Launch was preceded with a cultural performance by Tessa Cultural Group during which an exhibition of the Digital Xray machine and the TB documentary.

A member of the Tessa Cultural Group doing a performance.
The minister went to inspect the Xray machine together with the Programme Manager and other invited dignitaries. The Opening prayer (Christian) was said by Rev Davies whereas the traditional prayer was said by Nuumo Akrashie.
Mrs Rebecca Ackwonu, PRO GHS introduced the Chairman of the programme Nii Oblempong Kojo Ababio V, Paramount Chief of Ngleshie Alata traditional Council.
In his opening remarks, Oblempong Nii Kojo Ababio V, called on all gathered open their ears with rapt attention to listen and understand the issues at stake, TB.

He added that many a times the society have lost sight of the fact and have attached many myths to the disease and labelled it a bad name. He therefore called on everybody to disabuse their minds on these myth and learn about the real facts of the disease. This would enable us confront and assist the infected people and their families.
In the Welcome address, the Deputy Greater Accra Regional Minister, Hon Isaac Nii Vanderpuye

Said in Greater Accra, the fight to stop TB has been not without challenges. In 2012 the region, had a target of 4,518 of which we achieved 2,413 representing 53% whereas in 2013 the region recorded 2,237 out of a target of 4659 representing 48%. The statistics clearly show a drop in the case detection of 7.3%. He said the region over the past three years had put in place measures to reach the missed cases. All patients reporting with cough to various hospitals in the Accra Metropolise are screened for TB, Diabetic Patients and HIV patients because of their compromised immunity are also screened for TB. Chemical sellers have been trained to refer clients with cough to the hospital or health facility for diagnosis. Contacts of TB patients on treatment were also screened. This in total gave us about 2,841 of new cases.

Despite these efforts, the region is still missing a presumed number of about 2400 TB cases. To reach these missed cases we need to aggressively scale up TB programmes and ensure access and coverage for all, especially for the most vulnerable groups and in areas most heavily affected by the disease. (The TB 'hotspots'). He said many of these missed cases are most likely to be living in the region's vulnerable communities and it includes groups such as migrants, quarry workers, drug users and sex workers. He
added that if the region is successful in detecting the missed cases, they would be on their way to achieve the Millennium Development Goals.

Giving the programmatic overview, Dr. Frank Bonsu took the gathering though the untold story behind the current TB situation in Ghana. He said, historically, TB disease was not well thought to be significant burden enough to warrant action. It was considered as small reported numbers, from few existing facilities, with no human face put behind those numbers. TB was not considered, for funding knowing the fate of the TB cases were already decided. Therefore, health care managers could not justify or simply refuse to recruit, motivated personnel and experts for TB control. However, the Post Independence, TB control foundations are relatively fortified, especially during the last decade but the present achievement is fragile and needs to be consolidated.

He added that the quality of care for TB patients has improved year on and on. The country can now boast of TB treatment success above the global target of 86%. 7 out of 10 regions achieved their treatment success targets. Other successful programme outcomes to mention a few are;
• An enviable system of ensuring support to patients and those affected and families to achieve cure, is widely acknowledged in the country and beyond.

• TB commodities by way of TB medicines, diagnostics and reagents are current, state of the art and the country has not experienced stock out for many years.

• The programme has acquired new technologies to help detect some of the cases that are normally missed using older technologies.

• Stakeholder’s involvement in TB care and control has been complimentary and impressive.

• The country is positioning itself to reach out to find the missed TB cases using Digital x-ray imagery. The programme is waiting for the final approval from the Finance Ministry.

• An infrastructure to diagnose and manage Multi drug resistance TB has been developed.

• A system for managing childhood TB is in place

He continued that the determination of the Health Ministry to establish the magnitude of the TB problem in Ghana has been successful. The determination of the problem has been scientifically organized in partnership with WHO. It is clear that the results from these efforts would assist Ghana to plan to reach the missing TB cases. He hinted that the final extent of the TB problem will be known by the end of this year when all the data is ready.

However, 50% of the data has been analyzed. And with a little caution we can share the initial results with some expected slight change in the observed trend.

He highlighted on the reported cases. In 2013, 346 more TB cases (15,533) were recorded as compared to total cases notified for 2012. Total cases reported for children is 773.

Ashanti recorded the highest number of TB cases 3,041 followed by Greater Accra, 2901. Volta and Western recorded 1,758 each. Brong Ahafo 1,227 Eastern 1,677, Central 1511, UE 708, UW 330 and NR 642.
The programme looks forward to working with the civil society partners, the private sector to embark on targeted interventions of outreach programmes to reach out to vulnerable populations and those with limited access to TB services. He informed the gathering that the first equipment is in and asked everybody to visit the mobile container, designed to screen the population for TB.

He ended by acknowledging all those who had to travel to be part of the celebration. He payed a glowing tribute to all Health staff and volunteers, colleagues in the Central TB unit and the TB Ambassador who in diverse ways are working to reduce the pain and suffering of TB patients.

A TB patient, Michael Akutey was called upon to share his untold story as a TB patient. He explained how he sought spiritual help and after it failed he resorted to medical assistance through an NGO Click Gold Association. After he was diagnosed his family assisted him through treatment.
After his sharing of his experience the TB Ambassador Bice Kuffour popularly known as Obour performed a sketch on Tuberculosis and how to achieve cure as well as staged a musical performance.
The Minister in his speech called for renewed action against Tuberculosis by all stakeholders. As a country, we need to examine critically why historically cases are missed leading to unnecessary pain, suffering and death. One prime challenge to TB control activities is myths and misconceptions about the disease. These negative dispositions often result in delayed health seeking as well as stigmatization of people infected. The impacts of such misconceptions and myths, according to past studies usually result in concealment of status, fear, and shame, which do not promote treatment behaviors.

The Minister said, Ghana is currently implementing a TB strategy, which recognizes that individuals and communities infected and affected by TB have to be empowered with critical mass of information on TB transmission, availability of cure, status disclosure,
and community engagement in TB Control. When people are aware that TB cannot be transmitted through sharing utensils, food, sexual contact, physical touch etc. they are likely to be receptive to people infected with, and affected by TB. This therefore will lead to finding the missing cases, as they will not be afraid to disclose their status. However, Contrary to our expectation a recent study found out that higher education corresponds to more chances of myths and misconceptions.

She bemoaned the practice where patients are detained in prayer camps and other herbal clinics. Health care facilities fail to detect cases. Of more concern is that more female patients are missed. The ratio of male to female TB notification is 2:1. The patients therefore suffer silently and painfully for condition, which is curable. There is loss of income in the home, orphans are created, marriages breakdown, social ostracisation leading to stress and depression. She added some have been branded witches and wizards, humiliated, and dismissed from workplaces. We cannot allow this to continue, TB should be stopped and barriers to care removed.

She employed all workers to take pre-employment x-rays seriously. Physicians who also offer chest x-rays for any reason should have high index of suspicion for a potential TB case and conduct further test for confirmation. Persons living with HIV and those with medical risk factors for TB should offer to be screen with chest x-ray at least once every 2 years. The general population are encourage to do medical examinations that should include Chest x-ray, so that TB cases that are not showing symptoms could be picked and treated.

She called for much attention to be paid to TB associated with veterinary practices. The pastoralist (Fulani herdmens) are mobile group of persons who stay for long hours with their cattle often drinking unpasteurized milk. Butchers who on daily basis handle cattle at abattoirs are at risk for contracting TB, but they are not systematically screened for tuberculosis. Institutions with overcrowding such as in the prisons should be looked at. There is congestion in our mental health facilities, and I will implore health personnel to look for and find missed TB cases.
She pledged that Government will continue to expand health infrastructure including CHPS compound to increase access to TB care. Development partners, civil society should compliment government’s efforts through fighting the myths and misconception on TB.

She hinted that new National strategic plan post 2015 is currently under development, and invited all stakeholders including development partners and the civil societies to make significant inputs to enable the country reach its TB elimination target by 2035.

Dorothy Abudey gave the closing vote of thanks.
The NTP had the opportunity to be hosted on radio and TV programmes to explain the NTP activities and also use the opportunity to educate the general public.

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The programme manager was granted interviews on radio throughout the country.
GALLERY

MC of the programme
Women’s groups from Niima.

Dr. Magda Robalo WHO Country Representative
Dr. Appiah Denkyira. GHS Director General

A cross section of Student Nurses.
Women’s groups and students
A Cross section of Journalists

A Cross Section of chiefs