

**LET'S  
MAKE  
AIDS  
COUNCILS  
WORK**



# **TB PREVENTION**

**spotlight** on the state of  
health in South Africa

**District and Provincial AIDS Councils can play a critical role in getting business, labour, civil society and various government departments to work together in the fight against HIV and TB. It is through these consultative structures that the vision set out in South Africa's National Strategic Plan for HIV, TB and STIs 2017 – 2022 is to be turned into real and tangible change in our communities.**

As members of the public we can demand that district and provincial AIDS councils meet at least once a quarter. Representatives from district AIDS councils must on a quarterly basis report to provincial AIDS councils on progress in their district. Provincial AIDS councils should be chaired by Premiers and district AIDS councils by mayors. We must hold these people accountable for organising the meetings and making sure appropriate representatives from business, labour and civil society are all invited.

Of course, just having meetings is not good enough. We have to make sure that these meetings are used to catalyse a more effective response to the HIV and TB epidemics in our districts or provinces.

*In this series of "Let's make AIDS councils work" guides we share some practical advocacy ideas for persons involved in these councils. This is the third guide in the series, focusing on TB prevention.*

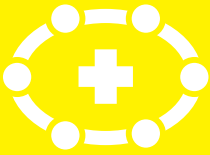
# TB PREVENTION



Tuberculosis (TB) remains a crisis in South Africa with around 322 000 cases per year. The statistics around TB are complicated and not always very reliable (we wrote on the complexities here), but there is little doubt that South Africa has one of the highest TB rates of all countries when measured as cases per 100 000 people. TB is also one of the top causes of death in South Africa.

One of the highlights of 2019 will be the announcement of findings from South Africa's first National Tuberculosis Prevalence Survey. This survey is expected to provide valuable new information on our TB epidemic that we could use to better tailor our TB response. When the survey is published, one would expect most AIDS councils to ask what its findings means for TB in the related province or district and what its implications are for the prevention of TB.

TB transmission is a perfect example of a problem that the Department of Health cannot solve on its own. TB is often transmitted in places with poor ventilation and not much light or fresh air. TB might be transmitted in a clinic waiting room, but it can also be transmitted in a taxi, at home affairs, on a factory floor, a correctional facility, or at home – just to name a few examples. To reach all these places involves many government departments as well as business, labour and civil society.



# WHAT CAN AIDS COUNCILS DO ABOUT THIS?

- One role that a district or provincial AIDS council could play is to launch and drive a TB infection control campaign across a given district or province. Part of such a campaign could be to distribute information on how to prevent TB transmission in the workplace, at home, or on public transport. Another part of such a campaign could be for government and business to commit to ensuring that they will implement infection control measures in all their buildings and facilities and volunteer to let their facilities be inspected for compliance with infection control standards. AIDS councils provide the ideal forum for getting all these various role-players involved, committed and motivated to drive such campaigns.
- Another important aspect of TB prevention is screening. The earlier TB is diagnosed, the earlier people start treatment – people quite quickly become non-infectious after starting TB treatment. One of our biggest problems is that by the time people go to the clinic they have been sick with TB for some time and may have already transmitted the bug to a few additional people. An AIDS council is a good place to ask how we can improve TB screening in our specific district or province. What does business and labour in your district or province have to say about doing TB screening in workplaces? Should we be conducting screening drives at taxi ranks? Do we need more community healthcare workers to conduct screening in the community? How do we scale up our TB screening efforts without further stigmatising TB? All these questions can, and arguably should, be asked in AIDS council meetings.
- The provision of TB preventative therapy to people living with HIV and to children under five who have been in contact with someone with TB is also critical to reducing TB cases. South Africa has done a good job in recent years of providing preventative therapy to more people, but many who could potentially benefit from it still do not have access. As anticipated in the NSP, South Africa may soon see a change from using the drug isoniazid for six or more months to using a combination of isoniazid and rifapentine once a week for just three months. If this change in guidelines does take place, there might be a role to play for AIDS councils to create awareness of the new treatment and to monitor its provision in the given district or province.



# QUESTIONS TO CONSIDER ASKING IN AIDS COUNCIL MEETINGS

- How can we as an AIDS council **involve business, labour, civil society, and more government departments** in a TB prevention drive in our province or district?
- Are the largest employers, major trade unions, and key civil society representatives in our area all **represented** in our AIDS council? If not, why not?
- Are there **regular and appropriate TB screening services being provided in places of work** in our province? If not, what can the AIDS council do to ensure more TB screening services are provided at places of work?
- Do public buildings and workplaces in our district or province have **sufficient TB infection control measures** in place? Can we use our influence as an AIDS council to get an infection control campaign off the ground?
- Are all people in our province or district who may benefit from **TB preventative therapy** being provided with it and are there specific obstacles that we need to address in this regard?
- What does our **District/Provincial Implementation Plan** say about TB prevention and are we implementing what our plan says?