

Opening remarks by her worship, Mayor Zandile Gumede at the 5th SA TB conference held at Durban ICC, 12 June 2018

Programme Director,

Deputy President and Chairperson of SA Aids Council, Mr David Mabuze,

Premier of KZN, Mr Willies Mchunu,

Minister of Health, Dr Aaron Motsoledi,

MEC of Health, Dr Sbongiseni Dhlomo,

5th SA TB Conference Chairperson , Dr Margot Uys;

Diplomatic Corps,

Amakhosi,

District Mayors and Councillors,

Honoured guests,

Delegates,

Captains of the Industry,

Media,

Ladies and gentlemen,

Sanibonani, it is my absolute honour and pleasure to extend a warm Durban welcome to you in the year of President Nelson Mandela and Mama Albertina Sisulu.

We are grateful to our delegates especially from outside, who have descended on our shores to participate in the 5th SA TB Conference taking place at our iconic and majestic Inkosi Albert Luthuli International Convention Centre.

Earlier this year, as eThekweni Metro we were fortunate to host the commemoration of World TB day. During the event, members of the

community had an opportunity to participate in the Massive TB Screening, onsite testing for TB/HIV which aims to reduce new TB infections and related TB deaths as part of World TB day.

The event was a huge success despite the adverse weather condition on the day. Participation levels were high on the day in that community members were keen to enrol in activities planned for the day, we also hope that this conference will be a success.

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.

The situation of TB was best defined by our Minister of Health, Dr Motsoaledi when he said – **“If TB and HIV are a snake in Southern Africa, the head of the snake is here in South Africa. People come from all over the Southern African Development Community to work in our mines and export TB and HIV, along with their earnings. If we want to kill a snake, we need to hit it on its head.”**

It is undeniable that KwaZulu-Natal has one of the greatest TB and HIV burden in the country. Knowing that eThekweni is home to the largest population amongst the various districts, TB remained a top priority in health care delivery system.

In 2016, it was identified approximately 40% of the TB provincial burden was reported in eThekweni. The TB notification rate is pitched at 700 per **100 000** populations and furthermore the TB/HIV Co-infection rate is recorded at 61%.

In delivering on the 2022 goals of the NSP for TB; our metro has developed strategies to implement the eight goals aimed at eradicating the TB epidemic.

In addition, eThekweni Metro has fully adopted the universal 90-90-90 Strategy which focuses on population based targets that intensify case finding. We link patients to care and ensure that patients start treatment on time as well as retaining patients in care.

Our strategy directs resources to community and primary health care facilities where combined packages of care are functionally integrated at various levels of care. Community based care has been mainstreamed with more focus being directed at household and community level through community based health care workers that work closely with Operation Sukuma Sakhe and developmental partners. This grassroot approach has proven to be a useful strategy to ensure adequate, effective and accessible health screening, case finding and tracing of patients in care.

However, we have also realised that there could be more undiagnosed TB cases dying before they are diagnosed and treated. This may be attributed to lack of active and searching of TB cases at community level.

In 2017 we embarked on a massive TB screening campaigns focusing on high risk groups i.e. community residential units, informal settlements and large community gatherings, which has borne fruits in that outputs and outcomes have improved in the HAST programme

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

We continue to monitor the HAST programme closely through District Aids Council (DAC) which I lead.

In closing, we are concerned with the number of patients with drug resistant TB, we are sitting with 8% of the national disease burden and 30% of the provincial burden.

We are working tirelessly to address this challenge by adopting a decentralized model of care for patients with drug resistant.

We are making efforts to strengthen training development and support for clinicians and support staff to ensure the highest impact of this decentralized programme.

Ladies and gentlemen with these few words and on behalf of the citizens of eThekweni I welcome you to the city of Durban and look forward to the deliberations that will help us all to step up strategies and interventions that will take us all forward to the goal of zero new TB infections by 2035.

Siyabonga

[10 minutes]