



FTTC DR-TB PROJECT: KANO STATE TEAM CONDUCTS RADIO ADVOCACY ENGAGEMENT ON DRUG-RESISTANT TB AND BPaL REGIMEN AT FASAHA RADIO

Date: 5 June 2026

Location: Fasaha Radio Station, Kano State, Nigeria

Project: Fast Track the Cure (FTTC) Grant - DR-TB Response Initiative

Thematic Area: Community Engagement, TB Awareness, and Treatment Literacy

Implementing Partners: TB Network Nigeria, State TB Programme, CBO Partners, and TB Alliance-supported FTTC Initiative



1. Background

Tuberculosis (TB), including Drug-Resistant Tuberculosis (DR-TB), remains a major public health challenge in Nigeria. Despite significant progress in diagnosis and treatment, gaps persist in community awareness, stigma reduction, and treatment adherence.



The Fast Track the Cure (FTTC) initiative, supported by TB Alliance, aims to accelerate access to improved DR-TB treatment regimens, strengthen community engagement, and improve patient-centered care through integrated health and community systems.

In alignment with the WHO End TB Strategy, community media engagement remains a critical tool for increasing awareness, reducing stigma, and promoting early diagnosis and treatment adherence.

2. Objective of the Engagement

The radio advocacy session aimed to:

- Increase public awareness on Drug-Resistant Tuberculosis (DR-TB)
- Improve understanding of the BPaL treatment regimen as a WHO-recommended breakthrough therapy
- Strengthen community knowledge on TB prevention, diagnosis, and treatment adherence
- Highlight patient support systems and community-based monitoring mechanisms
- Share lived experiences from TB survivors to reduce stigma and promote care-seeking behavior
- Provide a platform for community questions and myth correction

3. Activity Description

On 5 June 2026, the Kano State FTTC team, comprising MCHIN and SUCCEE, participated in a live, interactive radio talk show on Fasaha Radio in Kano State. The session provided an open platform for dialogue between TB experts, civil society representatives, and a TB survivor.

The program included expert presentations, survivor testimony, and a live call-in segment where listeners engaged with technical experts on DR-TB-related concerns.

4. Panel Composition

The multidisciplinary panel included:

- Dr. Zahraddeen Surajo Dakata (*Kano State DR-TB Focal Person*)



He provided technical and clinical guidance on DR-TB diagnosis, treatment pathways, and programmatic updates on the BPAL regimen.

- Mr. Sulaiman Ahmad (*Executive Director, MCHIN*)

Who contributed insights on health systems strengthening, TB advocacy, and multi-sectoral collaboration.

- Mr. Baffa Yusuf (*Program Officer, SUCCEE*)

Highlighted community-level TB response strategies, case monitoring, treatment adherence, and support under the FTTC grant.

- Mr. Umar Abdulbaki (**TB Survivor and Kano State TB Survivor Coordinator**)

Shared lived experience of DR-TB treatment, emphasizing hope, adherence, and stigma reduction.

5. Key Technical Discussions

i. Drug-Resistant Tuberculosis (DR-TB)

Participants were sensitized on DR-TB as a form of tuberculosis caused by bacteria resistant to first-line anti-TB drugs. The importance of early detection and drug susceptibility testing was emphasized.

ii. BPAL Regimen

The discussion highlighted the BPAL regimen (Bedaquiline, Pretomanid, and Linezolid) as a WHO-endorsed, shorter, all-oral treatment option for eligible DR-TB patients. Key benefits include:

- Reduced treatment duration compared to conventional regimens
- Improved patient adherence due to simplified dosing
- Elimination of routine injectable treatments
- Improved treatment success rates under programmatic conditions

iii. Treatment Side Effects and Monitoring



Experts emphasized that while side effects may occur, they are generally manageable under clinical supervision. Patients were encouraged to report symptoms early for timely intervention.

iv. Patient Support Systems

The session highlighted the importance of psychosocial support, treatment supporters, family involvement, and community-based adherence monitoring in improving treatment outcomes.

v. Community Engagement and Stigma Reduction

Community and CBO roles were emphasized in:

- Reducing TB-related stigma and discrimination
- Promoting early care-seeking behavior
- Strengthening community-based monitoring and referral systems
- Supporting treatment adherence and patient follow-up

5. Survivor Testimony

A key highlight of the session was the testimony shared by a TB survivor, Mr. Umar Abdulkabi, who narrated his journey through DR-TB treatment and recovery.

His testimony reinforced the message that:

TB is curable when patients are diagnosed early, placed on appropriate treatment, and supported to complete therapy.

This contributed significantly to reducing fear and misinformation among listeners.

6. Community Engagement and Call-In Segment

The interactive call-in segment enabled community members to ask questions and clarify misconceptions regarding TB transmission, treatment, and drug-resistant forms of the disease.

Common myths were addressed, including:

- TB is not caused by spiritual forces but by bacteria



- TB is fully curable with appropriate treatment
- DR-TB does not mean death if treated properly
- Treatment services are available and free in government facilities

7. Key Outcomes

- Increased public awareness on DR-TB and BPAL treatment
- Improved understanding of treatment availability and effectiveness
- Strengthened community trust in TB services
- Reduced stigma through survivor testimony
- Enhanced engagement between health systems and community stakeholders

8. Conclusion

The Fasaha Radio engagement represents a strong model of community-centered TB communication aligned with the WHO End TB Strategy and TB Alliance's Fast Track the Cure objectives.

The activity demonstrated the importance of integrating clinical expertise, civil society engagement, and lived experience in strengthening TB response systems.

TB Network and partners reaffirm their commitment to ensuring that:

TB is curable, treatment is accessible, and no one should be left behind.

9. Recommendations

- Scale up community radio engagement across high-burden states
- Strengthen survivor-led advocacy platforms
- Increase integration of CBOs in DR-TB treatment support systems
- Continue public education on BPAL regimen and treatment adherence
- Sustain stigma-reduction campaigns at the community level