

Protect those who protect us, by preventing deadly infections!

We thank you for your courageous leadership during these unprecedented times.

COVID-19 and tuberculosis (TB) are projected to be leading causes of death in South Africa in 2020. These are also the main occupational threats to health workers caring for the ill. We note with great alarm the predictions from the [National Modeling Consortium](#) that healthcare facilities will be overrun in the next one to two months, and the mounting accounts of [health worker fatalities](#) due to COVID-19. Additionally, there are widespread reports of [PPE shortages](#) and ongoing [infections among health workers](#) and [their patients](#). This compounds the already unacceptably [high risk](#) health workers face due to [occupational TB exposure](#).

Lethal infections can be prevented by the following three broad categories:

- A. Infection control
- B. Vaccines
- C. Treatment

A. Infection control

We applaud the South African government for its proactive stance on the Personal Protective Equipment (PPE) for health workers, and the adoption of the public #Masks4All approach. Despite these commitments, reports of PPE shortages and low mask use are distressingly common, with some health workers being threatened or even suspended for [demanding adequate protection](#), as mandated by the [Occupational Health and Safety Act](#).

We demand that Government:

- 1. Secures adequate PPE pro-actively, including developing and supporting local manufacturing capacity urgently.**
- 2. Releases and immediately fully implements the Occupational Health Policy for Health Workers regarding TB & HIV, which was submitted by the National Steering Group four years ago already, along with the related demands as detailed in the [letter dated 26 May 2020](#).**

B. Vaccines

We are encouraged by the positive global COVID-19 vaccine developments, and hope to have more definitive results before the end of the year. By contrast, the development of a more effective TB vaccine has only received a fraction of the resources and interest, despite remaining the [leading infectious cause of death globally](#), by a big margin. These diseases are expected to feed off each other, in a vicious cycle of [increased infection risk, morbidity and mortality](#).

Surprisingly, a century old TB vaccine may have [short term protective benefit against COVID-19](#) and [reduce the chance of sustained TB infection](#). [Twelve trials](#) are already looking at the potential protection BCG might confer against COVID-19, but only [one trial in the world is looking at BCG revaccination against COVID-19 and TB](#). This trial was [started in record time on May the 4th](#) in Cape Town, drawing on volunteer goodwill and 'in-house' resources. Despite the novelty, [strength of the evidence underpinning the study objectives](#), safety and rapid potential availability, and the tragic fact that three health workers have already [lost their lives to COVID-19](#) at the main trial site among [more than a hundred infected colleagues](#), the trial has been unable to attract any official public research funding.

We demand that Government:

- 3. Issues a research and development plan, which details how vaccine development will be fast-tracked and innovative research be supported.**
- 4. Issues a statement regarding the merits, or lack thereof, of investigating BCG under strictly controlled randomised trial settings in high risk populations, such as health workers.**
- 5. Moves rapidly to secure BCG stock, which is already vulnerable, in anticipation of possible increased global and/or local demand if any of the above studies show any benefit. This may likewise include investing in local manufacturing capacity.**
- 6. Details how South Africa will contribute to the rapid testing and equitable roll-out of viable and safe novel COVID-19 vaccine candidates.**

C. Treatment

To date there is no effective treatment for COVID-19, but we are following developments with interest, including proposed mechanisms to ensure rapid, equitable and affordable access. [Patents may not be an excuse](#) for unaffordable costs and/or delayed global roll-out. Safe and effective TB Preventive Therapy (TPT) has been available for decades, yet scale-up has lagged far behind. In 2018 the [WHO recommended expanded TPT use](#) aligned with the [United Nations High Level Meeting against TB Commitments](#), yet despite many promises, the new National TPT guidelines have still not been released.

We also note with great concern that there are already reports of stock shortages, including urgently needed medicines that are used against drug-resistant TB. These shortages not only endanger patients, but could allow more resistant and even untreatable strains of TB to develop.

We demand that Government:

- 7. Releases and rapidly implements the long-awaited TPT Guidelines.**
- 8. Moves quickly to secure stock of essential medicines, including bolstering local manufacturing capacity and, where applicable, the use of voluntary and [compulsory licensing](#) mechanisms.**
- 9. Reform the patent laws as called for repeatedly, as [detailed here](#) (also applicable to vaccines and diagnostics).**

The overarching challenge for health workers is that we will [rapidly run out of capacity](#) to care for those in dire need. If care facilities become overcrowded, this will become conducive to nosocomial spread of many infectious diseases and the development of additional antimicrobial resistance, resulting in many more lives lost.

Accordingly, we also demand that Government:

- 10. Urgently moves towards aligning and optimally preparing public and private healthcare resources to achieve the maximum benefit for all South Africans, as [detailed here](#).**

We look forward to receiving your urgent response regarding the ten demands outlined.

Yours in better health and safety for all!

Signed: Organisations (alphabetical order) - updated as of 8 June

- Cancer Alliance
- DTTC (Desmond Tutu TB Centre)
- Free of TB
- Masincedane
- One to One Africa
- PHACT (Public Health Action Team)
- PHM-SA (People's Health Movement South Africa)

- Positive Women Together in Action
- PSAM (Public Service Accountability Monitor)
- RHAP (Rural Health Advocacy Project)
- SA MRC Tuberculosis Platform
- SACWF (The South African Care Workers Forum)
- SANTA (The South African National Tuberculosis Association)
- SECTION 27
- SPII (Studies in Poverty and Inequality Institute)
- SRJC (Sexual Reproductive Justice Coalition)
- TAC (Treatment Action Campaign)
- TB HIV Care
- TB Proof
- Triangle Project
- Union Africa Region
- WACI Health
- Wote Youth Development Projects

Individuals (alphabetical order)

- Albertina Zodwa Nyatsi, Positive Women Together in Action
- Alexander Wehmeyer, M.Clin Pharm candidate, School of Pharmacy, University of the Western Cape
- Alison Best, Communications Manager, TB HIV Care
- Anele Yawa, General Secretary, Treatment Action Campaign
- Dr Arne von Delft, UCT School of Public Health and Family Medicine, TB Proof & PHACT
- Dr Carol Cragg
- Dr Claudine Bill
- Dr Dalene von Delft, Occupational MDR-TB Survivor, TB Proof Board
- Dr Eckart von Delft
- Dr Heena Narotam Jeena
- Dr Helene-Mari van der Westhuizen, TB Proof Chairperson & Department of Primary Care Health Sciences, Oxford University
- Ingrid Schoeman, Occupational XDR-TB Survivor, Operational Manager, TB Proof
- Isabella Cootee, Director, The Caring Network
- Prof Jane Goudge, Centre for Health Policy, University of the Witwatersrand
- Judy Taylor, City of Cape Town TB Programme
- Julia Bishop, One to One Africa
- Kedibone Mdolo, Occupational TB Survivor, DENOSA
- Prof Keertan Dheda, Director: Centre for Lung Infection and Immunity; Head: Division of Pulmonology, Department of Medicine, University of Cape Town, & Groote Schuur Hospital.
- Kobus Venter, CEO Masincedane
- Lesedi Mogakane, B.Pharm, M.Clin Pharm Resident, School of Pharmacy, University of the Western Cape
- Lynette Mabote, Treatment Action Group
- Nicole Hoffman, Pharmacist, University of the Western Cape
- Mzikazi Nkata, Forensic Pathology Officer, New Brighton forensics, Port Elizabeth
- Peter Ng'ola, Wote Youth Development Projects and member of The Union Community Advisory Panel
- Peter van Heusden, Researcher, University of the Western Cape
- Phumeza Tisile, Drug-Resistant TB Survivor & TB Advocacy Officer, TB Proof
- Portia Muedi, Community Health Worker, TB Proof
- René Sparks, PHASA Civil Society HIV, AIDS, STI and TB (HAST) Special Interest Group (SIG)
- Prof Renier Coetzee, School of Pharmacy, University of the Western Cape & TB Proof
- Roger Allingham, Masincedane

- Dr Ruvandhi Nathavitharana, Assistant Professor of Medicine, Division of Infectious Diseases, Beth Israel Deaconess Medical Center, Harvard Medical School & Vice Chair, TB Proof
- Siddhi Nadkarni, Health and Human Biology/Global Health student, Brown University
- Soetkin von Delft, Teacher
- Dr Sophia Kisting, Occupational Medicine Specialist
- Dr Stephanus T. Malherbe, Head of Molecular Biology Clinical Research Unit (MB CRU) at Tygerberg Medical Campus
- Sue-Ann Meehan, Senior study lead/researcher at Desmond Tutu TB Centre, Stellenbosch University
- Talkmore Taurai Mazorodze, Positive Women Together in Action
- Thea van Niekerk, Dietitian
- Dr Ulf von Delft, Veterinarian
- Vanessa Carter, Health Care Social Media South Africa

For more information about this letter, please contact TB Proof at ingrid.tbproof@gmail.com.
