

**STOP TB PARTNERSHIP
19TH COORDINATING BOARD MEETING**

**Keynote Address: Opening Session
By Dr Aaron Motsoaledi, MP, Minister of Health**

**14 October 2010
Protea Balalaika Hotel, Sandton, Johannesburg**

Prof Rifat Atun, Chairperson of WHO's STOP TB Partnership Coordinating Board;

Members of the Board, including fellow Ministers serving with me on the Coordinating Board present today:

Dr Mphu Ramatlapeng from Lesotho

Prof David Mwakyusa of Tanzania; and

Dr Benedict Xaba of Swaziland

Dr Meliton Arce Rodriguez

Allow me also to recognize in their absence other fellow Ministers serving on this Board, but who were unable to be here with us:

Mr Abdallah Abdillah, Minister of Health in Djibouti;

Prof Kyaw Mint, Minister of Health in Myanmar

MECs for Health present

Dr Guiliano Gargioni – Interim Executive Secretary of the STOP TB Partnership;

Allow me to take this opportunity to congratulate you on your appointment, although in an acting capacity, to this important position in a critical international entity that coordinates global efforts in the challenging fight against TB and TB and HIV co-infection. We also would like to thank and convey our best wishes to your predecessor, Dr Marcos Espinal with whom we had a positive relationship over the many years of working with the Partnership;

Members of civil society organizations present;

Officials in the Department of Health;

Invited guests;

Ladies and Gentlemen

I attended the first Coordinating Board's meeting as a new member this past May in Vietnam. The Board provides strategic leadership and direction to the entire Partnership. Yesterday, the updated Global Plan to STOP TB was launched in Alexandra, sadly in my absence as I had to attend a crucial extended cabinet meeting in Cape Town that dealt with budgetary allocations. During the launch, you would have been informed of the pleasing achievements that have been made in the fight against TB. You should have heard that new TB cases reported annually in the world have peaked since 2004, and have been declining ever since. The treatment success rate exceeds 85%, in line with relevant Millennium Development Goals' targets.

The death rate is reducing in several parts of the world. Several role players have contributed towards the attainment of these achievements, not least, the Coordinating Board. We derive a lot of satisfaction from our association with this important entity, that has yielded discernable successes.

We are aware that our membership to the Board is as a result of our status as a TB high burden country. As you know, we are ranked the third highest TB burdened country in the world after countries with larger populations, that is China and India. In fact, if you standardize for population size, South Africa's incidence of almost a 1,000 TB patients per 100,000, places us first in the league of TB high burden countries in the world. We derive no pleasure from this. At the same time, we have an HIV and AIDS epidemic, which has also made us to have the largest number of HIV infected persons in the world.

The South African Development Community, known as SADC, of which South Africa is a member, is also grappling with the problems and challenges imposed by TB and HIV. Of the 22 TB high burden countries in the world that account for 80% of all global TB cases, 5 are in the SADC Region. While Swaziland, Namibia, Botswana and Lesotho are not considered part of high burden countries due to their relatively small population sizes (and therefore correspondingly low TB cases), they are amongst the 10 countries in the entire world with the highest TB incidence, that is, new TB cases per year.

Swaziland leads the world at 1,200 new TB cases for every 100,000 Swazis.

We will expand more on the cross border issues around TB in the next session, together with my colleagues, that is, ministers of health from countries in this region attending today's meeting.

We are the first to acknowledge that we have a huge TB problem, alongside an even deadlier HIV and AIDS epidemic. At the same time, we recognize that our country is confronted by a quadruple disease burden that includes high maternal and child mortality, non-communicable diseases such as diabetes and violence and injuries, with all of them requiring our undivided attention.

Ladies and gentlemen, recognizing and accepting that TB and HIV are major problems in this country is indeed the first critical step in finding long lasting solutions. Our response has to be of sufficient magnitude in order to be equal to the big problem at hand - because, the combined TB and HIV challenges facing us require nothing less. The HIV Counseling and Testing (HCT) Campaign launched by the President of the Republic, Honourable Mr Jacob Zuma, is the epicenter of our interventions as a ministry, together with other government departments, civil society organizations, academic institutions, the corporate sector and communities. From an HIV and AIDS entry point, the campaign will address TB as well as non-communicable diseases such as diabetes and hypertension.

We have set ambitious targets for this campaign:

- We plan to counsel and test 15 million South Africans. Already we had over 2 million people who been tested for HIV, and about a million screened for TB
- We expect to find about 100,000 additional new cases of TB, thereby enabling us to close the gap between about 400,00 TB cases that we are currently detecting in comparison to about 500,000 South African estimated to develop active TB each year
- We plan to provide INH Prophylactic Therapy (IPT) to 600,000 eligible HIV positive patients

The success of our response in finding people with HIV and TB, and other communicable diseases has huge implications on resources that need to be mobilized to provide resultant treatment care and support. We therefore accept without any reservations the caution by the Global Plan to STOP TB that without dramatic increases in funding and political commitment:

- more people will develop active TB;
- more lives will be lost;
- more children will become orphans; and
- there will be more cases of drug-resistant forms of TB requiring advanced care and more resources

Ladies and gentlemen, it has not been gloom all around. We have seen progress, albeit limited, from existing efforts to control and manage TB. We are detecting more people with TB than we did in 2005. Our cure rates are just under 70% compared to 55% five years ago. Our interventions coalesced into a comprehensive national TB Strategic Plan that we launched in 2007 which, in an integrated manner, guide our efforts and those of our partners in addressing TB. This plan sets out with some detail what needs to be done to further strengthen our TB control programme. It addresses, amongst others, issues related to nutrition, healthy lifestyles, infection control, community participation and intersectoral collaboration. The plan also instructs us to work collaboratively with all care providers. In this regard, mobilizing the private sector and employer organizations is critical.

We have reached the midpoint in the implementation of our strategic TB plan. We will institute a review of the plan, and in this regard, we will ensure its alignment to the Global Plan to STOP TB. We have already embraced the key elements of the Global Plan, namely:

- Political Commitment
- Early case detection through quality assured diagnosis
- Standardisation of treatment with supervision and patient support
- Drug supply and management
- Monitoring and evaluation

We will however place more emphasis on the prevention of TB and other diseases. Stringent adherence to best practice infection control methods, even at the household level, will constitute a center piece of our interventions. On a much bigger scale, we have observed that over many years, our health system has veered from a preventive and promotive approach to that which is more curative. As a result, our health system gobbles more resources, and yet shows little positive outcomes. We spend more resources than any one country in this region on health, but lag behind on outcomes.

I have therefore initiated a strong push for the revitalization of our health system into one that will be based on the Primary Health Care. We will emphasize prevention, rather than wait for South Africans to get sick and only come to deal with them when they present in hospitals. We believe that a health system based on PHC provides the necessary conditions required to decisively deal with our quadruple burden of disease, especially TB and HIV. In this context, we will be pushing for more integration of our TB and HIV services at the primary health care level. At the same time, we will introduce a National Health Insurance (NHI) financing scheme needed to broaden equity in health care resource allocation, and therefore expanded access for poor sections of our population.

These ambitious interventions and targets that we have set for ourselves will not be easy to achieve. As we roll up our sleeves and do all that is required, we hope we will continue to receive support from our international friends, including the World Health Organisation and the STOP TB Partnership.

We are pleased by the opportunity granted to us to host this 19th Coordinating Board meeting. We hope our hospitality and the comfort of our country will provide the necessary conditions for the board to have fruitful discussions and deliberations.

We hope you will enjoy the rich cultural repertoire of song and dance we have organized for you during the welcome reception and gala dinner I will be hosting later this evening.

Thank You