

FROM THE PRODUCERS OF *INSIDE STORY*

# THE LUCKY SPECIALS

THE GIG OF HIS LIFE. THE FIGHT OF HIS LIFE.



FILM FACILITATION  
GUIDE



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# Introducing *The Lucky Specials*

## **WHAT IS *THE LUCKY SPECIALS*?**

***The Lucky Specials* is a full-length feature film that educates viewers about tuberculosis (TB) while capturing interest through a dramatic storyline. In this “edutainment” film, both plot twists and scientific video animations tell individuals what they need to know about tuberculosis (TB) disease, treatment, and prevention.**

To reinforce the film’s messages and encourage smart behaviors related to TB prevention and treatment, we suggest that community screenings be followed by facilitated discussions. Use this guide to help facilitate those conversations.

Anyone can download the film and this facilitation guide in English, French, Portuguese, and Swahili—all for free—from **[www.luckyspecials.com](http://www.luckyspecials.com)**.

## **WHO MADE *THE LUCKY SPECIALS*?**

*The Lucky Specials* was produced by Discovery Learning Alliance and Quizzical Pictures in association with HHMI Tangled Bank Studios—with support from the Howard Hughes Medical Institute (HHMI), the Wellcome Trust, and USAID and PEPFAR through the Leadership, Management & Governance Project, led by Management Sciences for Health (MSH).

The guide was written by Carla Visser, Nathene Morley, and Carole Douglis.

## **ACKNOWLEDGEMENT AND DISCLAIMER**

This publication has been made possible by the generous support of the United States Agency for International Development (USAID) under the Leadership, Management and Governance Project Cooperative Agreement, AID-OAA-A-11-00015. The views expressed in this publication do not necessarily reflect the views of USAID or the US Government.

# Purpose and Key Messages of the Film

## KEY MESSAGES

- TB is a contagious disease transmitted through the air. It is not a curse. It is not a moral failure. It is caused by bacteria (germs). Anyone can get TB.
- TB is curable if you start treatment early and complete the entire course of drugs.
- Make sure you and your loved ones get tested as soon as possible if you have been in close contact with someone with TB.
- Make sure you get tested as soon as possible if you have a cough for more than two weeks or other common TB symptoms such as night sweats, weight loss, and fatigue.
- If you fail to complete your TB medications, you risk becoming contagious again and getting even sicker, with a drug-resistant strain. Then you will need a longer, more invasive set of treatments.
- TB and HIV are different diseases. But having HIV puts you at higher risk to get TB. And they both get worse if you are “co-infected,” or have both diseases.

***The Lucky Specials* has the potential to reshape public knowledge, attitudes, and behavior related to TB. Set in Southern Africa, the film is relevant to many high-burden settings and is designed to:**

- Bring public audiences—on every type of screen—face-to-face with the current social and scientific realities of TB;
- Provide health workers at all levels with an effective tool to engage communities in TB education, treatment, and prevention;
- Motivate personal and systemic behavior change to promote TB prevention, screening, testing, and drug adherence.

# Plot Summary

**The Lucky Specials are a small pop band in a dusty mining town in South Africa. Bandleader Mandla works in the mines but is passionate about guitar and dreams of becoming a star. Bra Easy—owner of Easy’s Tavern and also the band’s drummer—encourages Mandla and teaches him *maskandi* (modern Zulu) guitar. Mandla’s love interest is Bra Easy’s niece and caretaker, Nkanyiso.**

It turns out that Bra Easy has been ignoring TB symptoms for too long. He collapses on stage and is taken to the hospital. Meanwhile, Mandla also shows signs of TB. Hospital staff request that Mandla and Bra Easy’s other close acquaintances all be tested. Having heard that TB and HIV go hand in hand, however, Mandla delays until Nkanyiso encourages him to get his results.

Mandla is diagnosed with TB, but is HIV-negative. The first two weeks of treatment are rough—Mandla is confined to isolation, feels ill, and has trouble eating and sleeping. Nkanyiso provides some support for Mandla during this time, and their relationship begins to blossom. After isolation, he is to continue taking pills for six months, during which he must also avoid smoking and alcohol. Mandla is worried about what people in his community think about his illness, until his friend, Jose, confides that, although stigma caused him to run away from his home in Mozambique, he has since learned to manage his illness (HIV) and live a healthy life. He even had TB at one point and was cured.

Soon, Mandla begins to feel healthy. With more energy, he becomes impatient with the treatment regime and stops taking the medications. What Mandla doesn’t know is that TB germs remain in his body, as shown by the scientific animations throughout the movie.

The Lucky Specials find a new drummer in their own female backup singer, Zwanga, and begin to recover from Bra Easy's absence.

A music promoter from Mozambique wants to book the band for a festival in Maputo. However, Mandla collapses during the audition.

Now, Mandla is diagnosed with multidrug-resistant (MDR) TB. This time treatment is more extreme: he is hospitalized at a specialized MDR TB facility for several months, put on stronger medications with more side effects, and gets frequent injections. He must take a handful of pills daily for over a year. But he survives. Bra Easy, his lungs too damaged from the disease, does not.

After Mandla returns from hospital, the band travels to Mozambique for the music festival. But they find no place to stay and no chance to perform. Jose takes the band to his parents' house, where he reunites with his family. Jose's positive attitude reminds Mandla to adhere to his TB treatment regime, and he seeks out a health worker to administer his injection.

At the last moment, the headliner band's singer at the music festival falls ill, and The Lucky Specials are invited to take their place before a huge crowd. The crowd loves them, and The Lucky Specials get a recording contract. They use their payments to save Easy's Tavern (where they got their start), which is experiencing financial trouble.



## **Mandla**

### **OROS MAMPOFU**

The narrator and main character. Miner by day and musician at night, Mandla gets TB, stops treatment early, gets multi drug-resistant TB, and finally sticks with the difficult treatment regime.



## **Bra Easy**

### **BLONDIE MAKHENE**

Owner of Easy's Tavern, band drummer, and mentor.

Bra Easy has TB but chooses to use traditional medicine. When hospitalized, though, he insists that Mandla and the other band members get tested.

Bra Easy dies of TB.



## **Nkanyiso**

### **SIVENATHI MABUYA**

Nkanyiso manages Easy's Tavern when her uncle Bra Easy is hospitalized. She takes it over and keeps it going when he dies.





### Jose

RICHARD LUKUNKU

The Lucky Special's bass player.

Jose is living with HIV and has had TB; he encourages Mandla to get tested.

## Main Characters



### Zwanga

FULU MUGOVHANI

Zwanga starts as a back-up dancer and singer for The Lucky Specials. But she also plays traditional Southern African drums—and helps save the band by becoming the drummer after Bra Easy collapses.

# Notes for Facilitators

**As a facilitator, your task is to reinforce the public health messages through audience engagement and discussion. You may need to adapt your questions to each group of participants, since concerns and levels of knowledge vary. For instance, health practitioners may benefit from different information than the general public.**

## **HOW SHOULD I PREPARE?**

Here are some suggestions to help you prepare for facilitating a discussion about the film.

- Watch the film and review this guide before the event. You can download them free of charge from **[www.luckyspecials.com](http://www.luckyspecials.com)**.
- Review the key messages on page 3. If there are particular messages that apply to your audience, focus on those.
- Make sure you understand TB—how people get it, signs and symptoms, testing and diagnosis, risk factors, and treatment—for both regular and drug-resistant TB. For details, see page 16 of this guide. Make sure you understand why people living with HIV are more susceptible to TB and need to be tested for it regularly.
- Find local TB services and establish relationships with service providers, so you know where to refer participants who have symptoms. Better yet: invite service providers to offer TB screening and testing right there at the venue.
- Research local statistics on TB—how many people, of which ages, are likely to have TB disease in your area? (Global statistics tell us that about one-third of people have been infected with TB, though most will not develop active TB disease with symptoms.)



- Countries have their own strategies for TB. If you have time, review your national policies on TB testing and treatment.

### **THINGS TO CONSIDER WHEN PLANNING THE EVENT**

Consider the following before publicizing your event and sending invitations.

- Are you going to host a one-time screening and discussion? Or are you planning a series? Based on that choice, and the best timing for your audience—will you show the whole film, or just parts of it?
- Will this be by invitation only, or will you publicize—online/by poster/by social media?
- Create a sign-in sheet for participants, including name, contact information, and feedback.
- Create a set of ground rules before the session. For example, consider the following: Should mobile phones be switched off? What constitutes appropriate/inappropriate language? Is there a limit on speaking time per participant? Will the discussion be confidential?
- Consider beginning your screening event with an icebreaker (see sample activity on page 12.)

### **USE COMPASSIONATE LANGUAGE**

Every word counts, especially when you are facilitating. On the next page are some common terms that may have more useful substitutes, plus people-centered alternatives preferred by the TB community.

## LANGUAGE TO AVOID

## USE INSTEAD

TB suspect  
Person suspected  
of having TB

**Person to be evaluated  
for TB**  
**Person with TB  
symptoms**

Person suffering  
with TB  
TB victim

**Person with TB**  
**TB patient**

TB defaulter

**Person who does not  
finish their TB medication**  
**Person who does not  
complete treatment.**

Compliance/  
non-compliance

**Adherence**  
**Patient who completes  
treatment**

Cocktail of drugs

**Medication(s)**

TB control

**TB prevention and care**

## WHY?

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*Suspect* implies *suspicion* and that someone is guilty. The term can fuel stigma and blame for being ill.

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*Suffering* and *victim* imply powerlessness, as if the individual has no control over his/her life.

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*Defaulter* is another term that implies blame for the individual. Treatment interruption is often due to poor health services rather than individual failings.

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*Non-compliant* again assigns blame to the patient.

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While patients generally take more than one drug, *cocktail* could seem to belittle the harsh side effects related especially to MDR TB treatment.

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*TB control* implies that the experts have power over all aspects of prevention, treatment, and care. It slights the major efforts of communities and individuals with TB.

## TIPS FOR NEW FACILITATORS

- Remember that you're leading a discussion—encouraging people to participate so they think deeply about the film and its messages.
- Don't lecture or offer your own opinions. Ask viewers theirs, and make sure you listen a lot more than you talk.
- If no one articulates a main message, keep probing. If after follow-up, a main message is still unspoken, you can give it yourself.
- Help the audience relate the film to their own lives: "What do you think you might have done?" "Do you know anyone in your life who might act like that?"
- Try to get everyone to speak if the group isn't too large. If one or two dominate the conversation, tell them they have good points, and you'd also like to give a chance to others to speak. For people who stay quiet, say something like, "For those we haven't heard from yet, we'd love to know what YOU think."
- Encourage everyone. When valid, be sure to say, "That's a great point." "That's a good question."
- Encourage your participants to answer not only your questions but discuss back and forth with each other.
- Ask if anyone in the audience has had, or knows someone who has had, TB. How was their experience similar to or different than Mandla's? What might you or your friend have done differently?



# Ideas to Stimulate Discussion

There are many ways to get a discussion going and flowing. Feel free to use the following and/or your own ideas.

## SAMPLE ACTIVITY: MYTH OR FACT?

Read out a fact or a myth about TB and let the group call out **FACT** or **MYTH**. Ask audience members to explain why a each statement is a fact or myth—making corrections as needed and adding facts as you see fit. Here are a few examples that can be used for the exercise.





## MYTHS

**TB is a curse or a punishment from God or the ancestors.**

**TB cannot be cured.**

**If you have TB, you also have HIV.**

**Only people with HIV/poor people/malnourished people/people who work in mines can get TB.**

**TB can be spread by sharing food or drink, or through kissing.**

**Everyone with TB should be isolated.**

**You can stop taking the medication when you feel better.**

**Traditional healers can cure TB without antibiotics.**

## FACTS

TB is a disease caused by bacteria (germs) that travel through the air as people cough. Anyone can get it, no matter who they are.

People with TB **can** be cured! But they must start treatment as early as possible, and complete the whole treatment prescribed by their doctor.

It's true that a person living with HIV is at greater risk of developing TB because their immune system is damaged. But TB and HIV are separate diseases, and you can have one without the other.

Anyone can get TB. In fact, one in three people in the world have TB germs in their body—although most do not have symptoms, such as a cough.

TB is an airborne disease, like the common cold or flu. TB does not spread through physical contact or sharing food.

When someone is diagnosed with active TB disease, he or she should stay home for the first two weeks of treatment to minimize contact while contagious. After that, they are no longer contagious—as long as they complete treatment.

You must complete the full course of treatment in order to be cured. If not, you can get drug-resistant TB, which is more difficult to cure.

Some traditional medicine can help with the symptoms of TB (such as a cough), but only antibiotics can cure TB, and patients usually need to take two or more kinds together.

## **STRAIGHTFORWARD QUESTIONS, WITH SUGGESTED ANSWERS**

**Again, let participants answer and discuss among themselves.**

**You can give the answers below if no one else brings them up, or emphasize them as you wish.**

### **How did Mandla get TB?**

- Bra Easy had active TB and transmitted the disease to Mandla, though not on purpose.
- Bra Easy did not know that he had TB for a long time because he refused to visit the clinic to be tested.

### **How did Mandla get MDR TB?**

- After a while, Mandla felt healthy again and became impatient with waiting to have his medication refilled, so he stopped taking his pills.
- TB germs remained in his body, and those that were left were the ones best able to resist treatment. Once Mandla stopped treatment, these germs started to multiply and take over.

### **What risk factors could have contributed to Mandla and Bra Easy's TB infections?**

- Mandla worked in a mine, where he was exposed to lung-damaging silica dust (dust from rocks and minerals). He also spent time in a small, poorly ventilated space with Bra Easy, who had TB disease.
- Bra Easy was an elderly man who smoked and drank heavily. Instead of seeking treatment from doctors, he relied on traditional remedies such as *muti*, which helped his cough but could not cure the infection.

### **What did the patients, nurse, Mandla's friends, and others at the clinic/home/tavern do to protect themselves?**

- **Masks and open windows:** The nurses and doctors at the clinic wore masks that covered their mouths and noses to avoid breathing in TB bacteria. The TB patients—Bra Easy and Mandla—also wore masks while hospitalized to avoid spreading the bacteria. When Nkanyiso visited Mandla at his home, she wore a mask and opened the windows in Mandla's room when she

visited. When Mandla received visitors at the MDR facility, he met them outside in the garden.

- **Contact tracing:** When the doctors diagnosed Bra Easy, they advised his close contacts (family and friends) to get tested for TB.
- **Isolation when contagious:** When Mandla first began TB treatment, he stayed in his room for two weeks to avoid exposing others to TB. When Mandla entered the MDR TB hospital, he stayed in the hospital for two months while he was contagious. Bra Easy only left the hospital and returned home after he was no longer contagious.

### **What made it difficult for Mandla to stay on treatment?**

- Mandla had to isolate himself for two weeks at the beginning of his treatment. He experienced side effects—nausea, lack of appetite, and weakness.
- Mandla lives alone and does not have family or many close friends who could help him with his treatment. He did not reach out to other friends for fear of stigma.
- After he felt better, he was impatient to move on with his life, and did not want to wait in line at the clinic.

### **What lessons did Mandla learn from Jose's situation?**

- Jose is living with HIV and choosing to take responsibility for his health. He eats well, exercises, takes his ARV treatment, and avoids drugs and alcohol. From him, Mandla learns that you can manage a disease without shame. And that taking care of your own health is a gift to your loved ones as well.
- Jose also shared that he previously had TB but that he fought it and won—even people with HIV can be cured of TB.

### **OTHER QUESTIONS YOU MIGHT ASK:**

- Would the band have succeeded without Zwanga?
- Would the tavern have made it without Bra Easy's niece Nkanyiso?
- What surprised you most in the movie?
- What information presented in the film contradicted what you thought before about TB?
- What would YOU do if you develop a stubborn cough with night sweats?
- What would you do for your family if you caught TB?



# TB: The Basic Facts Everyone Needs to Know

**Tuberculosis is a serious but curable, airborne disease caused by bacteria (*Mycobacterium tuberculosis*). TB bacteria usually attack the lungs (pulmonary TB), but can also damage other parts of the body, including the brain, kidneys, and spine. Many people live with latent, or dormant, TB in their bodies. In fact the World Health Organization estimates that as many as one-third of all people on earth have latent TB. But only some develop active TB disease—what we think of when we say someone “has TB.”**

**NOTE:** TB IS SPREAD THROUGH THE AIR, AND **NOT** BY PHYSICAL CONTACT SUCH AS:

- Shaking hands
- Sharing food or drink
- Sharing a toothbrush
- Touching bed linens or sharing a bathroom
- Kissing
- Sexual contact

## THE LIFECYCLE OF TB

**Step One:** TB spreads through the air like the common cold

When a person with TB disease coughs, or even breathes, invisible droplets with TB bacteria fly into the air and can linger there for hours. If other people inhale the droplets, they can become infected. Family members, friends, and co-workers—close contacts—are most likely to get infected.

**Step Two:** Latent TB infection

Most people infected with TB will not feel ill since a healthy immune system can usually fight the bacteria. In latent TB, bacteria linger in the body but become dormant, or inactive. People with latent TB infection do not have symptoms—and are not contagious.

A skin or blood test can reveal latent TB infection. People with latent TB then take more tests to see if they have active TB disease. Even if they do not, people with latent TB should go on treatment to eradicate the bacteria completely.

**Step Three:** Active TB disease

Active TB, which we see with Mandla and Bra Easy, develops when the immune system can no longer keep the TB bacteria under control. The dormant bacteria “wake up” and multiply, damaging the lungs or other organs. Some people develop active TB disease soon after becoming infected. Others can remain symptom-free for years or even decades. Another disease, or smoking, or perhaps even stress or exhaustion can trigger the change from latent infection to active TB disease.

A person with active TB disease usually feels ill and has symptoms. He or she can infect many others before, and shortly after, beginning treatment. Without full treatment, a person with active TB will become severely ill and may die.

## RISK FACTORS

Anyone can get TB, though some people are at higher risk. **Risk factors** include:

- Close contact with a person with active TB disease
- Smoking
- Poor nutrition
- Poorly ventilated, overcrowded settings (prisons, mines, army barracks, and boarding schools)
- Diseases including HIV and diabetes

In addition, certain **age groups and occupations** are more at risk:

- Elderly people and children under five, who have weakened or undeveloped immune systems;
- Infants born to pregnant women with active TB disease (These babies may be born prematurely, may have low birth weight, and are at risk of contracting TB shortly after birth.);
- Miners, who inhale silica dust—dust from rocks and minerals—while they work. Over time, silica dust damages the lungs, increasing the risk of TB;
- Health care workers in contact with TB patients;
- Migrants, who may struggle to get treatment;
- Prisoners and prison workers, who live and work together in confined and overcrowded spaces with limited health care.



## SIGNS AND SYMPTOMS

Signs and symptoms of TB disease may include the following:

- A** - Appetite loss
- C** - Chest pains
- T** - Tiredness and weakness
- N** - Night sweats and fever
- O** - Ongoing cough (for two weeks or longer, or of any duration if the person is HIV positive). Coughing up blood is a sign of advanced TB disease.
- W** - Weight loss

Symptoms in children may differ. For instance, young children might not have a deep cough, but instead develop a deformed back and fail to thrive. In both children and adults, TB symptoms may remain mild for many months—but testing should not be delayed.

## **TB PATIENTS MUST COMPLETE ALL MEDICATION!**

**If patients take all medication as prescribed, they usually will be cured. If not—if they skip doses or stop treatment early—they can become sick again and spread TB to others. They can also develop multidrug-resistant TB, which is much more difficult to cure.**

## **DIAGNOSIS AND TREATMENT**

- If you have TB symptoms or have been in close contact with someone who does, rush NOW to a clinic to test for TB. Early diagnosis and treatment can keep you from becoming very ill. Just as important, it will keep you from spreading the disease to family and friends.
- At the clinic, the nurse will ask questions about your symptoms, then collect a sputum sample to send to the laboratory. Sputum is phlegm (mucus) coughed up from deep inside the lungs.
- The nurse will likely also ask you to do an HIV test. HIV weakens the immune system, making you more vulnerable to TB and other diseases. Having TB does NOT mean you have HIV. But you need to know your status to get the best course of treatment.
- If the lab technicians find TB bacteria in your sputum, you will be prescribed pills for the disease, and probably other pills for side effects. You need to take all your medicine every day, and for as long as the health workers recommend, to make sure the bacteria are completely gone. If not, you may get drug-resistant TB like Mandla.



## MDR AND XDR TB

If a patient develops **MULTIDRUG-RESISTANT TB (MDR TB)**, like Mandla does in the film, the bacteria in his/her body can no longer be killed by two of the antibiotics commonly used to cure TB—*isoniazid* (INH) and *rifampicin* (RIF). This form of the disease is more difficult and expensive to cure than ordinary (*drug-susceptible*) TB and requires up to two years of treatment with multiple drugs. In addition to pills, patients also typically get numerous injections and are isolated in an MDR treatment center for months. MDR TB patients can also spread MDR TB to people around them, just like TB that is not drug-resistant.

**EXTENSIVELY DRUG-RESISTANT TUBERCULOSIS (XDR TB)** is a form of TB that is resistant to at least four of the core TB drugs. People with XDR TB need up to two years of extensive drug treatment and is the most challenging type of TB to treat.

## YOU CAN PREVENT THE SPREAD OF TB

The most important way to stop the spread of TB is for TB patients to cover their mouth and nose when coughing and to take all TB medicine exactly as prescribed. Other measures to prevent TB:

- Stay as healthy as possible. Eat nutritious foods, including protein and lots of vegetables. Get exercise and practice good hygiene. Avoid smoking, drugs, and heavy drinking.
- Support people you know on TB treatment. Encourage them to stick to their drug regimen even if they have side effects and even when they feel better.
- High-risk individuals should get screened every year. All family and friends of patients with active TB disease should also be tested for TB.
- If you are starting treatment, avoid close contact with young children, elders, or other people who may have weak immune systems. These individuals are more vulnerable to bacterial infection.

## WHAT IS THE RELATIONSHIP BETWEEN TB AND HIV?

TB and HIV are two separate diseases. However, HIV affects the immune system, making it easier for a person with HIV to develop active TB, or become “co-infected.” TB does not increase your chances of contracting HIV. However, because a healthy immune system can usually fight TB, having TB may be a sign that a person is also living with HIV. Today, more people around the world die of TB than HIV, and it is often TB that ultimately causes the death of many people with HIV.

**It is important to remember that not all people living with HIV have active TB, and vice versa.**



# Some Useful Terms

<b>Antiretroviral therapy (ART)</b>	The use of a particular class of drugs (antiretrovirals) to treat HIV infection; ART must be taken lifelong.
<b>Extensively drug-resistant tuberculosis (XDR TB)</b>	XDR TB is a rare form of TB that is resistant to nearly all medicines and therefore very hard to treat.
<b>Immune system</b>	The part of your body that keeps you healthy by fighting germs; if your immune system is weak from HIV or other causes, you are more likely to get TB.
<b>Latent TB infection</b>	A condition in which you have been exposed to TB bacteria and have them in your body, but they are not making you ill; people with latent TB infection have no symptoms. They cannot spread TB bacteria to others, but they should be treated or risk developing active TB disease later.
<b>Multidrug-resistant tuberculosis (MDR TB)</b>	TB disease caused by a strain of TB bacteria that is resistant to at least the two most used TB drugs: <i>isoniazid</i> (INH) and <i>rifampicin</i> (RIF).
<b>Sputum</b>	Phlegm (mucus) coughed up from deep inside the lungs. Lab technicians look for TB bacteria in the sputum, with a microscope or other tools, to diagnose TB.
<b>Stigma</b>	Stigma is a prejudice applied to a certain group of people. People with TB (and also HIV) are often discriminated against because others do not understand the disease and are afraid.
<b>TB disease (Active TB disease)</b>	An illness in which TB bacteria multiply and attack a part of the body, usually but not always the lungs. The symptoms of active TB disease include weakness, weight loss, fever, loss of appetite, and night sweats. Other symptoms of TB disease depend on the site of infection: if TB disease is in the lungs (pulmonary TB), the symptoms may include a bad cough lasting more than two weeks, pain in the chest, and coughing up blood.

# References for More Information

## **Centers for Disease Control and Prevention (CDC):**

<http://www.cdc.gov/tb/default.htm>

- CDC MDR TB fact sheet: <http://www.cdc.gov/tb/publications/factsheets/drtb/mdrtb.htm>

## **The National Institute for Communicable Diseases (Division of the National Health Laboratory Service), South Africa**

- TB information: <http://www.nicd.ac.za/?page=tuberculosis&id=17>
- TB resources: [http://www.nicd.ac.za/?page=tb\\_resources&id=220](http://www.nicd.ac.za/?page=tb_resources&id=220)

## **The Stop TB Partnership**

- United to End TB—Every Word Counts:  
[http://www.stoptb.org/assets/documents/resources/publications/acsm/LanguageGuide\\_ForWeb20131110.pdf](http://www.stoptb.org/assets/documents/resources/publications/acsm/LanguageGuide_ForWeb20131110.pdf)

## **World Health Organization (WHO): <http://who.int/tb/en/>**

- Global Tuberculosis Report 2016: [http://www.who.int/tb/publications/global\\_report/en/](http://www.who.int/tb/publications/global_report/en/)
- Tuberculosis in Mozambique: <http://www.who.int/countries/moz/areas/tuberculosis/en/>
- WHO End TB Strategy, [http://www.who.int/tb/post2015\\_strategy/en/](http://www.who.int/tb/post2015_strategy/en/)
- WHO Tuberculosis Fact Sheet N°104, updated October 2016 <http://www.who.int/mediacentre/factsheets/fs104/en/>

## **Other web resources:**

- TBfacts.org, TB in South Africa:  
<http://www.tbfacts.org/tb-statistics-south-africa/>

# THE LUCKY SPECIALS

THE GIG OF HIS LIFE.  
THE FIGHT OF HIS LIFE.

The Lucky Specials are a small-time cover band in a dusty mining town in southern Africa. Mandla (Oros Mampofu) works as a miner by day, but is passionate about playing guitar and dreams of making it big in the music industry. When tragedy strikes, Mandla, his friend Nkanyiso (Sivenathi Mabuya) and the band must find the strength to make their dreams a reality. While tuberculosis threatens to tear the band apart, will they find a way to launch their new brand of African music?

[WWW.LUCKYSPECIALS.COM](http://WWW.LUCKYSPECIALS.COM)  /LuckySpecials  @LUCKYSPECIALS

DISCOVERY LEARNING ALLIANCE PRESENTS A QUIZZICAL PICTURES PRODUCTION IN ASSOCIATION WITH HHMI TANGLED BANK STUDIOS AND WELLCOME TRUST "THE LUCKY SPECIALS"  
OROS MAMPOFU SIVENATHI MABUYA BLONDIE MAKHENE RICHARD LUKUNGU THOMAS GUMEDE FULU MUGOVHANI  
MUSIC BY BRENDAN JURY FINAL MIX JANNO MULLER EDITED BY MELANIE JANKES GOLDEN PRODUCTION DESIGNER CHANTEL CARTER DIRECTOR OF PHOTOGRAPHY TOM MARAIS  
EXECUTIVE PRODUCERS SEAN B. CARROLL PRODUCED BY ARIC NOBOA HARRIET GAVSHON JP POTGIETER SCREENPLAY NONZI BOGATSU TIM GREENE DIRECTED BY REA RANGAKA



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