1. Background

TB Proof was started in 2012 by health workers who developed occupational TB, and students passionate about prevention. Our initial focus was on preventing the spread of TB in healthcare facilities through advocacy and education. Since then, we have expanded our advocacy efforts to include access to new treatment options, empowering community health workers and addressing stigma.

As TB Proof we aim to build advocacy capacity among TB-affected communities and provide platforms where they can contribute to improving TB prevention and care.

The World Health Organization (WHO) reported ten million TB patients globally, with an estimated 1.5 million people dying from this preventable and curable disease (WHO, 2019)\(^1\). In South Africa, TB continues to be the leading cause of mortality, with a reported death rate of 6.5% amongst all age groups in 2017 (District Health Barometer, 2020)\(^2\).

This year’s World TB Day was slightly different. Taking into account the outbreak of COVID-19, our members cancelled any in-person World TB Day events. Yet, this didn’t mean that we would let World TB Day slip away…

In this report, we will share our 2020 World TB Day events and activities that took place in the month of March.

2. World TB Day 2020 activities

2.1 It’s Time

The theme for this year’s World TB day was “It’s time”. The StopTB Partnership headed this initiative. As part of this campaign, the public was encouraged to take a photo with a time/watch/clock and share it on social media while using one of the hashtags, #ItsTimetoEndTB #WorldTBDay2019 #TBProof
2.2 TB Preventive Therapy Campaign

TB Proof collaborated with Treatment Action Group (TAG) on a TB Preventive Therapy awareness campaign to increase awareness and demand for TB Preventive Therapy in affected communities. As part of this campaign, TB Proof developed a series of Latent TB infection stories and videos, which were shared on our social media platforms.

Below is a list of our TB Preventive Therapy videos:

Dr Ruvandhi Nathavithara (TB Proof member and Infectious Disease Specialist at Beth Israel Deaconess Medical Center and Harvard Medical School in Boston) answers questions on TB Preventive Therapy and Latent TB Infection.

Link to video: https://youtu.be/RvOXzQBSB-0
1. In this video, Andréa von Delft tells us about her journey with TB, after her husband was diagnosed with TB. Although Andrea, didn't test positive for TB, she encourages household TB contacts to get tested for TB and to take TB Preventive Therapy.

Link to video: https://youtu.be/l_Mz6sSpm0w

2. Jacques and Kalika’s 1-year old son had to take TB Preventive Therapy. In this video, they tell us more about their experience with TB Preventive Therapy.

Link to video: https://youtu.be/vfKV4CgBGPg
2.3 In-person activities

These activities took place in the weeks before the national lockdown started.

Dr Dalene von Delft, MDR- TB Survivor and TB Proof Board member, was invited to speak at TASK Applied Science. This talk focused on the work that TB Proof does, the My Patient Choice Pledge and our Unmask Stigma campaign. The importance of screening household TB contacts and the provision of TB Preventive Therapy were also highlighted in this talk.

Goodman Makanda participated in an educational TB talk in Khayelitsha, Cape Town. The talk was initiated by Médecins Sans Frontières (MSF) and focused in TB Prevention for household TB contacts.

Phindile Khumalo did a video testimony of her TB survivor story with Médecins Sans Frontières (MSF).
Wieda Human arranged a screening of the ‘Are you TB Proof?’ Training tool with health workers from Universitas hospital, Bloemfontein. TB Preventive Therapy was also discussed during this session.

Peter Ngola, also a member of Wote Youth Development, attended a presentation on TB Preventive Therapy in Nairobi, Kenya. Peter along with community health workers were also involved in supporting TB drug delivery in Makueni, Kenya as many TB patients aren’t able to access clinics due to the COVID-19 outbreak.
2.4 COVID-19 activities that were combined with World TB day events

TB Proof compiled ‘A TB Activist’s Guide to the Corona virus’ which looks at similarities and differences between the two diseases, and a way forward for those passionate about ending TB. Please refer to addendum A for the full activist guide.

TB Proof was also co-led several Covid-19 advocacy activities:
TB Proof partnered with PHACT to release a global #Masks4ALL petition. The petition was sent to Dr Tedros Ghebreyesus, WHO. A follow up email was sent on 21 April with 34 organizations and over 2600 individuals in support of #Masks4All.

TB Proof released a national petition, #Masks4ALL South Africa, supported by 59 individuals and 14 organisations. The petition was shared with our National Coronavirus Command Council. On 9 April, the Republic of South Africa released Recommended Guidelines for Fabric Face Masks. TB Proof also published an opinion piece in the Daily Maverick and delivered the call for cloth masks on national television.

2.5 Online articles

Wieda Human provided input for the Life EHS article, ‘The Truth About a TB Diagnosis’. This article focused on TB stigma and emphasised the need for social support. Click here to view the full article.

Ingrid Schoeman provided input for the article, ‘COVID-19 and Tuberculosis: We need a damaged control plan’ written by Dr Madhukar Pai from McGill University.

“I think we all feel the burden as we realize that #COVID19 will affect those who are most vulnerable. As a former #tuberculosis patient, I hope that our communities stand together and take the protective guidelines seriously as their social responsibility to one another" - Ingrid Schoeman

Click here to read the full online article.
2.6 Television/ Online video’s

Dr Helene-Mari van der Westhuizen, TB Proof Chair, was asked to do an interview on Ekse on Cape Town TV. The interview focused on TB Proof as an organisation, our vision and mission and targeted the youth as audience.

*Right: Dr Helene-Mari van der Westhuizen spoke on Ekse on Cape Town TV.*

Dr Helene-Mari van der Westhuizen also presented online as part of the Results UK Civil Society 20 (C20) dialogue with Saudi G20 health officials for World TB day.

Her presentation focused on: The linkage between COVID-19 and TB and had four main points:

1. Health system strengthening translates into long-term resilient systems.
2. TB and COVID-19 as diseases impact each other, both in direct correlations, but also if the health system is overburdened with one, it impacts the care that everybody else receives.
3. People vulnerable to TB are also vulnerable to COVID-19 (imprisoned, immunosuppressed)
4. Community engagement is key. Provided an example for CHW needs to do screening, and need for information.
Drs Arne von Delft, Dalene von Delft, and Zolelwa Sifumba presented at SABC’s Health Talk on COVID-19 and TB. Dalene and Zolelwa are both occupational TB survivors. [Click here](#) to access the full interview.

Drs Dalene and Arne von Delft featured on SABC 2’s Health talk along with other TB Proof members

Dr Arne von Delft presented on Stop TB Partnership’s virtual town hall for World TB day on TB in times of COVID-19.

“We call on all people to approach deadly infectious diseases with the same principles of prevention, support, solidarity and always ZERO STIGMA! None of us are safe, until all of us are safe” – Dr von Delft

Dr Arne von Delft during the Stop TB Partnership’s Virtual town hall meeting.
Dr Zolelwa Sifumba was part of the Results UK webinar, ‘Marking World TB Day with Dr Zolelwa Sifumba – We all breathe’. She spoke about contracting TB as a medical student and why she decided to become an advocate to raise awareness on TB.

2.7 Print media

TB Proof and Dr Helene-Mari van der Westhuizen’s quote featured on the front page of the Weekend Argus. The article focused on the linkage between COVID-19 and TB.

“TB kills more than 4 000 people every day, but this happens silently and largely unnoticed by the mainstream media and senior public figures. But when it comes to infectious diseases and suffering, it is not a competition. Just like TB, COVID-19 poses a serious risk to millions of people all across the world, including in South Africa. “Now is not the time to debate whether TB or coronavirus should worry us more,” Van der Westhuizen said.

Click here for full article.
Ingrid Schoeman was interviewed on Pretoria FM, MedFM and Overvaal FM where she shared her TB story along with the need for the release of the Occupational Health policy in respect of TB and HIV. She also focused on TB Proof’s Community Health Worker project in Hammanskraal and the role that CHW’s play in finding missing people with TB.

Dr Dalene von Delft shared her TB survivor story on Pretoria FM and advocated for high quality person-centred TB care and safe healthcare environments. She also discussed the potential impact of COVID-19 on TB patients and the importance of TB Preventive Therapy for household TB contacts. Earlier in March, Dalene also featured on the local radio station, Radio Sonder Grense (RSG). She joined the RSG team at the Toyota Woordfees in Stellenbosch. She shared about her own TB journey and also addressed TB stigma. She further elaborated on the importance of socio-economic support for TB patients and TB screening of household TB contacts.

Click here to view the programme.
Goodman Makanda was interviewed on RX Radio station. He shared his TB survivor story, general TB knowledge and the many challenges that TB patients face with listeners. Approximately 300 people listened in.
Link to Facebook post: https://www.facebook.com/rxradiosa/posts/1095022390836121

Wieda Human did an interview on the radio station, OFM in Bloemfontein. The interview focused on the epidemiology of TB, TB stigma as well as occupational TB. This interview was part of OFM’s ‘Medical Monday’ programme.

Click here to listen to podcast.
2.9 Social media

Facebook is our largest social media platform with 3 564 likes and 3616 followers. The number of Facebook page likes, increased with 114 likes since the beginning of March 2020.

Please refer to addendum B for a summary of our top five posts on Facebook, Instagram and for a summary of our Twitter account.
3. Other

TB Proof has sent out a ‘partner package’ to our members and partners consisting of:

● The “Unmasked: We All Breathe” Press kit and more details regarding how to screen the documentary freely.
● TB Preventive Therapy Slide deck
● Unmask Stigma resources’ templates

Emails were sent to the following organisations: TB HIV Care, Treatment Action Campaign, Right to Care, SANTA, MSF Johannesburg, Aurum Institute, Sibanye StillWater, Stop TB Partnership, SHAWCO UCT, SANAC, Desmond Tutu HIV Foundation, South African Medical Student Association (SAMSA), SHAWCO University of Pretoria, TASK Applied Science, Section 27. University of Oxford Global health student society and Martin-Luther University.

Although many events have been cancelled due to COVID-19, we want to thank our partners who reached out to TB Proof for assistance in arranging World TB Day events.

4. Closing

TB Proof would like to thank all our members and partners who did their part this World TB Day to raise TB awareness. Without the support of passionate TB activists, this World TB day would not have been as big a success.

5. References


Addendum A: A Tuberculosis Activist Guide to the Corona virus

A Tuberculosis Activist Guide to the Corona virus

Unpacking the similarities, differences and way forward for those passionate about TB.

COVID-19 has received a major amount of media and political attention in the last few months. In contrast, Tuberculosis (TB), despite being the leading cause of death due to an infection worldwide, struggles to garner similar public attention. Yet, the diseases share similarities since they are both respiratory infections that anyone can acquire, although some groups of people are at higher risk. Some of the key tools for preventing their spread are also the same, such as covering your mouth with your elbow when you cough or sneeze, separation of people who are potentially infectious, and rigorous contact tracing.

First, let’s look at the terminology. The virus, commonly referred to as the Corona virus, is called SARS-CoV-2. It causes the disease called COVID-19. Irrespective of what is has been called, it has captured people’s attention because it is a new virus, to which we have not been previously exposed and people become sick quickly, resulting in people being concerned about the immediate risk that it poses to them and their loved ones. COVID-19 also spreads much more rapidly than Tuberculosis, with the incubation period estimated to be around 5-14 days. (1) In contrast, once you are exposed to Tuberculosis, of the people who become infected, the majority initially develop latent infection. People with latent TB infection are asymptomatic and for the 5-10% that go on to develop TB disease, it often takes time before people develop the typical signs of TB disease (commonly it happens over a period of a year). This difference in time to developing TB disease makes it difficult to go back and trace where the infection took place. TB has been around for centuries and is often perceived as a disease that only affects the poor or those with weakened immune systems, leading to stigma, even though anyone who breathes can become sick with TB.

TB kills more than 4 000 people every day (2) but this happens silently and largely unnoticed by the mainstream media and senior public figures. Increased political commitments are desperately needed. As TB activists, it is our natural impulse to want to
push for more media attention and funding to fight the TB epidemic. But when it comes to infectious diseases and suffering, it is not a competition. Just like TB, COVID-19 poses a serious risk to millions of people all across the world, including in South Africa. The two epidemics are also not separate. Tuberculosis can lead to long term lung damage, making people more susceptible to viral infections like COVID-19. And a serious potentially debilitating disease like SARS-CoV-2 caused by COVID-19 can increase the risk of new TB infection as well as progression from existing latent infection to active TB disease. I.e. a vicious cycle of ‘complementary’ infections, much like HIV and TB. We care deeply about TB, but it is rooted in caring about the right to health and wellbeing for all people.

What are the differences between two diseases?

COVID-19 spreads rapidly when groups of people come into contact with each other, usually when a sick person coughs or sneezes. You could also catch the virus if they have coughed or sneezed onto a surface (like a table) that you touch, getting the droplets on your hands and then transferring them to your mouth, nose or eyes when you touch your face or eat.

On a larger scale, we can slow down the spread of the virus by social distancing. This is explained in a widely shared article accessible here: https://medium.com/@tomaspueyo/coronavirus-act-today-or-people-will-die-f4d3d9cd99ca

If people avoid contact with others, the COVID-19 virus spreads more slowly, fewer people become sick at the same time, reducing the strain it places on health systems. Most countries will struggle to meet the healthcare needs posed by a large surge in people who are acutely unwell. If fewer people are very sick and in need of intensive care at the same time, the available resources can be extended to help more people.

TB also spreads when someone affected by the disease coughs or sneezes, but it is present is very small droplets (called droplet nuclei) that can hang around in the air. People develop TB after breathing the air that contains theses droplets. Social distancing has not been recommended for preventing TB from spreading, because most people who develop TB are exposed to the disease for a longer period of time than COVID-19. This can be in their family or being exposed due to their work (for example health care workers and mine workers). The exposure usually happens long before someone is diagnosed with TB, but the evidence regarding shorter term exposure risk is not conclusive, largely due to the logistical and technical challenges in trying to quantify exposure and how that correlates to actual sustained TB infection.

With that being said, the preventive measures implemented for COVID-19 will have an impact on reducing TB transmission too. These benefits should not be offset by delays in TB testing or interruptions in access to TB treatment. Some of the biggest risks posed to people would be if the need for respiratory support caused by COVID-19 overwhelms healthcare service and supply chains.

Of critical importance, while early recognition and diagnosis is optimal for both infections, there is currently no known effective treatment for COVID-19. TB is both preventable and curable and effective treatment for TB rapidly decreases the potential for ongoing spread.
What about the use of masks to prevent COVID-19 and TB?

Panic buying of masks by people in an attempt to try to protect themselves from COVID-19 is not backed up by evidence. If you are the person coughing or sneezing, wearing a mask helps to prevent you from spreading the cause of your illness to other people. **Surgical masks should not be worn by members of the public to protect themselves from contracting TB or COVID-19. They help health facilities to prevent diseases from spreading through the air.**

The existing training that health facilities have had on preventing TB from spreading (like having good ventilation with open windows, having separate queues for people who are coughing and asking people with a cough to wear masks to prevent airborne diseases from spreading) is also applicable to COVID-19. In some ways health facilities who have been implementing infection control for TB have had better preparation than those who do not commonly work with TB.

There is a global shortage of personal protective equipment, including masks, which is in part driven by panic buying, hoarding and misuse (3) Surgical masks are an important tool to prevent diseases from spreading via the air in hospitals. A healthy workforce is critical for us to be able to meet the increased needs that the COVID-19 pandemic requires. We do not advise people to buy surgical masks for personal use unless they are concerned about spreading their illness to others.

We are concerned about the well-being of health workers. In TB Proof we have had several health worker colleagues who have developed TB due to their work. In Italy, health workers have also been placed under severe strain due to the epidemic, with 20% developing infection, some of whom died. (4)

**What will the impact of COVID-19 be on Tuberculosis prevention and care?**

We don’t know. But shortages in the supplies of masks and N95 respirators will impact TB prevention efforts. Health care facilities struggling with large numbers of ill people due to the Corona virus could struggle to provide care for those sick with TB.

**Now is not the time to debate whether TB or Coronavirus should worry us more. They are both causing severe preventable suffering, and by strengthening our own and our health system’s ability to combat the one disease, it will also strengthen our ability to fight the other.**

As TB activists we should use our existing advocacy networks and media contacts to call upon the leaders of our countries to take urgent action to curb the pandemic.

**Social distancing is key to slow down the spread of COVID-19:** people should work from home wherever possible, non-essential travel should be discouraged strongly, schools, universities and other facilities where groups of people gather publicly should explore online alternatives or close, social, sporting, cultural and religious events should be cancelled. Hand sanitisers and hand washing stations should be available everywhere and continuous education on all media platforms (with the focus on actions people can
take, not fear) is important. Private industries, schools and universities should be
mobilised to assist with the response. And politicians, the police and public health
authorities should take leading roles, as they have done in countries who have had the
most effective COVID-19 outbreak responses.

This is not the first pandemic and it will not be the last, as both TB and HIV have
taught us in the most painful ways. But we have a real opportunity to respond now
in a way we never have before. And together prevent suffering and death as never
before.

Answers contributed by TB Proof members who medical doctors working in infectious
diseases, public health and infection control.

References:
## Addendum B: Social media

### Facebook

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<td>Dr Tedros Adhanom Ghebreyesus words ring true, for TB and Corona virus: ‘This is a time for facts, not fear. This is a time for science, not rumours. This is the time for solidarity, not stigma.’ <a href="https://informationisbeautiful.net/visualizations/COVID-19-coronavirus-infographic-datapack/">https://informationisbeautiful.net/visualizations/COVID-19-coronavirus-infographic-datapack/</a></td>
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<td>“My name is Brittany Smith. I am 25 years old and from Cape Town. You don’t believe it until you see it. This was the constant phrase running through my head when the Dr showed me the results of my CAT scan. On the 15th of December 2015, just three months after I turned 21 my biggest (unknown fear) came to light. It was to be remembered as the day I was diagnosed with Tuberculosis... In my own words, Silent TB. TB I didn’t know that I had. As an Opera Singer this, to me, was unheard of. How? When? Why? These were the words running through my head on that day. I remember waking up after the procedure I had to diagnose what was causing me such horrible suffering - I was constantly tired and not knowing why. Everyday was a struggle to get out of bed and here, finally, I had the answer to all of my problems. I distinctively remembered that the taste of the strawberry yogurt that they had given for me for breakfast was off. I was beyond cold not knowing that it was my body’s way of trying to protect me from the 39 degree temperature I had. After my first cough, I knew. Even before the Dr came in, I knew. When he told me that I had TB I cried – not out of sadness but out of relief. Joy. Joy because I didn’t want that to be lung cancer. It would surely mean the end of my very short career. However, that joy and relief soon turned into anger and some sort of denial. Anger for why was my body letting me down and denial because I could get through this emotionally unscathed. All I had to do was complete my 6 month treatment and Bob’s your uncle. I was ridiculously wrong. I was sick to my stomach for two months and I could barely do anything for myself. My godmother had to help me wash myself because I was too weak. And then it happened... I decided enough was enough. I clutched on heavily to the support of my family, for friends were few. It was through this that I started making a really fast recovery. I am 100% healed and TB free. If it was not for my healthy eating regimen, my family’s support and making my will even stronger and most importantly FINISHING MY TB REGIMEN, I do not think that I would have had a career today or been as healthy as I am now. Through this experience, I’ve managed to help a very dear friend of mine through their experience with TB as well. TB is not a poor man’s disease. It is a people’s disease and if there is any way that we could permanently eradicate this disease, I think it would be a great help towards longevity. My name is Brittany and I’ve survived TB”</td>
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<td>My name is Charmaine Changa. I am 23 years old and am from Zimbabwe. I am an MDR TB survivor. In 2012 my mom passed on to MDR TB, in 2015 dad was diagnosed with MDR TB and I became his caregiver. Unfortunately, dad passed on in March 2016. A few months after dad died, I started losing weight, having breathing problems etc. I went to see a doctor and he told me that my x-ray was highly suggestive of TB. That was my biggest fear I was hurt, I was heartbroken, I cried like it was my last day. I was supposed to start college that year I was so hurt Knowing that I lost both my parents to TB I couldn't accept it, I told myself that I was going to die anyway. I was 20 years old when I started my MDR TB treatment. I was well versed on what I was going to go through. My treatment was 1 and half to 2 years. I took injections every day for 6 months and up to 17 and half pills a day. My first 3 months on treatment were hell every part of me was in pain. I couldn’t walk for more than 50m, I couldn’t eat, I was always vomiting, couldn’t sleep properly the list is endless.1 day I woke up having sounds in my head(tinnitus) little did I know that I have become deaf) up to date) I knew that it was 1 of kanamycin injection's side effects. I was hurt I couldn’t imagine life without sound. As I have said above at first I couldn’t accept my condition, I thought that I wasn’t going to win my battle with TB. What I have learnt is that healing starts from within if you tell yourself that I am going to make it sure you will. As the first born in my family I had 2 little brothers to take care of so giving up was not an option, I changed my mindset I told myself that I was going to win this battle with TB. I started doing exercises, I would take a short walk everyday around 5pm, started cleaning my room and even washing my clothes. That's how my healing process began. My family, friends and relatives were supportive I really appreciate having them in my life. I started recovering on my 6th month on treatment, started gaining weight, I could eat anything I came across I was now able to walk to the clinic for my pills (at first the nurses came home every day with my medication) TB is curable. I survived the deadly MDR TB only my hearing was affected everything else is back to normal. I hope that 1 day I will be able to hear again with the aid of cochlear implants. I finished my treatment in June 2018. It was a long journey, but I won the battle. What doesn't kill you makes you stronger, here I am today telling my story. To all the TB patients out there just tell yourself that this too shall pass, the treatment can be unbearable at first but trust me you will make it. Thanks to all the doctors and nurses out there for doing a great job. TB is just like any other disease if you adhere to your medication you will make it. My name is Charmaine and I have survived MDR TB.</td>
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<td><a href="https://www.facebook.com/TBproof/posts/2791228257624842">https://www.facebook.com/TBproof/posts/2791228257624842</a></td>
<td>Kick SARS in the CORONA: Important steps all of us should take right now! Please see below for more details:</td>
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My name is Abongile Vongwe Ntantani. I am 25 years old and originally from a village called Donqaba (Frankfort) in the Eastern Cape province of South Africa. I have since moved to Cape Town. I’ve survived MDR-TB! While I was in primary school, I began experiencing chest pain, a sore throat, and coughing. At first, my mother thought it was either a bad cold or pneumonia. It got to the point that it was even painful to walk long distance or to laugh. After several months of experiencing these symptoms and misdiagnoses, on 26 October 2011, I learned that I had tuberculosis (TB). Shortly after I was diagnosed with TB disease I found out I had a type of TB that was resistant to the typical drugs used to treat TB, called multi-drug resistant (MDR) TB. I was concerned that TB would affect my plans in school, and I was worried about potentially having given TB to someone else. So, there’s were a lot of unknowns in having to pause my life in that kind of way. And I was really worried about me potentially having given TB to somebody else. I was really worried about that, especially with family and close friends. Because I had MDR-TB, I had to take special medication to treat my MDR-TB. These medication can cause many side effects. Treatment for MDR-TB is complicated and takes a long time. My treatment lasted for over 2 years. With the help of Fort Grey Hospital and their TB programs, on 19 January 2012, I began the long and challenging treatment process. Fort Grey public health nurses, was a source of support during my treatment. My mother was so helpful and the nurses were an incredible resource because of all the knowledge that they have. They were always there to answer any questions that I had about TB. To have people that care about me and that was interested, in not just how I was doing, but who I am as a person. I’m really grateful for the support that I got from that team. Now that I survived MDR-TB, I share my story to help raise awareness about TB, and address stigma. I also encourage health care providers to “Think TB” when you see patients with symptoms like mine, so patients can be diagnosed sooner and start treatment right away. I would like to be an active member of the TB survivor network. I would like people to know that TB still exists in South Africa. There’s a lot of misdiagnosis or delayed diagnosis when it comes to TB. And that’s something that could definitely be changed with better education and people just thinking about TB.
**Instagram**

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<td>Drs Dalene von Delft and Arne von Delft will be featuring today at 10am on SABC Health Talk (SABC 2). During this interview, Dalene will discuss more about her personal TB experience. Dalene and Arne are both medical doctors and co-founders of TB Proof. To find out more about this power couple who fight TB, please follow the links below: <a href="http://www.tbproof.org/profile/dr-dalene-von-delft/">http://www.tbproof.org/profile/dr-dalene-von-delft/</a> <a href="http://www.tbproof.org/who-we-are/our-team/dr-arne-von-delft/">http://www.tbproof.org/who-we-are/our-team/dr-arne-von-delft/</a></td>
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<td>United against contagion &amp; stigma: TB &amp; HIV Activists, Researchers and Leaders joined Drs Anthony Fauci (NHI NIAID Director), Deborah Birx (US Global AIDS Coordinator &amp; White House Coronavirus Task Force Response Coordinator), Robert Redfield (CDC Director) and Dr Lucica Ditiu (Stop TB Partnership Executive Director) at the CDC’s ‘Preventing TB to End TB’ UN HLM Side Event on 26 Sep 2018 in New York. 18 months later we salute you for your tireless efforts to battle a third dreaded pandemic, COVID-19, while also expanding TB &amp; HIV prevention efforts. #StrongerTogether #COVID19#UnmaskStigma #UbuntuPledgeZA#TestAndTreat #TPT <a href="http://stoptb.org/assets/documents/news/CDC%20Accelerates%20Efforts%20to%20Scale%20Up%20Preventive%20Treatment.pdf">http://stoptb.org/assets/documents/news/CDC%20Accelerates%20Efforts%20to%20Scale%20Up%20Preventive%20Treatment.pdf</a></td>
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UN HLM on TB September 26, 2018 - CDC Foundation and CDC sponsored side event, Preventing TB to End TB Event speakers from (L to R): Front: Salmaan Keshavjee, Director, Center for Global Health Delivery, Harvard Medical School; CDC Foundation, Judy Monroe, President and CEO; Janet Ginnard, Leader, Strategy Team UNITAID; Dr Soumya Swaminathan, Deputy Director-General for Programmes; WHO SEARO, Poonam Khetrapal Singh, Regional Director; STOP TB Partnership, Lucica Ditiu, Executive Director; Back: Centers for Disease Control and Prevention, Robert Redfield, Director; National Institute of Allergy and Infectious Disease, Anthony Fauci, Director; Marijke Wijnroks, Chief of Staff, Global Fund to Fight AIDS, Tuberculosis and Malaria; Arne von Delft, Co-Founder, TB Proof; Dept. of State, Office of Global AIDS Coordinator, Deborah Birx, Ambassador-at-Large; Ibrahim Abubakar (UK), Director, Institute for Global Health, University College London and Chair, WHO Strategic and Technical Advisory Group for TB (STAG-TB). https://www.hhs.gov/about/leadership/secretary/speeches/2018-speeches/preventing-tb-end-tb.html
<table>
<thead>
<tr>
<th>Link</th>
<th>Post message</th>
<th>Likes</th>
</tr>
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<tr>
<td><a href="https://www.instagram.com/p/B-Hji2VDJRc/?utm_source=ig_web_copy_link">https://www.instagram.com/p/B-Hji2VDJRc/?utm_source=ig_web_copy_link</a></td>
<td>We call on all people to approach deadly infectious diseases with the same principles of prevention, support, solidarity and always ZERO STIGMA! None of us are safe, until all of us are safe. - Arne, TB PROOF #WorldTBDay #COVID19 #UbuntuPledgeZA #ZeroStigma #FightCOVID19 #EndTB #ItsTimeToEndTB @stopTB</td>
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</tr>
<tr>
<td><a href="https://www.instagram.com/p/B-O9YdLj9p8/?utm_source=ig_web_copy_link">https://www.instagram.com/p/B-O9YdLj9p8/?utm_source=ig_web_copy_link</a></td>
<td>A huge congratulations to two of our TB Proof members who were elected to join the @theunion_tblh Community Advisory Panel. Ingrid Schoeman (TB Survivor) will act as Chair while Peter Ng’oła Owiti (TB activist) will be a representative for affected communities. We are super proud of you!</td>
<td>28</td>
</tr>
<tr>
<td><a href="https://www.instagram.com/p/B9gwpyej_Db/?utm_source=ig_web_copy_link">https://www.instagram.com/p/B9gwpyej_Db/?utm_source=ig_web_copy_link</a></td>
<td>TB Proof’s co-founder and TB survivor Dr Dalene von Delft along with Prof Anneke Hesseling, Director of the Paediatric TB Research Programme at the Desmond Tutu TB Centre joined Radio Sonder Grense at the @woordfees today for an informative TB talk. How’s that for #womenpower! Well done! . #tb #tuberculosis #tbproof #endtb #health #itstime #southafrica</td>
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### Twitter

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<td>Profile visits</td>
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<td>New Followers</td>
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<td>Tweet Impressions</td>
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<td>Mentions</td>
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