Speech by KZN Health Head of Department on the occasion of recognizing and acknowledging the efforts and gains made by TB Healthcare workers in the TB field in the past 10 years

19 December 2014

Director in the TB Control and Management Cluster within the National Department of Health, Dr Lindiwe Mvusi;

Chief of Party for the USAID TB Programme South Africa, Dr Siphiwe Mndaweni;

Senior HIV/AIDS Prevention Advisor (USAID), Dr Joan Littlefield;

Programme Manager of the KZN Department of Health's Environmental Health and Communicable Diseases Control, Bruce Margot;

TB Programme Manager in the KZN Department of Health, Dr Jacqueline Ngozo;

Distinguished guests,

Ladies and Gentlemen…

I regard today's event as one of the most significant as it presents us with an opportunity to thank all our staff because in our dealings with patients as healthcare workers, we all get exposed to Tuberculosis. There is no way that we can run away from the fact that TB is a significant occupational health challenge among Health Care Workers.

It will remain crucial for all of us to implement and sustain effective surveillance programmes as Health Care Workers. Indeed the best

amongst us have been infected as attested by an account given by our MEC; Honourable Dr Sibongiseni Dhlomo. In paying tribute to *Dr Nerissa Pather of Durban and Dr Thabiso Thusi of Port Shepstone, who contracted TB and MDR-TB respectively while in the line of duty, Dr Dhlomo said: "This is the highest price any healthcare professional could pay for his or her country."*

Programme Director, it is in the light of the above that I say thank you to all our healthcare workers for their commitment and willingness to serve to the level where today we speak of successes in the fight against Tuberculosis.

This fight has never and will never be easy. According to the World Health Organisation, South Africa ranks 7th amongst the 22 high burden TB countries. Our Province is counted as the most affected, together with Eastern Cape; Gauteng and Western Cape. Our TB situation in actual numbers as recorded in 2013 stood at **99 067** notified cases; of which 6 916 [7%] were children under the age of 5. The leading Districts with more than 1000 cases per 100 000 population were Ugu; EThekwini and UThungulu respectively.

In all our efforts we are always cognisant of the fact that with the onslaught of the HIV pandemic in the 1980s, along came a myriad of opportunistic infections, the worst being Tuberculosis (TB).

Our Province is also the hardest hit when it comes to high co-infection rate of TB and HIV as it currently stands at 65%. We know that the biggest impediment here is the issue of a delay in the diagnosis and treatment of TB in people with HIV. On this particular aspect we still

need to do more, considering that the Report titled: Mortality and Causes of Death in South Africa, 2013; by Statistics South Africa, 2014; says that *the leading cause of death for age group 15–44 was tuberculosis, accounting for 15,2% deaths in this age group, followed by HIV disease which was responsible for 10,8% of deaths.*

Today under the theme, “Reaping the Rewards of our Labour,” we thus recognise all the Developmental Partners and Non-Governmental Organisations that have joined hands with us in this fight against the scourge of Tuberculosis.

We proudly and deliberately single out the University Research Corporation (URC) as an organization that joined forces with our Department as early as 2004 to lend us support. The funding that they received from USAID and PEPFAR has seen us succeeding in the development and implementation of the Tuberculosis crisis plan.

Working together as partners we are proud of the achievements made as our TB Programme is indeed slowly reaping the rewards. Seeds that were sown from 2005 are now finally coming to fruition. TB is slowly but surely being beaten back.

The statistics show a marked improvement since 2005 when for an example the defaulter rate was sitting at 20% compared to where it is now at 5%. Again, we say this can only have been achieved through the dedication and perseverance of health care workers and our partners in the TB field.

Dear Colleagues; we have to acknowledge that these achievements and successes we are witnessing today could also not have come about if it

were not for the ground breaking pronouncements on World AIDS day in December 2009 by our President, Hon Jacob Zuma when he decreed that approach to HIV and Tuberculosis should entail:

- The integration of HIV management and TB treatment and that these be treated under one roof and also stating that those patients with TB and HIV be started on ARVs.

Today we recognize that working together we have indeed successfully integrated the TB and HIV services and these are now accessible and available in all the 779 KZN public health facilities.

Here I need to pause and declare that we will also forever be indebted to **Isilo Samabandla Onke** for His Wisdom in bringing back the culture of UKUSOKA, (Medical Male Circumcision) because for each person who will be circumcised, we have been able to expand and increase our screening for HIV; Tuberculosis and other opportunistic diseases.

We also reserve special appreciation for our TB defaulter tracing teams as well as the TB/HIV outreach teams for ensuring that all those who go astray are harnessed and made to toe the line in as far as adherence to medication is concerned.

We will also never leave out the good work performed by our Community Care Givers (CCGs) who visit households to provide Directly Observed Treatment and watch patients drink medicine, with special emphasis on those with drug resistant TB who have to stay for 24 - 36 months on treatment.

As we acknowledge those who add value, I can never leave out the management and cadres who continue identifying TB hot spots in the communities and those that assist in curbing the spread of TB in correctional facilities; hostels; Taxi Ranks; Truck Stops and coal mines.

I also thank all those who partake in Community awareness campaigns defining TB symptoms; calling for HIV testing and encouraging early presentation to the facilities.

In our capacity as Management, we also commit to continue mobilizing community; political and religious leaders to get involved in campaigns that discourage Stigma and Discrimination which are major barriers to testing and access to care.

The playing field has been leveled, our Province today accounts for **86** Gene Xpert machines spanned all over, facilitating early diagnosis of TB and MDR-TB and also allowing initiation of TB treatment within 24-48 hours thus reducing time for treatment of MDR TB from 2 months to less than 2 weeks. We could not have asked for less.

We have also gone an extra mile in improving access to treatment through training by introducing the Nurse driven ART initiation on TB as well as the NIM DR (nurse initiated drug resistant MDR-TB treatment).

As things stand, we all agree that as much as there are achievements made, they are far from enough to ensure progress towards the total elimination of tuberculosis.

The TB Programme now has new targets for 2014/2015, such as to ensure that 95% of smear positive cases are started on treatment, bacteriological coverage is increased to 90%, smear conversion at 2 months is increased to 85%, the defaulter rate remains at under 5%, the MDR treatment success rate is 65 %, the MDR death rate is reduced to 10%, the XDR treatment success rate is increased to 35% and the XDR death rate is dropped to 30%. It will be remarkable to hold such an event in 10 years' time and see the change in the indicators from where we are today to being met and improved and look back and see that it is only possible through the dedication and hard work of the health care worker.

We still call for the civil society to work alongside us by actively participating in clinic committees and hospital boards; engaging with communities and using their resources to complement the efforts of the formal public health system. We are saying; let us all work together to create '*A world free of tuberculosis – zero deaths, disease and suffering due to tuberculosis.*

This we can do if we all commit to:

- Find every TB suspect
- Test every TB suspect
- Initiate on Treatment every TB patient

- Trace and screen all the contacts and relatives of every TB patient
- Trace every TB patient lost to treatment
- Test all suspect school children, and
- Test all the miners and prisoners

This is one war we have to win!!

Working together, we will beat TB.

I thank you