

**Speakers Notes for Mayor Zandile Gumede – at the occasion of
World TB Day held at Cato Manor, Durban RSA – 22 March 2018**

Programme Director,

Bayede Hlanga lomhlabathi, isilo samabandla,

Deputy President, Hon David Mabuze,

Premier of KZN, Hon Willies Mchunu,

Minister of Health, Dr Aaron Motsoaledi,

Minister of COGTA and former Premier of KZN, Dr Zweli Mkhize,

Ministers Present,

MEC of Health, Dr Sbongiseni Dhlomo,

Leader of Government Business, MEC Sihle Zikalala and other MECs

Present,

Chairperson of Houses of traditional Leaders

Members of Parliament and Legislature,

Mayors and Councillors present,

Amakhosi nabantwana baseNdlunkulu,

Government officials at all levels,

Healthcare workers,

Volunteers and activists,

Amalunga omphakathi,

Sanibonani,

Siyabonga ukuthola lelithuba ukuthi sinamukele kumuzi omkhulu waseThekwini. Izolo bekuyiholidi lokugubha usuku lamalungelo esintu lapho futhi besikhumbulu izishosovu ezazilwela inkululeko. Kuyintokozo kuthina ukuthi sisingathe lomcimbi wokuqwashisa ngesifo seTB.

We are glad to host the country`s World TB Day commemoration activities which is in line with the 2018 World TB Day theme "***Unite to end TB & HIV - South African Leaders taking action***" which seeks to mobilise and encourage leaders of society such as members of legislatures, councillors, traditional leaders, business and religious leaders and civil society at large to commit to the fight against TB and HIV.

TB remains a global public health challenge and South Africa`s number one leading cause of natural deaths especially among men. It`s is an infectious but preventable and curable.

According to the World Health Organisation, South Africa ranks 6th amongst the 22 countries with the highest burden of TB.

The second highest number of diagnosed multidrug-resistant TB cases, and the largest number of HIV-associated TB cases. The KwaZulu-Natal Province is considered the most affected together with Eastern Cape, Gauteng and the Western Cape.

Even though the KZN province have the highest burden of TB, the TB treatment outcomes show definite progressive improvement. Regardless of all achievements in the program it is far from winning the war against TB. The EThekwini District alone has reported more than 700 per 100 000 population TB notification reporting rates.

EThekwini has 3.6 million people and these numbers are growing. We are the economic Hub of the Province and we are affected by urbanisation. People come to our city looking for opportunities and they settle anywhere. This creates a problem of overcrowding and spread of communicable diseases. TB is still the leading cause of death in eThekwini by 21 % and it is followed by Diarrheal disease and HIV sitting at above 8%.

To address social and structural drivers and alleviate this issue, as well as focus for impact, the EThekwini District has identified 4 high transmission informal settlements considered geographically as priorities which

includes: Malukazi, Bhambayi, Amaoti, Amatikwe and Cator Crest to increase case finding and identification of TB contacts and refer those diagnosed positive to clinics for initiation of treatment.

In this area of Cato Manor we have a health facility that is operated by province and municipality. It is situated in a densely populated area with high unemployment rate and low socio-economic conditions. The total catchment population is 49 000.

This area is highly burdened by communicable diseases such as HIV/AIDS, TB, STI, malnutrition and teenage pregnancy. Our CHC Clinic is 24 hours and it serves communities from 3 wards which are: Ward 29,30 & 101.

In the identified areas we want to ensure that:

- We find the missing people with TB and ensure they are put on treatment and intensify screening of the contacts
- We increase community knowledge, awareness and participation about prevention and control of TB.
- Improve the number of patients who are successfully treated for TB in high burden areas.

Our city runs a numerous programmes in order to fight TB. We go to schools to educate the children about TB. They do health screenings and where necessary refer the children to health care facilities for further care.

Our health care workers embark on awareness programmes at various sites such as hostels, pension pay points and other areas where large numbers of people gather.

We also have the DOT Programme (Directly Observed Treatment). Our Community Care Givers visit TB patients in their homes to give them emotional and psychological support.

Programme Director,

We also have a vibrant programme called Operation Sukuma Sakhe which assist us in dealing with some of the challenges that are faced by our communities. Through our war rooms which are based at ward levels, all stakeholders meet to discuss and deal with issues of communities.

At the political level we encourage councillors to work with all the stakeholders at the ward level in order to respond to issues that are affecting communities. These issues must be recorded and escalated to the office of the Mayor. The program of OSS is coordinated by my office

because we want to be hands on. This assist us in dealing with issues of poverty.

We also commend campaigns led by Amakhosi and other stakeholders including some political parties. Programs such as Molo Makhelwane by ANCWL and Know Your Neighbour by SACP are important in ensuring that we have statistics. I encourage churches to continue with home prayers but also report these cases of sick people at the War Room.

We need to work together in order to fight disease in our community. Let's encourage people to test for diseases. We must all know our status in order to get treatment. Once we start treatment, we must finish it. As leaders, lets commit to fight TB and HIV/Aids in our communities.

With those few words, you are all welcomed