



Report on Way Forward Seminar

Integrating Tobacco Cessation within TB Programme

Date: 10.10.2019

arkfoundationbd.org

TB & Tobacco Way Forward Seminar - Tobacco Cessation within TB Programme

Date: October 6, 2019

Venue: Six Seasons Hotel, Dhaka, Bangladesh

Objectives of the Seminar

- To present the TB and Tobacco Project, Cytisine trial /Results and Qualitative study
- To share the experiences of pilot tobacco cessation support within the TB programme in Bangladesh
- To discuss – how to integrate tobacco cessation within routine TB care and health system

Participants

A total of 46 participants joined the dissemination seminar. This included 16 participants from Ministry of Health and Family Welfare (nine from National TB Control Programme), four former government officials, five development partners, four public health experts, 13 NGO and three media representatives.

Md. Saidur Rahman, Additional Secretary (World Health), Health Services Division, Ministry of Health and Family Welfare was the Chief Guest of the seminar. Prof. Shamiul Islam, Director MBDC & Line Director (TB-Lep & ASP), NTP was present as Special Guest.

Professor Dr Shah Monir Hussain, Md Ruhul Kuddus, Dr Golam Mohiuddin Faruque from Bangladesh Cancer Society, Dr Sohel Reza Chowdhury from the National Heart Foundation, Syedul Mahbulul Alam, technical advisor of The Union, and Dr MS Choudhury Lelin, also attended the seminar. Please see Annex 1 for the full list of participants.


Agenda

Time	Presentation	Presenter
9:30 am - 10:00 am	Registration and Refreshment	All
10:00 am – 10.15 am	Introduction	All
10:15 am - 10:20 am	Welcome address	Prof. Rumana Huque ARK Foundation, Bangladesh
10:20 am - 10:50 am	Tobacco cessation within routine TB care: findings from TB Tobacco study (with a short video)	Prof. Rumana Huque ARK Foundation, Bangladesh

10: 50am – 11:05 am	Tobacco cessation within routine health care: opportunities & challenges	Prof. Dr Golam Mohiuddin Faruque Bangladesh Cancer Society
11:05 am – 11.20am	Address by the chief guest	Md. Saidur Rahman, Additional Secretary (World Health), Health Services Division, MOHFW
11.20 am - 12:00 am	<p style="text-align: center;">Organised session: Way forward</p> <p>Moderator: Prof. Dr. Golam Mohiuddin Faruque</p> <ol style="list-style-type: none"> Prof. Dr. Sohel Reza Choudhury, National Health Foundation Prof. Shamiul Islam, Director MBDC & Line Director (TB-Lep & ASP), NTP Advocate Syed Mahbubul Alam Tahin, Technical Adviser, The Union Dr. Helen Elsey (Over Skype): University of York, UK 	
12:00 pm – 1:00 pm	Open discussion: Feedback, remarks by participants	Moderator: Dr Golam Mohiuddin Faruque
1:00 pm - 1:15 am	Address of Special Guest	Prof. Shamiul Islam, Director MBDC & Line Director (TB-Lep & ASP) Directorate General of Health Services
1:15 pm - 1:30 pm	Address of Chair	Prof. Shah Monir Hossain, Former Director General, DGHS
1:30 pm - 1:35 pm	Thank you note	Prof. Rumana Huque ARK Foundation, Bangladesh

Materials

1. A policy brief had been prepared with the support of the University of York. The brief had been shared with all the participants
2. The first TB Tobacco video had been shown during the session



Policy Brief

Integrating tobacco cessation within the TB programme: Findings from the 'TB & Tobacco' study

Key Messages:

- ❑ In Bangladesh, 18% of all adult (36% of men) TB patients smoke regularly. Smoking doubles their risk of death due to TB. Overall, tobacco causes 20% of all TB deaths.
- ❑ To help them quit, Tuberculosis and Leprosy Control Assistants (TLCAs) can deliver brief counselling using a simple flipbook to TB patients as part of their routine work. With this support, approximately one-third of all TB patients can quit smoking by the time they finish their TB treatment.
- ❑ Those who quit have significantly better TB outcomes than those who don't.
- ❑ Based on 2017 notification figures, if brief cessation support were delivered to all those over 15 years old with TB, this would enable over 14,000 patients across Bangladesh to quit tobacco use every year.
- ❑ Achieving these impressive outcomes will cost the programme just BDT 65 per patient helped to quit.
- ❑ In a pilot, tobacco cessation integration was tested in 29 public facilities in four districts: Dhaka, Narayanganj, Narshingdi and Gazipur.
- ❑ Following a half-day training facilitated by trained National Tuberculosis Control Programme (NTP) staff and using our freely available videos, TLCAs felt confident to deliver cessation counselling. In the three months since training, they have identified and counselled over 23% of TB patients to quit.
- ❑ Programme Implementation Plan of 4th health sector programme (2017-2022) of Bangladesh recognises the need to integrate tobacco cessation within the existing health system.


Recommendations:

Action plan can be developed to integrate tobacco cessation into the routine work of the TB programme, with a focus on:

- ✓ Training trainers who can roll-out tobacco cessation training to health workers (TLCAs)
- ✓ Revising TB reporting forms to include the 3 measures of i) tobacco status, ii) advice and iii) quit at 6 months
- ✓ Revising supervision checklists and guidelines to include tobacco cessation

All materials are freely available:

All materials including Flipbook, Leaflet, Posters, Health Worker Guide, Training Slides and Videos are available in Bangla and English:
<https://tbandtobacco.org/>
You will also find our research papers showing the evidence behind the cessation strategies.

THE UNIVERSITY OF YORK UNIVERSITY OF LEEDS  ark foundation

Note: The EC is not responsible for any of the content of this document.
This project has received funding from the European Union's Horizon 2020 research and innovation programme, under Grant Agreement No. 880995
For more information about the project, please contact ARK Foundation, House 6, Road 109, Gulshan-2, Dhaka-1212

Brief description of the sessions

Introduction

The seminar began with the panellists and participants introducing themselves. Prof. Rumana Huque, Executive director of ARK Foundation, then welcomed the Chief guest, special guest and all the participants to the seminar.

Dissemination of the findings from ‘Tobacco cessation within routine TB care’

Prof. Rumana began the session by mentioning about the objective of the seminar which was to discuss ways of integrating tobacco cessation within the existing TB programme. She then went on to discuss the study, by summarizing it in 2 phases. The first phase mentioned the double-blinded randomised controlled trial. The next phase focused on the implementation of an intervention wherein tobacco cessation was integrated within the existing TB Control Programme.



Prof. Rumana highlighted the fact of getting rid of tobacco dependence, is difficult, irrespective of the number of awareness programmes. It was mentioned that evidence shows only 5% of individuals who took the initiative to quit tobacco were actually successful. But again, it has been seen that support from healthcare providers helped 40% of the individuals to succeed in quitting tobacco.

She went on to highlight the success of the Government i.e. the National TB Control Programme (NTP) and other private key stakeholders in playing a role making the TB scenario of Bangladesh as a role model globally. Yet it was to be mentioned that 4% of the 10 million people affected by TB globally, reside in Bangladesh. She brought the attention that, if compared to 2017, it was evident that the NTP was succeeding in reducing TB in the country, but there was still room for improvement in the same.

Prof. Rumana mentioned that the broader aim of the study was to improve lung health by incorporating tobacco cessation with the TB control programme. She then went on to discuss the effectiveness and cost-effectiveness of cytisine by speaking about the Phase III blinded randomized controlled trial. She mentioned about obtaining clearance from the Bangladesh Medical and Research Council (BMRC) and Directorate General of Drug Administration (DGDA) and complying with the requirement of providing training to the doctors at the study site on Good Clinical Practice (GCP). In addition, she also mentioned about signing an MoU with the NTP.

Furthermore, she mentioned that after the study took place at 17 centres in Dhaka, Narayanganj, Narsingdhi and Gazipur Districts, of which 2 (in Dhaka) were urban while the others were rural.

About the behavioural support, she mentioned that the materials developed for the same were a flipbook, leaflets, and posters. The materials she mentioned, had messages pertaining to having Anti TB drugs as instructed, and also mentioned about quitting tobacco, ways of coping with withdrawal symptoms and also benefits of the same. Prof. Rumana highlighted that the 'Not a Puff' rule was mentioned in the behavioural support materials. She mentioned that the materials also spoke about quitting smokeless tobacco. A training manual was also developed mentioning on the use of the same. In addition, along with the NTP, the Programme Organizers (PO) and the TB and Leprosy Control Assistants (TLCA) had been trained on delivering the behavioural support materials to the TB patients.

Following the screening of over 6000 patients, 1527 patients (fulfilling the inclusion criteria) were recruited who were then divided into the control and intervention groups, one of which received cytisine and the other received placebo. Both groups were given behavioural support. The participants were then followed up at day 5, week 5, week 9, week 12, month 6 and month 12. She mentioned that in addition to their self-report regarding the use of tobacco, CO tests were also conducted for validation. Prof. Rumana then went on to summarize the results of the trial. Speaking about the primary finding of the study she mentioned, that self-reports of tobacco use and CO monitor readings at month 6 and month 12 showed no significant difference between the control and intervention groups. However, there was an improvement in TB outcome among those who quit tobacco. She took this moment to once again highlight the success of the NTP in keeping the TB cure success rate higher than that of other countries. However, it was revealed that health outcomes were comparatively better in those who stopped using tobacco, in contrast to those who didn't. The study found that while cytisine was not found significantly effective in quitting tobacco, behavioural support was found to be effective for the same.

This then developed a thought of scaling up the behavioural support and therefore led to the phase of testing the feasibility of integrating behavioural support within the TB Control Programme. Prof. Rumana went on to mention about how integration of tobacco cessation within TB programmes was also discussed in Geneva, with the WHO and was in line with their agenda. For this purpose, 4 PO and 32 TLCAs of from 4 districts (Dhaka, Gazipur, Narayanganj and Narsinghdi) were trained on providing behavioural support, jointly with the NTP, and a desktop reminder was given to them for the same.

Over a period of 3 months, data on tobacco use of patients was collected across 15 centres from 4001 patients (>15 years of age) suffering from TB, 23% of whom were identified as smokers, and the healthcare providers (i.e. TLCAs) were able to counsel patients on quitting tobacco. Of all the patients who were smokers, 40% were males.

She mentioned, this data implies, through training, 14000 TB patients could be encouraged to quit smoking on an annual basis and could help 700 TB patients succeed to quit tobacco, thus being beneficial to their treatment. Therefore just by spending 65 BDT per patient, around 14000 TB patients could be helped to quit tobacco.

Qualitative data was collected through in-depth interviews which revealed that conducting a behavioural session of 30 minutes, to quit tobacco would be extremely difficult, considering the context of Bangladesh. It would rather be feasible to provide sessions of not more than 5 to 6 minutes (a maximum of 10 minutes), due to reasons of constraint in time, workload, transfer of staff and availability of space at the health care centres.

However, she mentioned interviews with senior policymakers revealed a strong political commitment towards tobacco cessation, which is an opportunity to advocate tobacco control. In addition, the interviews also highlighted the importance of reporting and monitoring of tobacco control without which it would not be effective at the policy and planning levels.

Prof. Rumana went on to mention that there needed to be a discussion on the possibility of integrating tobacco cessation within the TB cards. She ended her presentation by thanking all the participants and mentioning that all the study findings were available on the website and the policy brief which was shared with everyone present.

Speech by Dr Golam Mohiuddin Faruque (Bangladesh Cancer Society)

Prof. Dr Golam Mohiuddin Faruque, of Bangladesh Cancer Society, then went on to discuss integrating tobacco cessation within routine health care. He began his speech by highlighting the success of the NTP in controlling TB over time. He then spoke about understanding reasons for treatment failure, and development of drug resistance, and mentioned a majority of the same attributed to tobacco use.

Prof. Faruque then went on to discuss the findings of a research conducted by the Bangladesh Cancer Society conducted among 10000 households and found a strong association between non-communicable disease and/or TB, and tobacco. Prof. Faruque mentioned that it was extremely important to identify scopes of integrating tobacco cessation in order for the country to become tobacco-free by 2040. He mentioned there was a strong association between TB and tobacco; TB and lung cancer; and lung cancer and tobacco



Prof. Faruque added, that at the health centres providing TB care, there is scope for addressing tobacco cessation in two phases. One would be bearing in mind about prevention and protection and the next phase would be about treatment. He specifically mentioned it's important to identify the causes of smoking, and realizing and addressing that it is more than just a habit.

Rather, tobacco use is a disease against which protection and prevention need to be taken into hand. Prof. Faruque then spoke about bearing in mind the WHO FCTC framework which has introduced us to MPOWER, which in turn can play a major role in protecting and preventing against tobacco use.

Prof. Faruque mentioned about giving a duration of 3 months to help patients quit tobacco, which would be divided into 2 phases, one of which would be about prevention and protection and the other of which would focus on treatment. However, the treatment phase would have its limitations as it would mean the need for facilities for tests such as spirometry and X-ray, and also would need a consultant.

He further mentioned that it was to address health cost caused due to the association found between tobacco and lung diseases (TB and Cancer, as mentioned earlier). Prof. Faruque mentioned, while that the DOTS centre (TLCAs) could be a hub used to help control tobacco use and minimize TB treatment failure and development of other complications, the nation also needs to be ready to face the challenges that come along with it, which again, could be minimized as there is a political commitment involved. He went on to mention again that tobacco use should not be addressed as a habit. Rather, it should be addressed as a disease. Bearing these in mind, and implementation of tobacco control at the DOTS level would help make Bangladesh tobacco-free by 2040 he mentioned and concluded his speech.

[DOTS Training video](#)

A training video for the DOTS providers (TLCA) was developed by ARK Foundation with the support of University of Leeds, UK, which was then shown at the seminar, which emphasized on 3 major steps to help them counsel patients, which were to, 'ASK', 'ADVISE', and 'ACT'.

[Speech by Chief Guest](#)

The Honourable Chief Guest of the seminar, Md. Saidur Rahman began by thanking the presenters for emphasising the importance of the role of Behavioural Support in tobacco cessation. He went on to mention that if done sincerely, it would be possible for the DOTS providers (TLCAs) to help patients quit tobacco. He went on to mention that it was possible to provide counselling sessions on tobacco cessation, lasting for around 10 minutes, to patients.



He also mentioned that TB patients who were smokers were not only of inconvenience to themselves but also to those surrounding them. This being said, quitting tobacco should be made mandatory for all TB patients. He emphasised that it was 100% possible to make TB patients quit tobacco, at the DOTS level, and this would need to be discussed at the seminar. He mentioned that the patients who are addicted not only harm themselves but also their children. In addition, Mr Rahman also mentioned about the ignorance prevailing in the use of e-cigarettes, by sharing an instance of a son explaining to his mother that he quit smoking, but using e-cigarettes is not harmful to health, so it was something he could continue. Bearing this in mind, he concluded his speech by mentioning that it is vital to address all the domains of tobacco for its cessation to be successful in its entirety.

Open discussion

The seminar then opened into an open discussion among the panellists, and the participants who were from different domains of TB control and tobacco cessation.

Prof. Dr Sohel Reza Choudhury, of National Heart Foundation, appreciated the difficulties of conducting a clinical trial in Bangladesh and stated that even though cytisine was not found to be significantly useful to help patients quit tobacco, the findings of the study are extremely important nonetheless. He further went on to highlight the importance of behavioural advice in helping quit tobacco.



He further went on to highlight the importance of behavioural advice in helping to quit tobacco. He mentioned that while healthy smokers advised quitting tobacco would abstain to do so for a maximum of a year, behavioural support has helped at least 25% of the patients to quit tobacco use, which is a vital piece of evidence, and the importance of its scaling up must be realized. In addition, he also suggested the integration of tobacco cessation not only at the DOTS centres but also at the NCD centres available at the sub-district health centres.

Prof. Shamiul Islam, Line Director of the National TB Control Programme emphasized on the link between TB and Tobacco. He further went on to mention that tobacco hampers the course of TB treatment. Prof. Shamiul mentioned that Bangladesh aims to become ‘TB free’ by 2035 and ‘Tobacco-free’ by 2040 and also mentioned about attaining the goals of Sustainable Development Goals (SDG) by 2030. He stated that while it was very important to work towards attaining all goals and visions within time, lack of human resources was one of the biggest challenges currently being faced in doing so. Therefore, Prof. Shamiul mentioned, it was of extreme importance, that the work in health service is done through integration which hence calls for the development of skills of healthcare providers, in keeping diseases at bay. He mentioned that the seminar today was an important piece of evidence that while the success rates of TB treatment is more than 95% in the country, there is scope to minimise factors such as tobacco, which hamper the treatment. He added, that the environment plays an important role, and it’s just not active smoking but also passive smoking that plays a role in TB treatment outcomes.



Prof. Shamiul mentioned, in the case of TB patients, it’s not only the patients who are being included, but their family members are brought to be involved as well. For instance, Isoniazid Preventive Therapy (IPT) is given to children living with a TB patient, and plans are on the way to provide IPT to adults as well. Similarly he mentioned, rather than limiting ourselves to work towards tobacco cessation among TB patients only, it is imperative that their family members be brought to be involved as well.

He mentioned, if family members are included, this would mean working with 20 million people in the nation. Therefore, making family members aware of tobacco cessation, and the importance of staying away from smoking, both active and passive, would play a major role in making TB patients tobacco-free. And for this to happen it is of grave importance that the health care providers, i.e. those working with TB patients, be able to deliver this message to the patients and those around them. However, he mentioned, we need to take time, as the nation has the issue of transfer of workforce, and lack of it.

Prof. Shamiul went on to mention that for the health system to be strengthened, an integrated approach to do so is vital. He also mentioned the importance of prevention in addition to curative treatment of diseases and highlighted the importance of policymakers in this regard. He further emphasised on the role of capacity development in the strengthening of the health system. He went on to mention that since a patient is within the TB programme, that would mean he/she would be within the reach of the healthcare providers for the next 6 to 9 months, thus creating a huge scope in making the patient tobacco-free. He also stressed, that instead of addressing tobacco use as a habit, it would be of much more significant effect, to address it as a disease and identify the psychological factors affecting its use. He went on to stress the importance of keeping a patient motivated and mentioned that at least ARK began by giving Cytisine. Similarly something needs to be given to keep the patients motivated to stay away from tobacco, or else, they would relapse to using tobacco once again, and that would only mean that no programme would succeed in making patients tobacco-free. With this he concluded his statement.

Advocate Syed Mahbubul Alam, the technical advisor of the Union, then highlighted the work of different NGOs in taking initiatives for tobacco cessation in Bangladesh but also mentioned challenges faced, and consequently not being able to make the nation free from tobacco use. Advocate Alam emphasised on the sustainability of an initiative in the long run. He mentioned at this time, it is important not only to discuss but also to realise how behavioural support, which has been found to be quite useful, be integrated within the existing health system.

In order to do this, he mentioned it was essential to bear the following in mind:

- a) Availability of human resources and experts to integrate tobacco cessation within the health system
- b) The motivation of available workforce and experts to keep working integration to tobacco cessation within the health system
- c) Available funds for the integration



Advocate Alam, summarised mentioning that in order to address the challenges, it is crucial to design the programme accordingly and for this it is vital that the Non-Communicable Disease Control (NCDC), National Tobacco Control Cell (NTCC) and NTP come together. The coordination between these 3 units needs to be ensured as together; they can overcome the challenges of human resources and funding, thus ultimately making the initiative sustainable.

In addition, he emphasised on the importance of working towards prevention, in addition to cure. Furthermore, he focussed on the importance of integrating following up on the use of tobacco within NTP considering their data collection system was quite advanced. He concluded by once again bringing the focus on the requirement of collaboration between NTP, NCDC and NTCC, wherein each could compliment the other and thus work towards a sustainable solution for tobacco cessation.

The discussion was then opened to the audience which saw the presence of dignitaries from the Government sector and prominent NGOs. Key stakeholders from the audience repeatedly brought attention to the importance of counselling, and motivating patients against tobacco cessation, and also brought a focus to the available materials to facilitate the same.

The open discussion was followed by Dr Helen Elsey of the University of York joining through skype. Dr Helen thanked the key stakeholders for being a part of the fight against tobacco and emphasised on how tobacco cessation helped improve TB outcomes. In addition, she identified the recognition of trying to integrate tobacco cessation within TB programmes not just by the WHO, but globally.



The representative of the World Health Organisation (WHO) agreed that brief behaviour support for tobacco cessation should be integrated within TB control programme and informed that WHO has also developed brief behavioural support for tobacco cessation which takes only three minutes for a health worker to counsel the patient.

A representative of the National Tobacco Control Cell (NTCC) stated that NTCC issues a letter to NTP requesting to revise TB Card-01 for including the information on smoking status of the TB patient in the TB Card. He drew the attention of the Line Director NTP and asked about the status of the issue. In response to the question, the Line Director mentioned that it needs to follow a process to revise the TB cards, and NTP has submitted the request to the technical committee for reviewing the issue.

The participants further went on to bring the focus of the Line director of NTP towards integrating collection of information about tobacco use, within the TB cards. Following this, the Line Director revealed that talks were in process for the same, and the integration of information on tobacco use, would be prioritised while printing new set of TB cards, with approval from the technical committee.

The Key action points agreed during the seminar are:

- a) NTCC, MOHFW will look into their budget for allocating fund for providing training to front line health workers including TB and Leprosy Control Assistant (TLCA) under NTP
- b) NTP will follow up with the technical committee for revising TB card
- c) Greater coordination will be ensured among NTP and NTCC, and NTCC will arrange a meeting with Line Directors

The Seminar came to an end with dignitaries, committing themselves to take a stand against tobacco.

Post-event media coverage

Several reputed daily newspapers and online portals published the news of the event. The list is as follows:

- 1) [The Asian Age](#) (English)
- 2) [The Daily Star](#) (English)
- 3) [TBS News](#) (English)
- 4) [Daily Sun](#) (English)
- 5) [Sarabangla.net](#) (Bengali)
- 6) [Bonik Barta](#) (Bengali)
- 7) [Bangla News 24](#) (Bengali)
- 8) [Jugantor](#) (Bengali)
- 9) [Andolon71](#) (Bengali)
- 10) [Share Biz](#) (Bengali)

A few news reports are added in the annexe.

Annexe

List of Participants (not in order of seniority)

Sl.	Name	Designation & Org.
1.	Md. Saidur Rahman	Additional Secretary (World Health), MOHFW
2.	Muhammad Kamaluddin	ED, NATAB and Former Ambassador, Government of Bangladesh
3.	Muhammad Ruhul Quddus	Former Additional Secretary to the Government, Associate, The Law Square
4.	Prof. Shah Munir Hussain	Former Director-General, DGHS, MOHFW
5.	Prof. Dr. Shamiul Islam	Director MBDC & Line Director (TB-Lep & ASP), NTP, DGHS
6.	Dr. Md. Shafiqul Islam	Deputy Director, NTP, MBDC (in-charge), DGHS
7.	Dr. Afzalur Rahman	Assistant Director, TBC, DGHS
8.	Dr. Muhammad Sayadul Bashar	Medical Officer (PPM Focal), NTP, MBDC, DGHS
9.	Dr. Nazis Arefin	Medical Officer (MDR Focal), NTP, MBDC, DGHS
10.	Dr. Ahmadul Hasan Khan	M&E Expert, NTP, DGHS
11.	Dr. Md. Monjur Rahman	Medical Officer, NTP, DGHS
12.	Dr. Md. Asaduzzaman	Deputy Programme Manager, NTP, DGHS
13.	Dr. Ahmed Parvez Zabeen	TB Expert, Global Fund and NTP
14.	Dr. Abul Khair Md. Rafiqul	Deputy Director, Primary Health Care (PHC), DGHS, MOHFW
15.	Dr. Tanveer Ahmed Chowdhury	Deputy Director, Community Based Health care (CBHC), DGHS, MOHFW
16.	Dr. Geeta Rani Debi	Deputy Programme Manager, Community Based Health care (CBHC), DGHS, MOHFW
17.	Aminul Islam	Project Officer, NTCC, National Tobacco Control Cell
18.	Dr. A N M Ehtesham Kabir	Technical Adviser, NNHP and IMCI Programme, MOHFW
19.	Kamrun Nahar	Health Education Officer, Civil Surgeon Office, Dhaka
20.	Dr. Md. Abdur Razzaqul Alam	Senior Public Health Expert, JICA
21.	Dr. Doreen	World Health Organisation
22.	Tahmina Begum	Consultant, World Bank
23.	Atia Hossain	Consultant, The World Bank
24.	Sayed Mahbubul Alam	Technical Advisor, The Union
25.	Dr. Golam Mohiuddin Faruq	Bangladesh Cancer Society
26.	Prof. Sohel Reza Choudhury	National Heart Foundation
27.	Mohammad Shamimul Islam	Assistant Director & Team Leader, Tobacco Control Program, BCCP
28.	Hamidul Islam Hillol,	Project Manager, Bureau of Economic Research (BER), University of Dhaka
29.	Shagufta Sultana	IRD
30.	Helal Ahmed	Secretary General, Prottasha Madok birodhi Shongothon

31.	Dr. Khaleda Islam	Former Director, Primary Health Care (PHC), DGHS, MOHFW
32.	Tarikul Islam Palash	Chief Executive AID Foundation
33.	Nasir Uddin	Country Manager, Vital Strategies
34.	Khandaker Reza Hossain	Director-Programme, Grambangla Unnayan Committee
35.	Md. Bazlur Rahman	Member Secretary, Tobacco Control Research Cell
36.	Kamrunnisa Munna	Policy Analyst (Public Health), CLPA Trust
37.	Sushanta Sinha	Senior Reporter, Jamuna TV
38.	Nishat Mahmud	Barrister and member, Environment movement
39.	Md. Moazzem Hossain	Associate Director, SUPRO
40.	Dr. M A Sabur	Public Health Specialist, Former UNDP Consultant
41.	Syeda Anonna Rahman	WBB Trust
42.	Dr. Md. Toufiq Rahman	Sr. Technical Specialist, IRD
43.	A H Iman Ali	News Editor, The Asian Age
44.	Golam Rasel	Ruposhi Bangla TV
45.	Dr. Lenin Choudhury	Preventive Medicine, and Joint Secretary, Poribesh Bachao Andolon

Newspaper stories

The Daily Sun

Counselling Is the Key to Tobacco Cessation, Study Finds

In Bangladesh, every year more than 350,000 people are affected by Tuberculosis (TB), and more than 70,000 people die of this disease. 20% of the deaths are attributed to tobacco. These deaths can easily be avoided by collecting information and providing counseling on tobacco use among TB patients by the TB care providers. The information was revealed in a study conducted by ARK Foundation.

A dissemination seminar titled ‘Tobacco cessation within TB Programme’ was organized at a hotel in the capital on Sunday, October 6, 2019. Md. Saidur Rahman, Additional Secretary (World Health) of the Health Services Division of the Ministry of Health and Family Welfare, was the chief guest of the event while Prof. Dr Shamiul Islam, Line Director, National Tuberculosis Control Program and Prof. Dr Shah Monir Hossain were the special guests. The findings of the study were presented by the Executive Director of ARK Foundation, Dr Rumana Huque.

This study, funded by the European Union, further revealed that 18% of the TB patients are smokers and at least one in every three male patients’ smokes. The risk of death among TB patients who are smokers increases two-fold. A brief counseling session provided by the healthcare provider can play a vital role in helping patients quit smoking. This kind of support for tobacco cessation can annually help 14,000 TB patients to quit tobacco.

ARK foundation has trained healthcare providers of 4 districts, to hone their skills necessary for counseling patients for tobacco cessation. Later, 28% of the TB patients and 40% of males

were identified as smokers. The trained healthcare workers were successful in providing counseling and supporting these patients to quit smoking. This proves that providing support through a brief counseling session is effective and feasible on a large scale. Through the provision of straightforward simple training to the healthcare providers, it is possible to help patients quit tobacco, and this will cost the government only 65 BDT per month.

In his speech, Chief Guest Md. Saidur Rahman mentioned, “Quitting tobacco use must be made mandatory for those who attended the DOTS centre for treatment. It is possible to help patients quit tobacco during their treatment period of six months. Today, from here, we should make a decision that we will begin a support programme to help TB patients stop smoking and quit tobacco.” He added, “All TB patients should be free from tobacco use. This programme must be made compulsory in all the hospitals providing treatment for TB.”

The Line Director of the National TB Control Programme, Dr Shamiul Islam stated, “The government has committed to making the country TB free by 2035 and tobacco-free by 2040. For this commitment to be fulfilled, integrating tobacco control within TB treatment, and incorporating information on tobacco use, and helping patients to quit tobacco are extremely important. For this reason, it is necessary to enhance the skills of healthcare providers and maintain their professional safety.”

Well, the integration of this arrangement is not only possible for TB patients but in other sectors of health as well. As a consequence, this will not only help in the development of evidence-based policies and management to control the disease, but it’ll also help to improve the condition of the patients and reduce the death rate.

The seminar was also attended by honourable former joint secretary Md. Ruhul Kuddus, Dr Golam Mohiuddin Faruque from the Cancer Society, Dr Sohel Reza Chowdhury from the National Heart Foundation, Syedul Mahbulul Alam, Technical Advisor of The Union, and renowned clinician Dr M. S. Choudhury Lelin.

The Daily Star

Tobacco contributes to 20pc of TB deaths

Says study; 3.5 lakh affected every year

Although Bangladesh has made significant progress in checking tuberculosis (TB) in recent years, a large number of the country’s people are still affected by the disease, in many cases because of smoking.

A recent non-government study has found that more than 3.5 lakh people of the country are affected by TB every year, and about 70,000 of them die of the contagious disease, caused by bacteria which usually affects lungs.

It also found that tobacco consumption contributes to some 20 percent of the death toll. ARK Foundation, a non-government organisation working on public health, conducted the study on of 1,527 TB patients in four districts -- Dhaka, Gazipur, Narayanganj and Narsingdi - from 2017 to 2019.

The findings were unveiled at a seminar held at a city hotel yesterday.

Among the surveyed patients, the study found that about 23 percent are smokers, with the gender ratio heavily leaning towards men.

It said the risk of death becomes almost double for TB patients who are smokers.

Suggesting the government to motivate TB patients to quit smoking, the study observed that tobacco cessation can help reduce a large number of TB-related deaths annually.

It also said ARK Foundation applied the technique among surveyed patients and found significant improvement.

“Tobacco cessation is a very effective tool used around the world to check TB. We have found its proof through our study,” said Zunayed Al Azdi, one of the researchers.

Quitting tobacco will not just help cure TB, but also help the patients not be affected by other tobacco-related diseases like cancer and lung infections, said Zunayed.

In Bangladesh, TB patients only get treatment for the disease. If they are provided adequate counselling to stop tobacco usage, it will create a positive impact on TB control, he said, suggesting that the government train its healthcare providers -- particularly those involved with TB treatment -- so they can counsel to help patients avoid tobacco.



For any query on the event or this report, please contact with any of the following researchers:

- I. Dr Rumana Huque, Executive Director, ARK Foundation, rumana@arkfoundationbd.org
- II. Dr Deepa Barua, Research Fellow, ARK Foundation, deepa@arkfoundationbd.org
- III. Zunayed Al Azdi, Research Associate and Uptake Manager, ARK Foundation, azdi@arkfoundationbd.org