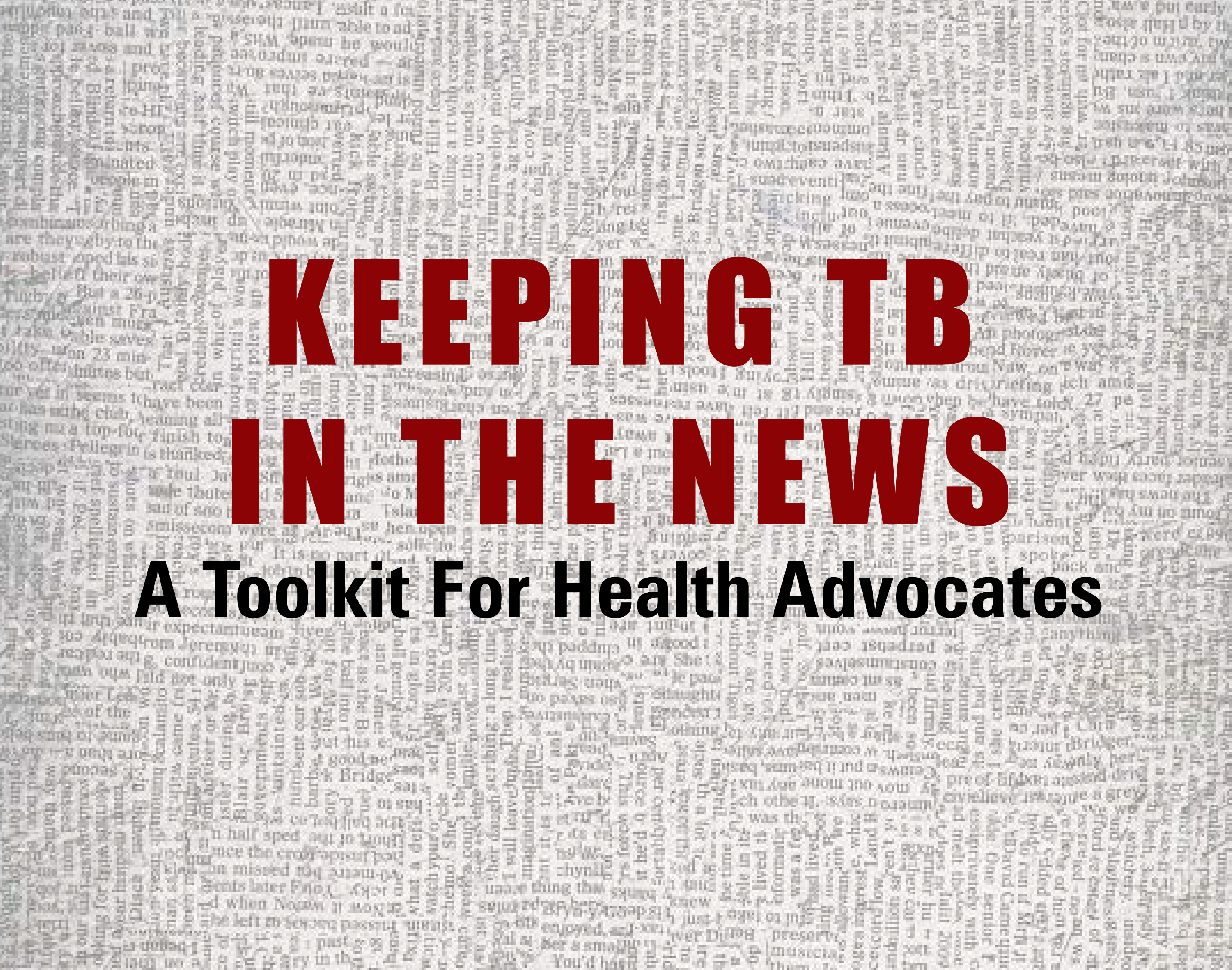

KEEPING TB IN THE NEWS

A Toolkit For Health Advocates

A publication by

REACH

leading the fight against TB

KEEPING TB IN THE NEWS

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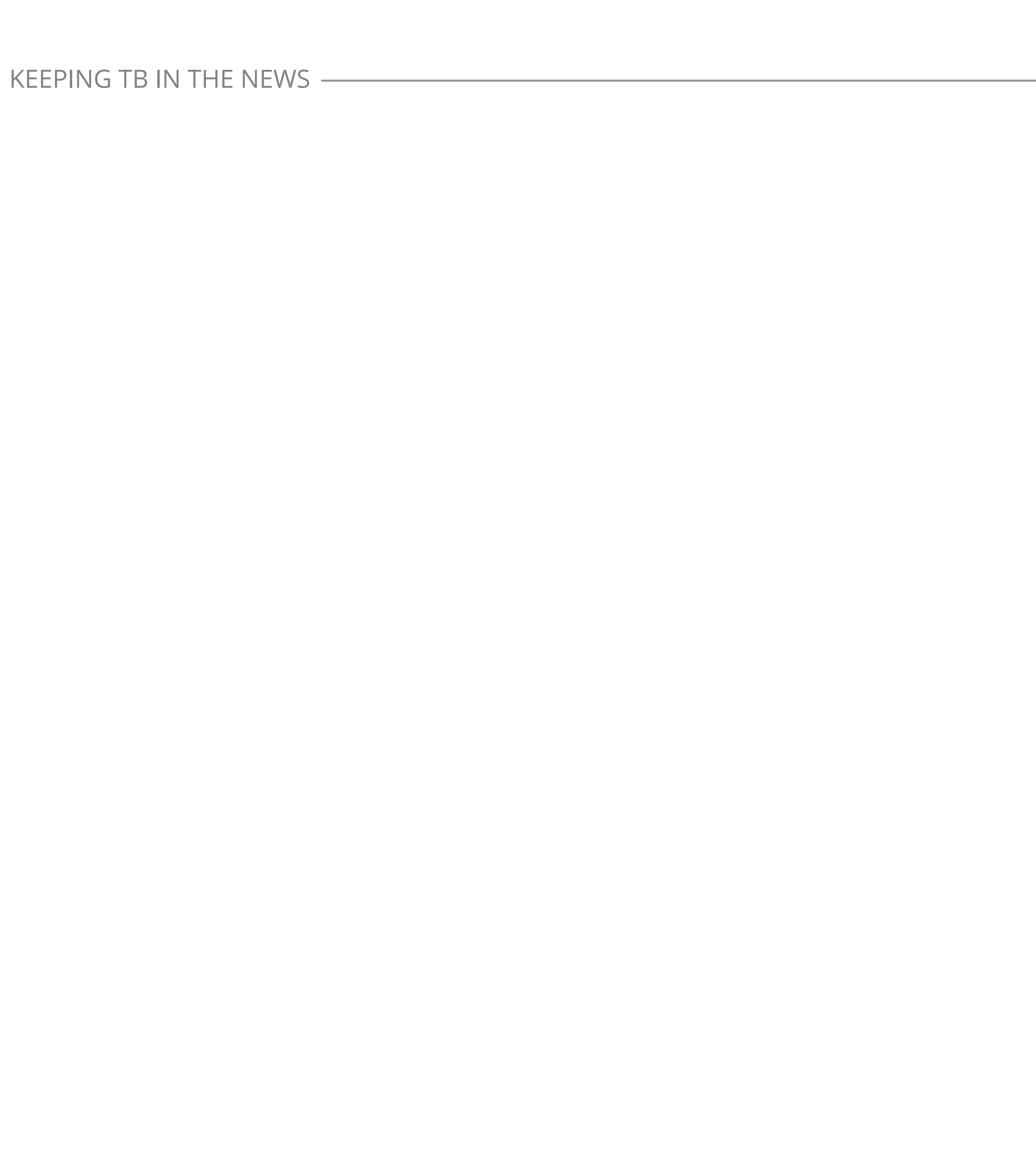

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Preface

As an organization dedicated to the fight against tuberculosis (TB) since 1999, REACH has a strong track record of working with many different stakeholders who all have distinct roles to play in our response to TB. One such stakeholder we see as integral are the media, and particularly print journalists, whom we began working with in 2009, with support from the Lilly MDR-TB Partnership.

In a country like India, which has a diverse and complex health system with multiple providers, people rely on the media for accurate information on health. We therefore felt it was imperative we worked with the media, and towards a greater focus on TB and related issues.

Eight years ago, we asked ourselves these questions as a starting point: How can we convince journalists that TB is newsworthy? How can we make them report more frequently on a disease that kills 1400 Indians every day? And how can we help improve the quality of reporting on TB?

Over the last eight years, we have been able to build enduring relationships with several journalists across the country. Through their active participation in workshops and trainings and subsequent reporting on TB and related issues, they have provided their readers with access to relevant and accurate information on TB.

Some of our key achievements over these years:

- Our focus on knowledge and skills building has meant that journalists value the program and its contribution to supporting their work.
- We have been able to connect Fellows with key scientists and community leaders, to facilitate brainstorming on story ideas and quality interviews.
- By doing all of this, and through our many related initiatives, we have managed to sustain their interest in reporting on TB.

What makes a media engagement program successful? Measuring the impact of media reporting on readers, in terms of behavior change, is a complex exercise and one that was beyond the scope of this program. Instead, we have defined success based on two factors – the range of TB-related issues our Media Fellows have written about, that were previously not reported on by the media and the fact that over 60% of our former Fellows have continued to report on TB beyond their Fellowship period. This clearly shows that we have been successful in getting TB onto their radar.

A key principle of this media engagement program has been respecting the independence of the journalists we have worked with. Over these eight years, we have been very careful to not promote any agendas – except that TB is important and should be reported about. We have also not expected journalists to become TB advocates. That is our job, and not that of the media.

This publication, **'Keeping TB in the News: A Toolkit for Health Advocates',** is a detailed recounting of REACH's eight-year long - and continuing - partnership with journalists on TB and is for those interested in supporting journalists to produce high quality reportage on public health issues. We hope that this toolkit will be useful to health advocates who wish to place critical health issues on the public agenda and work with mainstream print journalists to improve the volume, relevance and power of media discourse on public health.

Nalini Krishnan

Dr Nalini Krishnan

Director, REACH

Foreword

When REACH began its work with the media in 2009, tuberculosis (TB) was not considered particularly newsworthy. TB rarely made the news until the emergence of drug-resistant TB a few years ago. The Lilly MDR-TB Partnership, funded by the Lilly Foundation and in partnership with United Way Worldwide, sought to improve treatment outcomes for drug-resistant TB through awareness raising, healthcare provider training and other support mechanisms. We saw a unique opportunity in India to harness the power of media to raise awareness on TB through improving the quality and frequency of media reporting on TB. REACH, having extensive TB knowledge and media capabilities, was the perfect partner to execute this programme.

Unlike the rest of the world, India's newspaper industry has witnessed growth over the last few years. The estimated readership for newspapers is over 300 million. Along with improved literacy rates, this means that more people want to and can access newspapers. This was therefore an opportunity to provide access to accurate information on TB for millions of readers, so that people could understand what to do if they had signs and symptoms of TB. Moreover, we felt that this was also a key way to raise the profile and acknowledge the importance of tackling TB together in India.

For me, the highlight of REACH's media engagement programme has been the ability of journalists to identify and raise local issues around TB through thoughtful and impactful reporting. At the macro-level, the national media fellowship has drawn attention to areas such as TB among children or TB and gender, through numerous in-depth stories that have helped pinpoint key issues that were relatively ignored. All of this has firmly dispelled the notion that TB is not newsworthy while raising awareness in communities and with policymakers.

Over the last eight years, REACH has demonstrated what we think is a highly replicable model of media engagement for public health, and this has been well documented in this toolkit. We have already shared learnings from their work with organisations in Russia and South Africa who are keen to emulate components of this programme. I am confident that health advocates across India and the world will find this toolkit useful in creating and implementing comprehensive media engagement programmes for better reporting on public health.

Amy Israel

Global Health Thought Leadership & Policy Director
Corporate Responsibility and Global Health
Eli Lilly and Company

Acknowledgements

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The development of this publication is supported by a United Way Worldwide grant made possible by the Lily Foundation on behalf of the Lily MDR-TB Partnership. We thank the Lilly MDR-TB Partnership for their support and guidance over the last eight years, particularly Ms. Amy Israel, Ms. Monica Chaler and Ms. Sunita Prasad (formerly with Lilly).

This toolkit links to relevant resources developed by REACH, the U.S Centers for Disease Control, the Stop TB Partnership, the World Health Organization, India's Revised National TB Control Program and TBfacts.org, among others.

We thank the many TB patients, survivors, family members and community volunteers who have shared their stories with the media.

We are grateful to all the journalists who have brought their talents and energies to this effort for the last eight years. Their first-hand powerful stories from the field, in several Indian languages as well as English, has over time, kept the spotlight on TB and spurred mindfulness of TB among the public and the policy makers.

We value their role in keeping TB in the news.

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TB and the news media

When was the last time you opened the newspaper and read a story about TB?

The truth is, TB isn't often in the news. It is not a particularly fashionable disease. We don't hear much about it and we rarely talk about it. Most of all, we hardly like to think TB would affect us – it is a disease that almost always happens to 'someone else'. The reality is that TB is a growing cause of concern, worldwide.

TB remains a global emergency

TB is endemic to many countries and causes illness and death by the millions. In 2016, 6.3 million people were newly diagnosed with TB, equivalent to 61% of the 10.4 million people estimated to have fallen ill with TB. More than half (56%) of the new infections were from just five countries mainly India, followed by Indonesia, China, Philippines and, Pakistan. TB deaths touched 1.67 million the same year, including 374,000 deaths among people with HIV. More than 95% of the deaths were in low and middle income countries. In 2015, a million children fell ill with TB and 170 000 children died - excluding children with HIV. TB is the ninth leading cause of death and worldwide and exacts the highest death toll of any infectious disease.

The World Health Organization declared TB a global emergency in 1993[1]. Global efforts to control TB have reduced the rate of new infections by just over one percent a year. TB needs to remain in the news, pushing for a rate of decline five times faster, if the global target of ending the disease by 2035 is to be met. [2]

1 http://www.who.int/tb/publications/global_report/Exec_Summary_13Nov2017.pdf?ua=1
2 http://www.who.int/tb/End_TB_brochure.pdf?ua=1

Challenges to TB care and prevention

A range of factors stymie efforts to control the spread of TB:

- Chief among these challenges is the emergence of TB germs resistant to multiple drugs; in 2015, an estimated 480 000 people developed multidrug-resistant TB (MDR-TB). Only a quarter of those with MDR-TB get diagnosed; only half get cured.
- HIV continues to manifest as concentrated epidemics among at risk populations, rendering them vulnerable to TB disease.
- Diabetes and undernutrition – both risk factors for TB disease have reached epidemic proportions in several countries including in the developing world.
- Tobacco smoking – another potent risk factor for TB disease – persists as a serious problem.

Clearly, journalists need to sharpen their focus on such risk factors, in order to help their readers make better health choices.

TB prevention and care is also up against an array of social determinants that encircle the health domain. Covering TB for the news media thus extends beyond the traditional confines of the health beat. For example, resource allocation for TB prevention and care is a story that needs sustained investigation. TB interventions are grappling with a shortfall of US$ 1.4 billion a year; TB research needs a further US$ 1.3 billion.

Journalists also need to investigate and report on

- the setting of research priorities,
- TB and international travel regulations,
- urban overcrowding,

- migrant labor,
- occupational safety,
- the deprivation of food, livelihoods and education – all of which influence access to lifesaving TB information, diagnosis and treatment.

The private medical sector in TB prevention and care

Countries like India face unique challenges in TB prevention and care. Nearly three-fourths of the population seeks health care from the private sector.[3] Diligent TB case notification and uniform standards in diagnosis and treatment by this largest provider of health care in the country are crucial to achieve a significant measure of success in TB control at the country level, as well as globally. When patients are lost to follow-up, sometimes owing to the costs of drugs, lack of awareness and the lengthy periods of treatment, individual providers are ill placed to ensure that their patients are cured and worse, become contributors to the emergence of drug-resistant TB.

Some private practitioners have begun to partner effectively with the Revised National TB Control Program (RNTCP) to provide quality assured TB diagnosis and DOTS up to complete cure to their patients, free of charge. The evolution of model public-private partnerships may well determine whether the world wins the fight against TB.

The private health sector in India is a fast growing industry with little oversight or regulation and the trend poses grave challenges to a public health crisis like TB. The need is for private health care providers to comply with a set of public health imperatives laid down by policy and perhaps law and is a crucial area of investigation and coverage for the news media

3 NSSO 71st round Key Indicators of Social Consumption In India – Health http://mospi.nic.in/sites/default/files/publication_reports/nss_71st_ki_health_30june15.pdf

India's response to TB is characterized by significant regional variations. Health is a subject under the jurisdiction of individual states and the realities prevailing at the village and PHC level upwards to the district level reflect the distinct character of local health governance, despite the nationally driven nature of the RNTCP. With the free movement of people between and within States, no individual district or State can achieve a stable measure of TB prevention and control. The news media needs to bring inter-district and inter-State challenges and effective local responses to the attention of policy makers at all levels.

TB prevention and care in certain settings pose special challenges. TB among miners and their families, tea-estate workers, tribal communities, underserved communities such as transgenders, drug-users, migrant workers or women call for the news media to delve deeper into the socio-economic and cultural contexts in which the impact of TB is felt disproportionately. The language and tone adopted by journalists in covering vulnerable communities can provide the public with a perspective that is exploratory, inclusive and non-stigmatizing.

A unidimensional focus on the gaps in the response to TB misses more important developments – namely what policies, actions and people are helping slow down the spread of infections and reducing TB deaths. The news media needs to identify and report on successes in TB prevention and care whether related to the development of macro-level policies, new technologies and operational tools as also the emergence of TB survivor groups who are developing into powerful advocates for public health.

Find and cure TB, to prevent TB

TB is diagnosable and curable. Yet 3.6 million people with TB are missed by health systems

every year and do not get the care they need[4]. Every day, on average, TB kills over 4000 people all over the world.[5] This is 4000 deaths too many, 4000 people who could have been cured if they had been aware of the symptoms of TB, if they had been diagnosed earlier, if they had received the right treatment, if...

4 http://www.who.int/tb/End_TB_brochure.pdf?ua=1

5 http://www.who.int/campaigns/tb-day/2016/en/

People everywhere need to know what the symptoms of TB are and where to go for a reliable diagnostic test. They need to know where to get quality treatment and what being cured of TB means. The news media can not only provide such lifesaving information to the common man, they can also foster and sustain health seeking behavior across communities.

There are a variety of reasons as to why it is critical to keep TB in the news.

This toolkit is for those desiring to do so.

About
the REACH-Lilly MDR-TB Partnership Media Programme

REACH is a non-governmental organisation based in Chennai in South India working to involve both the general public and private sector in TB control since 1999. REACH believes in an integrated, multi-sectoral approach to community and public health issues, and that every one of us has a role in both preventing TB and in ensuring that those affected by TB receive the treatment and care that they need.

With support from a United Way Worldwide grant made possible by the Lilly Foundation on behalf of the Lilly MDR-TB Partnership Program, REACH began working with print media journalists in 2009.

The goal was to support journalists to report critical information on TB prevention and care in a sustained fashion to the general public; enable them to throw light on grassroots successes and challenges in the implementation of the national program and explore policy related issues for decision makers

The key objectives have been:

- To highlight TB as a significant, local, community-level issue, with potential for *local stories for journalists*;
- To strengthen the awareness and understanding of *local language* journalists to report on TB;
- To *debate vital policy issues* related to TB control in the public realm;
- To provide journalists with the *resources* they may require to improve the quality of their reporting;
- To acknowledge persistent and quality reporting by journalists on TB related issues;
- Overall, to *improve the quality and frequency of media reporting* on TB.

Key successes

The initiative has been successful in developing a replicable model for working with mainstream print media to raise the profile of public discourse on TB by:

- Over **8** years, involving **77** print journalists from **15 s**tates in India who wrote over **300** articles on TB in **10** languages including Hindi, English, Oriya, Bengali, Gujarati, Marathi, Assamese, Urdu, Malayalam & Tamil, in over **95** publications and recognizing excellence in TB journalism by awarding **28** journalists with **32** awards – some journalists winning the award more than once.
- Supporting journalists to write in-depth reports from the field on **a range of TB topics**, namely, MDR-TB, childhood TB and HIV-TB, risk factors such as smoking, diabetes and alcoholism, under-nutrition, occupational safety, governmental and private sector initiatives, social determinants such as poverty and illiteracy, urban TB, issues related to adherence, TB in prisons, stigma and gender related aspects of TB among many others.

- **Building a flow of information between journalists and TB experts** including researchers, doctors, health workers, local TB authorities, CSOs and patients as well as making available **8** customized online resources for the use by the news media
- Creating a **structure of engagement** through Fellowships, media awards and online resources for news media that brought TB onto the radar of journalists, spurring their long-term interest in reporting on TB.

How to use this toolkit

Keeping TB in the News: A Toolkit for health advocates is for Individuals and organizations wishing to advocate through the news media for public health, communicable and non-communicable diseases on various themes such as prevention, treatment, care, research, reducing discrimination, educating communities and mobilizing effective societal responses to public health challenges.

The tools in this kit are geared towards supporting excellence in public health reportage in newspapers and magazines, using TB as an example. The tools are organized into three parts.

Part 1 outlines the characteristics of the news media and the opportunities and constraints faced by journalists in reporting on TB. It also offers basic guidance on communicating TB information to journalists. The chapter includes practical exercises.

Part 2 lays out how to institute and run print media fellowships and media awards as well as helping excellence in TB reporting by providing follow-up mentoring.

Part 3 contains a selection of basic information about TB designed for quick comprehension and use by print media journalists.

The toolkit is meant to be adapted to serve your local requirements. You may wish to:

- translate the toolkit
- focus on a public health situation in your community, village, district, state or country
- expand some sections
- insert new sections of your own
- add contact details of local journalists, editors and media proprietors, local health experts, policy makers and other interviewees.

It would be useful to review the toolkit with the media officers and others in the organization, who are to use it. The toolkit may then be adapted to meet the needs specific to your locale. To review, go through the toolkit page by page with those in your organization who are to engage with the news media. Identify what was easily understood and useful and what was not and modify the content accordingly. Do share the contents of the toolkit with colleagues at your organization hospital/DOTS or Microcopy Center, particularly those involved with advocacy, communication and social mobilization.

Thank you very much and we do hope you will find this useful. Please feel free to email us at reach4tb@gmail.com with any feedback or comments you may have on this toolkit.

Part 1

Understanding the News Media

The first step to keeping TB in the news is to understand how the news media works.

The second step is to view TB from the standpoint of the news media.

The third step is to practice communication skills that respect a reporters time, comprehension levels and interest.

Newspapers work on budgets like any other industry. The bulk of revenue a newspaper receives is from the sale of space to advertisers, rather than the subscriptions of its readers. Advertisers choose space to sell their wares in X or Y paper because it reaches thousands of readers – with readers numbering in the millions in countries like India. People buy a newspaper based on a degree of trust that the news it carries is based largely on facts that have a direct bearing on their lives.

The space in a newspaper is broadly of two kinds. Space is available for purchase to advertise TB facts, where to go for a TB test or for TB treatment. Large government TB programs, or private companies oftentimes buy space in the newspaper to publicize the launch of a new TB initiative or to market a new drug. Buying media space to educate the public and the policy makers about TB is an expensive proposition and one that usually remains beyond the reach of CSOs or NGOs working on restrictive budgets. Those dealing with the sale of space in the newspaper to advertisers are not journalists.

The other kind of space available in the newspapers is reserved for the news. News media try to mirror the times we live in. Journalists work tirelessly to capture the complexities of everyday happenings quickly, simply and powerfully, so that their reports can create an impact in the minds of their readers. Journalistic principles such as truth telling are the norms governing the narratives in the news media. News space needs to be deserved, not purchased.

Journalists and the publications they report for have a range of opportunities to make communities TB aware, to connect people to TB services, to direct the attention of policy makers to vital but neglected issues, to debate controversial TB data or program recommendations. At the same time, publications deal with a multitude of other events that compete for news space on a daily basis. Only a fraction of daily events gets reported in the newspaper.

Journalists thus continually make decisions as to whether an event or a piece of information is worthy of news space, often under the pressure of tight deadlines.

At a basic level, three major factors determine whether an event is worthy of a news reporters attention.

The first of these is ***timeliness.*** Journalists fashion news out of events as they happen, reporting further developments as they unfold. Reporting on a fresh happening is usually referred to as breaking news, with reporters competing with each other to break the story first. If the event becomes a chain of happenings, sometimes with twists and turns, reporters write follow up stories. The dynamic nature of news media is like a fast moving stream, rarely dwelling on a single event

or disease over the long term, and this poses a major challenge to sustained TB advocacy.

TB is a centuries old disease and at first sight, offers precious little news. There is a common perception that all that needs to be said about TB has been said and that there is nothing new or trendy for the media. Yet the myriad reasons as to why TB is a clear and present danger to the health of millions worldwide despite effective diagnostics and drugs to treat it are the stuff of news. The many happenings around TB such as societal, policy-related, budgetary or research responses to the disease are evolving, topical issues that deserve to be reported on time. TB workers can help journalists to sustain a timely edge to stories by bringing in fresh angles and adding new details, in order to keep the story in the news.

Time-linked stories can be inspired by public health strategies. The UN put TB on the global radar by designating March 24 of each year as World TB Day. The setting of global, national, or local targets for ending TB are examples of time-linked stories that make it to the news. Periodic measurements of success against the targets help journalists follow the story as it plays out. The launch of awareness, prevention or care activities are all potentially the content of breaking stories.

Here are links to stories that rely chiefly on timeliness to make the news.

1. http://timesofindia.indiatimes.com/city/bengaluru/tb-claimed-more-than-5-lakh-indian-lives-in-2015/articleshow/57844469.cms
2. http://www.downtoearth.org.in/news/tuberculosis-and-mental-health-a-neglected-connection-57440
3. http://www.hindustantimes.com/india-news/centre-launches-door-to-door-screening-for-tuberculosis-in-5-states/story-gkAIq0IWWSx205M7E6RXaM.html
4. https://scroll.in/pulse/826005/a-domicile-rule-is-preventing-an-18-year-old-girl-from-getting-a-life-saving-tb-drug

A second factor that determines newsworthiness is ***novelty.*** An event that has never happened before becomes a first of its kind story in the newspapers. The discovery of a new anti-TB drug for children or a TB vaccine for adults would quite easily find a spot on the front pages of the newspapers. But TB workers need hardly wait for rare one-off events to put TB in the news. An unusual event or a dramatic change which is not commonplace also attracts news space. Perhaps it is a story of a school in your area which begins a TB prevention campaign among its students; or a story about a TB treatment facility that provides free paper towels to help patients in the waiting room maintain cough hygiene; or a private physician who finds that some of his patients are failing to recover despite taking all the TB drugs available at his disposal. TB workers need to help journalists find the novel edge to happenings around TB.

Here are links to stories that rely mainly on novelty to get news space:

1. http://timesofindia.indiatimes.com/home/science/Miracle-drug-for-resistant-TB-to-be-rolled-out-for-trial-today/articleshow/51486695.cms
2. http://timesofindia.indiatimes.com/city/indore/government-ropes-in-pharmacists-to-check-tuberculosis/articleshow/40369653.cms

A third factor that influences what gets reported by the news media is ***proximity.*** The closer a reader feels to an event, the higher the impact

of the story. The feeling of connectedness to a story is great when it is about an event in one's own district or country or workplace. A story about the local cafeteria providing leftover dinners to TB patients in the neighborhood is one example. A story in a national edition of a newspaper carrying survey results that say over 50% of the populace are unaware that a two week cough could be TB, is another example.

Here are links to stories that rely on proximity to make the news.

1. http://timesofindia.indiatimes.com/city/mumbai/survivors-form-support-group-for-patients-in-prabhadevi/articleshow/57799749.cms
2. http://www.dnaindia.com/health/report-a-trail-of-tb-trauma-2267182

The ***human-interest factor*** is an additional determiner of news content. Stories that directly affect readers emotionally, economically, or physically make it to the news. So do controversies. Differences of opinion on the best regimen for first line treatment between a leading private practitioner and a government doctor could well make the news. So could a story on whether nutritional support should be given free along with anti-TB treatment. Balanced coverage of controversial topics give readers a window to understand differing perspectives on programs or policies and enrich the readers understanding of such issues. News also tends to revolve around popular personalities such as politicians or sportspersons. A story of TB among farmers has a lesser chance of grabbing news space than would a story of a movie star or a sportsperson with TB.

Here is a link to a story that relies on human interest to make the news:

1. http://timesofindia.indiatimes.com/entertainment/hindi/bollywood/news/amitabh-bachchan-campaigns-for-tuberculosis-free-india/articleshow/57826390.cms

Newsworthiness is merely the starting point for quality reportage on TB. Journalists need to be able to present TB information in an understandable sequence, using words easily understood by the common man and impress the most important points in the readers mind. Excellent reporters also verify the facts, quote reliable sources, explain what the numbers in the story mean and present information in an accurate and balanced way. Stories gain quality when the language used is inclusive and non-discriminatory, empowering rather than negative, analytical and solution seeking rather than blame seeking. Stories written in a way that helps readers visualize what is being reported and feel the importance of the issue discussed stand out in terms of appeal and impact and are likely to influence reader behavior.

TB workers can support journalists to strengthen every one of these qualities of excellence in reportage. To do so, TB workers need to comprehend and develop basic communication skills that embody these qualities.

Here are some basic principles to follow when supporting journalists develop a sound understanding of TB:

1. Provide journalists with medically accurate information
2. Limit the technical information to the bare essentials or break down technical information in a simple, easy to understand manner.
3. Start with giving the most important message first, followed by facts in decreasing order of importance, much the way news items are written in the paper.

4. Explain all medical jargon to journalists in simple terms that make sense to their lay readers.
5. Explain epidemiological measurements by clarifying what number is measured, and how the measurement is done
6. Explain the ways in which the numbers are used in TB prevention and care and the limitations of such measurements.
7. Always provide as much information as possible to equip journalists to place TB issues in range of contexts – whether it be public health, funding, policies, timeframes etc.
8. Connect journalists to reliable sources of information be it peer reviewed studies from leading journals, grassroots TB workers, acknowledged TB experts or authentic TB websites
9. Respect the freedom of journalists to develop an informed, independent perspective on issues related to TB.
10. Above all, be informed that it is not the role of journalists and the news media to promote the personal agenda of individuals or organizations.

Exercises:

For TB to remain in the news, TB workers and advocates would do well to practice viewing the disease through the eyes of a journalist.

1. Outline a year-long media strategy that uses timeliness to put TB in the news

   Eg., 8 March: UN Day for Women's Rights and International Peace (stories on gender, human rights, access to TB services).

2. Brainstorm fresh angles to view and explore TB prevention and care efforts

   Eg.,Should it be made mandatory for cigarette packets to highlight how smoking increases risk of TB and display images of lung TB?

   Eg., How does a cross border migrant adhere to TB treatment?

3. Come up with ideas that can add novelty to TB events to attract media coverage.

   Eg., Conduct a cricket tournament with the teams made of TB survivors to prove that TB is not just curable but that the surviour can resume an active life.

   Eg., Set up a water droplet disperser in a public spot such as a street corner. Have a volunteer press the bulb every few minutes to produce colourful cloud of droplets. Display a placard that reads: 'This is how far your sneeze travels! If you have TB you could infect 10 to 15 people a year. Practice cough hygiene"

4. List out local TB activities to interest your neighborhood reporter

   Eg., In Tamil Nadu, the Corporation of Chennai provides free breakfast for TB patients in certain DOTS centres, through the AMMA canteens [1](the canteens are an initiative launched by the late Chief Minister of Tamil Nadu to reach hygiencally prepared nutritious meals at affordable rates).

5. Develop at least three ideas for a news reporter that put a human face on TB.

   Eg., Srinivasa Ramanjuam died of TB ; what was the social and medical environment of the times he lived in and how far have we come?

Practice the following skills to support journalists to better the quality of their stories on TB

1. Read this item of news about TB.

   http://epaperbeta.timesofindia.com/Article.aspx?eid=31807&articlexml=Now-diabetics-to-get-tested-for-TB-20062016003028

1 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5116882/

Number the facts in the sequence appearing in the story.

Write talking points for yourself on this news item, imagining you are to give this story to a reporter.

2. TB experts tend to use medical jargon; practice clarity in communication by explaining the following terms in simple everyday language.

Eg., Latent TB infection : A condition in which TB germs are alive, but inactive in the body. People with latent TB infection have no symptoms, don't feel sick and cannot spread TB to others.

- *Positive tuberculin test*
- *Drug resistance*

Add your list of technical terms here and continue the exercise

3. Explain what the following TB numbers mean in everyday language.

- *TB prevalence*
- *TB Case Fatality Rate*

4. Help a journalist grasp TB numbers by providing equivalents and comparisons

Eg.,The cost of curing TB with first line drugs (about Rs. = the price of lunch for two in a three star hotel

Eg., In 1990, TB killed more people than all other infectious diseases put together

Eg., TB burden in India is approximately equivalent to the population of Sri Lanka.

Eg., The budgetary allocation for TB is Rs.x compared with Rs.x allocated for HIV.

5. Rewrite the following abstract of a TB study in simple language and practice talking the points, as though you are speaking to a journalist.

ABSTRACT

Background

People who are newly diagnosed with pulmonary tuberculosis (TB) typically receive a standard first-line treatment regimen that consists of two months of isoniazid, rifampicin, pyrazinamide, and ethambutol followed by four months of isoniazid and rifampicin. Fixed-dose combinations (FDCs) of these drugs are widely recommended.

Objectives

To compare the efficacy, safety, and acceptability of anti-tuberculosis regimens given as fixed-dose combinations compared to single-drug formulations for treating people with newly diagnosed pulmonary tuberculosis.

Search methods

We searched the Cochrane Infectious Disease Group Specialized Register; the Cochrane Central Register of Controlled Trials (CENTRAL, published in the Cochrane Library, Issue 11 2015); MEDLINE (1966 to 20 November 2015); EMBASE (1980 to 20 November 2015); LILACS (1982 to 20 November 2015); the meta Register of Controlled Trials; and the World Health Organization International Clinical Trials Registry Platform (WHO ICTRP), without language restrictions, up to 20 November 2015.

Selection criteria

Randomized controlled trials that compared the use of FDCs with single-drug formulations in adults (aged 15 years or more) newly diagnosed with pulmonary TB.

Data collection and analysis

Two review authors independently assessed studies for inclusion, and assessed the risk of bias and extracted data from the included trials. We

used risk ratios (RRs) for dichotomous data and mean differences (MDs) for continuous data with 95% confidence intervals (CIs). We attempted to assess the effect of treatment for time-to-event measures with hazard ratios and their 95% CIs. We used the Cochrane 'Risk of bias' assessment tool to determine the risk of bias in included trials. We used the fixed-effect model when there was little heterogeneity and the random-effects model with moderate heterogeneity. We used an I^2 statistic value of 75% or greater to denote significant heterogeneity, in which case we did not perform a meta-analysis. We assessed the quality of evidence using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach.

Main results

We included 13 randomized controlled trials (RCTs) in the review, which enrolled 5824 participants. Trials were published between 1987 and 2015 and included participants in treatment with newly diagnosed pulmonary TB in countries with high TB prevalence. Only two trials reported the HIV status of included participants.

Overall, there is little or no difference detected between FDCs and single-drug formulations for most outcomes reported. We did not detect a difference in treatment failure between FDCs compared with single-drug formulations (RR 1.28, 95% CI 0.82 to 2.00; 3606 participants, seven trials, *moderate quality evidence*). Relapse may be more frequent in people treated with FDCs compared to single-drug formulations, although the confidence interval (CI) includes no difference (RR 1.28, 95% CI 1.00 to 1.64; 3621 participants, 10 trials, *low quality evidence*). We did not detect any difference in death between fixed-dose and single-drug formulation groups (RR 0.96, 95% CI 0.67 to 1.39; 4800 participants, 11 trials, *moderate quality evidence*).

When we compared FDCs with single-drug formulations we found little or no difference for sputum smear or culture conversion at the end of treatment (RR 0.99, 95% CI 0.96 to 1.02; 2319 participants, seven trials, *high quality evidence*), for serious adverse events (RR 1.45, 95% CI 0.90 to 2.33; 3388 participants, six trials, *moderate quality evidence*), and for adverse events that led to discontinuation of therapy (RR 0.96, 95% CI 0.56 to 1.66; 5530 participants, 13 trials, *low quality evidence*).

We conducted a sensitivity analysis excluding studies at high risk of bias and this did not alter the review findings.

Authors' conclusions

Fixed-dose combinations and single-drug formulations probably have similar effects for treating people with newly diagnosed pulmonary TB.

Plain language summary

Fixed-dose combinations for treating pulmonary tuberculosis

What are fixed-dose combinations and how might they improve care of people with tuberculosis

Tuberculosis (TB) is an important health problem, especially in developing countries. The treatment for pulmonary TB in new patients includes four oral medicines taken for six months, sometimes as fixed-dose combinations (FDCs) that are combined in one tablet, or taken separately as single-drug formulations. The World Health Organization recommends prescribers use fixed-dose combinations to reduce the number of tablets that people take. On the supply side, this might reduce prescribing errors and improve drug supply efficiency; on the patient's side, FDCS simplify treatment and improve adherence.

We conducted a review to assess the efficacy, safety, and acceptability of FDCs compared with single-drug formulations for treating people with newly diagnosed pulmonary TB.

What the research says

We searched for relevant trials up to 20 November 2015, and included 13 randomized controlled trials that enrolled 5824 people. Trials were published between 1987 and 2015 and included participants in treatment with newly diagnosed pulmonary TB in countries with high TB prevalence. Only two trials reported the HIV status of included participants.

There is probably little or no difference in FDCs compared to single-drug formulations for treatment failure (*moderate quality evidence*); relapse may be more frequent (*low quality evidence*); and the number of deaths were similar (*moderate quality evidence*).

There is little or no difference in sputum smear or culture conversion (*high quality evidence*), and no difference was shown for serious adverse events (*moderate quality evidence*) or adverse events that led to discontinuation of therapy (*low quality evidence*).

Authors' conclusions

We concluded that fixed-dose combinations have similar efficacy to single-drug formulations for treating people with newly diagnosed pulmonary TB.

Part 2

Supporting excellence in reporting on TB

Overview

This media engagement program has supported excellence in TB journalism in the following ways:

- A media fellowship programme for mid-career print journalists reporting in local languages, to undertake in-depth analysis of various aspects of TB
- A national media fellowship for senior journalists to explore policy related aspects of TB prevention and control
- Annual media awards for English and local language journalists to recognise exemplary reporting on tuberculosis
- Resources and mentoring for journalists to help improve their reporting on TB.
- Workshops for media students to introduce them to reporting on TB, led by former media Fellows;

Local Language Fellowships

The REACH Lilly MDR-TB Partnership Media Fellowship Programme was initiated in 2010. The Media Fellowships support over ten working journalists each year from both local and national language newspapers to undertake in-depth analysis of various aspects of TB in India. The Fellowships are intended to encourage journalists to explore TB as a critical public health concern in India, by identifying and reporting stories on neglected or inadequately explored topics.

The Fellowships were specially instituted for reporters writing for Indian languages such as Hindi, Malayalam, Assamese, Telugu and so on, for a number of reasons.

- The majority of India's newspaper readers read languages other than English
- We believe that there are several 'local' TB stories from across India outside the metros and big cities that remain untold, and that they deserve to be discovered, written about and shared
- Quality TB reports in local languages reflect the local flavor and culture; they help break myths and misconceptions and change attitudes at the grassroots, in villages, small towns and among local leaders.
- There are relatively fewer opportunities for journalists who report in languages other than English to expand their knowledge and skills in TB reporting.
- Regional language publications rarely have the luxury of dedicating a reporter to the health beat. The Fellowship program presented an opportunity to support interested journalists in specialized reporting.
- Editors and chief reporters in the regional languages encourage reporters to enhance their capacity to produce quality coverage of specialized subjects and are key supporters of the Fellows' efforts.

Over an eight year period, the local language Fellowships have been awarded to 77 journalists from over 15 states. Over 300 Fellowship stories, in the form of locally relevant reports on TB, oftentimes with graphics and photos have

been prominently showcased by the respective publications, numbering 95 – a sign of sincere commitment by the regional language press in the country to make people TB aware

The Process:

The following steps are based on the process REACH followed to conduct the Local Language Fellowship Program.

Step 1: Draft a call for applications:

The process begins with an open call to journalists who apply for the Fellowship. An application form should accompany the invitation.

Here is a sample invitation along with a sample application form that may be adapted.

REACH LILLY MDR-TB PARTNERSHIP
MEDIA FELLOWSHIPS 2016-17
APPLICATION FORM

To apply for this fellowship, please submit:

This completed application form (including your editor/manager's signature);

Your updated CV or resume;

Copies of at least three previously published stories on TB or other health issues. These can be in any language, but must have been published by a newspaper or magazine.

APPLICATION FORM

All applications can be submitted by email to media4tb@gmail.com or by post to REACH, 194, Avvai Shanmugam Salai Lane, First Floor, Off Lloyds Road, Royapettah, Chennai – 600 014. For any questions or clarifications, call REACH on (0) 9711249004.

Name : ______________________________

Organisation : ______________________________

Designation : ______________________________

Work address : ______________________________

____

Ph. Number : ______________________________

Email : ______________________________

Date of birth : ______________________________

Place of birth : ______________________________

Signature : ______________________________

PLEASE COMPLETE THE FOLLOWING SECTION IN AS MUCH DETAIL AS POSSIBLE. YOU MAY USE ADDITIONAL PAPER IF REQUIRED.

What do you think is the most important TB-related issue in your city/town/state? Why?

For example: Stigma associated with TB, drug resistance or MDR-TB, the economic and social costs of TB, TB and HIV, TB in children etc.

Is there a specific theme or topic you would like to explore in your Fellowship? Why have you chosen this theme? Why do you think it's a good story? (This must be related to TB)

Do you have consent from a media house that the stories will be published? Yes/No

(Please see enclosed Editor's consent form)

Manager/Editor Agreement

(*to be completed by media manager/editor who will publish the story)*

I, ____,
(Name & Designation of Manager/Editor) agree to publish feature stories and in-depth articles written by ____________________________________ (Full name of applicant) during his/her time as a Fellow of the REACH Lilly MDR-TB Partnership Media Fellowship Programme.

Name of Editor/Manager : ____

Organisation : ____

Designation : ____

Work address : ____

____

Ph. Number : ____

Email : ____

Signature : ____

Date : ____

Note: this page must be signed, scanned and emailed along with the application.

FELLOWSHIP RULES

- Print journalists working for any local language publication in India (i.e. other than English) are eligible to apply to the REACH Lilly MDR-TB Partnership Media Fellowship programme.
- Interested journalists must submit a completed application form, an updated CV and copies of previous stories on health issues._
- The Fellowship is intended for journalists to specifically explore tuberculosis-related issues.
- All applications must have the permission of their Editors/ Managers to participate in the programme.
- Freelance journalists are welcome to apply provided they have written consent from an Editor/ Manager.
- In 2016, REACH will award a minimum of 10 Fellowships; each Fellow will receive Rs 30,000 as support towards related travel and research expenses.
- All Fellows must attend a two-day orientation programme in Chennai, scheduled for 19-20 January, 2017 . Travel and accommodation costs will be borne by REACH.
- Fellows must produce a minimum of three in-depth, feature-length, well-researched stories on TB within a period of three months, between January 2017 and April 2017. All stories must be published by the end of April 2017.
- The copyright for all published stories will remain with the individual/newspaper group and not REACH or The Lilly MDR-TB Partnership.
- However, REACH reserves the right to post and share all published stories on relevant websites and blogs.
- REACH reserves the right to not award any fellowships if applications do not meet a basic minimum standard.
- All decisions taken by REACH will be final.

Fellows are responsible for:

1. Researching the stories and ensuring the accuracy of all information;
2. Setting up and conducting interviews for all stories;
3. Ensuring the publication of all three stories.

REACH will:

1. Offer any help Fellows *may* want with story ideas, research, planning or identifying resource persons/interviewees;
2. Link Fellows with relevant organisations in their respective local areas.

Draft your own call for applications, based on your specific requirements. For instance if your project is focused on 'Engaging the private health sector in TB prevention and Care', you may want to institute media fellowships for journalists interested in exploring issues related only to that focus. Journalists would be enabled to explore story ideas on that topic, for example: successful Public-Private Partnerships; a broader exploration on how private practitioners view their role in TB control; or regulations and initiatives to curb drug resistance and how they are working; or an investigation as to why TB case notifications from the private sector are low and how to rectify the problem; or the role of private insurance in TB treatment; or quality control in TB diagnostics in the private sector; or infection control within private clinics that treat people with TB and so on.

Step 2: Dissemination and reaching out to editors:

The call for applications needs to be disseminated through as many channels as possible. Preferably, the call for applications may be emailed/posted directly to the editors of print media houses with the request to encourage reporters to apply. The announcement of the Fellowships and the application format may simultaneously be disseminated through newspapers and magazines who are willing to do so, on the radio, on television and via digital media platforms such as online news media and social networks including Facebook, journalist related websites, WhatsApp groups and Twitter. If feasible, explore partnering with local press bodies. Wherever possible make a personal visit to the media house and meet the editor to explain the details of the Fellowship.

As the program grows, some of the best advocates of the Fellowship program usually emerge from within the news organizations themselves, oftentimes former Fellows.

Step 3: Screening and selection of Fellowship applications

- Ensure that all applications are within deadline to qualify.
- Once the entire set of applications have been received, carry out an inhouse preliminary screening to check the eligibility of the applicants, particularly to ensure that they are in fact working journalists.
- A pre-requisite of the Fellowship is that the applicant has the commitment of the editor to enable him to participate in the program and produce stories that will be published in the newspaper.
- A second prerequisite is that the chosen applicant will participate in an orientation workshop together with the other applicants.
- Evaluate the shortlisted applications with the help of an inhouse jury of relevant experts, based on mutually agreed upon criteria such as the quality of research effort, as visible in the proposal or the strength of the idea.

Step 4: Inform the selected applicants

- Once the final list of Fellows has been chosen, inform each applicant individually through email and phone.
- Ascertain that the chosen applicant is able to take up the Fellowship.
- Email the applicants with a few lines describing the orientation workshop and request them to share their expectations on its format and content such as special topics they wished to learn about. The orientation workshop can thus be tailored to suit the needs of the group.

Step 5: Confirm acceptance of Fellowship award by editor and journalist

- Contact the journalist over the phone to reconfirm his acceptance of the Fellowship, and ascertain the support of his/her editor.

Step 6: Plan mutually convenient dates for the Fellowship orientation workshop

- Shortlist dates for the orientation workshop
- Check the convenience of key resource persons and/or dignitaries to attend, confirm potential field visits and the venue of the program
- Confirm the dates of the workshop

Step 7: Invite the Fellows to the orientation workshop

- Send out invitations to the workshop asking for confirmation of attendance

Step 8: Create logistics plan

- Write up the workshop agenda based on the Fellow's expectations and requests along with in-house brainstorming and inputs
- Send formal email inviting the resource persons to the workshop along with a briefing on the topic they need to speak on
- Select a facilitator with some background experience of print media
- Depute logistical tasks to implementation team
- Prepare resources and important information material to be given to the Fellows
- Assemble folder of materials to be given to Fellows at the workshop

Step 9: Orientation workshop

All Fellows who attend are required to actively participate in the orientation workshop to get debriefed on a range of TB issues and enhance their health journalism skills.

Strategic approaches to planning the agenda:

Journalists rarely have the time or patience to sit through technical lessons on TB or any health topic. Yet the need is to provide a quick, yet wholesome picture that lays a foundation for good journalism on the topic.

Mid-career journalists are generally well informed on a range of subjects; they are used to absorbing complex information in short time-spans and repackaging it in a news media format for readers against tight deadlines. The way information is shared with journalists has a direct impact on the way it is reported.

The orientation workshop is less of a classroom and more of an informal newsroom in which the participants work together to deconstruct scientific data, into understandable information, to grasp basic medical facts related to each topic chosen for exploration, to interpret numbers in proportion to other numbers thus providing balanced perspectives to a reader, to reason out which facts to stress to the public and which to a policy maker, to explore ways of verifying facts given by interviewees, to identify authentic sources of information and to arrive at a mutually shared grasp of what constitutes quality in TB/ health reporting.

The participatory philosophy underlying the sessions and the trustful, matter-of-fact mode of communication among resource persons and journalists critically influence the quality of the interactions and their outcome.

Resource persons and facilitators working with journalists need to have a sound grasp of how the news media works. Rather than adopting the format of lectures, interactive discussions that embody a respectful two-way sharing of knowledge between resource person and participant help both to understand issues from the other's perspective. It is not practical or fair to pass on technical or program related facts to a journalist and expect in-depth commentary on the subject in the newspaper. After each knowledge session, the facilitator needs to connect the topic to the news-gathering and news writing aspects – such as where should a journalist go to gain more knowledge on the topic; who are the local experts available, what research papers are useful to read, what are the current controversies if any, on the subject, what is the cutting edge research on the subject, what myths about a topic are prevalent among the public and must be cleared and so on.

Journalists educate themselves not only listening to experts and reading quality material on a topic, they also learn by reading what and how other journalists report on the topic. A selection of news articles on the topics chosen for the workshop may be a useful starting point for critical review and discussion on how to increase depth and quality in one's commentary.

Journalists also add credibility to their stories with quotes from people affected by a health /other issue and from politicians, program heads and field staff. The quality of quotes depends not only on how articulate the interviewee is, it also hinges on how the journalist elicits eloquence and power in the answers through skilled questioning. All too often, interviews with health experts become lost opportunities when the questions flounder at the basics, or waste valuable time obtaining data already widely available. A possible session could include a role playing exercise between a resource person and the journalists to sharpen interviewing skills.

Journalists not only listen keenly to what is told, they go to the field to see for themselves, and confirm or dismiss information by checking it with other sources. These activities are the nuts and bolts of fine journalism. One session could be devoted to a field visit, to enable journalists to gain first hand experience of how a health program plays out in the field.

A sample workshop plan is presented overleaf.

Ask participants to write workshop expectations and 'the most challenging thing about reporting on TB' on cards as they come in to the workshop. Collect the cards for use in the first session.

(Name of your organization) Media Fellowship Programme

Orientation workshop

Day 1

Time	Session	Resource person	Tools/materials	Notes
15 mts	About your organization	Director/ Deputy	Flyer on organization	Brief introduction to the work of the organization
15 mts	About the Media Programme	Deputy in charge	PowerPoint presentation	Discussion on what is expected from Fellows
45 mts	Introductions	Facilitator	Cards with journalists' main expectation and the most challenging aspect of TB journalism	Round the table: introductions facilitator to select cards and discuss
1.15 hrs	Knowledge Session 1 1.1 Getting the basics right (Quiz)	Two facilitators	PowerPoint presentation, Prizes for the winners	A quiz on basic facts about TB in four rounds; (see Appendix 3 for Quiz questions – get from Sheela)
	1.2 TB diagnostics	Dr.X	PowerPoint with visuals of TB diagnostic tests, DMS	Interactive session based on presentation
	1.3 TB Treatment		Short Film on STS worker to be screened. TB treatment boxes	Interactive session on treatment based on the film and the treatment boxes
1 hr	Knowledge Session 2: Drug Resistance	Dr.X	PowerPoint with visuals	Interactive session based on presentation
1 hr	Lunch			
1.5 hrs	• Quality in TB journalism • Critical review of a TB story • Sources of TB data and stories	Facilitators	• Quality criteria checklist • Copies of story for discussion • CTD report	Interactive session on setting standards for TB reporting. Develop a quality checklist with group. Discuss examples of TB stories in groups of 3-4. Explain kinds of TB data, demonstrate data mining from CTD
15 mts	Tea			

Time	Session	Resource person	Tools/materials	Notes
1.15 hrs	Knowledge Session 5: Risk factors/social determinants of TB (ideally, to cover HIV, alcoholism, smoking, poverty, nutrition, gender)	Social scientist	PowerPoint presentation or open discussion	Case studies to support study data to put a human face on the issues
15mts	Briefing on field visit to DOTS Center	REACH team		Curtain raiser of guided tour to see how DOTS happens; dos and donts
DAY 2				
2hrs	Field visit to District TB Centre	REACH facilitator	Permission letter from DTO	Meeting with DTO at 9am and tour of facilities to help Fellows understand what happens to a patient from the time they enter the centre?
30mts	Tea			
1 hr	Knowledge Session 4: TB and Diabetes	Dr X - diabetes-TB expert	PowerPoint presentation	Inetractive session based on presentation
1hr	Lunch			Group Photo
1hr	Overview of key issues in TB Control	REACH deputy		Each key issue to be presented in newsy format
45 mts	Planning Fellowship stories	Facilitators	Planning sheets	Fellows discuss story ideas and requirements with experts available. Complete all documentation and logistics
30mts	Valedictory	Dignitary	Certificates, felicitation flowers	Fellows to be awarded certificates

Each of the sessions requires the development of a training module customized to journalistic requirements. In essence, each module embodies the basic principles to follow to help journalists get a sound understanding about TB set out in Part 1.

As far as possible, choose experts/resource persons who are comfortable facing the media or who are interested in doing so. It is important to guide the resource persons to create their knowledge sessions keeping the news media in mind. It helps to provide a direct brief on what you would like them to cover in their interaction with the journalists.

A sample checklist to brief a resource person on the topic of Diabetes and TB, for instance may include the following points:

- The session is for one hour.
- It would be good if you could talk on the subject for 20-25 mins approximately taking questions as and when they are asked
- It would be helpful for the journalists if you could structure your presentation to just capture the key issues in TB Diabetes that the journalists can convey to lay readers.

Some key focus areas would include:

- what is the link between TB and diabetes?
- how are people with TB vulnerable to diabetes?
- how are people with diabetes vulnerable to TB?
- what implications does this have for diagnosis and treatment of both diseases?
- what did the bidirectional study focus on and what were its findings?
- summary of key data on TB-Diabetes in India
- what is the government of India doing now to address this issue?
- anything else you feel is relevant
- Kindly limit PowerPoint presentations to a maximum of 10 slides if possible. It would help if you can convey the most important bits of information that you wish to impress on the journalists within the first few minutes.
- Please do explain any medical terms in simple language to enable journalists to convey the explanations to the public accurately.
- The interactive time is geared to give opportunities for detailed discussions based on the questions and comments the journalists may have.

Note how the presentation confines itself to impressing the key points that journalists need to grasp. The knowledge sessions are geared to providing the journalist with a clear, sound introduction that defines, describes and contextualises the topic, much the way a news report of 200 words would present the information to a reader.

Exercise:

Practice creating 10 slide presentations on various topics of your choice, in your area of work.

Step 10: Obtain feedback

Obtain written feedback from Fellows on various aspects of the orientation. Their comments can inform to better the format and content of future workshops.

REACH Lilly MDR-TB Partnership Media Fellowships 2015-16

Feedback and suggestions from Fellows

Name of Fellow:

Based in (location):

Your feedback on the Fellowship programme is important to us. We request you to please answer the following questions frankly and honestly. Please feel free to write your responses in Hindi or English. Thank you very much.

1. Before the Fellowship, had you done any stories on TB?
2. Please describe your Fellowship process – how did you identify these three stories, and why did you think they were important?
3. Are there any inspiring/encouraging stories about people you met that you would like to share with us?
4. Did you get any important feedback from your readers on the impact of your story? Please explain.
5. What was the biggest challenge you faced during the Fellowship? What did you enjoy most about the Fellowship?
6. Is there anything about the Fellowship process that you would like us to change? If so, what?
7. Would you have liked any other support from REACH? If so, please explain in detail.
8. Any other comments/suggestions?

Thank you very much!

Step 11: Fellowship period

On returning to their newsrooms, Fellows are encouraged to travel within their states or districts, learning about the specific TB scenario there, meeting those whose lives have been affected by TB and identifying the stories they wish to tell. All Fellows receive a modest grant to cover travel and research expenses. The Fellowship spans three months, during which Fellows are responsible for researching and writing- ideally- a minimum of three high-quality, in-depth stories on a TB-related theme or issue.

They also have access to a range of resources on TB as well as the option of mentoring through the Fellowship period.

Step 12: Publication of Stories

Remain in contact with the Fellows to offer support and track progress on the publication of the stories.

Ensure that the stories are shared as and when they are published

Give opportunities for feedback and further discussions with the journalists to inspire follow up stories.

Step 13: Dissemination of Fellowship stories

The various stories published as an outcome of the Fellowships may be put together in a compendium and shared with organizations working in public health/TB.

National Fellowship

In addition to the Local Language Fellowships, a National Fellowship on TB reporting was conceived and launched by REACH in 2013. The goal was to support investigative reporting that would have policy implications for TB prevention and care in India at the country level. Fellows are supported to maintain focus on macro level issues and explore them from as many angles as possible to present a range of perspectives on the chosen topic, in depth. One Fellowship is awarded every year to senior level journalists. Five National Fellowships have been awarded to journalists writing for nationally recognized publications. The topics covered by National Fellows include Childhood TB, Urban TB including poverty and migration, rural TB, gendered aspects of TB, and TB and its impact on mental health.

The Process:

The National Fellowship program is carried out through much the same the steps outlined for the Local Language Fellowships.

Here is a sample call for applications

APPLICATIONS FOR

REACH Lilly MDR-TB Partnership National Media Fellowship, 2017

Applications are invited for the fifth round of REACH Lilly MDR-TB Partnership National Media Fellowship for reporting on TB.

The National Media Fellowship for Reporting on TB is intended for English and Hindi journalists to undertake research on tuberculosis-related issues at the national level. It is expected that the work published by the Fellow will highlight a national-level issue related to tuberculosis and potentially have policy-level implications for TB care and control in India.

Read the Fellowship criteria and download the application form here.

To apply for this fellowship, please submit:

A completed application form (including your editor/manager's signature)

Your updated CV

Copies of at least three **previously published stories on TB or other health issues. These can be in any language, but must have been published by a newspaper or magazine**

The last date for applications is 5 January 2017. All applications can be submitted by email to media4tb@gmail.com **or by post to REACH, First Floor, 194, Avvai Shanmugam Salai Lane, Off Lloyds Road, Royapettah, Chennai – 600 014.**

For any questions or clarifications, call REACH on (0)9711249004

National Fellows are chosen after a competitive evaluation process involving two rounds of evaluation. In the first round, all applications are evaluated to arrive at a shortlist of three. In the second, final round, the three applications are evaluated by either a senior scientist/public health expert. This final round is a blind evaluation and the identity of the applicants is not revealed to the evaluator. The selection of the Fellow is based on certain criteria.

Here is a sample criteria sheet:

2017 National Media Fellowship for Reporting on TB

Please rank the three shortlisted applications on the following criteria, each on a scale of 1-10, 10 being the highest:

Application Number	Accuracy of information on TB (as apparent from the proposal)	Quality of research (as visible in the proposal)	Coherence and relevance of argument	Strength of idea	Total (40)	Overall comments
1						
2						
3						

The selected fellow is invited to meetings to create opportunities to discuss various aspects of his chosen topic. A dedicated mentor is also made available to the Fellow throughout the Fellowship period.

Dr R Prasad, Science Editor of *The Hindu,* was National Fellow for 2013. During his Fellowship, Dr Prasad focused on childhood TB, a growing area of concern in India. He published over 20 stories on different aspects of this theme. All stories were published in *The Hindu* between October and December 2013.

In response to several requests from TB experts and organisations, REACH compiled and published a selection of Dr Prasad's work. The publication was titled '*Childhood TB: A journalist's exploration*' and also included brief notes by Dr Soumya Swaminathan, Former Director, National Institute for Research in Tuberculosis and renowned expert on childhood TB; Dr V Kumaraswami, retired scientist from the National Centre for Research in Tuberculosis and international consultant, who was Dr Prasad's mentor; and Dr Ramya Ananthakrishnan, Executive Director of REACH. Copies of the publication were also disseminated at the launch of a pediatric TB project in Chennai. Some of Dr. Prasad's stories included:

Programme to prevent TB in children neglected, 3 October 2013

Don't ignore the children (Editorial), 10 October 2013

TB: how many young children are wrongly diagnosed as disease-free?, 16 October 2013

Paediatric TB: should Xpert molecular test replace smear microscopy?, 31 October 2013

Why the true burden of paediatric TB remains unknown, 6 November 2013

The 2016 National Media Fellowship for Reporting on TB was awarded to **Disha Shetty.** Ms. Shetty focused on rural TB in Maharashtra and her long-form series was prominently featured in the *DNA* newspaper and in its online edition.

"The first story in the series called the migratory mutant seemed to get the maximum response from people. I was told how they never saw migrants as victims taking back TB to their communities, some loved the way the TB bacteria was described but mostly several people were surprised to find that there were so many MDR and XDR-TB patients in far-flung areas.

The fellowship allowed me to explore a subject in detail for close to three months and I believe that the pieces I produced reflect the research. Taking three months to work on a piece is not a luxury I get during my daily reporting. I also received the fellowship early on in my career, I was barely three months into my stint as a full-time health reporter. The experience gave me the confidence to pull off long form writing and since then I have written several pieces on different health issues.

The work that was done as a part of the fellowship definitely stands out from what I do during the course of my daily reporting because I was able to spend time and plan the stories as well as bounce off the story ideas with my mentor. The travel budget that is a part of the fellowship allowed me to explore areas in rural Maharashtra which I would otherwise not have access to and the patients would have been unheard. The fellowship resulted in a body of work that I remain proud of.

The best part of the fellowship was the focus. I had to pick one aspect of TB and report on it. While it is challenging to make a niche subject interesting to the readers, it also gave me the feeling of having understood my subject well. I didn't feel like I was spread too thin but instead, I felt that by the time I got down to writing I already had enough matter to write an entire book on the subject.

Access to a mentor and the travel grant were certainly two crucial aspects of the fellowship that makes it a dream for any journalist. "

Media Awards

Instituted in 2010, the REACH Lilly MDR-TB Partnership Media Awards highlight and laud the vital role played by the news media in informing the public and decision-makers about TB prevention, control and care.

The goal of the Media Awards is to felicitate and honor those journalists who have kept TB in the news with their insightful and excellent reportage. By educating themselves about TB and by researching the field first hand, they applied high journalistic standards to TB reporting, thereby giving readers accurate, balanced and useful perspectives on the various issues surrounding TB.

The Media Awards program has honoured **28** journalists with **32** awards – some journalists winning the award more than once. The Awards are given in two categories –English reporting and local language reporting. 19 awards were given to journalists reporting in English and 13 to journalists reporting in the local language.

The Process

Step 1: Draft a call for applications:

The process begins with an open call to journalists to apply for the Awards.

Here is a sample call for applications that may be adapted.

Draft your own call for applications, based on your specific requirements.

Step 2: Dissemination

The call for applications needs to be disseminated through as many channels as possible. Preferably, the call for applications may be emailed/posted directly to journalists or to the editors of print media houses with the request to encourage reporters to apply. The announcement of the Awards and the application format may simultaneously be disseminated through newspapers and magazines who are willing to do so, on the radio, on television and via digital media platforms such as online news media and social networks including Facebook, journalist related websites, WhatsApp groups and Twitter.

Step 3: Screening and selection of articles

- Ensure that all applications and article dates are within the designated period to qualify.
- Ensure that each local language article is accompanied by a quality English translation.
- Once the entire set of applications and articles have been received, carry out an inhouse preliminary screening to check for eligibility of the applicants, particularly to ensure that they are in fact working journalists.
- Select a jury to evaluate the entries.
- Invite an eminent jury comprising TB/health experts as well as journalists to select the entries.
- Evaluate the shortlisted applications based on mutually agreed upon criteria.

Here is a sample criteria sheet

Entry Number	Balanced reporting (10)	Accuracy of information (10)	Uniqueness (10)	Language (10)	Total (40)
2					
3					
4					
5					
7					
8					

(Please see detailed description of criteria below)

Any general comments or observations on the entries:

Signature of jury member: ______________ Date: ______________________________

Criteria:

Balanced reporting

a. Has the journalist spoken to a variety of sources and presented the facts without bias?

b. Has s/he interviewed the right experts?

c. If relevant, has s/he spoken to individuals or families whose lives are or have been affected by TB?

Accuracy of information

a. Are all references to TB or related aspects accurate?

b. Has scientific information been represented in a balanced manner without exaggeration? (particularly relevant in stories about new diagnostics, drugs or treatment)

Uniqueness

a. Does the story highlight a unique aspect of TB that has not been covered much by the media?

b. Has the journalist tried to present or highlight a new angle to the story?

Language

a. Is the writing of good quality, without errors?

b. Does the language enhance the key point in the story?

c. Is it non stigmatizing?

Step 4: Inform the selected awardees

- Once the awardees have been chosen, inform each one individualy through email and phone
- Ascertain that the chosen awardee is able to receive the award
- Obtain written acceptance of award by journalist

Step 5: Conduct awards ceremony

Invite eminent journalists, bureaucrats, parliamentarians or ministers to address the journalists at the awards ceremony

Create a poster exhibition to showcase each Fellow and each awardee in the program, displaying their photographs, extracts of their work and a belief statement from them on what they feel about reporting on pubic health

Publicize the awardees and their work through a press release and by inviting the news media to the event.

Mentoring and long-term engagement

The mentors act as sounding boards and sharers of helpful information and do not prescribe what should be written about and how.

Here is a sample of how a resource person can act as a sounding board to support a journalist to sharpen and clarify his own story ideas through an email exchange:

On Wed, Nov 27, 2013 at 2:33 PM, Mr.K wrote:

Dear Dr.R,

I am sharing the subjects of the articles I am working on for the Fellowship. I will publish the stories next month.

1 TB effected Adivasi primitives living in Wayanadu forests. Hundreds of TB effected people are living in the small hamlets. The elders are Ganja smokers and alcohol consumers. Even the women and Children are the most infected. Poor living condition, poverty, malnutrition and absence of treatment are the problems they are facing.

2 The alarming number of labour migrants to Kerala has crossed 12 lakhs. Many of the workers coming from Bangladesh, Bihar, Bengal and Assam are TB patients. The Kerala government informed that all the migrants should provide health certificate. The direction is a big failure. These employees are staying and sleeping together in the shelters or sheds. TB is highly spreading in the migrant dominated areas of Kerala. The local hospital records proves it correct.

3 TB rate is increasing among the local toddy drinkers (toddy from coconuts) in Kerala. In the toddy shops the same glasses and plates are supplied day night to the drinkers without proper washing .Recent studies in Kerala showed that the local toddy shops are carriers of TB. Even public smoking and sharing the same beedi by many are also common in the toddy shops.

Thank You

Dear K,

Thank you for the detailed email. The three subjects of the stories are so interesting and very relevant to policy makers, health providers and the general public. I wanted to share some information on Topic 3. As per NFHS-3 Kerala has the 7th largest number of male drinkers in the country. The topic is both exciting and a challenge to handle as the evidence is so nuanced – for example:

TB rate is increasing among the local toddy drinkers (toddy from coconuts) in Kerala.

>Is there a baseline study of TB among toddy drinkers from before and now there are new studies to prove the increase? Or did someone publish a study on TB rates increasing among toddy drinkers with reference to older studies?

Your reader will at once want to know what is the link between toddy drinking and TB. While the two are associated, in what specific ways they are linked is still being researched. You can read a recent systematic review of research papers studying the TB alcohol link by Stop TB.

I summarize it here for you: The review (http://www.medscape.com/viewarticle/584142) concludes that

"The risk of active tuberculosis is substantially elevated in people who drink more than 40 g alcohol per day, and/or have an alcohol use disorder. This may be due to both increased risk of infection related to specific social mixing patterns associated with alcohol use, as well as influence on the immune system of alcohol itself and of alcohol related conditions."

That is to say that more than 40g per day on a

regular or irregular basis weakens the immune system increasing the risk of the person to develop TB disease.

Specific social mixing patterns› means that in a bar serving alcohol to customers, there is a greater chance of coming across someone with active TB and any person going to such a place will naturally have greater risk of exposure to infection. This is quite context specific - for example, a toddy shop located in places where TB is very prevalent may attract residents who have active TB. So we can›t generalize across all toddy shops.

It may also be useful to differentiate between fresh toddy (neera) which has close to zero alcohol so no TB link there. The Kerala government is promoting the tapping and sale of *neera*. Butthree day-old toddy ferments to gain the maximum of 8% of alcohol. Toddy shops are probably mixing three day- old toddy with spirits to increase the alcohol content. Do you have any research studies or first hand information to show how alcohol content in toddy is being increased and to what level? Such data can strengthen your story a lot.

In the toddy shops the same glasses and plates are supplied day night to the drinkers without proper washing .

Very unhygienic no doubt, but unclean utensils may more likely spread hepatitis and diarrhoeal diseases rather than TB.

You cannot get TB germs from:

Sharing drinking containers or eating utensils.

Saliva shared from kissing.

http://www.cdc.gov/tb/publications/pamphlets/tb_disease_en_rev.pdf (very nice pamphlet for giving the reader basic info on TB)

Recent studies in Kerala showed that the local toddy shops are carriers of TB.

>Do verify if these studies are from credible research institutions like the ICMR?

Even public smoking and sharing the same beedi by many are also common in the toddy shops.

>Interesting observations about two separate things: one is public smoking of beedis in toddy shops, which increases the risk of both smokers and passive smokers to TB.

>Sharing the same beedi contaminated with saliva is not a known risk factor for TB.

With the recent Kerala government initiatives to popularize *neera*, and toddy sales after overturning the supreme court ban, this would be such a timely and interesting story. If you want to talk more, please give me a call on xxxxxx any weekday morning after 10 AM.

Thanks and warm regards,

R

The mentor can help a journalist turn epidemiological data about TB diabetes into an in-depth feature series by jointly exploring story ideas. Periodic follow up and support in the form of resources such as contacts, data, news studies and so on can be provided on request.

Journalists are usually rushed for time. Short but useful conversations can potentially make a qualitative difference to the way a journalist gains a deeper grasp of issues.

Some basic characteristics of an effective mentor:

A mentor wants to make a genuine, positive impact on the mentee. Interactions need to be geared towards a positive outcome.

A mentor needs to step into the shoes of the mentee to understand his views and take the interaction forward from there on. Empathy for the mentee should be at a level where the mentor must feel inspired about the mentee and his work, to be inspiring.

An effective mentor helps a mentee face up to his/her weak areas, be they gaps in knowledge or skills or attitudes. The mentor can recognize the weaknesses through the interaction and respond to them constructively.

The mentee is the more important person in the interaction; it is his or her objectives that needs to be explored and met, not the mentors

A good mentor appreciates the strengths of his/her mentee. The quality of questions and doubts raised by the mentee will indicate how knowledgeable and skilled the person is. The mentor must build on the strengths of the mentee.

It is critical to observe non-interference in the content written by the journalists. Editorial control can rest only in one place – in the hands of the newspaper editor the journalist reports to.

Conclusion

The media fellowships and awards are initiatives to establish lasting working relationships with news media professionals. Understanding and treating the profession of journalism with respect goes a long way in sustaining a sound two-way exchange of information and news, that both supports high quality journalism on public health issues as well as enables public health advocates to give visibility to critical health issues and stimulate societal responses.

Part 3

Resources for Media

The job of the journalist is to record significant events as they occur and convey them to readers. However, it is hardly possible for a journalist to be everywhere at once. Oftentimes events have happened before the journalist arrives on the scene. First hand reporting is the most reliable, but a journalist cannot simply convey what he sees, as it may be just the tip of an iceberg.

To understand what is hidden and to gain a depth of understanding on happenings, journalists collect information from a range of sources.

If it's a health story, a journalist's sources would include

- medical experts, other health staff such as counselors, people living with the illness, their care-givers, governmental program heads or bureaucrats, NGOs/CSOs working on the issue, pharmaceutical experts and so on.
- Peer reviewed studies from reputed journals
- Books/press releases/briefs on topical issues/ glossaries/tip-sheets on various aspects of reporting/photos/films/audio material
- Websites of note such as those of the UN agencies mainly the WHO, CDC, governments, watchdog/activist organizations, etc.,
- Reportage by other journalists across the various media – radio, TV, online as well as print.

Journalists spend time and energy ascertaining whether a source is authentic. Their reputation is built on the credibility of their reportage, *over time*. If a journalist does not consistently verify facts or misattributes information, his/her reportage stands discredited and the journalist's reputation is affected, in turn affecting the standing of the publication he/she reports for.

A seasoned journalist quickly learns how trustworthy a source is. Sources who are not always reliable are still useful because they deepen the journalists understanding of an issue. For example a source who attempts to mislead the journalist and is recognized as doing so, will help the journalist understand the vested interests linked to the issue. The greater the number of reliable sources a journalist is able to access, the greater the opportunity to build his overall grasp of the subject.

Writing about a complex public health issues like TB isn't easy. Journalists – barring a select few – are not experts on the subjects they are asked to report on. Some develop the exertise to provide high quality commentary on a public health issue based on personal interest, if inspired by mentors including their superiors and editors, if exposed to powerful events or encouraged by appreciative readers and public recognition.

In addition, journalists are pressed for time and rarely appreciate being bombarded with information on email and phone calls. Oftentimes information that may appear important to the organization may present little value to the news media.

Organizations working in public health would do well to prepare a variety of resources that will cater to the differing needs of journalists, and be available on phone and email to clarify doubts and provide supplementary information when asked. Avoiding calls from journalists or delaying responding causes journalists to miss bits of information that would have enriched the story or make him miss his deadline and the chances of the story getting published altogether.

In sum, journalists need a range of information

to bring credibility, context and interest to their stories. A mix of knowledge on the theme and some skills that can potentially help the journalist communicate better on the theme are generally useful.

Journalists appreciate sources/resources that:

- give a clear, simple grasp of the topic in context.;
- take little time to absorb and digest; Eg., a glossary explaining technical terms used in TB control
- provide quick access to data, announcements, speeches and reports Eg., a list of relevant, reputed websites
- provide potential ideas for stories – Eg.; most of the resources below
- have instant appeal and human interest value – Eg., most of the resources below
- give upto date guidance on journalistic skills for better health reporting Eg., ethical, inclusive terms to be used
- And are available to them in a timely fashion. Eg., a brief on the year's UN theme for World TB Day ; or a brief on a the launch of a new drug for TB treatment by the RNTCP

In this part, we will share resources on TB that are designed to make a journalist's job somewhat easier. You may wish to develop similar resources related to the theme of your work.

Example 1

Simple overview of topic in context

A Quick Guide to Tuberculosis (Revised version)

This document is intended as an introductory resource on TB, especially for journalists who are reporting on TB for the first time or for those who wish to improve their understanding of TB. This document will remain a work in progress and will be updated as and when there are new scientific or social developments.

Download the English version here.

Download the Hindi version here.

Example 2

Deconstructing technical terms and medical jargon

Common TB Terms:

Content source: Division of Tuberculosis Elimination, CDC, Atlanta

https://www.cdc.gov/tb/topic/basics/glossary.htm

TB disease – an illness in which TB bacteria are multiplying and attacking a part of the body, usually the lungs The symptoms of TB disease include weakness, weight loss, fever, no appetite, chills, and sweating at night. Other symptoms of TB disease depend on where in the body the bacteria are growing. If TB disease is in the lungs (pulmonary TB), the symptoms may include a bad cough, pain in the chest, or coughing up blood. A person with TB disease may be infectious and spread TB bacteria to others.

BCG – a vaccine for TB named after the French scientists who developed it, Calmette and Guérin. BCG is rarely used in the United States, but it is often given to infants and small children in other countries where TB is common.

Chest x-ray – a picture of the inside of your chest. A chest x-ray is made by exposing a film to x-rays that pass through the chest. A doctor can look at this film to see whether TB bacteria have damaged the lungs.

Contact – a person who has spent time with a person with infectious TB.

Culture – a test to see whether there are TB bacteria in your phlegm or other body fluids. This test can take 2 to 4 weeks in most laboratories.

Directly observed therapy (DOT) – a way of helping patients take their medicine for TB. If you get DOT, you will meet with a health care worker every day or several times a week. You will meet at a place you both agree on. This can be the TB clinic, your home or work, or any other convenient location. You will take your medicine while the health care worker watches.

Extensively drug-resistant TB (XDR TB) - XDR TB is a rare type of TB disease that is resistant to nearly all medicines used to treat TB.

Extrapulmonary TB – TB disease in any part of the body other than the lungs (for example, the kidney, spine, brain, or lymph nodes).

HIV infection – infection with the human immunodeficiency virus, the virus that causes AIDS (acquired immunodeficiency syndrome). A person with both latent TB infection and HIV infection is at very high risk for developing TB disease.

Isoniazid (INH) – a medicine used to prevent TB disease in people who have latent TB infection. INH is also one of the four medicines often used to treat TB disease.

Latent TB infection – a condition in which TB bacteria are alive, but inactive in the body. People with latent TB infection have no symptoms, don't feel sick, can't spread TB to others, and usually have a positive TB skin test or positive TB blood test reaction. But they may develop TB disease if they do not receive treatment for latent TB infection.

Multidrug-resistant TB (MDR TB) – TB disease caused by bacteria resistant to two of the most important medicines: INH and RIF.

Mycobacterium tuberculosis – bacteria that cause latent TB infection and TB disease.

Negative – usually refers to a test result. If you have a negative TB skin test reaction or negative TB blood test reaction, you probably do not have TB infection.

Positive – usually refers to a test result. If you have a positive TB skin test reaction or positive TB blood test reaction, you probably have TB infection.

Pulmonary TB – TB disease that occurs in the lungs, usually producing a cough that lasts 3 weeks or longer. Most TB disease is pulmonary.

Resistant bacteria – bacteria that can no longer be killed by a certain medicine.

Rifampin (RIF) – one of the four medicines often used to treat TB disease. It is considered a first-line drug.

Rifapentine (RPT) – one of two medicines used to treat latent TB infection.

Smear – a test to see whether there are TB bacteria in your phlegm. To do this test, lab workers smear the phlegm on a glass slide, stain the slide with a special stain, and look for any TB bacteria on the slide. This test usually takes 1 day to get the results.

Sputum – phlegm coughed up from deep inside the lungs. Sputum is examined for TB bacteria using a smear; part of the sputum can also be used to do a culture.

TB blood test – a test that uses a blood sample to find out if you are infected with TB bacteria. The test measures the response to TB proteins when they are mixed with a small amount of blood. Examples of these TB blood tests include QuantiFERON®-TB Gold In-tube (QFT-GIT) and T-Spot®.TB test.

TB disease – an illness in which TB bacteria are multiplying and attacking a part of the body, usually the lungs. The symptoms of TB disease include weakness, weight loss, fever, no appetite, chills, and sweating at night. Other symptoms of TB disease depend on where in the body the bacteria are growing. If TB disease is in the lungs (pulmonary TB), the symptoms may include a bad cough, pain in the chest, and coughing up blood.

A person with TB disease may be infectious and spread TB bacteria to others.

TB skin test – a test that is often used to find out if you are infected with TB bacteria. A liquid called tuberculin is injected under the skin on the lower part of your arm. If you have a positive reaction to this test, you probably have TB infection. Other tests will be needed to find out if you have latent TB infection or TB disease.

Tuberculin or PPD – a liquid that is injected under the skin on the lower part of your arm during a TB skin test. If you have latent TB infection, you will probably have a positive reaction to the tuberculin.

Example 3

Resources for skilled reporting

Responsible and Ethical Reporting on TB

Responsible and ethical reporting on public health issues like tuberculosis (TB) is absolutely essential to make sure that readers have access to accurate information. Reporting responsibly on TB can contribute to breaking stereotypes and communicating realistic and informed messages to the general public. This document lists several important aspects to keep in mind when reporting on TB.

Download the English version here.

Download the Hindi version here.

Example 4

A Checklist for TB Reporting

This is a simple tool to help journalists assess their own reporting on TB on the basis of several parameters.

Download the English version here.

Download the Hindi version here.

Example 5

Briefs on current/topical issues

New drugs for treating TB: An overview

Over the last few years, there has been new – and long overdue- developments in the field of drugs for treating TB. After a gap of almost 50 years, two new drugs – Bedaquiline and Delamanid – have entered the market. This document provides an overview of all the important issues surrounding new drugs, their recommended usage, their global availability, access for Indian patients etc.

Download the English version here.

TB: A Notifiable Disease

In 2012, the Ministry of Health and Family Welfare, Government of India, passed an order making notification of tuberculosis compulsory. Notifiable diseases are those diseases which are required by law to be reported to government authorities. This means that all public and private providers must notify all cases of TB on a regular basis. This resource guide provides an overview of the notification process and suggests follow-up story ideas for journalists to explore.

Download the English version here.

Download the Hindi version here.

India's Missing Million: A brief guide to the 2014 World TB Day theme for journalists.

This document is intended to help journalists plan their World TB Day stories and discusses this year's theme: *Reach the 3 million. Find. Treat. Cure TB*. The document explains the relevance of the theme for India, and provides some background on the 'missing cases'.

Download the English version here.

Download the Hindi version here.

Example 6

Keeping TB in the News beyond World TB Day 1

The list below includes international commemorative days and events that can put TB in the news because of timeliness/topicality. Each date suggests a variety of story angles that journalists can explore and report on.

- **8 March**: UN Day for Women's Rights and International Peace (stories on gender, human rights, access to TB services).
- **7 April**: World Health Day (Stories on TB Diagnostics and DOTS as an effective treatment strategy to cure TB).
- **15 May**: International Day of Families (Stories on how TB affects families, puts children out of school, decreases family income).
- **31 May**: World No-Tobacco Day (stories on smoking – a major risk factor – which weakens the immune system and can further the progression from TB infection to disease).
- **11 July**: World Population Day (stories on how TB impacts on life expectancy and quality of life).
- **1 October**: International Day of Older Persons (stories on howTB is a disease that affects older people; DOTS can cure TB and increase the quality of life).
- **17 October**: International Day for the Eradication of Poverty (TB puts many families into poverty; TB disproportionately affects those already living in poverty).
- **16 November**: International Day for Tolerance (de-stigmatise people with TB).
- **20 November**: Universal Children's Day (many children are orphaned or otherwise affected by TB).
- **1 December**: World AIDS Day (the dual epidemic of TB and HIV; TB is the leading killer of people with HIV).
- **10 December**: Human Rights Day (access to treatment and information is a human right; discriminating against people with TB is a violation of their human rights)

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1 Extracted and adapted from http://www.stoptb.org/assets/documents/resources/publications/acsm/ACSM_Handbook.pdf

Notes

Notes

'Keeping TB in the News: A Toolkit for health advocates' is for those interested in supporting journalists to produce high quality reportage on public health. Through a detailed recounting of REACH's eight-year long - and continuing - partnership with journalists on tuberculosis (TB), this toolkit provides health advocates with basic guidance on working with mainstream print media to similarly improve the volume, relevance and power of public health discourse in the news media.

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REACH (Resource Group for Education and Advocacy for Community Health)
No. 194, Lloyds Road, 1st Floor, Avvaishanmugam Salai Lane,
Royapettah, Chennai 600014.
Phone: 044 - 65211047 / 28132099 | Email: reach4tb@gmail.com
Websites: www.reachtbnetwork.org | www.media4tb.org
Facebook: www.facebook.com/SPEAKTB | Twitter: @speakTB