

**Keynote address by Dr Sibongiseni Dhlomo, Health Deputy Minister during the
Opening Plenary of the 7th SA TB Conference: Working together to get TB
control back on track**

Durban International Convention Centre (ICC)

13 September 2022

Opening & Introduction

The Conference Chair Prof Willem Hanekom,
The MEC for Health in KwaZulu-Natal,
MECs for Health from other provinces
Comrade Steve Letsike, Co-Chair of SANAC,
Deputy Ministers in attendance,
Distinguished guests,
International participants,
Health care professionals,
Members of the Civil Society,
Members of the media,
Fellow South Africans,
Ladies and gentlemen
And as they say - all protocol observed

It is a great pleasure to see us all gathered here, in person, to kick off this 7th SA TB Conference. I am privileged to be here today to reflect on South Africa's TB epidemic and response as we strive to recover from the devastating effects of the COVID-19 pandemic.

The last two and a half years have been gruelling! We have heard it said many times, in many ways, and yet words never seem to be enough to capture what we went through as individuals, families, communities, systems, including our health system, the country, and the world.

Fortunately, the key phrase here is: *"we went through"*. We live to tell the tales, but more importantly, we live to learn from the experience. Winston Churchill said: *"Never let a good crisis go to waste."*

Through global commitment and collective action, we have shown that success against communicable disease threats is within reach despite our numerous social, economic, and political challenges.

We need sound research to make meaningful strides and improve the experience of our TB clients in keeping with **End TB Strategy**. I trust that our presence here shows our commitment to science, and the value we place on evidence-based medicine.

TB Epidemic

To date, COVID-19 had claimed just over one hundred and two thousand (102,000) lives in South Africa. By the end of 2021, we had lost almost ninety-two thousand (92,000) people to this pandemic.

The World Health Organization (WHO) estimates that over one hundred and ten thousand (110,000) people with TB in South Africa lost their lives between 2020 and 2021. Since 2010, over one million South Africans are estimated to have succumbed to TB which is preventable AND curable.

South Africa is one of high-burden countries for TB, HIV-associated TB, and drug resistant TB.

Yet, year after year, we look at statistics and somehow, we have become immune to this reality. Behind these numbers are human individuals, families and communities facing unthinkable tragedies; afflicted by a disease that is perfectly preventable and curable. And yet again, year after year, we come to forums such as these, talk about incremental progress, and go back into our comfortable worlds.

Programme Director and distinguished guests. This must stop. As German philosopher Johann Wolfgang von Goethe said, "Knowing is not enough; we must apply. Willing is not enough; we must do." It cannot be business as usual. Not anymore. Let us turn the gaze inwards and ask ourselves a few tough questions.

History tells us that the solutions offered to difficult and complex problems are generally complicated, tedious, and timid. As a result, the problem gets compounded. I fear tuberculosis control may become a victim of this timid thinking and actions.

Perhaps COVID-19 pandemic was a rude awakening for us. History also tells us that bold and audacious steps offer the greatest opportunity for success. For TB, that is the only hope.

In the last century, smallpox was vanquished because we dared to dream big. Are we ready to dream big and bold for TB? I don't think we have any options. For too long we have let incremental progress lull us into complacency. We need to cut to the chase.

The TB situation has been exacerbated by the COVID-19 pandemic bomb – within the first 6 months of lockdown, NHLS diagnoses, and case notifications were down approximately 35-40%.

As a clinician I can also tell you that we cannot address a disease unless we sufficiently understand its epidemiology and have data to effectively combat it. A basic question to start with: Why does the disease continue unabated despite remarkable biomedical progress we have had in the past decades? It is well known that tuberculosis is a by-product of poverty.

When we look at the countries with high burden of tuberculosis see that all these countries have something in common. It is not just mycobacterium tuberculosis in the air, but poverty, malnutrition, overcrowding and a health system, which can't cope with basic challenges.

To address tuberculosis, the first step is that we need to stop thinking of biomedical solutions only. TB is social disease made worse by poor political will and commitment for its control. I strongly believe TB control needs to be taken up by all of us as a developmental issue. I would also say that the responsibility of TB control needs to move from doctors to medical administrators and politicians! We need to tackle tuberculosis with the same audacity we amassed to fight COVID-19.

We cannot put price in saving lives. People afflicted by TB are among those most disadvantaged and their situation can be best explained by what Mother Theresa described – *“Hungry for love, He looks at you. Thirsty for kindness, He begs of you.*

Naked for loyalty, He hopes in you. Homeless for shelter in your heart, He asks of you. Will you be that one to Him?"

Immediate response: TB Recovery Plan

Distinguished guests,

COVID-19 disrupted many of our efforts We initially developed catch up plans, then the TB emergency plan. After extensive consultation with all stakeholders, we came up with the TB Recovery Plan. The TB Recovery Plan is a target-driven, evidence-based plan aiming at finding people with undiagnosed TB, strengthening linkage of people diagnosed with TB to treatment, strengthening retention in TB care, and strengthening TB prevention.

This may sound like business as usual, however closer examination shows that there are some new interventions and exciting developments e.g.: Expanded screening activities with TB Check, as well as the use of digital chest X-ray for TB screening. Using SMS to provide patients with their TB results is also being introduced to link people to care faster and save people the trouble and cost of returning to clinic when unnecessary. We are also planning to introduce more patient-friendly treatment regimens (4-month paediatric drug-susceptible TB and 6-month drug-resistant TB regimens) to improve retention in care.

We want to scale up implementation of TB preventive therapy including 3HP (three months of weekly rifapentine and isoniazid oral treatment) to improve TB prevention and reduce transmission, especially among people staying in the same home as someone who recently developed TB.

The TB Recovery Plan is a transitional plan that will lead to the NSP 2023-2028. We therefore need to accelerate.

The Need for Good Science

Despite South Africa being a TB-high burden country, it is also a home to a critical mass of world-renowned scientists, researchers, experts. Most of what I have said may not have come as news to you. South Africa's TB response is internationally

admired for its scientific excellence, steady decline in disease burden, and early adoption of new technologies, such as molecular diagnostics and shorter treatment regimens.

I therefore put it to you: How then shall we live and work together to get control of this TB epidemic to place it back on track?

The 4 tracks of the conference will provide a wonderful opportunity to participants. Track 1 will cover the pathogenesis of TB; track 2 will be about drugs/vaccines/diagnostics; track 3 will deal with implementation and health systems; track 4 will be on social and community aspects. The plenary sessions will cover all tracks and not just one track. This is an excellent idea. I urge participants to listen to content outside their area of interest.

Strategic Directions

The greatest thing in this world is not so much where we stand as in what direction we are moving. Through the National TB Recovery Plan, we have moved swiftly to gather and implement evidence-based solutions to gain back the ground lost during the pandemic. Together we have also channeled our efforts to keep to our End TB promise by developing a clear strategic vision informed by the evidence – much of it generated by the people in this room.

Over the next 5 years, we will work toward a system that supports people from the moment they come into contact with a health provider – public, private, or traditional – to know their test result and link to care within a week.

We will work toward a system that provides better care, through shorter regimens and tailored support in facilities and communities.

We will work toward a system that values prevention as much as treatment and supports the people on the frontlines.

And we will work towards creating a culture of data-driven decision-making, building public facing dashboards to ensure accountability and that funds can be leveraged and prioritised to areas and populations that need it most.

This vision was built through collaboration. With your support, we are committed to Ending TB by 2035.

This vision will remain a dream if we do not provide substance to it. We also need new TB drugs and a TB vaccine to fulfil this.

Conclusion

In conclusion, I would like to thank you for being here today and for your enduring commitment to End TB. The uncertainty of the COVID-19 pandemic set us back for a moment, but also encouraged us to do better. We now need to take TB to the finish line: health care workers, donors and partners, scientific community.

Let us enjoy these scientific proceedings, and may we remember to ensure that the research leads to sustainable development with a positive impact on the TB response.

We in the NDoH commit to making it easier to translate evidence into practice.

Thank you for your attention.