

As communities affected by TB, our voices are united. We commend your leadership amidst the COVID-19 pandemic and for championing the Ward-Based Primary Healthcare Outreach policy to support community health workers (CHWs).

TB killed [61000 South Africans in 2020](#) and remains a leading cause of death in South Africa, with a heavily disproportionate impact on black South Africans ([District Health Barometer, 2020](#); [Statistics South Africa, 2021](#)). In addition to the immense and unacceptable human cost, our economy is being crippled by a curable and preventable disease. National Strategic Plan targets, to eliminate poverty and reduce inequality, cannot be achieved if the poorest 40% of the population continues to bear 65% of the TB burden ([Ataguba et al, 2011](#)).

In 2018, [political commitments were made at the United Nations High Level Meeting on TB](#) to reach missing people with TB and link them to care through a TB response that is person-centred, rights-based and gender responsive, and free from stigma and discrimination. However, South Africa is not on track to reach the targets set by the Department of Health and is faced with major gaps in the TB care cascade, including increases in national loss to follow up rates, increased TB death rates, significant drops in TB testing amidst COVID-19, continued [TB stigma and discrimination](#) and inadequate provision of TB Preventive Therapy (TPT) ([District Health Barometer, 2020](#); [NICD, 2020](#)). South Africa has supported Research and Development on TPT, including clinical trials, but South Africans are not reaping the benefits of that scientific progress. In response to the [2018 South African TB Prevalence Survey](#) that showed that 57.7% of people with TB did not report TB symptoms, there is an urgent need to scale-up community-based TB testing (including screening through chest x-rays) among high risk groups.

TB affected communities and civil society organisations are calling for the release of the national TB response plan, [aligned with international guidance](#). This should be accompanied by an increase in domestic funding for the TB response. The following areas are crucial to driving South Africa's TB response 'catch up' plan:

#### 1. **Integrated TB and COVID-19 care**

Urgently implement all recommendations made in the National TB Think Tank's Recovery Plan, as submitted to the National Department of Health (NDoH) DDG in August 2020. These include, to update screening guidelines to ensure that a person with a **cough of any duration** gets evaluated for **both TB and COVID-19** (not only people with a cough duration of >2 weeks). Test results should be sent to each patient via SMS, as is already done for COVID-19.

Implement communication campaigns about the overlap between [TB and COVID-19 symptoms, transmission and infection prevention methods](#). We call on you to speak about TB each time COVID-19 is mentioned to raise public awareness about the shared symptoms, transmission and preventive measures for both TB and COVID-19.

**2. We know that Prevention is powerful. Yet TB Preventive Therapy (TPT) for all household contacts (adults *and* children) and high risk groups remains an area of severe under-performance. The NDoH is requested to commit to:**

A December 2021 deadline for the release of the updated TPT guidelines that have been in draft circulation for the last three years.

Expanded use of short-course, rifapentine-based regimens such as 3HP in alignment with [WHO guidelines](#), and include the even shorter 1HP regimen in future guideline revisions.

Train all relevant health workers on the updated TPT guidelines and foster demand creation among affected communities.

Ensure the inclusion of 3HP on the Essential Medicines List (EML).

Work with the South African Health Products Regulatory Authority (SAHPRA) to approve new fixed-dose combination tablets of 3HP to reduce the pill burden, thereby making treatment courses easier to complete.

**3. Make it easier to complete TB and TPT treatment by:**

Improving the current offering of decentralised TB treatment delivery/pick-up (for active disease and as prevention), e.g. via Centralised Chronic Medication Dispensing and Distribution programme (CCMDD) or home or work place delivery.

CHWs should offer regular support, and refer patients as needed, including for additional financial, nutritional and psychological support.

TB treatment facilities should record treatment progress in real-time, electronically, and respond rapidly if patients interrupt care or have additional needs.

Timely follow-up can be facilitated through integrated treatment action lists, namely tracking patients' care journeys from exposure to cure.

**4. Community Health Workers hold the key to person-centered care**

Update CHWs' scope of work to reflect their leadership role in implementing an integrated TB, HIV and COVID-19 response.

Provide all CHWs with [standardised high quality TB, HIV and COVID-19 training, adequate infection prevention equipment and adequate remuneration](#).

**5. Test & Treat all people exposed to TB:**

Implement the Test & Treat approach to test all close TB contacts and other high risk groups for TB (in keeping with the [TUTT findings](#)) and provide them with TB treatment *or* TB preventive therapy (TPT).

Partner with local community leaders, CHWs, TB ambassadors, TB survivors, people living with HIV, and local TB champions, to raise awareness about the need for TB testing among high risk groups and to promote the [TB Health Check app](#).

**6. Urgent expansion of TB testing, including asymptomatic groups**

TB testing should be accessible to all, which requires expansion of testing services, for example, by offering TB testing during evenings and on weekends when people are not

at work, or via home-based testing by CHWs (or alternatively remote sputum collection or easy drop-off by patients).

Dedicate funding to TB screening services through mobile CXR screening, decentralised sputum testing with Xpert, and expansion of urine LAM testing, delivered to communities most in need.

## **7. Contact tracing**

Step up contact tracing for *all* people with possible exposure to TB disease, with a special focus on all household contacts of people with TB, including children.

## **8. Information is power**

Develop [public dashboards for TB](#) at provincial-level, as was released recently by the Western Cape Department of Health, to empower communities at risk for TB to respond to local TB data.

We also call for the rapid development of similar TB prevention dashboards, to monitor the success of TPT roll-out and to identify areas that require additional support.

Provincial AIDS & TB Councils need to hold services accountable, facilitated by greater representation of affected communities and more transparent information sharing.

We, as civil society, also call for regular engagements with senior leadership, in the South African government, to review progress, with a special focus on the #EndTB commitments and the related implementation of policies.

## **9. TB stigma reduction**

As [TB stigma remains a major barrier in the TB care cascade](#), support local innovation [through CHWs](#) to decrease TB stigma.

Appoint social workers and psychologists to provide each TB patient with adequate counseling, psychological support and linkage to a TB peer support group.

All stigmatising and discriminatory language, behaviour and processes should be actively removed at the national and provincial Departments of Health as a matter of urgency. E.g. the NSP, policies, indicators, registers and clinical records may not include [stigmatising language](#) such as TB, HIV or COVID-19 “suspects”, “defaulters” or “non-compliance”. Such language discriminates against people affected by contagious diseases and has been shown to contribute to preventable morbidity and mortality.

## **10. Health worker safety**

Urgently release and implement the Occupational Health Policy for Health Workers, regarding TB and HIV, to protect our health workers! This policy has inexplicably and shamefully remained in draft since 2016, despite [promises to the contrary](#) and sustained civil society pressure, including [advocacy letters shared with Dr Mkhize](#) and the [Presidency](#) in 2020.

Provide N95 respirators to all health workers and improve ventilation in aggregate settings to reduce the transmission of both TB and COVID-19.

We request a meeting by 8 November 2021, between the Acting DG of Health, TB Think Tank and civil society representatives, to discuss the implementation plan for these priority action items.

Respectfully submitted by TB Proof on behalf of the following organisations and individuals (please contact [ingrid.tbproof@gmail.com](mailto:ingrid.tbproof@gmail.com) for correspondence).

**Organisations:**

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4. SANAC Health Professionals Sector
5. Advocacy Network Africa (AdNetA)
6. Biomedical Research Institute (BMRI) Clinical team at Stellenbosch University
7. Clinical Research Institute of South Africa
8. Clinton Health Access Initiative (CHAI)
9. Division of Infectious Diseases, Tygerberg Hospital
10. Eastern Cape AIDS Council people living with HIV (PLHIV) Sector
11. Free of TB
12. Health Justice Initiative
13. Institute for Economic Research on Innovation
14. IQVIA
15. Medecins Sans Frontieres (MSF) South Africa
16. People's Health Movement (PHM) SA
17. Right to Care
18. Rural Health Advocacy Project (RHAP)
19. SECTION27
20. Sentinel Project on Pediatric Drug Resistant Tuberculosis
21. South African National Tuberculosis Association (SANTA)
22. Southern Africa AIDS Dissemination Service (SAfAIDS)
23. TB HIV Care
24. Treatment Action Group (TAG)
25. Triangle Project
26. University of Cape Town Lung Institute
27. WACI Health
28. Waterberg Women Advocacy Organization
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