



PO. Box 13912, Hatfield, 0028 | 2nd Floor, Block E, Hatfield Gardens, 333 Grosvenor Street, Hatfield,
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**Keynote Address by the Minister of Health, Dr Joe Phaahla obo
RSA Deputy President & SANAC Chairperson H.E. Paul
Mashatile**

**Official Commemoration of World TB Day 2024
Sedibeng District, Gauteng**

- Programme Directors (Health MEC Nomantu Nkomo-Ralehoko & Provincial Civil Society Chairperson Mr Oupa Shumeni)
- Gauteng Premier, Panyaza Lesufi
- Ministers and Deputy Ministers present
- Chairperson of the SANAC Civil Society Forum, Ms. Steve Letsike
- Deputy Chairperson of the SANAC Private Sector Forum, Dr. Tshegofatso Gopane
- WHO Country Office represented by Dr Ownen Kaluwa
- The US Government representative and the rest of the delegation
- Cosatu President Ms. Zingiswa Losi
- Director General of the Department of Health Dr. Sandile Buthelezi
- SANAC CEO Dr. Thembisile Xulu
- Traditional Leaders present
- Members of the media
- Honoured guests
- Fellow South Africans



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Good afternoon, Dumelang, Sanibonani, Molweni, Lochani, Goie Middag!!!

Before I deliver the message on behalf of the Deputy President Mashatile who wanted to do it himself as usual, but could not, due to other competing commitments of equally national importance. Allow me to extend my deepest condolences to SANAC Disability Sector for the untimely passing of their leader Dr Jacques Lloyd. He was at the forefront to ensure that the voices of persons with disabilities were heard and respected.

His vision of a society free from discrimination and stigma inspired countless individuals to join the cause and work towards a more equitable future for all. His unwavering commitment to inclusivity and accessibility has left an indelible mark on the landscape of disability advocacy in South Africa and beyond. The sector will be poorer without him. May we rise and observe a moment of silence to honour the life Jacques for him.

Thank you very much, Today marks exactly 51, 866 days or 1704 months or 142 years since a German Physician known as Dr Robert Koch announced on Friday, 24 March 1882 that tuberculosis is caused by Mycobacterium Tuberculosis. Today the struggle to end the preventable and curable killer disease continues.

We are gathered here to once more not just to commemorate the World TB Day, but also to reflect on our journey to end TB and reiterate our commitment as government, civil society, private sector, communities and



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individuals to continue to collaborate towards the goal of making South Africa a TB free country, with zero deaths and suffering due to this epidemic.

I would like to assure you that we in a better position to commemorate this day, because we continue to make strides in our fight against Tuberculosis. Unlike many of the diseases that we are battling, TB is preventable and curable. We must take a stance now that Working together, we will end TB, in our lifetime. We must the mark in the sand that from this day, we will work hand in hand to defeat the scourge of TB. We must ensure that we reverse all the losses that we have suffered to TB. We must declare right now that we will end TB.

As we are getting closer and closer to the year 2030 which is the year that we along with other UN member states have committed to end TB, HIV and STIs as public health threats, we join the nations of the world, to commemorate this year's World TB Day under the official theme ***Yes! You and I Can End TB***". This theme aims to encourage individual action to contribute to the national effort against TB. It also emphasizes the importance of being accountable as an individual, and as part of a collective to end TB.

In South Africa, we are taking further to say, yes, working together, You and I can End TB" because indeed these calls for the unity of action. We are a nation, built and wired on the unity of purpose and unit of action, for



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a united celebration in victory. We must declare that we will go, hand-in-hand towards 20230, to end TB.

We must remember that “You and I” is a statement of intent designed to encourage individuals to take charge of their health in line with “Cheka Impilo” objectives, as well as the country’s endeavour towards finding the missing TB clients, in order to end TB.

This theme instils a sense of hope and renewed vigour as we move closer to Agenda 2030, which is partly the reason behind the decision by the global community to retain the commemoration theme from last year. We are encouraged by the other fraternal friends who continue to show progress in this regard, and this makes us hopeful that we will also reach the same milestones that they have reached. There are some of the dear friends who have aimed at ending TB 3 to 5 years before the end, date, and we hope to be counted among when the bell rings.

In order to achieve this feat, we must accelerate our efforts and scale up our interventions over the next five years to ensure that South Africa will have a good story to tell on the other side of 2030, when the roll is called.

It has been stated by both scientists and clinicians repeatedly that TB remains one of the greatest public health threats in our country today. For several years, it has remained the leading cause of death claiming around 1,5 million lives per year. It also accounts for more than half of deaths among people living with HIV (PLHIV) at 53%, and yet, TB is curable. This



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means that the deaths are unnecessary and working together, we can certainly put an end to them. Working together we can rid the country of the scorn of struggling with the preventable and curable, while other nations, with less resources and less complexities than ours are able to move fast and further forward.

I am not saying all these, oblivious of the major strides that have been made, which is mainly because of the cooperation between all sectors of civil society and government and private sector working together to end TB.

Although we remain among TB high burden countries, there has been notable progress in the country's fight against TB – a steady decline has been noted in the number of people diagnosed with TB each year since 2007 where the figure was 644,000 compared to 280,000 in 2022. TB-related deaths are falling, but at a much slower rate.

At last year's commemoration we launched the new National Strategic Plan (NSP) for HIV, TB and STIs for the period 2023 to 2028 with ambitious targets for TB and the other two epidemics. This is the NSP that will take us closer to the finish line in the year 2030. The National Department of Health has further developed a TB Strategic Plan, which lifts our very pertinent actions that must be taken to address the TB specific challenges as we go towards the end date. This TB strategic plan is fully aligned with our NSP for HIV, TB & STIs and it will inform the content of the annual TB Recovery Plans for the period 2023 to 2027.



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The successful implementation of the NSP relies on several critical enablers such as the proper implementation of the National TB Recovery Plan which is one of the tools we have to mitigate against the impact of COVID-19 on the national TB programme. We must scale up the implementation, use, and rapid uptake of new tools and innovations – these include GeneXpert; shorter and oral regimens for drug-resistant TB, as well as routine testing of TB contacts and at-risk populations.

As we remain steadfast in our quest to end TB, we must reflect on prevalent challenges that still remain in our TB response efforts, which call for joint and collective actions in line with our theme:

- we still have a high number of missing TB clients,
- we have a high detection gap among men owing to limited customized services,
- we have a lot of men dying from TB,
- we have a sub-optimal treatment success rate of around 75% for drug susceptible TB and around 60% for drug-resistant TB,
- the dual burden of HIV and TB further complicates TB management,
- we have inadequate coverage of TB preventive therapy at around 63% and sub-optimal contact management.

These are some of the issues that hinder progress, and our collective counter-response must focus on strengthening early case detection



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through targeted testing initiatives, particularly among vulnerable populations like men.

There has been demonstrable will and desire by this government to use all innovations and technology to confront this challenge. As we all know, South Africa has been and remains the world leader in the introduction of new tools to test TB and to treat TB. The introduction of the new WHO-approved Rapid Diagnostic tests for TB has been done as early as 2010. To date we are looking forward to targeted new generation sequencing. The introduction of new and repurposed TB drugs has helped significantly improve the proportion of cured drug resistant (DR-TB) patients. We have rolled out shorter regimens with better drugs for the treatment of drug-resistant tuberculosis, with the notable launch of the bedaquiline-pretomanid-linezolid-levofloxacin (BPAL-L) programme in September 2023, that has almost 2,000 patients on a six-month DR-TB regimen.

However, there are areas where we will be investing our energy to ensure that we do better as we work toward the global goal to end TB by 2030. We must ensure that there is equitable access to healthcare for all particularly for those living with HIV and other comorbidities including TB and other key and special populations. This we can easily achieve through the rollout of the National Health Insurance (NHI), where all will have equal access to the health services, so that indeed nobody is left behind. It is through these measures that we will indeed, working together end TB.



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The only way that You and I will end TB, must be if agree that we will promote health-seeking behaviour, particularly among men. We must work harder to confront TB-related stigma and discrimination. We must raise awareness about TB, its symptoms, and the importance of promptly seeking medical attention. We will do this through improved TB social behavioural change communication (SBCC). The TB SBCC framework focusses to improving TB knowledge, promoting health-seeking behaviours, strengthening rights-based and gender-responsive TB services, and community engagement to increase awareness and reduce stigma associated with TB. We will implement a nationwide TB communication strategy, conduct TB awareness campaigns in TB hotspots and galvanise action by engaging all sectors in the TB response.

TB prevention is key. We must promote the uptake of TB preventive therapy to high-risk groups and vulnerable populations. Recent progress in TB vaccine development offers a glimmer of hope in our journey toward TB eradication, and we stand prepared to implement TB vaccines when they become available. I am happy to report that we have been part of the vaccine development programme.

In a Phase II trial of the vaccine conducted by GSK, the drugmaker that developed the shot, the vaccine provided approximately 50 percent protection against active pulmonary tuberculosis for three years in people infected with the tuberculosis bacteria who were HIV-negative. The result is unprecedented in decades of TB vaccine research, according to Gates MRI.



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As was reportedly said by Dr. Lee Fairlie, Director of maternal and child health at Wits Reproductive Health and HIV Institute at the University of the Witwatersrand, Johannesburg, who is leading the trial there that “Reaching Phase III with an urgently needed TB vaccine candidate is an important moment for South Africans because it demonstrates that there is a strong local and global commitment to fight a disease that remains distressingly common in our communities,”. This trial is expected to include up to 20,000 participants, including people living with HIV, at up to 60 sites in seven countries — South Africa, Zambia, Malawi, Mozambique, Kenya, Indonesia and Vietnam. This gives us hope that indeed, we will end TB, by working with all role players, opinion makers, scientists, academics, politicians, and general population.

We truly believe that this will be a major breakthrough, equal or even more that the initiation of BCG vaccination for newborns which has been compulsory by law in the RSA since 1973. From limited published information, it appears that coverage has now reached more than 80%. The new TB vaccine is essential given the challenges of the effectiveness of the BCG vaccinations in terms of disease prevention in the young.

We must address social determinants of TB such as poverty, poor nutrition, unemployment, gender inequality and lack of access to education. We must resolve the ever-present challenges of our fluctuating clinical and treatment outcomes. Some of the causes of these are the factors that are standing outside the department of health, which are



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social determinants of health. These call on the whole of Government and the Whole of Society approaches, based on our resolve to work together to end TB. We must build a stronger health system that will bring forth the efforts of tackling TB in the mines and the mining communities. We must work with the Southern African (Ex) Miners Associations, to ensure tracking and tracing system of the miners, both past and present, who come from the neighbouring countries, in order to ensure that when we reach the end goal, the whole of SADC is also free of the TB problems.

We will develop very practical and tangible actions with clear and practical steps, working with SAMA, Mineral Council and other parties, to address the problem. We will do this because we are certain that we will end TB if we exclude one stakeholder.

By working together, with unwavering commitment and collaborative efforts, we can achieve the ambitious goals outlined in the NSP and end the suffering and deaths caused by TB.

Ladies and gentlemen, there are two significant announcements for this year's commemoration of World TB Day – the first one pertains to improvement in TB data systems.

The TB Programme of the National Department of Health has developed a comprehensive TB Recovery Plan dashboard, which is used by provinces and districts to monitor the progress of the TB programme.



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NDoH Digital Health have also developed an HIV and TB dashboard in the Health Information Centre. The SANAC Situation Room is a state-of-the-art data consolidation and visualisation hub built at the SANAC offices in Pretoria but can be accessed virtually from anywhere in the world.

There is an enormous quantity of data that is generated in many parts and entities of South Africa. It exists in silos and that fragmentation is due to the lack of a central data repository and management point. This has made monitoring and evaluation of the country's efforts against HIV, TB and STIs rather difficult. These new data visualisation dashboards have been set up precisely to address that challenge.

The second announcement for today relates to the achievement of adequate financing of the TB response in the NSP. Just over ZAR4 billion was budgeted in 2024/2025, meeting the projected needs for implementing the NSP. 71% of the TB budget is from domestic sources, 21% from Global Fund and 8% from US government commitments. We applaud the announcement by National Department of Health and United States Agency for International Development (USAID) of the award of the Accelerate Tuberculosis Elimination and Program Resilience Activity (referred to as "ACCELERATE") in the amount of \$94million for the next five years.

As government, we welcome the generous support from Global Fund and the US Government and appreciate their continued support towards HIV, TB and STIs response.



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Programme Director, March is not only TB Month, but it is also Human Rights Month in our country and this year, Human Rights Day was observed under the theme “Three Decades of Respect for and Promotion of Human Rights”.

I would therefore like to reflect on the Human Rights Programme coordinated by SANAC. The Council has begun the process of developing the second National Human Rights Plan. An assessment of human rights interventions and the desktop review of the previous studies have been done and consultations have begun. The very first consultation was with civil society and over the next few weeks these will continue to cover government, Chapter 9 institutions, development partners and other role players. We expect to finalise and launch the new Plan in July of this year (2024).

As part of continued efforts to advocate for the observation of human rights for key and vulnerable populations, SANAC has been conducting sensitisation trainings with law enforcement, correctional services and traditional leaders. The Human Rights Toolkit is currently under review to align with the new NSP – the toolkit provides a guideline to civic services to ensure that human rights of key and vulnerable populations are always observed at service points.

SANAC has also entered into an agreement with Legal Aid to assist with information dissemination to marginalised communities on how Legal Aid



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can assist in protecting the rights of key and vulnerable populations – this will include awareness campaigns driven jointly by SANAC and Legal Aid.

Programme Directors, the role of Faith-based organisations cannot be underestimated because they continue to play a critical role in the response to tuberculosis (TB). Many faith-based health service providers have implemented effective HIV and TB responses modelled on decades of work on TB. No other sector understands spiritual wellbeing like to the Faith based community. They provide comfort and hope amid mourning, economic uncertainty, and isolation.

This year on AIDS Candlelight Memorial, Sunday, 19th May 19, not only will we remembering those who have died of AIDS and honouring the people who have dedicated their lives to helping those living with and affected by HIV. The SANAC Civil Society Forum Faith Based Sector developed a psychosocial support toolkit that will enable faith leaders to be better able to recognize the signs and symptoms of stress and other common and serious psychosocial issues such as depression and gender-based violence – and learn how to respond; thereby serving as an expanded safety net for vulnerable individuals. The hope is that this training will elevate the role of faith leaders as psychosocial support providers.



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Access to TB services must be equitable, seamless, of high quality, accessible and free to all South Africans.

Government and its partners have invested significantly towards ending TB and we must see a reduction on infections, drug resistant TB, missing patients, and reduced TB-related deaths.

Yes! You and I Can End TB

I thank you.