

SPEAKING NOTES FOR MINISTER OF HEALTH AT THE TB PREVA- LENCE SURVEY FINDINGS WEBINAR

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- THE HON. DEPUTY MINISTER DR. JOE PHAAHLA
- THE DIRECTOR GENERAL OF HEALTH DR SANDILE BUTHELEZI
- MEC's PRESENT
- PROVINCIAL AND NATIONAL SENIOR MANAGERS,
- HEADS OF TECHNICAL AND DONOR/ FUNDING AGENCIES,
- TECHNICAL PARTNERS
- CIVIL SOCIETY REPRESENTATIVES
- DISTINGUISHED GUESTS
- MEMBERS OF THE MEDIA
- FELLOW SOUTH AFRICANS

To begin, I wish to thank the South African Medical Research Council, Human Science Research Council, the National Institute of Communicable Diseases and everyone who was involved in the successful implementation of this survey. In addition allow me extend our gratitude to the funding agencies (Global Fund, USAID and Bill and Melinda Gates Foundation) who have made it possible through their commitment and generosity.

As a high burden country, South Africa continues to battle a TB epidemic. In addition, our rates of drug resistant TB, though declining, continue to pose a public health risk. The continued prevalence of TB has been mainly dri-

ven by the concurrent HIV epidemic, however, much has been gained in reducing the burden due to our high coverage with antiretroviral treatment. We should however not forget the social drivers and barriers which continue to fuel the epidemic. Interventions must integrate an effective strategy to deal with socio-economic determinants, through a coordinated effort with all stakeholders that empower communities.

Access to health services is a constitutional right. As government, our commitment is to realize a long and healthy life for all our citizens. This survey was undertaken to ensure that our services are responsive to the lived experience of our communities. There are lessons on community engagement and multi-sectoral partnerships that we can learn from provincial experiences, which we can take to scale. This should include the expansion of the social protection network to reach poor, vulnerable and disadvantaged groups.

These are some of the findings which highlight key aspects of our TB response:

1. There are many people with undetected TB in the communities

The implications of this is continued transmission. To break the cycle of transmission we need to extend services to communities through outreach programmes and sustain infection control practices from COVID-19

2. People with TB symptoms delay to seek care

Late presentation for care results in advanced and complicated TB disease leading to avoidable hospitalisation and deaths. In addition this increases the chances of transmission to close contacts.

3. A higher proportion of HIV negative people have asymptomatic TB than People Living with HIV

This has been a key finding which will require a shift in the way we achieve proactive health seeking behaviour. Previously, we focused on symptomatic patients and those living with HIV. We now need to encourage everyone to screen and test for TB to achieve elimination.

The work of advocacy will need to be adopt a multisectoral approach- we, as government, are ready to forge the necessary partnerships with civil society, social partners and colleagues in communication to spread the word throughout the land.

4. Men, the elderly (>65years) and people in the age groups 35 - 44 years are least able to access TB services

We need to analyze the dynamics that have resulted in this finding for these age groups. The social science must guide us to ensure our interventions are meaningful and impactful.

This report has been released while we are in the midst of a raging COVID-19 pandemic, which has, in itself, highlighted some of the key issues within the TB Prevalence survey report. What is encouraging is that we have established a solid foundation for resilient emergency response systems. By implementing the recommendations, we will reinforce and elevate some of the key strategies we have learnt from our COVID-19 response.

Some of the key recommendations emanating from the TB Survey Report are:

- Increasing access to TB screening and testing services through outreach programmes using mobile testing and x-ray facilities. These services should target the hard to reach populations
- Routinely testing people living with HIV, household TB contacts and people previously treated for TB, irrespective of symptoms.
- Expanding the use of chest x-rays for TB screening at facility and community level. This was based on the results of pilot study which is currently being conducted in 6 districts. This would require mobile/ portable equipment with artificial intelligence (AI) solutions to simplify interpretation for clinicians.
- Optimising the use of existing diagnostic tests such as Gene- Xpert, urine LAM assay. In addition, expanding first and second line drug susceptibility tests by ensuring that all people who are eligible are tested.
- Scaling up access to treatment for TB infection to all eligible people living with HIV, all household contacts and people living with silicosis.
- Continued effective communication with clear messages that reach all our people
- Develop and implement strategies to address stigma and discrimination

The impact of the Covid-19 pandemic on health services and TB in particular is well documented. A lot of effort will be required to mitigate the negative impact of Covid-19 and still ensure that we attain our set targets. We

therefore need to look at innovative ways of providing health services in an integrated manner for efficiency. These should include:

- The use of digital technology for TB. We have made a lot of strides in the health informations system space during the COVID-19 response. We will therefore leverage some of these technologies for TB screening, contact tracing and treatment adherence.
- The TB Health Check App has been developed and can be accessed by dialing *134*832*5# or send 'TB' to +27600123456 on WhatsApp. This App provides an easy way for everyone to screen themselves for TB. It guides users through a series of questions and then advises them on whether they need a TB test or not. I am informed that over 9000 South Africans have screened themselves for TB using the app and over 600 have had a TB test. Just over 1 in 10 of those tested were found to have TB. These individuals are now on treatment. I would like to encourage people to use this service.
- Home delivery of medicines for patients by community health workers and inclusion of TB medicines in the CCMDD system.
- Integrating TB and COVID-19 testing using Gene Xpert technology. The National Health Laboratory Service championed the use of Gene-Xpert for mobile screening and testing units early in the pandemic and this greatly increased our capacity to test using Gene-Xpert. This bodes well for a robust community screening and testing programme for TB.

I commend the work that has been done to shed light on TB prevalence in the country and the factors that continue to drive the pandemic. However, I hope the research community will indulge me as I observe that the survey

focused on adults >15 years. We know that, in this country, children are affected by TB and many of them go onto developing chronic lung problems. I therefore hope that the work will continue and that children below fifteen will be included in the subsequent studies

Whilst we face numerous challenges in these extraordinary time, we remain committed to ending the TB epidemic. I trust that with the assistance of our multi-lateral and bi-lateral partners, technical agencies and civil society we will succeed in doing that.

I thank you.

Issued By the Ministry of Health

Dr Lwazi Manzi

0826788979