SPEECH BY THE MEC OF HEALTH, MR SAKHIWO BELOT AT THE LAUNCH OF THE TB CRISES PLAN IN FEZILE DABI, KROONSTAD 4 JULY 2006

Program Director

Ms Mokgosi

Ladies and Gentlemen

In August 2005, the World Health Organisation's AFRO Regional Committee unanimously resolved to declare Tuberculosis as an emergency in Africa. 46 Ministers of Health attended this meeting in Maputo. Recognizing the deep concern about the gravity of the epidemic, the resolution warned that unless 'urgent extraordinary actions' are in place the situation will worsen and the 2015 Millennium Development Goal TB target will not be met.

At this meeting, Member States were urged to:

1. Develop and implement, with immediate effect, emergency strategies and plans to control the worsening tuberculosis epidemic.
2. To rapidly improve tuberculosis case detection and treatment success rates;
3. Accelerate DOTS coverage at district and national levels.
4. Accelerate the implementation of interventions to combat TB and HIV epidemic, including increasing access to ARVs for co-infected patients.

5. Expand national partnerships for TB control, especially public-private partnerships;
6. Improve the quantity and quality of staff involved in tuberculosis control and
7. Implement strategies to reduce patient default and transfer out rates to 10% or less.

Ladies and Gentlemen, South Africa our country is part of the African continent and as such has a pivotal role to play in fighting this disease. It is for this reason that TB was acknowledge as a crises in this country. In November 2006, the National Health Council requested provinces to identify poor performing districts and draft a crises plan of action to improve the situation. Districts were chosen based on the data analysis done in 2003.

Program Director, the Free State Province has an incidence of 667.5 TB cases per 100 000 of the population (2004 case finding) and lies 4th when the TB case burden is taken into account in the country. The proportion of patients cured in the province is 63.1% in 2003 and 66.6% in 2004 which remains lower than the National Target of 85%. 7.2% of patients default of treatment and this is also above the national target of 5%. In the Free State the highest TB case burden is in the Lejweleputswa District, which is the gold fields area. The death rate is also the highest in the country with Xhariep District being the most affected in the province. The TB/HIV co-infection also a big feature of the TB program in the province.

Set against this background; allow me to briefly mention some of the challenges currently faced by the Free State TB Program:

- There is inadequate resource allocation to the TB program resulting in planning and implementation of the TB activities being compromised.
- Poor monitoring and supervision of TB activities by district and primary health care management.
- Low index of suspicion for tuberculosis by health workers resulting in late detection of cases
- Late presentation of cases by patients due to lack of awareness of symptoms and stigma attached to the disease
- Poor adherence to treatment due to lack of understanding of the importance to complete treatment and lack of continuous support for patients on treatment.
- Poor referral of patients between hospitals and primary health care facilities.
- Poor collaboration with private sector.
- Long turnaround time of sputum results in some rural areas
- Patients being lost to follow up – cross border and migrant workers.
- Lack of support for data capturers resulting in poor quality of data and late reporting in certain areas.
- Increase in Multi-drug Resistance TB cases referred from the mines and lastly
- Poverty and poor living condition also play an important role.

In March of this year, we launched the Operation Kgutlela campaign on World TB Day. This campaign aims to bring all the TB defaulters back to the TB program. Operation Kgutlela will be review in September 2006 whereby the best performing district will be chosen based on the lowest defaulter rate. The *Monica Norman Floating Trophy in Recognition of Commitment and Dedication to TB Control* will be given as an award to the achievers. I want to encourage all stakeholders, staff and clients in this process to ensure the success of the project by contributing fully.

Ladies and Gentlemen, allow me to unveil the Provincial TB Crises Management Plan. This provincial plan has been developed for implementation in the Fezile Dabi district as a matter of priority to strengthen the management of TB in this district. We have targeted this district specifically as it has the lowest cure rate in the province and a high proportion of TB cases that is not evaluated. The rest of the province will follow as a matter of urgency. Our plan rests on an 8 (eight) point plan and it deals with

1. Strengthening of program management and supervision at all levels;

We have recognised the need for the appointment of additional staff at both district and sub district level. 10 sub-district TB coordinators will be appointed to assist with the supervision and monitoring of TB activities and each district will appoint a TB information officer. An In-patient Care Coordinator will be

appointed to monitor the management of TB at hospital level and a principal medical officer will be appointed to act as a technical advisor and will interact with general practitioners in an effort to improve communication and training.

2. Improving TB case finding by the rollout of the PALSA plus project;

3. Ensuring a patient-centred approach to the care for TB patients via the TB Free Project which aims to strengthen DOT support program in an effort to improve patient counselling and contract tracing;

4. Expand the public – private partnerships by improving collaboration with the private sector through meetings and the training of medical practitioners. We also will engage with private companies to support awareness initiatives in the province. To all delegates here today, this means that you need to support the TB program by implementing campaigns and projects in the workplace, encourage staff to go for testing and counselling and support treatment regimes, commit time and resources to ensure a TB free workplace and environment for staff and provide support to families.

5. Intensify community awareness campaigns through billboards, radio talks and a door-to-door campaign;

6. Improvement of treatment compliance and the reduction of the defaulter rates by continuous defaulter tracing, focussing on the training of volunteers.

7. Ensuring participation of other key programs (HIV, Hospitals, Laboratory services etc) and other Government Departments; and lastly

8. Building capacity for the prevention and proper management of multi drug resistant TB patients.

In conclusion, I am pleased to announce that we have allocated an amount of R8million to the project in the province in the hope that we will contribute to improving the TB cure rate in this province significantly with the implementation of the crises plan. We will implement the plan in all five districts and we are also very excited of the prospect of some of our sport stars in future signing up to form part of the communication and social mobilization campaign that focus on improving awareness and TB cure rates with messages targeted at specific vulnerable groups. I want to invite stakeholders here today to become an active partner in the fight against TB.

Finally, may I take the opportunity to invite our patients who are defaulting on their TB treatment back to the program. Many of these people have full lives to live and can contribute significantly to society as a whole. There is no shame in having TB, there is no blame by receiving treatment, there is only hope, courage and joy by being cured.

I thank you.