

**Speech by KZN Health MEC, Dr Sibongiseni Dhlomo on the occasion of commemoration of the TB day at Kwa Ngqolosi in EThekwini**

25 March 2014

Ndabezitha – Inkosi Bhengu

Izinduna ze Nkosi

EThekwini Metro Mayor – Esteemed Cllr James Nxumalo

Priority Programs General Manager – Dr Siphwe Mndaweni

EThekwini Health District Manager – Ms Penny Dladla Msimang

Our partners

Malunga omphakathi ahloniphekile

Ndabezitha, in this month of March we are enjoined by the whole world in raising awareness and cautioning the global community about the dangers of Tuberculosis when left untreated. Our message remains the same that TB is completely curable and that TB kills!!

Ndabezitha, with the advent of democracy and freedom in 1994, all South Africans; irrespective of their race, religion and economic status were presented with a new beginning and hope of a better life underpinned by an opportunity to access better services, including health care services.

The ANC led government has worked tirelessly to ensure that the hope of a better life for all our people is not undermined and the vision of **A Long and Healthy Life for All South Africans** is realised.

In this Province of KwaZulu-Natal, we were able to access our status that we are regarded as the epicentre for HIV and AIDS and Tuberculosis (TB); high maternal and child mortality, alarming and ever-increasing incidence of Non-Communicable diseases.

Our former Premier, currently, the Treasurer General of our glorious movement; Honourable Dr Zweli Mkhize; bluntly told us that as a Province, we are responsible for the characterisation of our country as an AIDS ridden society when he said: ***“if South Africa is to achieve a goal of a South Africa that is free of Tuberculosis, HIV and the stigma surrounding the diseases, KwaZulu-Natal has to lead such change”.***

Ndabezitha, this being the Provincial TB event, allow us to thank our populace for working with us in ensuring that the malady of diseases ravaging this beautiful get decreased.

Our efforts to mitigate the scourge of HIV and TB infections as well as mother to child transmission of HIV are starting to bear fruits.

We are grateful that this country is led by visionary leaders like President Jacob Zuma who on AIDS World Day in 2009 announced a new approach in dealing with issues related to HIV. This entailed the following:

- All children under one year of age to get treatment if they test positive, and this not be determined by the level of CD cells.
- All patients with both TB and HIV to get treatment with anti-retroviral if their CD4 count is 350 or less as opposed to previous

recommendation considering them when their CD4 count was less than 200.

- All pregnant HIV positive women with a CD4 count of 350 or with symptoms regardless of CD4 count to get access to treatment.
- All other pregnant women not falling into this category, but who are HIV positive, to be put on treatment at fourteen weeks of pregnancy to protect the baby. Prior 2009 this was only started during the last term of pregnancy.

Our President also called for all South Africans to know their status, not only on HIV. His approach to counselling and testing changed from a single HIV focus to a more inclusive and comprehensive service delivery model offered to all patients at their entry point in the health system inclusive of:

- HIV counselling and testing (HIV)
- Blood pressure (Hypertension)
- Blood sugar (Diabetes mellitus)
- HB (Anaemia)
- TB screening (symptomatic)
- Full clinical TB screening based on a patient circumstances

Today we thus make use of this platform to report on the status of Tuberculosis in this Province as well as on efforts put in place to curb it. Working with communities as well as the Community Care givers, we have **established 97 outreach teams** throughout the province to visit

patients who are unable to access a health facility. The responsibilities of the outreach teams entail the following:

- Administer injectable drugs
- Observe the patient taking their oral drugs (HIV/TB/DR-TB),
- Trace defaulters of the TB/DR-TB/HIV programme
- Take along BP & HGT machines and weighing scale to also check for other chronic diseases to all members of the household and refer to the nearest clinic where necessary.
- To check immunization in households that have children and where there are pregnant women, check their Antenatal care(write in full) attendance

We have made notable progress in our efforts considering that the average TB/HIV co-infection rate for the past three quarters has been estimated at 62 % with some districts reporting a co-infection rate of more than 70 %. Currently, the situation is as follows:

- The province is noticing a decline in the TB incidence which was 1090/100 000 population in 2011 to 889/100 000 population in 2012.
- The campaign of screening for TB in those testing positive for HIV has been sustained throughout the year.
- There is an increased proportion of TB patients that know their HIV status and percentage of TB patients on ART.

- Since 2010, the Department of Health has embarked on HCT campaign in a drive to encourage all KZN citizens to know their status as per the Presidential call in 2009 on World AIDS Day.
- The department has taken the HCT services outside the traditional public health outlets and brought it closer to communities in the form of non-medical sites and outreach campaigns in hard to reach areas such as farms, tertiary institutions, taxi ranks and truck stops.
- During these HCT campaigns, clients are also screened for TB and referred to nearest facilities for further management
- A total of 1 336 331 clients were screened for TB in last 3 quarters of 2013/14.
- HIV positive clients are encouraged to screen for TB and are offered TB Preventive therapy to prevent them from getting TB
- All patients who are co-infected with TB and HIV are offered ART irrespective of CD 4 count. Fixed Dose Combination (FDC) is now offered to these clients to ease pill burden
- As part of strengthening the implementation of TB/HIV integration, all PHC facilities are providing TB and ART services. TB and HIV services are provided at a single facility, at the same time and location by the same health care provider.
- There are 615 facilities providing TB and ART services. These comprise of 63 hospitals, 18 CHCs and 534 PHC facilities.

- More than 893 nurses were trained on NIMART and HIV, AIDS, STI and TB in the past three quarters.
- A total of 86 GeneXpert TB diagnostic machines have been procured throughout the province to ensure rapid TB diagnosis and prompt initiation of TB treatment and also diagnosis of Multi-Drug Resistant TB. This revolutionary technology is able to produce TB test results in less than two hours compared to the turnaround time that used to be more than two weeks. With GeneXpert we are now able to diagnose and put a patient on medication the same day she/ he visited the clinic.

Ndabezitha; as a Province, we have accepted HIV counselling and testing as a key preventative strategy and we promote it in all our dealings with patients who present themselves in whatever illness they have.

Our Province has embarked on a number of campaigns in order to increase HCT uptake, including Hlolamanje Zivikele Campaign as well as the First Things First Campaign and Graduate Alive Campaign in Tertiary Institutions.

Our Province is also blessed to have the guidance and wisdom of ONgangezwe Lakhe, His Majesty, King Zwelithini ka Bhekuzulu, who gave a directive that the custom and practice of circumcision be revived as means to bolster the existing Disease Prevention Strategies related to HIV and AIDS. We request Ndabezitha's support in this effort of ensuring that every male here is circumcised.

Working together we will achieve more.