



TO:

Minister of Health, Dr Joe Phaahla  
National Department of Health  
Private Bag X828  
Pretoria, South Africa, 0001

Cc

Director-General for Health, Dr Buthelezi  
Director, TB Control and Management Cluster, Dr Ndjeka

30 May 2023

Honourable Minister Dr. Phaahla

**Re: Urgent need to implement TB policies outlined in the new National Strategic Plan for HIV, AIDS, STIs and TB 2023 - 2028.**

South Africa has one of the highest burdens of tuberculosis (TB) in the world. According to the World Health Organization's [Global Tuberculosis Report 2022](#), 56 000 people in South Africa died from this preventable and curable disease in 2021.

The COVID-19 pandemic had a significant impact on TB in South Africa, as it disrupted TB diagnosis and treatment services, leading to a decrease in the number of people with TB accessing appropriate care ([NICD, 2020](#)). This could lead to an increase in TB-related deaths and morbidity, and a rise in drug-resistant (DR) TB in the future.

Although South Africa has launched several initiatives to address TB in recent years, implementation remains a major challenge. These initiatives to improve TB prevention, diagnosis, and treatment, include the rollout of new TB diagnostic tools, the expansion of TB screening and treatment services, and improving the DR-TB guidelines so that people can access safer, shorter DR-TB treatment regimens. We acknowledge the efforts from the National Department of Health as well as the TB Director to release the National TB Recovery Plan and the new National Strategic Plan on HIV, TB & STIs 2023 - 2028 (NSP 2023 – 2028) outlining critical strategies for finding missing people with TB, linking them to quality care with adequate support, and preventing TB.

Inspired by the ground-breaking advocacy of TB Proof, one of the organisations in the SANAC CSF TB Task Team through their Coordinator, Ingrid Schoeman who is former health-worker who is a TB survivor, this letter serves to emphasize the seriousness of civil society concerns about policy implementation gaps, as programmes and tools to end TB are not being scaled up as a matter of urgency across all Provinces. Furthermore, we highlight the need to prioritise intersectoral policy approaches since social and economic factors that contribute to the spread of TB are not being addressed, such as poverty, overcrowding, malnutrition, and related barriers to accessing healthcare services by marginalized communities.

We see ourselves as partners with the Department of Health and the rest of government and society in addressing TB. So, our letter is not a complaint or an instruction, but rather a reminder that we are in this journey of ending TB together. As follow up from World TB Day on the 24<sup>th</sup> of March 2023 held in Tlhabane Stadium in Rustenburg in the North West Province where you Minister Phaahla you spoke, civil society through the SANAC CSF TB Task Team working in concert with health workers, TB survivors including ex-mineworkers, people affected by TB including people in mines and mining communities and community leaders call for urgent implementation of strategies outlined in the TB Recovery Plan and NSP 2023 – 2028 to save lives.

To this end, as the CSF TB Task Team we call on the National Department of Health as the lead department in the implementation of the TB Recovery Plan to:

**1. Scale up of TB services and diagnostic tools to find missing people with TB:**

- Targeted Universal Testing for TB (TUTT) must be implemented and scaled. This strategy includes routine annual TB disease testing for people living with HIV (PLHIV), household contacts, and people previously treated for TB, using testing approaches that should include 'TB Check' self-screening application, digital chest X-rays, and urine LAM, in addition to Xpert testing.
  - Provincial implementation plans to implement TUTT should be released with clear guidance on how training will be provided to all health workers, including community health workers (CHWs).
- 2. Expansion of shorter-course, safer TB medication**
- Short course treatment for drug-susceptible paediatric TB and drug-resistant TB should be made available at every TB clinic.
  - Short course TB Preventive Therapy (TPT) as outlined in the recently released *National Guidelines on the Treatment of Tuberculosis Infection* should be accessible to all PLHIV, close TB contacts, people with silicosis, and other high risk groups, including health workers, people who previously had TB, and prisoners in correctional facilities.
  - Standard treatment guidelines and essential medicines lists must be updated in response to the recently published *Guidelines for treatment of latent TB infection* to recommend short course TPT.
- 3. Community-led interventions to reduce TB stigma and discrimination**
- TB is still widely stigmatised in South Africa. This discourages people from seeking care, initiating and completing treatment, and can also have an impact on mental health post-TB disease. The Department of Health needs to partner with TB survivors and civil society organisations who can co-lead the development of TB awareness messages and implementation of communication campaigns.
  - Each person diagnosed with TB should have access to high quality TB counselling to strengthen treatment literacy and to help identify those in need of referral for additional psychological and social support.
- 4. Formalising the role of community health workers in the health system**
- CHWs play a leading role in providing family-centred TB care, raising awareness to increase TB testing and supporting people throughout their treatment.
  - Standard Operating Procedures need to be in place for the recruitment, appointment, remuneration and skills development of CHWs in line with the policy framework and strategy for ward-based outreach teams.
  - Standardised, high quality training on TB (including TUTT and the new TPT guidelines) must be prioritised for all CHWs.
- 5. Accountability for TB Policy implementation at all levels of the health system**
- The SANAC TB Technical Working Group (SANAC TB TWG) working with the Department of Health at national and provincial levels and other stakeholders should develop a public dashboard to track Provincial-level and District-level implementation, including TUTT and TPT.
  - Each clinic committee needs to have community representatives who are supported and capacitated to monitor the implementation of policies at facility level and these representatives should include people who have the necessary leadership qualities and expertise drawn from people who are TB survivors.
- 6. Increased funding for TB**
- Specific political prioritisation for funding the TB Recovery Plan and NSP 2023 - 2028 is needed to meet the targets to increase testing, strengthen care, and roll out TPT, which are critical to avert preventable suffering and increased deaths due to TB.
  - Priority activities outlined in the TB Recovery Plan and NSP, with an emphasis on the implementation of TUTT, need to be funded adequately to ensure access for all, with full transparency regarding budget allocations.



**7. Increased access to TB services and tools**

- TB care should be accessible to all people living in South Africa, including non-citizens. TB services should be offered close to where people live and be accessible over the weekend and in the evenings when people are not at work.
- The Department of Health should strengthen partnerships with the private sector to provide TB care services in support of the services being provided by public health system. The private sector has a moral and development obligation to work with government in addressing TB as a public health emergency.

**8. Release and Implementation of the Occupational Health Policy for Health Workers regarding TB and HIV**

- The Department of Health must release and implement the long overdue Occupational Health Policy for Health Workers regarding TB and HIV. 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 the Minister of Health and the Presidency as far back as 2020.

**9. Civil society engagement in policy development and implementation**

- The Department of Health must strengthen partnerships with TB affected communities, TB survivors and civil society organisations through stronger working relationships with SANAC CSF TB Task Team and the SANAC TB TWG to co-develop implementation plans and messaging strategies to reach and engage with affected communities.

We appreciate your consideration and look forward to your response, which can be directed to Greer Schoeman, National Coordinator of SANAC Civil Society Forum through email [greer@sanaccsf.org.za](mailto:greer@sanaccsf.org.za)

Respectfully submitted on behalf of the SANAC TB Task Team

Mabalane Mfundisi  
Chairperson

South African National AIDS Council (SANAC) Civil Society Forum TB Task Team

Cc Steve Letsike (CSF Chairperson)  
Dr. Thembisile Xulu (SANAC CEO)  
Greer Schoeman (CSF National Coordinator)  
Ingrid Schoeman (TB Proof)  
David Macana (Co-Deputy Chairperson – SANAC CSF TB Task Team)  
Charles Maponya (Co-Deputy Chairperson – SANAC CSF TB Task Team)  
CSF TB Task Team members  
SANAC CSF Leaders (National Sector Leaders and Provincial Chairpersons)