

5TH SOUTH AFRICAN TB CONFERENCE
CONFERENCE CLOSING SESSION
Closing Remarks by Minister of Health
15 June 2018

Dr Margot Uys, Conference Chairperson

Session Chairpersons Ms Nothemba Kula and Dr Ausie Nkhi

Dr Sibongiseni Dhlomo, Health MEC in KwaZulu-Natal

Session presenters, Prof Andreas Diacon, Prof Rob Warren and Prof Bavesh Kana

Conference Delegates

Distinguished Ladies and Gentlemen

Good day.

Tomorrow we observe National Youth Day. It is 42 years since the youth of our country rose against the tyranny of apartheid. We salute the youth of 1976 and re-commit to support the youth of today to ensure that they are able to live long, healthy and productive lives.

If the opening session that I attended on Tuesday was anything to go by I am sure that this conference has provided delegates with the science, the knowledge and generated the necessary energy that we need to ensure that South Africans “Step Up! to end TB.

We cannot close this conference without reflecting on the opening session on Tuesday. We were all caught up in a truly remarkable moment of intense emotion when the DP anointed the choir, that so

beautifully sang for all of us, as ambassadors for TB and HIV/AIDS. The spontaneity of that moment should not obscure its profound meaning, that is, the magnitude of our twin TB and HIV/AIDS epidemics and its impact on all aspects of our personal and professional lives. Our response therefore has to be one of “all hands on deck”. This literally means that apart from health workers, scientists and academics, we need community members, politicians, traditional leaders, organised business and labour, civil society organisations and many more to be fully engaged in ending TB.

I am informed that one of the plenary presenters used the analogy of one Airbus 380 that carries about 600 people, crashing every day to illustrate the impact of TB on the number of lives lost. This in the context of TB being a curable disease. It is useful to use such imagery as we have been accustomed to living with this disease in our midst. Most people appear to take TB for granted – and for as long as we do we will not end TB. This means that we must speak about TB in every corner of our country and speak about it as often as possible.

The upcoming first ever United Nations High Level Meeting (UNHLM) on TB to be attended by Heads of State on the 26th September 2018 on the side-lines of the United Nations General assembly (UNGA), which was referred to by the Executive Director of the Stop TB Partnership, Dr Lucica Dittu as well as our Deputy President during the opening session and I am sure many others, is indeed a rare opportunity that we must not be a missed opportunity to put TB on the agenda of those in the highest leadership positions globally.

I received many requests and pleas from many TB advocates, including those attending this conference that South Africa must ensure that the country must participate in the HLM at the high level of leadership in government. I now realise that despite the explanation by both the Executive Director of the Stop TB Partnership as well as the Deputy President people don't understand the history of how this high level meeting came about and what was the involvement of South Africa in this development. I want to take this opportunity to explain to South Africans how we arrived here where we are heading to.

I became a member of the Stop TB Partnership, a UN based institution in 2010 for the wrong reason, by virtue of South Africa being one of the TB high burden countries in the world. In 2010 we spent a whole week in a retreat in Washington trying to figure out why TB continues to be such a big killer, but does not seem to be able to elicit the same response as other diseases from politicians, people in positions of power and influence and ordinary people globally. Perhaps it's because it has always been with us and it is a silent killer. We even called in branding and marketing experts to provide us with answers and possible solutions. But I must confess that we came up with nothing!

At this time the chairperson of the Partnership was a very able and dedicated academic from the London School of Tropic Medicine and Hygiene. He is now a prominent academic in Harvard School of Public Health.

After a long debate and analysis in 2013 by Board members, it was thought that because the Partnership was led at a high academic and research level, ordinary people could not be easily mobilised by the Partnership. It was then decided that perhaps that the chairperson should be a politician whose main task is to make noise and allow academics and researchers to do their work with the support generated by the noise at the political level. It is then that I was elected as the chairperson of the Board at the meeting of the Board held in Seattle.

It is from this position where I learned facts about TB from all over the world and have global statistics at my disposal. Despite having been a doctor for at least 30 years I shocked to learn for the first time that in the past 200 years TB has killed more people than small pox, bubonic plague, malaria, ebola, cholera, influenza, HIV itself – all added together. But still when we mention these facts they still do not elicit a response similar to that of the diseases that I mentioned.

As the Chair of the Board I was always disturbed by this state of affairs. Even here at home ebola which was thousands of kilometres away evoked much anxiety and activity by both parliamentarians and ordinary members of society despite the fate that at the end of the ebola outbreak no one in South Africa died from ebola but 40 000 people succumbed to TB. Globally a total of 11 000 died from that huge and scary disease but in the same period 1.5m people died from TB. Still it remained below the radar screen.

We also realised that all major diseases that I mentioned above, HIV, NCD, antimicrobial resistance, ebola – all had the attention of heads of state at the High Level Meeting in the UN. I then raised with the Board why not TB with all these facts at our disposal. Having mobilised a few countries I raised this issue during the debate on AMR at a high level meeting in the UN General Assembly in New York in 2016 when I was asked to speak as the chairperson of the Stop TB Partnership. I indicated to the meeting that one third of global AMR is attributable to TB, and that no amount of high level discussion on AMR will succeed if TB is left behind. To my pleasant surprise this proposal received immediate traction from many countries.

While I raised it as the chairperson of the Partnership, because I am a South African our mission in New York took up this issue and started mobilising among the diplomatic corps in New York.

My proposal was to have the High level meeting in 2017 but the UN General Assembly decided to host this meeting in September 2018 which is what is coming!

Having achieved this, we have not relaxed. We are mobilising for all heads of state of BRICS countries to attend without failure because 50% of all drug sensitive TB as well as 60% multi-drug resistant TB in the world are found in BRICS countries. Presently South Africa is holding the chairpersonship of BRICS and so at the World Health Assembly in Geneva in May I was chairing a BRICS Ministers of Health meeting and I was given an assurance by BRICS Ministers of Health that they will do everything in their power to have their heads of state attending the High

Level Meeting on TB. In addition, we asked our President to raise it next month during the BRICS Summit. We are currently chairing SADC and we will do the same to urge all SADC heads of state to attend. There is a forthcoming AU summit and we will also raise this issue at that forum.

As a build up to the High Level meeting, the WHO and the Russian Federation and the Stop TB Partnership hosted the first Ministerial Conference on TB in Moscow in November 2017. It was officially opened by the President of the Russian Federation and was attended by among others the Deputy Secretary General of the UN, Ms Amina Mohammed, the Director General of the WHO, Dr Tedros Ghebreyesus, the Executive Director of UNAIDS, Mr Michel Sidibe, and 80 Ministers of Health and 1000 delegates from around the world.

The Moscow meeting set the scene for what we now famously call the “Key Asks” that we will encourage our Heads of State to commit to, namely:

1. Reaching all people by closing the gaps on TB diagnosis, treatment and prevention
2. Transforming the TB response to be equitable, rights-based, and people-centered
3. Accelerating development of essential new tools to end TB
4. Investing the funds necessary to end TB
5. Committing to decisive and accountable global leadership, including regular UN reporting and review

Distinguished Delegates, we cannot only speak among ourselves as we typically do in conferences. We must mobilise every sector of society to enable us to end TB. This is what the HIV community did and we can and must do the same.

When leaders meet and make the right decisions and ensure their successful implementation, we may indeed be the generation that rids the world of this scourge that takes the lives of millions of people prematurely.

However, we also need strong participation by civil society organisations – we must take over the streets of New York to show the world that we are committed and we are serious about ending TB.

I am pleased that this conference took up the challenge for us to not only quantify the extent to which we have missed patients but also generate ideas of how we will find patients. It is not surprising that session presenters point to the need to screen and test people who are already attending health facilities.

In this regard I wish to make a special plea to all front line health workers – I fully acknowledge that you all work under difficult conditions – but I want to implore you to do at least two things: Firstly, let us treat people with the respect and care that they deserve. This is why we are calling for a person-centred approach, Secondly, let us screen and test all those with TB symptoms. By doing these two things I am sure that the quality of the TB service that we provide will improve.

We know that we are not testing sufficient numbers of men with TB symptoms –this means going to where the men are, if workplaces, in bars and shabeens and in homes. In this context we must strengthen our ward based community health worker teams. The Department of Health will be making an announcement about this soon. We also know that other Departments have community based workers as well and we must strengthen the capacity of all community based workers to deal with TB within our communities.

I do hope that with the new information that you provided and discussed at this conference we can announce in New York that of the 4.2 million people with TB that are missed each year, South Africa has found at least 40 000 and initiated them on treatment. This means a lot of work now and more when we return from New York. It is clear that without finding and successfully treating the missing millions globally we will not end TB.

In terms of new treatments, we have roll out the use of Bedaquiline as well as commenced with the use of Delamanid as part of a clinical access programme whilst awaiting its registration.

I wish to take this opportunity to also thank our researchers. We have first class researchers in our country and we must thank them for their tireless efforts.

The introduction of Bedaquiline has been a game changer in the treatment of drug resistant TB. Following registration of bedaquiline, the National TB Programme (NTP) made it available more widely. As a result, a cumulative total of 15,000 patients either received or are receiving the medicine under programmatic conditions – which constitutes two-thirds of the global uptake of bedaquiline.

The results with bedaquiline is very encouraging. For patients with rifampicine resistance our data suggests that only 50.6% of patients treated without bedaquiline were successfully treated compared to 67.3%. This is a 17% improvement. With respect to mortality we have seen a 9% decline in patients treated with bedaquiline. This is another example of South Africa leading on early implementation of new tools!

Let me conclude by referring again to the State of the Nation Address by President Ramphosa in February this year. You will recall his famous reference to the powerful lyrics of the song compiled and sung by our departed legend, Hugh Masekela: Thuma Mina. The lyrics among other things, state:

I wanna be there when the people start to turn it around; When they triumph over poverty; I wanna be there when people win the battle against AIDS...”.

We fully accept the message of the song and the Thuma Mina movement that it has generated, with one important caveat from Nelson Mandela's words made in Bangkok in 2004 and I quote:

“The world has made defeating AIDS a top priority. This is a blessing. But TB remains ignored. Today we are calling on the world to recognize that we can't fight AIDS unless we do much more to fight TB as well.”

I thank you and wish you safe travels back home to again take up the challenge of ending TB in our lifetime!