MARCH 1997

World Tuberculosis Day

Guide to obtaining media coverage

GLOBAL TUBERCULOSIS PROGRAMME
WORLD HEALTH ORGANIZATION
1997
Dear Colleague,

Thank you for your interest in focusing media attention on World TB Day 1997. We are encouraged to learn that you are planning activities to publicize the TB emergency and use of the directly observed treatment, short-course (DOTS).

The core theme this year will be **Use DOTS More Widely**. While the DOTS strategy is being used successfully in some regions with high burdens of TB, real progress in defeating the TB epidemic will come from introducing DOTS in more countries. This is the only sure means we have today to increase the rate of cure, and thus reduce the spread of infection.

Now that we face a looming crisis with HIV/TB and multidrug-resistant tuberculosis, the need for action is urgent. Those who control public health policy and resources must make effective DOTS treatment more widely available, so that it can benefit those who need it the most. There is no justifiable reason to delay, as TB control is highly cost-effective and safe.

It is my hope that your activities on World TB Day can help to ignite a renewed spark of interest in TB around the world. Your successful media strategy can play a significant role in reaching those who have the power to reverse the TB epidemic. We are sending you this **Guide to Obtaining Media Coverage** to help you in planning your own outreach events for World TB Day. I would appreciate receiving copies of any articles appearing as a result of your efforts. This information will help us in planning for future World TB Days.

I wish you the best of luck in your efforts, and thank you once again for joining in to make World TB Day 1997 a success.

Yours sincerely,

Dr Arata Kochi
Director, Global Tuberculosis Programme
Contents

How to Use this Guide vi
Background on World TB Day 1
World TB Day 1996: Events Around the World 2

Publicity Tactics 4
Letters to the Editor 4
Sample Letters to the Editor 5
Message Point Checklist 7
Sound Bites 7
Opinion Editorials (Op–Eds) 8
Sample Op–Ed 8
Editorial Meetings 10
Radio and Television Interviews 12
Press Conferences 14
Photo Opportunities 16

Information for Journalists 17
Success Stories: TB Control Works! 17
TB Fact Sheet 19
How to Use this Guide...

We hope this guide is helpful to you in planning and implementing a creative media event on or before World TB Day, 24 March 1997. Competition for news media attention can be intense. Getting the TB message out to the public demands that you create a newsworthy story or event. To stimulate your ideas, we have tried to provide a number of tools and examples.

The next section describes some of the successful media events that took place in different regions of the world last year on World TB Day. They might be helpful in suggesting ideas about media events you can plan for this year, with the theme, Use DOTS More Widely.

Check the Publicity Tactics section for examples of different media activities you may want to adopt as your own. You'll find examples of varied media tactics, as well as a variety of strategies that have proven successful in spurring press interest in the TB crisis. These range from letters to the editor and opinion-editorials to editorial meetings, press conferences, photo opportunities and broadcast interviews. We have also included background information and data on the TB epidemic you can use to make a “pitch” to journalists, in the section, Information for Journalists. This, of course, is also background information for you to use in any of your media activities.

The Global Tuberculosis Programme at the World Health Organization stands ready to offer any guidance or assistance to help you plan and implement a World TB Day media event in your community. Together, our individual communities make up the world.

Media Event Questions?
Contact (in English or French)
Tel: (41 22) 791-2666 • Fax: (41 22) 791 4199 • Email: FightTB@WHO.CH
Background on World TB Day

24 March 1997

World TB Day, falling on 24 March each year, is designed to build public awareness that TB today remains an epidemic out of control in much of the world. Despite the fact that effective cures have been available for decades, TB still causes the death of millions of people each year.

24 March commemorates the day in 1882 when Dr Robert Koch astounded the scientific community by announcing that he had discovered the cause of tuberculosis, the TB bacillus. At the time of Koch’s announcement in Berlin, TB was raging through Europe and the Americas, causing the death of one out of every seven people. Koch’s discovery opened the way toward diagnosing, curing, and perhaps ultimately even eliminating this fearsome killer.

But progress toward realizing more than a fraction of that promise has come painfully slowly. Effective anti-TB drugs did not first appear until the 1950’s, and treatment has not been available in much of the world. TB has sent at least 200 million people to their graves since 1882. Millions more are still added to that grim total each year.

In many ways, the tuberculosis epidemic is worse now than ever before. TB is still the world’s leading infectious killer of young people and adults, taking up to 3 million lives each year. Now, the emergence of multidrug-resistant strains of TB threatens to return the epidemic to the pre-antibiotic era. And HIV is causing the disease to spread faster in some communities than ever imagined possible.

In 1982, on the one-hundredth anniversary of Dr Koch’s presentation, the International Union Against Tuberculosis and Lung Disease (IUATLD) proposed that 24 March be proclaimed an official World TB Day. However, except for the activities of a handful of organizations, very little has otherwise been done to highlight the occasion since then.

In 1996, with renewed zeal for collaborative public outreach in the fight to control TB, WHO joined with the IUATLD and a wide range of other concerned organizations to increase the impact of this important day. All participants embraced a plan to commemorate World TB Day worldwide, hoping to make a real difference to the millions of people now suffering and dying from TB.

World TB Day is not a celebration. There is yet no victory to applaud. The greatest killer of humans throughout all of history is still at work, in spite of our scientific breakthroughs. World TB Day is a time to mobilize public support for an intensified effort to diagnose and cure TB on a global scale. In the DOTS strategy, we now have effective tools and medicines with the potential to one day virtually wipe out tuberculosis. What we need today is a worldwide commitment to use DOTS more widely.
World TB Day 1996: Events Around the World

The success of World TB Day last year in focusing the attention of the world’s media on the global TB epidemic owed much to the efforts of organizations and individuals in countries around the world. Some of their successes may suggest ideas and strategies worth considering and adopting in 1997.

SOUTH AFRICA The Western Cape TB Alliance mounted an intensive advertising campaign to alert the public to the soaring incidence of TB in South Africa, and staged a special event featuring Archbishop Desmond Tutu – himself a former TB patient – that resulted in widespread press coverage.

ZIMBABWE A press conference in Harare convened by the National TB Programme generated major radio, television and newspaper coverage throughout the country.

NIGERIA In the city of Onitsha, the TEEPAC organization held a TB control seminar for doctors and other health care workers, staged a press conference and sponsored rallies throughout the province to create awareness that TB remains a powerful threat – but one that can today be readily cured.

IRELAND Trocaire, Ireland’s oldest and most influential voluntary charitable organization, mounted a press conference featuring Dr Maire Connolly, an Irish TB expert who has worked in Africa and South Asia. The result was major broadcast news and newspaper coverage throughout the country.

BELGIUM The Damien Foundation, named after the famed leper priest, spearheaded World TB Day activities throughout the country. With the Belgian TB Federation, the foundation launched a press conference that resulted in French and Flemish language articles nationwide. Just before World TB Day, a 40 minute documentary on TB – reminding Belgians that their country faced a severe TB problem not many years ago – was broadcast on national television.

SPAIN National and regional non-governmental organizations such as Prosalus and Sociedad Gallega de Patologoa Respira generated widespread media coverage by arranging editorial meetings and broadcast interviews. The results included articles on TB in newspapers and magazines throughout Spain, as well as interviews on radio shows such as España, Onda Cera and Cope.

LITHUANIA In Vilnius, the Ministry of Health staged a press conference, and an entire edition of the weekly publication “News for Doctors” was devoted to TB. At the same time, the five regional TB hospitals throughout the country held one-day
seminars for primary care physicians and nurses, and 'open door' days offering information and unlimited consultation to people who suspected they might have or be at risk of TB, and to their families.

**BRAZIL** The National TB Control Programme mounted a major press conference, with the Minister of Health as the key spokesperson, that was widely covered by TV, radio and newspapers throughout the country. At the same time, the group negotiated free 'air time' with national television and radio networks to broadcast public service announcements encouraging people to identify the signs of TB and to seek treatment.

**PAKISTAN** The centerpiece of four days of public awareness activities staged by the OJHA Institute in Karachi around World TB Day was a visit by the wife of the chief minister of Sindh Province to a TB clinic. There she helped treat patients with DOTS medications, and generated wide press coverage.

**INDIA** Newspapers and magazines in Bombay and throughout Gujarat state carried opinion editorials (op-eds) from Dr PV Mehta, chairman of Mehta Charitable Trust, on the dangers of the high incidence of TB in India – and the strategies such as DOTS available to combat TB quickly and effectively. Similar strategies to focus attention on TB were mounted successfully by dozens of organizations and individuals throughout India.

**MONGOLIA** The National Center for Tuberculosis orchestrated a major public awareness effort for World TB Day, involving not only a widely-covered press conference, but a prominent and colourful billboard in the center of the capital, Ulan Bator.
Publicity Tactics

Letters to the Editor

Letters to the editor take little time, yet they are usually widely read, and an effective way to influence the views of the public and health policy makers at the same time. Local papers often publish about 80 percent of the letters to the editor that they receive.

The examples that follows are a model – brief, concise and to the point. When writing a letter to the editor, you may want to include facts, statistics or examples from the TB Fact Sheet and the current success stories that appear at the end of this guide.

Here are some guidelines that should be helpful in getting your letter published:

■ Be concise. Focus on one or two main points and discuss them succinctly. Letters over 500 words are not likely to be published.

■ When possible try to write a letter which refers to recently published articles. Stories on AIDS/HIV, refugees, women and children are logical ‘triggers’ for letters on the TB crisis. These are groups for whom the threat of TB and the promise of DOTS cure are particularly timely concerns.

■ Be persuasive. Give statistics from the TB Fact Sheet to make your letter more compelling.

■ Close by calling for specific action – such as the expansion of DOTS treatment throughout your country.

■ Include your full name, address and telephone numbers so that the newspaper can contact you with any questions. And do not forget to mention the name of your organization and that of WHO.
Sample Letter to the Editor # 1

Dear ________:

The one experience shared by perhaps every person in recorded history is the risk of tuberculosis. TB killed the pharaohs of Egypt 6000 years ago. Today it is killing more people than ever before. And because it is a disease of the young that strikes in the prime of life, it continues in our time to make orphans of children and to drive families into deep poverty.

Our parents and grandparents recognized TB as a lethal threat to the lives of the young. In our time, too many have forgotten. Many imagine that TB has largely ‘disappeared’.

Today, TB is thriving in an environment of neglect. It is resurgent not only here at home, nor just in the developing world, but in major cities of the world. Tuberculosis is a fellow-traveller with AIDS. New multidrug-resitant strains are emerging that are fatal to everyone they infect. The infection pool – and the risk to everyone – is growing.

This does not have to be. Today, we have a breakthrough treatment that can permanently cure TB in six months, without a single day in hospital. It is called DOTS, for “directly observed treatment, short-course”. With DOTS, TB patients can usually be treated in the community, under the supervision of a health care worker who ensures that they follow the simple course of medication. For most of the treatment, patients can even continue working and leading normal lives.

DOTS should be used more widely throughout ________, and made accessible to everyone. Its cost is minimal. Its payoff is enormous. But success must begin at home, in the community, here in ________. The time is now.

Sincerely,

your name
your title
your organization
Sample Letter to the Editor # 2

Dear _________:

When the first antibiotics able to cure TB were introduced in 1952, the world rejoiced. Finally, this ancient killer plague could be contained, and perhaps even eliminated. But once the wealthier countries of the world controlled TB within their borders, their attention turned to other concerns. On March 24, World TB Day reminds us that this neglect has proven a fatal mistake.

One condition shared by all the citizens of the world is that we are all at risk of TB, and there is nowhere to hide. This situation has developed because TB has been allowed to spread, even while effective medicines to cure it sat uselessly on the shelves. TB has long been a leading cause of death in poorer countries. It is now returning to the industrialized world with a vengeance.

Today, tuberculosis still kills millions of people every year. It is the leading single infectious killer of youth and adults in the world today. In many countries, tuberculosis has become so common it seems a fact of life. Almost everyone in Asia and Africa knows someone who has been sick with, or died from, TB.

To make matters worse, TB is still treated incorrectly in many parts of the world, wasting money and resources, and leaving patients uncured and the pool of infectious sources undiminished. Now potentially incurable drug-resistant TB bacteria have begun to appear as a result. The World Health Organization has received frightening reports of these bacteria from South Africa, India, Britain, Thailand, Pakistan, and the United States.

Those who dole out the [dollars, drachmas, etc...insert local currency name] must take action against a curable disease which inflicts eight million more people every year. A new effective control strategy, known as directly observed treatment, short-course, or “DOTS” must be put into place throughout our country. If we do not join forces to combat TB now, the epidemic will only grow more sizeable, more expensive, and more deadly by the year.

Sincerely,

your name
your title
your organization
**Message Point Checklist**

**When you have a few minutes to make your case to journalists**

- Tuberculosis kills more people today than at any time in history.
- This year, up to three million people will die of TB. Almost all of those deaths are preventable. TB is now a global epidemic. Three forces are driving this epidemic:
  - **NEGLECT.** In many parts of the world, public health authorities have not taken the TB threat seriously enough. Some even imagined until recently that TB was no longer a real threat.
  - **AIDS.** TB and AIDS often travel together, spreading and increasing the pool of infection. TB is increasingly common in AIDS patients.
  - **MULTIDRUG RESISTANCE.** Incomplete or inadequate treatment has made a growing number of people resistant to all drugs now used to treat TB. This may make TB incurable for them — and for whomsoever they may infect.
- Tuberculosis is typically a disease that strikes down the young — people in the prime of their lives. As a result, it often leaves in its wake families driven into poverty, and children without parents.
- TB can be readily and inexpensively cured. With DOTS, the cost of the drugs and their administration is very small. Hospitalization is not needed. Patients can soon return to work.
- DOTS is being used with notable success today in many parts of the world. The key to defeating the TB epidemic is using DOTS more widely. Every TB patient cured reduces the pool of contagious infection — and the risk to everyone of contracting TB.
- DOTS is successful only when it is accessible to those with TB. It has to be available in the communities where they live and work.
- DOTS can successfully and permanently cure more than 9 of every 10 TB patients who complete the treatment.
- The total cost of the drugs used in DOTS cost as little as US$11 per patient in some countries.

**Sound Bites**

**When you have only a few seconds in front of a microphone**

- "There is no where to hide from TB bacilli. Anyone who breathes air is at risk."
- "The world is growing smaller and the TB bacilli are growing stronger."
- "Every country is vulnerable to the poor TB treatment practices of other countries."
- "Fight TB globally before our country becomes the battleground."
- "Our country may be sitting on a multidrug-resistant time bomb."
- "Once multidrug-resistant TB is in the air, no amount of money may be able to put this deadly genie back in the bottle."
- A dual strategy is needed to fight the dual TB/HIV epidemics. A blow against AIDS will help slow the spread of TB. And a blow against TB can add years of life to people facing AIDS and protect their communities from this airborne killer."
- "Some TB control programmes are succeeding only in creating stronger TB germs and weaker patients."
- "If the world had just one dollar to spend, it could spend it on the DOTS strategy and be assured it was likely purchasing a healthy year of life for a family wage-earner."
- "Cure is the best prevention in controlling TB."
- "The DOTS strategy is the only proven, cost-effective way to stop the spread of TB."
- "We need to use DOTS more widely!"
Opinion-Editorials

Many newspapers print opinion editorials, or "op-eds", on a daily basis. Op-eds are articles appearing opposite the editorial page. Unlike editorials, which are written by the news editors, op-eds are written by readers and community members. These articles present an issue about which the writer feels strongly, expressing his or her opinion. Op-eds are excellent ways to indicate concern about TB to health policymakers, and to inform communities about why they should care about TB control.

The guidelines for placing an op-ed are similar to those for placing a Letter to the Editor. Op-eds are longer: usually 600-900 words. You should take additional care to call and let the Editorial Page Editor of the paper know that you are sending an op-ed. Mention that it would be especially timely to print your article on, or immediately prior to, World TB Day, 24 March. Ask the Editorial Page Editor for any suggestions as to how you can write your article to improve its chances of being printed. Follow-up with a telephone call within a week or two after submitting your article to ensure that the paper has received it, and to answer any questions that the staff might have.

Sample Op-Ed

The Silent Killer
by (your name)

The cure for tuberculosis was discovered more than four decades ago. Since then, more than 120 million people have died of TB, and nearly three million more will die this year.

How can people still be dying from a disease for which there is a proven cure? Sadly, in many parts of the world the cure is not being used. The reasons for this strange paradox lie in the nature of tuberculosis itself, and the fact that it is a silent killer that does its deadly work without attracting attention.

Today TB – a disease many imagine no longer exists – is a global epidemic. And the epidemic is spreading, due in no small way to the fact that tuberculosis is out of fashion. The eyes of the world’s news media are focused on AIDS. News teams rush to cover outbreaks of the dreaded Ebola virus. But few notice TB, though for every life lost to Ebola, TB takes hundreds and even thousands.

In many advanced economies, TB came to be widely viewed in the 1970’s as having been ‘wiped out’. The small number of cases that occurred were almost always among the “others” – the very poor, alcoholics and drug addicts, refugees from afflicted countries. Many physicians could no longer even recognize its symptoms. Now tuberculosis is resurgent in the U.S. and in many countries throughout Europe, often in the multidrug-resistant form that cannot be cured.

In developing countries, TB is sometimes so common and widespread that it also attracts too little attention. But the reality of the today’s global economy is that TB travels everywhere – on airplanes, and through the increasing movement of peo-
ple around the world. No place is safe from the risk of TB infection, as serious recent outbreaks in New York and Milan remind us.

(Insert information on local or national TB experience in your region or country.)

In too many countries, including _____, TB has been a low priority. Even though we now have a breakthrough treatment that can cure TB – easily, permanently and inexpensively – the treatment is still too little used. The result is a mounting epidemic, and a growing infectious pool of people carrying multidrug-resistant tuberculosis bacilli.

This treatment is called DOTS, for Directly Observed Treatment, Short-course. It is a simple regimen of drugs given several times weekly for just six months, under direct observation to ensure that each patient takes the drugs and completes the treatment. DOTS can cure 95 percent of all TB patients. The six-month supply of drugs costs as little as US$11 per patient.

Where DOTS has been adopted on a region or country-wide basis, as it has been in China and Tanzania, the results have been extraordinary. Many more patients are cured permanently – typically twice as many as before DOTS – and many more cases are detected and treated. The result is a rapidly shrinking pool of people who are infectious, and a much reduced risk of contracting TB for everyone.

How can we as a nation stand on the threshold of the next century and let ourselves be defeated by one of mankind’s oldest diseases? How can we stand idle in the face of a terrible disease that strikes down our people in the prime of their youth, leaving orphans and ruined families in its wake?

If our government and our public health officials will take the bold step now of implementing DOTS as the standard TB treatment throughout _____, they will discover many allies at home and abroad. DOTS is a strategy the World Health Organization will back. And it is one that (organizations such as this one) and communities will support.

Defeating TB is not a dream or a distant hope. Today it can be done, and thus it must be done. We have the resources to do it ourselves, for ourselves and for our children, and for the world we share.
Editorial Meetings

One powerful way to reach policymakers through the press is by gaining the editorial support of your newspaper. An editorial meeting provides the chance to present your ideas in person, to important journalists at the paper. The hoped-for result—a comprehensive article written by the editors of the newspaper specifically on TB—is definitely worth the effort. And at a minimum, you’ll succeed in awakening your local press to the threat of TB, and in opening up an ongoing channel of communication.

Most editors will welcome your visit. It is likely that you know more about TB than most people in your community, including the editorial writers of your paper. Reporters and their editors are usually eager to identify dependable, trustworthy contacts who can speak knowledgeably about important issues. For this reason, most editorial writers will welcome the opportunity to talk with informed members of the community. Don’t forget that you are making the editors’ work easier. They must write five to 30 opinions on different issues each week and are often eager for new material and story ideas.

Observe the kinds of editorials appearing in your paper. Do the pieces always address local issues? Do they discuss domestic or international news items? Note the editorial positions your paper has taken in the past on issues related to TB control and health care in general.

Think about your message. Your message should be timely, and relevant to current events. An upcoming event such as World TB Day, 24 March, is what news people call a “peg” — something that will happen on a specific day, about which an article could appear in the paper on that day. When you sit down with the editors, you will encourage them to print an editorial about World TB Day on 24 March. Therefore, the best time to meet with the editorial staff would be at least one week prior to World TB Day, to give them time to write a comprehensive article.

Issues of local interest, with a “local angle” (somehow affecting people in your community) are always more likely to be published. For this reason, try to provide solid facts about TB in your community, and country. The message must be exciting and relevant to the newspaper’s readership. The key is for you to be ready with a good answer when the editor asks, “Why would our readers be interested?”

Call the paper. Telephone your paper. Ask if there is a specific editor who writes about health, medical, or foreign issues on the editorial page of the paper. Then speak to that person and explain briefly your interest in an article on TB, and ask if you could meet with him/her to discuss the importance of the subject. Encourage him/her to invite other journalists and editors on the paper to attend the meeting.

Prepare for your meeting. Know which important facts about TB you will want to get across. Read the information provided in this packet, then write out your
main points and the most compelling figures on a sheet of paper. Anticipate questions. Practice by speaking with someone, explaining the issues and giving concise, informative answers to questions. Have one, clearly defined message you want to convey to the journalist (for instance, “TB is a huge epidemic worldwide, and we have seen 40 cases in this town alone just this year. Health officials in our country must begin using the DOTS TB control strategy that has been so successful in other parts of the world”).

**THE ACTUAL MEETING.** Bring fact sheets and other relevant information to give to the editors. You may meet with several people, or just one editor who is assigned to this issue. To begin your meeting, take five minutes to state your case, after which you can expect questions. Don’t be surprised if editors seem sceptical, and ask many questions. It is their job to “get to the heart” of any issue. During the meeting, it is NOT your role to argue, to have the answers to every question, or to beg for an editorial. You are there to state your case persuasively, to provide facts and information, to answer questions, and to be courteous by respecting the opinions and constraints of the journalists.

**FOLLOW-UP.** If an editorial is printed, please send a copy to the attention of Robert McDermott at The World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland. Whether or not an editorial is printed after your meeting, do send a note of thanks to the editors for taking the time to meet with you, and promise to keep them informed of significant developments related to TB.
Radio and Television Talk Shows

"Talk radio" and "Talk TV" are popular in many parts of the world. And talk show producers are endlessly searching for fresh faces and new guests who can speak knowledgeably and authoritatively to issues that matter to their viewers and listeners. The majority of talk show hosts are approachable individuals who do not want to interrogate you, but simply want to hold informed discussions on interesting subjects that will engage their audience. As a guest on one of these programmes, you can educate listeners on the need for increased focus on global TB control. Remember that it is likely you already know more about TB than most people. These guidelines may be useful in helping you to prepare for interviews.

Step 1: Tactics for scheduling TV and radio programmes

Identify TV & radio programmes. Figure out which shows in your area might be interested in hosting a discussion on the TB epidemic. Familiarize yourself with the format, host or hostess, and the ways in which issues are addressed.

Make a "pitch." Send a letter to the producer of each programme that interests you, stating the newsworthiness of the issue and presenting it in a compelling way. Think of yourself as a salesperson. These producers want to know why this topic is of interest to their listeners. Perhaps suggest a lineup of guests to sit on a panel with you, such as local TB programme managers, clinic directors or former TB patients; or, provide some thought-provoking questions you think such a programme should address.

Alternatively, you can always call the producer and explain the above over the telephone. This tactic saves time, and makes valuable personal contacts, BUT: be prepared for the producer to say "Hmm...sounds interesting...please send me some information about this," in which case you will need the above letter anyway, to send with other TB related material.

In either case, once the material has been sent to the producer, ALWAYS follow up with a phone call to ensure that they received the material, to answer any questions, and to enquire about scheduling a date for an interview.

Step 2: How to prepare for a great interview

Be informed about the show. Watch and listen to the show if possible. Learn the name of the host, the show, the station, and the names of other guests appearing on your programme. Ask whether the interview will be "live", or taped for later airing, and if the audience will be "calling-in" to participate by asking questions. Know how long the interview will be, and when it will be broadcast.

Before the interview. Review the information provided in this media packet. Have no more than three main points you want to get across (such as 1. TB is a
global emergency, 2. TB affects us locally because..., and 3. DOTS is the solution to the TB epidemic. Write out the important points, and figure out how to express them succinctly and memorably. Anticipate questions you might be asked, and figure out how you will answer those questions. Practising with an objective listener can also be very useful. Commit important information to memory; reading written notes during a television interview is very distracting to the viewer.

The ‘Sound Bite’. Practice expressing your key message as a simple statement that you can make in a short sentence, such as “TB is a global epidemic, and today that epidemic has come to (name of city).” This is called a ‘sound bite.’ Broadcast producers can’t resist them, and listeners and viewers remember them. The sound bite should capture and communicate the one key idea you want to leave with the audience, if they remember nothing else. Try to repeat the sound bite at least once during a broadcast. (For examples, look closely at any successful politician.)

Step 3: Make a good impression during the interview

Television. If doing a television interview, dress professionally. Wear comfortable clothing, but avoid solid white, solid red, solid light blue, or intricate designs (these garments sometime shimmer on TV, or match the background and make you look like a disembodied head). Men wearing suits need to make sure their jackets don’t ride up.

Look at the host, not at the camera. Try to appear as relaxed as possible, avoiding nervous gestures. Sit up straight, and lean slightly forward. Feel free to smile—engage the audience, draw them in! Often, people remember not what a person says in a television interview, but whether or not they looked like they cared about the issue.

Radio. One advantage to a radio interview is that you may keep written notes in front of you. Another advantage is that you can wear less formal clothing if you’d like. HINT: try to keep a glass of water nearby in case your voice becomes hoarse.

Both. Plan to arrive at least 15 minutes early. For both radio and TV, speak in a natural, conversational manner. Answer questions concisely, by stating your main point first, then supporting points. Always show real enthusiasm and energy about your subject (if it appears to bore YOU, it will bore others even more – they know less about it). Remember that many people know nothing about TB, and it is your job to inform them... so keep it simple, non-technical, and straightforward. If you do not know the answer to a question, say so – but supplement the answer with pertinent information if you can. And finally, always be polite and professional. It does no good to be defensive or argumentative with the host!

After the interview. Following the interview, send a note of thanks to the host or producer of the programme. You can also request a tape or written transcript of the programme for your files.
Press Conferences

Step-by-step: holding a press conference for World TB Day

World TB Day, or the few days beforehand, would be a great occasion to hold a press conference that highlights the problem of TB in your country. In a press conference, one or more speakers will speak to an audience of journalists about TB, in the hopes that the journalists will then write articles about the epidemic. However, before embarking on the significant task of holding a press conference, recognize that these events are more time-intensive than most other strategies. They require real thought, planning, and effort to be run successfully. Please read this section carefully before you begin.

Strategizing
First, figure out the “who, what, where, and when” of your event. Decide who should speak at it, what issues he/she/they will discuss with the press, where the event will be held, what day and time, etc. Consider whether or not you will want a moderator to introduce the speaker and to close the event. Suggestions:

Who. Good speakers could include the director of a local TB clinic, well-known physicians in your area, the director of your organization, even a TB patient successfully cured by the DOTS strategy. Ideally the speakers at your news conference will be passionate, articulate communicators, well-informed about the TB epidemic, and well-known in your community.

What. This press event will inform journalists about the extent of the TB epidemic and that DOTS is the solution to the problem. It will provide local examples of TB’s spread and illness, and individual stories of successful TB treatment. It will focus on a call to action.

Where. There are many possible locations for press events. Check and see if your local TB clinic or nearby hospital has a conference room which you could use. If you have press associations in your area, this may be a good place to hold media events.

When. Since World TB Day falls on a Monday, press conferences should be held either on that day or on the days preceding it. If in your country people work on Sunday, then by all means hold the press conference on the 23rd so that the news stories will appear in the papers on World TB Day. But in many countries the work week ends on Friday, so Friday (21 March) before World TB Day may be the ideal day to hold your press event.

Planning the press conference.

Guests. Put together a list of journalists to invite to the event. Notify as many journalists as possible, including anyone who writes about health, science, government spending on these issues, international affairs, etc. Wherever bureaus exist, include the newswire services, such as Associated Press, Reuters, Agence France Presse, Jiji Tsushin-sha, Xinhua, etc. These agencies place their stories in a wide range of newspapers. Keep in mind that even if you invite large numbers of journalists, you may only get a small audience. This is common, so invite many reporters.

invitation. Prepare a one-page “Media Advisory” or “Media Alert” to mail to all journal-
ists you will invite. This advisory will serve as an invitation. The title should grab journalists' attention (Such as: "World TB Day 1997: TB Kills 50,000 People Every Week"). The advisory should mention World TB Day and its importance, then give the basic facts: who will speak at the press conference, and what are the date, place, and time of the event. Mail out these invitations so that they reach journalists approximately 7 days in advance of the event. Follow up before the event with phone calls.

Materials. You will need to prepare materials to give to each journalist who attends the press event. These are possibly the most important elements of any press conference, since journalists will refer to these materials when they sit down to write their articles. They should include:

- a press release; take great care writing the title and the first paragraph so they contain information that is attention-getting and newsworthy.
- written statements for each speaker (summarizing each presentation in one page)
- fact sheets on TB (the fact sheet in this packet provides global figures; perhaps you could hand it out with another fact sheet that provides information specific to your country).
- information about your organization, including contact names and telephone numbers.

Speeches. Prepare the speeches, making them informative, interesting, oriented to the local TB situation and local media, and most importantly, BRIEF! Each speech should be about five minutes long, and absolutely no longer than ten minutes. The last thing you want to do is put your audience to sleep!

**Running the press conference**

Prior to the event. On the day of the event, make sure to have enough copies of all the materials, with some extras just in case extra journalists show up unexpectedly. Put a packet of materials on each chair so that the journalists can come in, pick up all of the materials, and sit down. If television journalists will be present, make sure there is enough space at the back of the room for tripods and cameras. If radio journalists will be there, reserve for them the seats closest to the speakers.

Format. If you have a moderator, this individual should open the conference with a welcoming speech and introduction of the speaker(s). The speaker should then make a brief presentation. If you have multiple speakers, keep each presentation to a maximum of five minutes, and limit the number of speakers to no more than 4 or 5. Then open up the conference to questions from the press. Keep answers short and direct, to make it easier for journalists to quote the speaker. The speakers should not ramble, and should not speak about minutiae and technicalities. Instead, speakers should be engaging, authoritative, and clear, remembering that they are speaking to non-technical people.

Following the Event. After the question and answer session is over, the speaker (or moderator) should thank everyone for coming and let them know that the speakers will be available for further questions if anyone wants to conduct a lengthier interview. You may wish to deliver or fax information from the news conference to any key journalists who failed to attend.


**Photo Opportunities**

**Visual promotion of TB treatment**

From the perspective of a journalist, it is very useful to have a photograph of something interesting or newsworthy to use with a story. To promote World TB Day, you might consider planning a “photo opportunity” for journalists.

For example, you could obtain the support of a “local celebrity” (for example, a politician, an artist, a television personality, sports figure...anyone well-known in your community). This person could be photographed giving TB drugs to a patient, with a caption such as “TB treatment: so simple even ___ can help cure TB.” A longer caption could also be used, such as:

>“The best way to control TB is a strategy called “DOTS” (directly observed treatment, short-course). DOTS ensures that a health worker watches TB patients take their medication, because if patients forget, they might not be cured and can continue to infect others in the community. Here, [name] volunteers to make certain a TB patient takes his/her medicine and is cured.”

Once you have obtained the support of a local figure to act as a spokesperson, you can invite journalists to a place where TB treatment is administered in your community to photograph the celebrity handing TB medicines to a TB patient to swallow. Or, you can take the photos yourself in advance of World TB Day, and then send the photo to select journalists along with a fact sheet on TB on which they can base their story.
Information for Journalists

Success Stories

"DOTS" TB control works!

It is often useful to refer to TB control “success stories” in articles and discussions with journalists. Examples of TB being treated successfully in your region of the world provide a positive “spin" to your story. While the TB epidemic is frightening, it is also important to communicate that TB the epidemic can be controlled by funding the right strategies. The following are some examples of successful TB control projects. Please feel free to use them in conjunction with your own stories.

MEXICO. The diversity of health care delivery systems in Mexico and the lack of coordination among them concealed a persistent and serious TB problem. Even more worrisome was the high incidence of infection among poor rural migrant workers who travelled and spread the disease through Mexico and the United States. In the mid-Nineties, the Secretariat of Health recognized that TB in the country was not so much a medical problem – care and medicines were available – but a management problem. Moving aggressively to coordinate the different health services, centralize reporting and monitoring of treatment, the secretariat now will be able to ensure that TB care is available at the easiest point of delivery for each patient, no matter what health service they ‘belong’ to. The DOTS strategy is also beginning to be deployed throughout Mexico.

PERU. In the 1980s, TB posed a huge problem in Peru. Thousands of sick patients could not get well because drug supplies were constantly disrupted by administrative problems and lack of funding. The Peruvian government, newly committed to TB control, worked with WHO and devised a plan. Soon, Peru was curing many more patients, and actually reducing the number of new TB cases in the country.

BANGLADESH. In 1993, the government of Bangladesh adopted WHO’s strategy to cure its widespread TB cases. A revised National TB Programme was initiated, providing staff training and more diagnostic and treatment centres. By 1995, as many as 80 percent of the TB patients treated were being completely cured in the parts of the country using the DOTS strategy.

CHINA. TB is still common throughout China. Two main factors have been impeding cure: patients were not supervised to ensure that they finished their treatment, and poverty prevented patients from affording medications. A pilot project for a new TB
Control Programme was created in 1991, with astounding success, using the DOTS strategy. TB medicines were provided to patients free-of-charge in about half of the country. Cure rates reached 90 percent, among the best in the world. The challenge is now to cover the rest of China.

NEW YORK CITY. By the end of the 1980s, the number of TB cases in New York City had more than doubled from the decade before. The city’s health services fought back by making the cure of contagious patients the top priority. The city instituted the DOTS strategy with the help of dedicated health care staff. Now the rise of TB in New York City has been reversed, and the numbers of TB cases are declining.

GUINEA. The TB Programme in Guinea was in disarray for decades. Many health centres lacked the correct tools to diagnose TB, and TB treatment took 12 months to complete. Incomplete treatment created chronic TB cases, which allowed increased transmission of TB to others. WHO worked with the Ministry of Health to develop a TB control plan, preparing a manual of TB treatment guidelines based on DOTS for all health workers. By 1995, each of the 34 districts in Guinea had a centre for TB diagnosis, and 346 health centres were helping to identify potential TB patients. Now Guinea has raised its TB cure rates to over 80 percent.

INDONESIA. Until recently, there was no dedicated TB control programme in Indonesia. Despite the fact that TB was the leading infectious disease in the nation – and cost 175,000 lives each year – treatment was provided through local general health centers with little capability to diagnose or treat tuberculosis. Today, the picture is much brighter. The DOTS strategy was tested in Sulawesi, and achieved cure rates of 90 percent. Now DOTS will become national policy, backed by a profound government commitment. In 1996, the national budget for TB control was increased by a factor of 10X. The new commitment and strategy will help Indonesia face the looming crisis of AIDS, and its frequent coinfection with TB.
TB Fact Sheet

TB: A global emergency

**TB will kill 30 million people this decade**
Tuberculosis is the leading infectious killer of youth and adults.
TB causes 26 percent of avoidable youth and adult deaths in the developing world.

**Someone is infected with TB every second**
One third of the world’s population is already infected with TB bacilli.
Left untreated, one person with active TB will infect 10 to 15 people in a year’s time.
Like the common cold, TB spreads through the air and by relatively casual contact.
Over 300 million additional people will become infected with TB in the next 10 years.

**TB drugs may become useless**
TB threatens to become incurable.
More than 50 million people may already be infected with drug-resistant TB bacteria.
Poorly-managed TB control projects are the primary source of multidrug-resistant TB.
The costing of treating a TB patient in the US is usually around $2,000 for outpatient treatment. However, it jumps to as high as $250,000 when the patient has multidrug-resistant TB.

**TB: A low priority**
For every $10 spent on health care in poor countries, only $0.02 goes for TB control.
In 1990, only $16 million in foreign aid was provided for TB control in developing countries.
While infectious diseases cause nearly 30 percent of deaths in poor countries, they receive only 1.5 percent of foreign aid.

**We are all at risk**

**Women**
TB is the leading single infectious cause of female deaths killing nearly 1 million women every year. TB may kill more women every year than all causes of maternal mortality combined. Women often find it more difficult than men to access health care services.
TB in women has major implications for child survival, economic productivity, and family welfare.
**Children**

Children bear the brunt of their parents’ TB.

It is likely that no other infectious disease creates as many orphans as TB.

Children are themselves usually not infectious but almost always are infected by an adult, probably one whom they are close to.

**HIV-positive people**

More HIV-infected individuals die from TB than from any other single cause.

TB is the cause of death in one out of every three people who die because of AIDS.

In the next four years the spread of HIV will cause more than three million new TB cases.

It is estimated that 266,000 HIV-positive people will die from TB this year.

TB is the only HIV-associated opportunistic infection which can spread through the air to HIV-negative people.

**Refugees**

Up to half of the world’s refugees may be infected with TB.

Conditions in refugee camps and shelters are often ripe for TB’s spread.

Controlling TB presents a challenge among refugees and displaced people, because they are usually mobile populations without access to health services.

**Travellers**

Migration, international travel and tourism are helping TB to spread.

In many industrialised countries one half or more TB cases are found in foreign-born individuals. Every country is threatened by the poor TB treatment practices of other countries. While international travel has accelerated dramatically, the world has been slow to recognize the implications for public health.

**DOTS (Directly Observed Treatment, Short-course) is the solution**

**The DOTS strategy has five main elements:**

1. The first priority for every TB programme must be to direct attention toward identifying sick, infectious TB cases, so they can be cured.

2. The patients must be observed and recorded swallowing each dose of their medicines by a health worker.

3. TB patients must be provided treatment within a system that ensures they are being cured.

4. The correct dosage of anti-TB medicines – known as short-course chemotherapy – must be used for the right length of time.
5. Governments must support the DOTS strategy emphatically and make TB control a high political priority.

**A cost-effective TB cure exists**

TB medicines can cost as little as $11 and are more than 95 percent effective.

Countries that follow WHO’s recommended DOTS strategy, such as Tanzania and China, have discovered that they can cure nearly twice as many TB patients as before.

The World Bank ranks DOTS as “amongst the most cost-effective of all interventions” in fighting sickness and disease in the Third World.

The DOTS strategy protects the economically-productive segments of society.
Let us hear about your success!

Please drop us a note after World TB Day and let us know about the activities you conducted and the media coverage you obtained. Be sure to send us a copy of any newspaper articles that were written on TB, so we can use them to demonstrate the interest and concern about TB that exists in your country.

Please send newspaper articles to:

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