



Declare TB a national health emergency!

Treatment Action Campaign (TAC) memorandum issued to Deputy President Mabuza on World TB Day

- TAC calls for TB to be declared a national health emergency and establish Standing Committee on TB in Parliament

24 March 2021, Nelspruit, Mpumalanga

Deputy President Mabuza,

We know that TB is a preventable and treatable bacteria that can be beaten. Yet TB remains the leading cause of death in South Africa, killing **58,000** people in **2019**. **36,000** of those people were living with HIV.

In last year's [Global TB Report](#), the World Health Organization (WHO) ranked South Africa amongst the 20 countries with the highest TB burden in the world. In the first South African [TB Prevalence Survey](#), total TB incidence was estimated at 390,000.

As members of the Treatment Action Campaign (TAC), we are gathered here today to urge you to declare tuberculosis a national health emergency.

Diagnosis

Early detection remains key to a successful TB response. Yet too many people with TB continue to go undiagnosed. This is complicated, as around 58% of people with TB present without any symptoms, yet even those with TB symptoms are often overlooked by healthcare workers. We have seen what strong political will can do, as all patients are screened for COVID-19 symptoms upon arrival at clinics. Why not the same for TB? Instead, it is estimated that as many as **154,348** people remain undiagnosed with TB in the country, **104,189** living with HIV.

Through the [Ritshidze](#) project — a joint initiative between TAC, NAPWA, SANERELA+, Positive Women's Network, and the Positive Action Campaign — we found that **75%** of the **400** clinics monitored reported not having urine-LAM tests available, while about **1 in 4** staff members had not

been trained on TB LAM testing. Further, **1 in 5** health facilities had no access to GeneXpert testing, a rapid molecular test, either at the clinic or by referral.

We call for:

- ***Everyone to be screened for TB every time they go to the clinic.***
- ***All people living with HIV with signs and symptoms of TB or advanced HIV disease to receive both a urine-LAM test and rapid molecular test.***
- ***Anyone with a cough of any duration and other high-risk groups, including previous TB patients and their household contacts, to be tested for TB,***
- ***We call on the State to set ambitious testing targets and to find and treat those who are not accessing care and stop the spread of TB.***
- ***Digital chest x-rays, urine-LAM, and other diagnostic tools should be used to ensure early diagnosis of preclinical TB in patients.***

The call to declare TB a public health emergency comes at a time when lip service has been paid about the importance of treating and ending TB, yet critical funds have been diverted from TB and HIV services. For example, in the 2021 National Budget, an estimated [R5.8 billion](#) was diverted over the mid-term (the next three years), despite significant losses in the fight against both pandemics.

While the government has a central role to play, we call on all duty bearers, including funding agencies, to prioritise HIV and TB funding in budgeting in order for the state to meet targets.

Human Resources

We call for more health workers, particularly those dealing specifically with TB, and more community healthcare workers on the frontline of the TB response. We know that our clinics are understaffed and overcrowded. Almost 80% of patients interviewed through Ritshidze told us that they must wait in long queues to access healthcare services.

And we know that overstretched healthcare workers can become stressed and have little time for patients. Poor staff attitudes remain a major barrier to patients' access to healthcare. Less than half (46.6%) of patients interviewed through Ritshidze felt that health facility staff were friendly and professional.

We note that the prevalence in males is 1.6 times as much as with women, yet the reality is that men are far less likely to go to the clinic to get tested for TB or access other health services. ***We therefore also call on the government to amplify targeted interventions to reach men.***

We note with alarm that of the participants in the [TB Prevalence Survey](#) who presented symptoms, 66.6% did not seek care. ***We therefore call on the state to double efforts aimed at societal behavioural change through a radical, targeted communications strategy.*** We recognise the potentially powerful role played by other non-state actors in this and commit to assisting as much as possible in this endeavour.

TB infection control

Six simple interventions are at the heart of how clinics can be part of turning the tide on TB infection. By following a checklist of good practice, clinics can be safer for patients and staff. Yet very few clinics are actually following the checklist. Through Ritshidze we found that around 40% of clinics followed about half of the best practice measures, leaving just under 60% failing altogether. Only two clinics succeeded in protecting patients and staff from getting TB at the clinic.

For years we have been calling for this checklist of good practice to be adopted. We know it is possible. We have been able to educate people about COVID-19 infection control, to ensure the use of masks in clinics, to screen people for COVID-19 symptoms, to ensure the provision of COVID-19 posters in all South African languages, so these things must be possible for TB as well. The only thing lacking is political will.

Deputy President, we call on government and funding agencies to ensure that all best practice TB infection control measures are adhered to in all clinics and other public buildings.

We also urge you to Establish a Standing Committee on TB in Parliament.

International level interventions

The state committed itself to targets set in the [UN High Level Meeting](#) on the fight against TB, including on increased financing and prioritising vulnerable and marginalised populations. ***We call on the government to recommit to these targets to highlight the country's commitment to ending TB.***

Finally, we as TAC commit to working together with the government, funding agencies, partner organisations and all stakeholders in order to make TB the priority it deserves to be.

Signed:

D. D. Mabuza

Deputy President of the Republic of South Africa

Anele Yawa

TAC General Secretary