

To: Dr Yogan Pillay, Deputy Director-General for Health
National Department of Health
Private Bag X828
Pretoria, South Africa, 0001

Dear Dr Yogan Pillay

October 2019

Re: Need for timely release of revised *Guidelines for TB Preventive Therapy in South Africa* and the new *Policy on Occupational Health for Health Workers in respect of HIV and TB*.

We would like to applaud your tireless efforts in combating tuberculosis (TB) in South Africa. We look up to you as a very skilled leader who drives positive change for our people. We are cognisant of the reality that “getting to zero” will require a relentlessly comprehensive and responsive approach. Accordingly, we bring to your attention the need for expedited progress to finalise and release a key set of documents, which would enable services to prioritise thousands of adults and children who succumb to TB daily. As affected communities and civil society, we offer your department our expertise and voices to facilitate accelerated release and implementation of these important programmatic guidance documents.

1. TB preventive therapy (TPT)

We, as civil society, welcome the establishment of the draft ***Guidelines for TB Preventive Therapy (TPT) in South Africa***. We hope that these guidelines will include shorter TPT regimens such as Rifapentine-based TPT, which has shown a decreased risk of hepatotoxicity and improved adherence compared to Isoniazid Preventive Therapy (IPT), which has so far had a poor implementation record. There are a number of time-bound projects from donors such as PEPFAR, Unitaid and the Global Fund that could help facilitate an incremental introduction of newer shorter TPT regimens to affected adults and children in SA. The delay in release of updated TPT guidelines will hamper efforts by donors and development partners. Ultimately, these timebound opportunities could be lost.

The World Health Organization’s Global TB Report 2019 stated that only 65% of newly diagnosed people living with HIV (PLHIV) received TPT in SA ([WHO Global Report 2019](#)). Furthermore, only 59% of children younger than five who were household contacts of a person with confirmed TB were started on TPT. Clearly there is much room for improvement, especially considering the ambitious TPT commitments made at the United Nations High-Level Meeting (UN HLM) on TB a year ago. With new TPT guidelines, we believe the recommendation will correctly be that *all* household contacts of TB patients, as well as other high-risk groups, should be offered TPT.

At the 2018 UN HLM world leaders, including President Ramaphosa and former Minister of Health, Dr. Motsoaledi, committed to: *“preventing tuberculosis for those most at risk of falling ill through the rapid scaling up of access to testing for tuberculosis infection, according to the domestic situation, and provision of preventive treatment, with a focus on high-burden countries, so that at least 30 million people, including 4 million children under 5 years of age, 20 million other household contacts of people affected by tuberculosis, and 6 million people living with HIV, receive preventive treatment by 2022.”*

South Africa has always been one of the most progressive countries in terms of uptake and scale-up of innovative TB diagnostics and treatment options. We now call on your leadership to ensure that the country does not fall behind where preventive therapy is concerned.

Furthermore, the SA TB Caucus Civil Society Organisation Advisory Board identified TPT as an important goal for the advocacy plan of the Caucus, incorporating metrics as determined by the Global TB Caucus country tracker for SA (<https://www.globaltbcaucus.org/research>): *“In line with UN HLM targets for South Africa, advocate for preventive treatment for 2 676 800 people by 2022.”*

In order to meet the commitments that have been made during the UN HLM, we urge the SA government to:

- 1) Expedite the finalisation and release of the national ‘Guidelines for TB preventive therapy in South Africa’.
- 2) Develop and publish a road-map for the implementation and monitoring of the guidelines.
- 3) Ensure adequate procurement of TPT for all eligible groups.
- 4) Involve affected communities, patients and civil society in communication and education initiatives aimed at preventing TB.

2. Occupational health policy

We are concerned that there is still no occupational health policy in place that comprehensively details ways of preventing and managing occupational TB among health workers and students, including regular screening and readily accessible supportive occupational health services.

In 2016, there was broad stakeholder consultation and several Steering Group meetings regarding the new ***Policy on Occupational Health for Health Workers in respect of HIV and TB***. After several years of apparent high level procedural delays, Minister Motsoaledi promised publicly in March 2019 that the Policy would finally be released after the national elections. Yet this remains another policy which has not been released. As affected communities and civil society, we are concerned that public funds are spent on the development of new guidelines and policies, without any accountability. Our society cannot benefit from 'promises' but rather from action and leadership.

Health workers remain one of the populations most at risk of acquiring TB. Yet, without clear guidance on how to protect their health and wellbeing in places of work and how to support the critical work they carry out daily, we cannot win the battle against TB in SA. Furthermore, we ask that the recommendations in the policy be aligned to the new TPT guidelines and any related documents.

We therefore urge the SA government to:

- 1) Expedite the finalisation and release of the national 'Policy on Occupational Health for Health Workers in respect of HIV and TB'.
- 2) Develop a road-map for the implementation and monitoring of this policy.
- 3) Ensure adequate funding is made available for the implementation of the policy.
- 4) Include active engagement with health workers, their representative structures and civil society organisations as key part of the implementation strategy.

Respectfully submitted, on behalf of the undersigned organisations and individuals:

Organisations:

1. TB HIV Care, South Africa
2. TB Proof, South Africa
3. WACI Health, South Africa
4. Jointed Hands Welfare Organisation (JHWO), Zimbabwe
5. TEST Foundation, India
6. Treatment Action Group (TAG), USA
7. Wote Youth Development Projects, Kenya

Individuals:

1. Ananja van der Westhuizen, Medical student, TB Proof, South Africa
2. Arne von Delft, living with latent MDR-TB, TB Proof and University of Cape Town School of Public Health and Family Medicine, South Africa
3. Colette Gunst, Family physician, Western Cape Department of Health, South Africa
4. Daisy Dharmaraj, Stop TB Forum, India
5. Dalene von Delft, Occupational MDR-TB survivor, TB Proof, South Africa
6. Erika Mohr-Holland, Médecins Sans Frontières, South Africa
7. Evaline Kibuchi, Stop TB Partnership, Kenya
8. Fasiaga Valentine, Senior Admin Clerk, Comprehensive Health, South Africa
9. Frida Ann Caroline Nilsson, Medical Officer, South Africa
10. Gerhard Walzl, University of Stellenbosch, South Africa
11. Handri Liebenberg, Deputy Director Comprehensive Health, Western Cape Department of Health, South Africa
12. Harry Hausler, TB HIV Care, South Africa
13. Ilsa Haeusler, TB Proof, United Kingdom
14. Ingrid Schoeman, TB survivor, TB Proof, South Africa
15. Kedibone Mdolo, TB survivor, South Africa
16. Keertan Dheda, Professor of Medicine, University of Cape Town & Grootte Schuur Hospital, South Africa
17. Kinley Zangmo, Jigme Dorji Wangchuck National Referral Hospital, Bhutan
18. Leilanie Phillips-Losch, Clinical Psychologist, Western Cape Department of Health, South Africa
19. Melody Mukundwi, Jointed Hands Welfare Organisation, Zimbabwe
20. Peter Ngo'la Owitti, Wote Youth Development Projects, Kenya
21. Phumeza Tisile, TB survivor, TB Proof, South Africa
22. Quratulain Kizilbash, Texas Center for Infectious Disease, USA
23. Rochelle Felix, Coordinator Rehabilitation Services, Western Cape Department of Health, South Africa
24. Roenell Balie, Assistant Manager Comprehensive Health, South Africa
25. Siddhi Nadkarni, TB Proof, USA
26. Sir Professor Alimuddin Zumla, Professor of Infectious Diseases and International Health, University College, United Kingdom
27. Sizwe Nombasa Gxuluwe, WACI Health, South Africa
28. Tariro Kutadza, Zimbabwe National Network of PLWHIV, Zimbabwe
29. Thamsanqa Mthebe, General Practitioner, South Africa
30. Wieda Human, TB Proof, South Africa