National Tuberculosis Control Program
GFATM Round-II

ANNUAL REPORT 2007

National Tuberculosis Control Program
Ministry of Health, Government of Pakistan
Introduction: Tuberculosis or TB has been one of the major public health problems in Pakistan. Pakistan ranks 6th among the countries (WHO Report 2007, Global Tuberculosis Control), with the highest burden of TB in the world. According to WHO (2001), the incidence of sputum positive TB cases in Pakistan is 80/100,000 per year and for all types it is 177/100,000. TB is responsible for 5.1 percent of the total national disease burden in Pakistan.

Following WHO’s declaration of TB as a global emergency in 1993, the Government of Pakistan endorsed the Directly Observed Treatment, Short course (DOTS) strategy, and the National TB Control Program (NTP) Pakistan adopted the strategy in 1995. The activities for TB control were geared up in 2000 at a time when the DOTS geographical coverage was around 5-6%. In 2001, Government of Pakistan declared TB National Emergency and year 2005 saw 100% DOTS coverage across the country. TB services are delivered through the PHC network along with other health services in hospitals and peripheral health facilities.

NTP is working with several international donor/assistance agencies to control TB in the country. Under the grant from the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) Round-II, NTP is the implementing Sub Recipient for two objectives of the grant i.e.

1. Development and Implementation of Guidelines for difficult/complicated adult TB cases and childhood TB suspects and cases of Tuberculosis
2. Development and implementation of a National Behavior Change Communication Strategy to increase disease awareness and promote healthy treatment seeking and treatment adhering behaviors.

National Tuberculosis Control Programme (NTP) will be completing the fourth year of the Global Fund Round-2 grant on the 31st of March, 2008.

The following report highlights the activities carried out in year 2007 under the above objectives to achieve the Global fund targets

Development and Implementation of Guidelines for difficult/complicated adult TB cases and childhood Tuberculosis

The objective was conceived with the aim of involving and developing a partnership with the clinicians (Chest Specialists and Pediatricians) of the secondary care health facilities in the public sector. The plan was to develop Coordination and collaboration between the programme and the clinicians in order to improve service delivery to the patients. The intervention was also initiated keeping in view the fact that standard protocols for the management of TB cases requiring referral to a higher level of care facility i.e. the District Head Quarter Hospitals, did not exist. Chest Physicians and Pediatricians were managing patients on individual self-tailored protocols.

To achieve the above, NTP developed two separate Guidelines through a consultative process involving the clinical bodies i.e. Pakistan Chest Society and Pakistan Pediatric Association as well as the programme persons at the district, provincial and National level. In phase one of the project, NTP piloted the Guidelines in 10 districts. After a year of implementation, that is year three of the project life, a process evaluation was conducted. In the light of results of
implementation the Guidelines were revised. Furthermore ten additional districts were taken up in year-3.

In the fourth year ending on 31st March 2008 NTP has extended the project activities to ten additional districts (cumulatively 30 districts) by the end of Year-4.

<table>
<thead>
<tr>
<th>Province</th>
<th>Phase-1 districts</th>
<th>Phase-2/ year 1 districts</th>
<th>Phase-2/year 2 districts</th>
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<tbody>
<tr>
<td>Punjab</td>
<td>Kasur/Jhelum/Muzaffargarh</td>
<td>Attock/Chakwal/Mandibahuddin</td>
<td>Faisalabad/Gujranwala/Jhang</td>
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<td>NWFP</td>
<td>Abbottabad/ Nowshera</td>
<td>Haripur/ Mardan</td>
<td>Kohat/ Swabi</td>
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<td>Sind</td>
<td>Thatta/ Shikarpar/Dadu</td>
<td>Khairpur/ Sanghar/Nowsheofoze</td>
<td>Badin/ Jamshoro/ Mirpurkhas</td>
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<tr>
<td>Balochistan</td>
<td>Sibbi/ Keich</td>
<td>Qilla Abdullah/ Khuzdar</td>
<td>Naseerabad/ Loralai</td>
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To achieve the above objective NTP conducted the following activities

**Training of service deliverers**

In year-4 two types of trainings were conducted

- Training of clinicians and programme persons of districts selected in year-4.
- Trainings of the previously selected districts
- Training of clinicians and programme persons of districts selected in year-4

To ensure effective implementation and ownership at the District, Provincial and National levels, Chest specialists, Pediatricians, Provincial TB Control Programme representatives, District TB Coordinators and National Programme officers of the selected districts were trained.

Keeping in view the recommendations of the evaluation, the format of the trainings was modified. During year-4 the following were introduced.

1. Videos on the diagnostic procedures advised in the Guidelines.
2. Role plays
3. Practical demonstrations of different procedures.
4. Group works on operational guidelines, programme definitions and recording/reporting with the clinicians and programme persons were also conducted.
• **Training of clinicians and programme persons of districts selected in year-4.**

NTP conducted two training workshops for chest specialists and district TB Coordinators of the ten new selected districts. Two training workshops on the guidelines for managing pediatric TB suspects and cases at the National level were also conducted. Participants included DHQ Hospital Pediatricians and District TB Coordinators of the ten selected GF districts. The untrained National Programme Officers, newly transferred clinicians and some of the previously untrained pediatricians were also trained during the workshop. The following districts were trained with respect to the pediatric guidelines: NWFP kohat, Swabi, Nowshera. From Sindh Shikarpur, Khairpur, Dadu, Mirpur Khas, Badin, Sanghar and Jamshoro. From Punjab Lahore, Jhang, Faisalabad and Gujranwala. From Balochistan Khuzdar, Killa Abdulla and Loralai.

• **Trainings of the previously selected districts**

NTP had kept a provision for a training workshop for any untrained sites. One training for adult difficult/ complicated cases was conducted with participation from almost all GF selected districts. A total number of 23 participants were trained in this workshop. In addition orientation work shops for doctors of Rural Health centers were conducted in the following districts; Haripur, Mardan, Abbotabad, Nowshera and Killa Abdulla. 50% of these trainings were monitored by GFATM Unit/ NTP.

**Management and referral of patients**

A total of 5857 difficult/ complicated cases have been reported by Chest specialists from GF sites. Pediatricians from GF selected districts reported a total of 7816 childhood TB suspects and cases. Hence a total of 5857+7816=13673 patients were managed and referred according to both guidelines. For implementing the pediatric management guidelines NTP distributed a fresh stock of PPD vials ( 25 vials to 17 districts that were already implementing the guidelines . 25 vials each to 13 districts, ten of which were selected in year-4 and at three were previously selected districts where new personnel were trained will be delivered in the first week of January

**Targets achieved**

With reference to the Referral guidelines NTP is reporting to GF on two indicators.

1. Number of service deliverers trained.

2. No of patients managed/referred by the primary and secondary health care facilities according to developed Guidelines.

**Number Of Service Deliverers Trained**

NTP has trained NTP staff, PTPs, NPOs, DTCs Chest Specialists, Pediatricians and medical officers at Rural Health centers.

All patients that have been managed according to the prescribed protocols and referred accordingly are reported to NTP.
The targets achieved over the past four quarters are as follows:

### No. of Service Deliverers Trained

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<thead>
<tr>
<th>Quarter</th>
<th>Target</th>
<th>Achieved</th>
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<td>Q-13</td>
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### No. of Patients managed/ Referred

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<th>Quarter</th>
<th>Target</th>
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**Revision of the Guidelines**

NTP contracted out an independent evaluation of project implementation in order to review and revise both: *Guidelines for difficult/complicated adult TB cases* and *the Guidelines for management of pediatric TB suspects and cases*, in the light of results of implementation. The activity was completed in Q-13. However, the revised guideline document with all changes incorporated was submitted to NTP in Q-14. The revised drafts of the Guidelines were again circulated to Technical staff of National and Provincial TB Control Programme for final comments. At the district level the documents were forwarded to the concerned chest specialists, pediatricians and TB programme technical staff. Comments have been received and have being incorporated in both Guidelines.

NTP had also planned to share both documents with Pakistan Pediatric Association and Pakistan Chest Society. The progress so far in this regard is that the Guideline for difficult complicated adult TB cases has been forwarded to the Chair of Pakistan Chest Society. Under his supervision the document is being reviewed by the Advisory board of Pakistan Chest Society. For the Pediatric TB management Guideline we are collaborating with the members of pulmonary group of Pakistan Pediatric Association for their inputs and comments.
Modifications after evaluation

NTP contracted out an evaluation of implementation of both Guidelines. During the evaluation consultative work shops with key persons involved in implementation were conducted. Participants included Provincial TB Control Programme Managers, District TB Coordinators, National Programme Officers, Chest Specialists and Pediatricians of GF selected districts. In consultation with the clinicians and programme persons certain changes in reporting forms as well as development of certain new formats was suggested.

NTP/ GF- Unit has revised the recording/ reporting forms and is following the recommendations given by the clinicians and programme personnel during the process of evaluation.

1. We have modified our reporting forms as advised. Also the forms will be printed in triplicate such that a copy stays with the clinician and one copy is also sent to the concerned PTP.
2. For record keeping of Pediatric Guideline data we have designed and are printing PPA scoring charts for each individual patient, again such that a copy also goes to the concerned PTP.
3. To strengthen the two-way referral and to ensure the sustainability of the intervention, this time we have formally requested the concerned PTP to facilitate the process of getting feedback on guideline implementation during the intra-district meeting held quarterly in each district. It is important to mention that GF Unit is utilizing NTPs routing monitoring system for the Guideline implementation to ensure sustainability and improve referral of patients between health facilities. This is being done by using the forum of Intra district meeting. During these meetings, DATA generated at the diagnostic centers is validated and verified by the District TB Coordinator/ NPO. Intra district meetings are conducted quarterly at the district level. The patient and Laboratory registers are compared to validate the patient’s registered.
4. During consultations, certain changes were proposed in the routine NTP recording and reporting formats which will be addressed during the next revision of NTP recording and reporting formats.
Behavior Change Communication (BCC)

Goal
- To contribute to achieving the national targets of 100% DOTS Population coverage, 85% treatment success rate and 70% case detection rate

Objectives
- Improve the knowledge and decision making of suspected TB cases and their families for timely access to the TB-DOTS treatment center and for treatment compliance by the TB patients

BCC Activities in 2007

In 2007, several activities were conducted with the assistance of a professional advertising agency through a contractual arrangement for a period of September 2006 March 2007. A brief is given below:

Airing of Television Commercials (TVCs) and Radio Spots: During the course of project implementation, TV and radio spots of different duration were produced and aired to disseminate information about the disease, its prevention, diagnosis and process of treatment, misconceptions and stigma attached with the disease. These advertisements were aired on TV and Radio channels including PTV, PTV World, ATV, Geo News and ARY One World and ARY digital, KTN, Indus vision, Khyber TV while radio spots of different duration were aired on PCB, FM-100, FM 107, FM 104, FM 105, FM 106.2 and FM 101.

IPC Workshops: In order to improve the communication capacity of the health care providers workshops on interpersonal communications skills were held in different districts during 2007.

Dissemination of IEC Material Designing and printing of IEC material was carried out after incorporating recommended changes in the Pre-testing report. Inter personal communication (IPC) Manual, brochure on introduction of the disease, Leaflets, BCC Introductory brochure and older jacket of Media Kit has been developed. Printed material was distributed among target audience during different events including Media Sensitization workshops, Health Expo, World TB Day, Advocacy seminars and Poster exhibition etc.

News Paper advertisements As part of public awareness campaign, press advertisements were developed providing information on the disease. Print insertions of 27*4(color) 20*3(b & w) and 5*2(spot color) were published in different National and regional news papers.

Infotainment events in Karachi, Islamabad and Lahore: Information through entertainment approach was adopted to disseminate messages regarding TB. Specially designed infotainment events were held in cities of Islamabad, Lahore and Karachi. The agency hired the services of professional event management firm for the events. Further, the events were recorded and broadcast through ATV, TV channel.

Billboards Outdoor media was also used in the awareness raising campaign and 10 billboards of 20*10 sizes were placed in Lahore, Karachi, Quetta, Rawalpindi and Peshawar at prominent road sides for a selected period of time.
TV Talk Show  Two talk shows were recorded and aired on ATV, TV channel under the theme of “TB ka illaj kal nahin aj”. Programme officials from NTP participated in the talk shows as experts and delivered information before the camera.

Sponsorship of Satellite TV Health Talk show  Popular Health Talk Show “Jan Hey to Jahan Hey” on JEO television was sponsored. Talk show was specially designed to discuss TB disease in a comprehensive manner to project its curability and availability of cost free diagnosis and treatment facilities at government hospitals. It also addressed the stigma associated with TB which hinders patients’ access to health facilities.

Radio Programs  Keeping in view the reach of radio especially in rural areas, a series of 9 radio programs of 15 minutes duration was developed and aired on 13 stations of Pakistan Broadcasting Network. The programs focused on presenting TB as a curable disease; promoting early recognition of symptoms, informing of free diagnosis and treatment at public sector health facilities and promotion of NTP efforts in TB control.

Public Relations Campaign  Print media journalists from major daily newspapers have been trained to improve reporting on TB, image of NTP and soliciting a healthy debate on TB and other infectious diseases in Pakistan. Throughout the project period, interactive forums were held with reporting staff of major dailies including khabrain (published from 4 locations), The Nation and Nawa-i-waqt, Daily Express and regional newspapers.

Media Workshops  Two media sensitization workshops were planned, coordinated and conducted in Peshawar and Karachi with electronic and print media professionals were sensitized on TB and their role in control of TB. In these interactive trainings issues like global and country burden situation of Tuberculosis, media reporting on health issues and role of Media in TB control were discussed. These workshops were facilitated by experienced facilitators from media agencies and the Programme.

Transmission/Day branding through television Network  ATV Television Network was branded to mark the World TB Day on 24th March and different programs consisting of live discussions and question answer sessions were telecasted. Celebrity endorsements were also made part of this live transmission.

National Advocacy Seminar  On the eve of World TB Day, a National Advocacy Seminar with an aim to raise awareness on issues related to TB in Pakistan was held on March 27th 2007 at a local Hotel. Federal Health Minister, DG Health Services WHO country representative and other stake holders participated in this seminar.

Poster Competition  A poster competition was organized with the theme “TB is curable” among school and college students across Pakistan. This event got overwhelming response by the youth. Later on an exhibition was also arranged during The TB Day seminar; later prizes were awarded to the top three contestants.

City branding  The World TB day 2007 on 24th march was branded through display of banners, posters, hoardings etc at all major locations of Islamabad city.

Monitoring and Evaluation  Built in mechanism of monitoring and evaluation was executed through pre-testing, mid-term review and impact analysis reporting. All three activities were successfully completed by third party consultants.
End Term Project Impact Assessment conducted in March-April 2007

Executive Summary

This End Term Project Impact Assessment has tried to look into the peoples’ general perception by using, both qualitative and quantitative methods of research, about different modes of communication to set benchmarks as to which medium has created a major impact on the understanding of the people. In this connection, survey questionnaire, Focus Group Discussions and Key Informant Interviews have been used to collect the data. This data has been collected by involving a large range of stakeholders and later analysed on the basis of set objectives of the campaign.

The study results indicate that the selection of different media to launch BCC has been very effective. While analyzing collected data, it is observed that a large section of the population has benefited from the careful selection made by the Adgroup.

With ever increasing viewer-ship, television has been one of the most important medium of communication in the current era. Having better influence, television is used to change attitudes and breaking ages-old taboos about the disease. Given the wide range of television channels available, the data collected through both qualitative and quantitative methods reveals that there is no single television channel that has been used by the respondents to collect the information about TB or DOTS program.

Often there have been multiple media referred by the respondents such as PTV, GEO, ATV, some local television channels including Khyber TV, KTN and Indus News and other sources like radio, newspaper, printed materials and seminars. Therefore, it is hard to identify which particular channel has larger impact on opinion building in this regard. Due to the wide range of audience, radio has also been one of the best choices made as far as the campaign is concerned. Although the impact of radio is much lower than the television, it has better outreach. However, with the help of its audio/visual impact, television has been absolutely one of the leading medium for this campaign.

The impact assessment study also finds that a large section of the participants also get information through their closed ones. However, the nature of information provided and their source of information is not identified.

The study reveals that most of the peoples who have benefited through this campaign in terms of awareness raising, accessing the health care facilities and getting free medication have utilized television as their preferred source of information. Furthermore, different advertisements and talk shows aired through different media have motivated families of the patients and communities at large to help patients to avail and comply with the TB treatment.

The design of the campaign is comprehensive manner and it has impacted majority of the respondents and helped them to get familiar with DOTS, identify causes, symptoms, and treatment and prevention measures against TB. Television occupied the top spot as a major source of information. However, newspapers, banners/posters, printed materials, conferences, seminars and workshop provided sufficient knowledge to the respondents to understand DOTS mechanism. A good majority of the respondents deemed the campaign very effective with knowledge of the fact that it had been designed by Ministry of Health.
The campaign clearly targeted TB patients, health care providers, families and other stakeholders. It highlighted the fact that most of the TB patients and other stakeholders were able to identify treatment process and termed it realistic and easy to understand. However, few of the respondents termed it ambitious and irrelevant. The campaign had visible impact on the attitudes of the patients, families and other stakeholders.

The study shows that Behavior Change Communication (BCC) campaign launched by the Firm has been very successful as it reached to 88.9 percent of the views through television, 53.8 percent through newspaper and 36.6 percent through banners and billboards. It has also helped to increase the knowledge level of 86.7 percent of the respondents on DOTS and has reached out to 71.4 percent of the TB patients. An average of 82.1 percent of the respondents has found the campaign focused and easy to understand. Furthermore, 41.2 percent have got to know about the causes of TB, 35.9 percent find about TB treatment process and 38.9 percent have understood the DOTs mechanisms. Overall, the campaign has impacted 91.6 percent of the respondents participated in this study.

**End of Contract:** The contract of M/S Adgroup Advertising ended in March 2007.
Selection of Advertising Agency for the Period of 2007-08

**Background:** The Global Fund to Fight AIDS, TB and Malaria (GFATM), under Round 2 grants is assisting Government of Pakistan, Ministry of Health, National Tuberculosis (TB) Control Programme (NTP), in its demand generation component by raising awareness of specific issues related to the disease through appropriate use of media and advocacy tools. Under the grant, since 2004, NTP is being assisted technical by professional advertising and media agencies in design and development of behavior change communication (BCC) activities.

The advertising/media agency works with NTP according to the set deliverables and deadlines on quarterly basis for the contract period. Up till March 2007, two advertising agencies have delivered such services for NTP namely M/S Midas Advertising and M/S Adgroup Advertising and Public Relations.

**Selection Process:** The agencies are selected in line with the procurement guidelines provided by GFATM and Ministry of Health. These guidelines

- include ensuring participation of interested, eligible firms through press advertisement; submission of technical and financial bids by applicant agencies;
- Evaluation of technical bids by the competent committee (constituted by Secretary Health);
- Scoring of bids according to a prescribed format (attached);
- Short listing of top three agencies;
- Opening of financial bids of short listed firms and cumulative scoring (attached);
- Award of contract for the stipulated period to the winning agency.

NTP placed an advertisement in national newspapers calling for technical and financial bids according to the detailed deliverables set by the GFATM (attached). By July 11, 2007, all interested agencies submitted their sealed technical and financial bids to NTP. The bids will be opened by the competent committee on 24th July at 11:00 am in committee room of Ministry of Health, Pak Secretariat. The Committee includes representatives from Ministry of Health, NTP, Mass Media, Ministry of Information and Broadcasting and Private Sector.

**Bidding Agencies:** Out of total 19 media agencies/firms receiving detailed deliverables document from TB Control Programme, following have submitted their bids by due date:

1. Orient McCann
2. Adgroup
3. Midas
4. A & B Consultants
5. Channel 7
6. Attitude
7. Interflow communications
8. M Com
9. Enhancers
10. Maxim Advertising

**The Selection Committee:** The following selection committee has been constituted by the Secretary Health:
Meeting of 25th July 2007: The Selection Committee met on 25th July 2007 at Ministry of Health. Technical criteria for selection was discussed and agreed upon by the Committee members. On behalf of the Secretary Health, the Director General Health announced constitution of a sub committee to technically evaluate the bids and submit its recommendations to the larger committee. Following names were approved for the sub committee

1. Dr Sania Nishtar
2. Mr. Mazher Nisar Sheikh
3. Mr. Wasiq Mehmood Khan

The sub committee based on the criteria agreed in 25th July meeting has prepared its recommendations after thoroughly examining the submitted bids and will submit them before the larger Committee on 17th July 2007.

The larger Committee headed by Secretary Health will finalize the short listing of top three scoring firms and will allow the members to open the financial.

Meeting of 17th August 2007: The Selection committee met on 17th August to review the recommendations of the sub committee constituted to technically review and recommend the top three short listed firms. After reviewing the recommendations, the selection committee allowed the opening of financial bids in front of the representatives of the short listed firms namely

- M/S Interflow Communications
- M/S Adgroup
- M/S Channel-7

The chair with the consultation of the committee members constituted a sub committee to evaluate the financial bids submitted by the shortlisted firms. The committee included the following:

- Mr. Tahir Khushnood (PID)
- Mr. Akbar Awan (MoH)
- Mr. Wasiq Mehmood Khan (NTP)

The committee was asked to finalize its recommendations as early as possible. The next meeting of the Selection committee will be held on 24th August to finalize the recommendations and declare award of contract.
Meeting of 25th August 2007: The Committee met under the Chair of Secretary Health and finalized its recommendation of contacting M/S Interflow Communications for contract and if the negotiations fail then 2nd highest scoring agency was recommended for contract discussions.

Subsequently negotiations were held with M/S Interflow and a contract was drafted under arrangement of which the agency started working on deliverables by Sep 25th 2007.
Activities carried out in Oct-December 2007

Following activities have been carried out by M/S Interflow under the contract agreement with NTP during the period of Oct-Dec 2007:

- **Research on Campaign**

  A background research was conducted by the agency to gather positive case studies who have successfully gone through DOTS treatment and have fully recovered from the disease. The research was conducted in all four provinces. A detailed report of the study has been compiled by the agency.

- **Campaign Development**

  Based on the findings of the research, a comprehensive, synergized campaign has been prepared which includes:

  **Target Audience:** The communication is not just aimed at reaching those affected by TB but rather the population as a whole, who tend to stigmatize and marginalize those infected

  **Desired Objectives:**

  o To promote awareness amongst the masses, in an approachable, relatable and informative manner, about TB and its cure.
  o To de-stigmatize TB and promote a message of hope and understanding, emphasizing the availability of a cure.
  o Emphasize that patients should see through the complete 8 months course.
  o To promote the relative ease with which one can get cured and the underlying message of hope that TB, despite being a debilitating disease, is not the end of a normal life.
  o To promote DOTS/ public health facilities as reliable sources of treatment.
  o To encourage those infected to complete the treatment course in order to rid them of the disease.
  o To encourage Sputum Smear Examinations as an effective method to diagnose TB.

  **Communication Strategy:**

  o To promote the message of TB cure, through TVCs, radio spots and print ads that emphasize our communication objectives.
  o There have been no registered campaigns for TB as most of the advertising has been done in a bureaucratic manner.
  o The whole communication campaign for print, TV and radio, is in synergy with one another so that people can easily identify one ad with another.
  o We decided to treat TB as a brand and approached it head on to come up with a campaign that would effectively communicate with our target audience.
  o We then went and interviewed over 35 infected individuals to accurately gauge their lifestyles and to see how they feel stigmatized by pre-conceived societal taboos and misconceptions.
  o After interviewing 20 males and 15 females, across different ages and social groups, we narrowed the candidates down to the four most effective and relatable interviews.
The four chosen interviews tackled our communication objectives and are relatable to those infected and to the masses in general. These four interviews were then used as stories for the TVCs, radio and print advertisements. This approach of researching and surveying infected individuals to determine the problems faced by patients of TB lend greater legitimacy to the advertisements and communications. It also allows us to give a more relatable and realistic depiction of what TB patients feel and of how they are vilified and stigmatized in society. The next step, after choosing four individuals/ stories, was to define an underlying theme and an ‘idea’ that would help us communicate with our target audience. By analyzing the statistics and interviews we were able to determine that one of the major factors and human emotions needed during infection was ‘hope’. The patients felt that before treatment that TB was an end and that there was no hope for recovery, however the DOTS treatment gave them a cause to fight for. We have used this desire and emotion of ‘hope’ as the campaign hook, giving the communication a positive and uplifting approach.

**Rationale:**

- The idea we want to carry the communication on is that of ‘Hope’.
- This means that there is hope of treatment, hope for a better life, hope for a brighter future and hope for a new tomorrow.
- This campaign hook will allow us to capture the target audience in a very positive manner, enabling us to change perceptions and pre-conceived notions about TB.
- We have used this hook of ‘hope’ as the pretext to our campaign starting off our TVCs in a bright, lively manner.
- This will compliment the stories of cured TB patients and will instill hope in currently infected individuals.
- We will also be able to change the common perception of TB as an untreatable disease.
- This approach will also remove the stigmatization infected individuals feel in society.
- The four TVCs target what we feel are the core issues facing TB patients.
- We tackle the issue of a woman who discovered her infection before her marriage and we show how she recovered and was able to start a family emphasizing that TB does not mean that people need to be marginalized and that they can lead normal, functional lives.
- We also tackle the issue of patients discontinuing the course midway and we show how it is necessary to complete the course to fully recover.
- The whole concept of this campaign revolves around giving people ‘Hope’.
- Our research and surveys led to us seeing this emotion as a fundamental and imperative tool in the fight against TB.
- Some people tend to hide their disease while others give up on life because they see TB as a disease that ends hope.
- Our communication challenges that misconception and through our campaign we feel that we can very effectively get our message of DOTS as a new ‘hope’ across to the target audience.
**Campaign Summary:**

- TVCs, four case studies of a young male, a teenage girl, a married woman and an old male to be aired on popular terrestrial and satellite TV networks
- Radio spots will replicate the cases of TVCs to be aired on popular FM and AM frequency networks
- Print ads will supplement the electronic commercials/spots to be inserted in well circulated dailies
- Radio programs, exclusive 10-15 minutes based programs including a case study lead by dissection of the case by a disease expert, the shows will be aired on popular radio channels
- IEC Material, including a planner, a story kit, a poster on Patients charter and advocacy kit have been prepared and will be disseminated through workshops, seminars and other NTP events

- **Public Relations Activities**

Following Public Relations (PR) activities have been carried in Oct-Dec 2007:

**Event Management**

- 25th Sept. Event (Signing Ceremony of GFATM R-6)
- 27th Nov. Event (SAARC Media Workshop)

**Free of cost Interviews/features**

- On radio FM 100, FM 103, FM 91,
- TV, ATV
- Newspaper forum with daily Express

**Sponsorship of Popular Programs**

As part of the contract, following sponsorships were carried out on different important occasions where usually the viewer ship or listener ship is high:

**Television**

- During Eid ul fitar on PTV Home
- During Eid ul Azha on KTN and AVT Khyber
- On PTV anniversary

**Radio**

Radio sponsorships on

- FM 100,
- 101
- PBC
Other activities

- **Media workshops in Sukkur, Hyderabad and Mirpurkhas**

Three media sensitization workshops were planned, coordinated and conducted in Peshawar and Karachi with electronic and print media professionals were sensitized on TB and their role in control of TB. In these interactive trainings issues like global and country burden situation of Tuberculosis, media reporting on health issues and role of Media in TB control were discussed. These workshops were facilitated by experienced facilitators from media agencies and the Programme.

- **Cancelled Events: Policymakers Conference in Karachi and media Workshop in Bahawalpur**

Two events could not be held one at Karachi on Policymakers involvement in DOTS and one involving media professionals in dissemination of information on TB among masses.