

Speaking Notes: Deputy Minister of Health, Dr S Dhlomo

Department of Health, South Africa
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The conference Co-Chairpersons: Prof Sisulu Moyo and Dr Lindiwe Mvusi

The MEC for Health in KZN: Ms Nomagugu Simelane

The executive Mayor of eThekweni Metropolitan Municipality: The Hon Kaunda

The Co-Chair of South African National AIDS Council, Ms Mapas eka Letsike

Conference Organisers under the leadership of the Foundation for Professional Development

All esteemed colleagues: Health managers, healthcare workers, TB researchers, Tertiary Institutions, Donors, development partners, civil society, and most importantly, people living with HIV and TB.

I am honoured to stand before you today at the opening session of the 8th South African TB Conference. Your enduring commitment improving the health of the people, but most importantly, of ending TB is truly commendable. This testament to the fact that working together, we continue to make significant strides toward this critical goal, of ending TB in 2030. However, as much as we have made commendable strides, we do sadly note that our journey looks like a mirage, where after reaching what you thought was a target, you realise another little huddle ahead. In the words of 1st President of our Rainbow Nation, President Nelson Mandela, that **“After climbing a great hill, one only finds that there are many more hills to climb.”** This illustrates the common knowledge that that life is a never-ending journey of challenges and growth, with each accomplishment or milestone only serving as a stepping stone to the next obstacle. This further means that we must never become complacent about the milestones we reach but seek to achieve even more. In this regard, we know that there is an urgent need to intensify our efforts to reach the crucial milestones set for ending TB disease and deaths.

We come to you today, under the theme of this year’s conference, which is: “Accelerating Progress to End TB”, which is a call to action for all of us, to indeed take a posture of the need to end TB as a public health threat. This theme reminds us that while progress has been made, we must now move with increased urgency and

determination towards 2030. Over the next few days, this conference will serve as a pivotal platform for robust engagement, knowledge sharing, and innovation. We will explore the diverse aspects of TB control, from innovative diagnostics to comprehensive patient care, ensuring that we are well-equipped to accelerate our progress towards ending TB.

TB Burden in South Africa

TB has been a major public health challenge for centuries. Over the past decade, more than one million lives have been lost to TB across the world. As we gather here, let us reflect on the profound impact of TB on our nation. South Africa remains one of the 30 high TB burden countries, accounting for 87% of the global TB burden. It is also among the ten countries facing a triple burden of TB, TB/HIV, and multi-drug-resistant TB (MDR-TB).

In 2022, the World Health Organization (WHO) estimated that 280,000 people in South Africa developed TB, with an incidence rate of 468 per 100,000 population. Additionally, around 11,000 people contracted drug-resistant TB, underscoring the complexity of our TB epidemic. Notably, 54% of incident TB cases occur among people living with HIV, highlighting the intertwined nature of these epidemics.

South Africa's Fight Against TB and Progress Made

Despite these challenges, we have seen improvements. South Africa's TB programme is internationally well-regarded for its steady decline in TB cases, which was achieved through the rapid uptake of evidence-based approaches like GeneXpert and shorter MDR-TB regimens. These have been important interventions in our clinical management of the TB programme.

From 2015 to 2022, South Africa achieved a remarkable 53% reduction in TB incidences. TB case notifications reached 224,621 in 2022, with 74% of cases tested using rapid diagnostics and 88% of patients knowing their HIV status. In 2023, nearly 2.9 million GeneXpert tests were conducted in South Africa—a testament to our relentless efforts to find and treat TB. However, we must strengthen the linkage to care, using tools like SMS notifications to ensure patients receive timely treatment.

TB treatment coverage increased to 77% by the end of 2022. The treatment success rate for new and relapse TB patients was 79% in 2021. However, TB-related deaths only decreased by 17% and in 2022, 54,000 people died of TB in South Africa. Also, financial barriers remain significant, with 56% of TB patients experiencing catastrophic costs in 2021.

Challenges in the TB Programme

The following antidote illustrate the challenge:

Consider a patient's journey with TB begins with a persistent cough and night sweats, symptoms she initially dismisses as a common cold. As her condition worsens, she visits her local clinic, where he/she is diagnosed with TB. She is overwhelmed with fear and uncertainty, having heard stories about the challenges of TB treatment.

At the clinic, she meets a nurse, a dedicated healthcare worker who guides her through the initial steps of TB care. The nurse explains the importance of adhering to the six-month treatment regimen and arranges for a GeneXpert test, which confirms the diagnosis. She appreciates the rapid diagnostics, which provided clarity and enabled her to start treatment quickly. The nurse continues to monitor her treatment and provide advice.

However, the journey was not without its hurdles. This patient faces stigma from her community, discrimination, isolation, all of which add to her emotional burden. She also struggles with the side effects of the medication, which includes nausea and fatigue. She finds little support, and no opportunity to connect with other TB patients to share experiences and coping strategies. Financially, because she may not be working, or may have been laid off due to ill-health. This may be compounded by the cost of transportation to the clinic for regular check-ups and the need to take time off work adds to her stress.

Despite this, she persists and after six months of consistent treatment, she receives the news she had been hoping for: she is cured of TB.

This patient's story is a sad indictment of the challenges our patients must navigate but is also a testament to the resilience and determination of TB patients.

The story of the patient is again a reminder that the end part of the successful story of TB treatment is a result of the patient commitment to the course and the supportive health environment.

Despite our progress, significant challenges remain. One major issue is the inadequate testing for people living with TB, which hampers early diagnosis and treatment. This problem is compounded in children, where case finding is limited due to health worker uncertainty and the difficulty of obtaining samples from young patients.

Another critical challenge is the high Loss-To-Follow-Up, which is driven by various factors including access barriers, client mobility, system integration issues, and limited tracking capabilities. These issues prevent many patients from completing their treatment, which is crucial for both their health and the broader public health effort.

Low treatment adherence remains a significant obstacle, influenced by stigma, catastrophic costs, clinic congestion, misunderstanding of TB, conflicting health beliefs, and substance use. These factors create a complex web of barriers that prevent patients from sticking to their treatment plans, leading to poor health outcomes and continued transmission of the disease.

We also face persistent high mortality among TB patients, driven by delays in diagnosis, the presence of advanced HIV, and gaps within the health system. These systemic issues highlight the urgent need for a more integrated and responsive healthcare approach.

Moreover, the uptake of TB preventive therapy among close contacts of TB patients is poor. This gap in preventive measures means that many individuals at high risk of contracting TB are not receiving the care they need to avoid infection.

Another significant challenge is the inconsistency in TB care quality across different regions and healthcare facilities. Variability in the implementation of treatment protocols and patient management practices can lead to disparities in treatment outcomes. Some facilities may lack the necessary resources or trained personnel to deliver optimal care, resulting in subpar treatment for many patients. Addressing this

inconsistency requires standardising care protocols, providing continuous training for healthcare workers, and ensuring that all facilities are adequately equipped to handle TB cases effectively.

Additionally, we have yet to adequately address the socio-economic determinants that significantly impact TB outcomes, such as poverty, inadequate housing, unemployment, and undernutrition. These factors contribute to the vulnerability of individuals to TB infection and complicate the treatment and recovery process. Poor living conditions and malnutrition weaken immune systems, making it harder for patients to fight off the disease. Without addressing these underlying issues, efforts to control TB will remain insufficient. Comprehensive strategies that include improving living conditions, providing economic support, and ensuring access to nutritious food are essential to achieving long-term success in the fight against TB.

Addressing these challenges requires a multifaceted approach that includes improved diagnostic tools, better healthcare worker training, enhanced patient tracking systems, and a concerted effort to reduce stigma and financial barriers associated with TB treatment.

Lessons Learned

The success stories are an outcome of the multi-sectoral collaboration, which when backed by the strong political commitment, and adequate resourcing, become a winning formula for our battle against TB. Our National TB Programme remains committed to the WHO's End TB Strategy, with a goal to end TB by 2035. The National Strategic Plan for HIV, TB, and STIs (2023-2028) sets bold commitments to address our TB burden and guide our efforts to leave no one behind. Each year, we develop a TB Recovery Plan to guide our interventions. For 2024/2025, South Africa has allocated over ZAR4 billion to the TB programme, with 71% from domestic sources, 21% from the Global Fund and 8% from US government commitments.

Our fight against TB is bolstered by significant support from donors and implementation partners, with 40 of our 52 districts receiving assistance from partners funded by the Global Fund or the US government. Effective coordination by provinces is essential to ensure accountability and programme success.

Partnerships with civil society, academia, and the private sector can harness diverse expertise and resources. Our robust engagement mechanism with TB stakeholders, through the TB Think Tank, is a testament to our commitment to collaborative efforts.

Accelerating Research and Innovation and Integrated Patient-Centred Care

South Africa leads the world in the adoption of new tools to test and treat TB. The introduction of WHO-approved rapid diagnostic tests began as early as 2010, and we are eagerly anticipating targeted new generation sequencing. New and repurposed TB drugs have significantly improved cure rates for drug-resistant TB patients. The BPAL-L programme, launched in September 2023, now has over 2,000 patients on a six-month DR-TB regimen. Recent progress in TB vaccine development offers hope for eradication, and we are prepared to implement TB vaccines when they become available.

Bold Policies and Systems, and Tailored Interventions for the South African Context

Prioritising high-burden populations and regions ensures that resources are directed where they are most needed. The national TB prevalence survey revealed high prevalence among men, young adults aged 15-24 years, and HIV-negative individuals. Poverty, inequality and undernutrition remain primary drivers of South Africa's TB epidemic. The National TB Programme (NTP) must address the social determinants fuelling the TB epidemic.

Our first national survey on the people with TB cost found that more than half (56%) of people with TB face catastrophic costs. Pre-treatment unemployment among TB patients was 48%, increasing to 68% during treatment. Improved TB social and behavioural change communication (SBCC) is crucial for enhancing TB programming and working towards the global goal of ending TB by 2030. Our new TB Communications Campaign aims to improve TB knowledge, promote health-seeking behaviours, strengthen rights-based and gender-responsive TB services, and engage communities to increase awareness and reduce stigma. In short, it is a communication campaign that seeks to enhance autodynamic need to modify behaviour to fight TB.

We will launch #MyTBStory at the conference, a web-based platform to source and amplify stories from people with TB, their families and health care workers.

Strong digital surveillance systems are paramount to reaching our End TB objectives. We've crafted user-friendly TB dashboards accessible to TB program managers at every level of the health system. These tools aid in pinpointing areas needing improvement, enhancing overall TB performance. Looking forward, the introduction of an Electronic Medical Record system in 2024 promises to elevate our TB information infrastructure. This advancement will streamline patient care and program oversight, empowering us to monitor and respond to TB cases more effectively.

Conclusion

Each year on March 24th, we mark World TB Day, and this year, the theme was "Yes, You and I Can END TB!" This theme emphasises our collective responsibility and potential to eradicate this disease. These are some of many other platforms that we use to get the message across.

As I mentioned in the beginning, the theme of this year's TB conference, "Accelerating Progress to End TB," is a call to action.

Let us embrace this theme with a renewed sense of purpose and commitment. Let us be inspired by the stories of TB survivors and motivated by the progress we have made.

By actively participating in the plenary and parallel sessions, symposia, roundtables, and debates, we can collectively chart a course toward a future free from TB. Together, let us harness our collective expertise and passion to drive the impactful change needed to eliminate this devastating disease.

Thank you.