

#3

COMMUNITY SYSTEMS TOOLBOX

COMMUNITY SYSTEMS STRENGTHENING

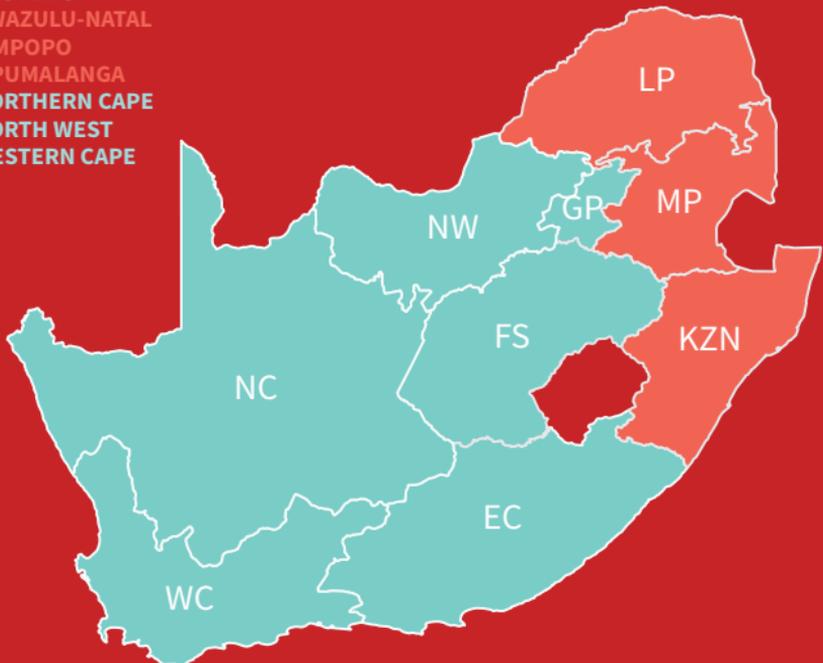
Increasing access to quality health and social services. Building strong communities.

Communities have unique knowledge and experience of the health and social issues they face. Coordinated, capacitated and resilient communities therefore play a vital role in the development of national plans and can improve access to services.

The Community Systems Strengthening (CSS) programme, funded by the Global Fund, works to strengthen the coordination of the national HIV, AIDS and TB response and build the capacity of community organizations and structures across the country. Working together, the AIDS Foundation of South Africa (AFSA) and the Networking HIV and AIDS Community of Southern Africa (NACOSA) implement the programme across all nine provinces.

EP EASTERN CAPE
FS FREE STATE
GP GAUTENG
KZN KWAZULU-NATAL
LP LIMPOPO
MP MPUMALANGA
NC NORTHERN CAPE
NW NORTH WEST
WP WESTERN CAPE

● AFSA
● NACOSA



BROUGHT TO YOU BY:



#1

1.8 mil
deaths globally

**no.1
killer**

TB is our **number one killer, causing 1.8 million deaths** globally each year – more than any other disease. TB is South Africa's leading cause of death.

#2



TB spreads through the air

when infected people cough, sneeze or breathe the droplets into the air, and another person inhales these droplets. One sick person can infect 10–15 others if untreated.

#3



TB is curable

and treatment is free. But it is important to start antibiotic treatment as soon as possible.



GET TESTED

if you **COUGH** for over 2 weeks,
**HAVE UNEXPLAINED WEIGHT
LOSS** and have a **FEVER** and/or
NIGHT SWEATS.



10 THINGS YOU NEED TO KNOW ABOUT TB

#4

Know your status

TB affects people who have **weakened immune systems**. **66%** of TB patients are also **HIV+**.

Know your status and if you are living with HIV, get tested for TB.



#5

Drug resistance

is caused when people don't get treatment or take their TB medicine properly. **MDR** and **XDR-TB** are growing problems in South Africa. People with drug resistant TB spread the drug resistant bug more easily to others. MDR and XDR TB is much harder to cure.



#6

most at risk

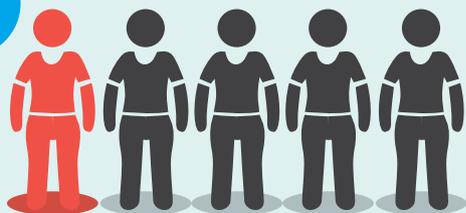


Children under 5 years, healthcare workers and people in closed settings like prisoners and miners are **most at risk** of getting TB.

#7

not on treatment

1 in 5 people diagnosed with TB are **not on treatment**: a significant testing-treatment gap that is hampering the response.



#8

Stigma



Stigma prevents people getting tested for TB and getting the treatment they need to get better. We must end internal and external stigma if we are to put a stop to TB.

Tuberculosis (TB) is an infectious bacterial disease which is carried in airborne particles and transmitted through the air. Although it is curable and treatment is free, it is a major health problem for South Africa and we all need to play our part in stopping it.

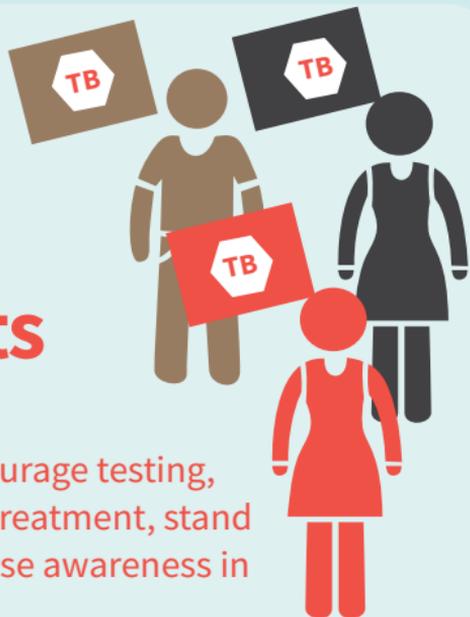
#9



TB can be beaten:

don't smoke, drink alcohol or take drugs; finish all your medicine; cover your cough; open the windows to prevent the spread of TB.

#10



TB affects us all.

Play *your* part: encourage testing, support people on treatment, stand up to stigma and raise awareness in your community.

TB and HIV

South Africa has the **third highest burden** of TB in the world, after India and China. The incidence of TB has increased by **400%** over the past 15 years, driven largely by the HIV epidemic.

Those with weakened immune systems, like people living with HIV are **17-22 times** more likely to develop TB.

TB is the most common illness among people living with HIV and it is the leading killer of people living with HIV, causing **20%** of AIDS-related deaths. However, only a fraction of people with TB-HIV co-infection are treated for TB and just **25%** people living with TB-HIV successfully complete TB treatment.

People living with HIV who are successfully on anti-retroviral treatment (ART) are **less likely** to develop active TB disease and less likely to die from it if they do get it. Without treatment, an estimated **90%** of people living with HIV will die within months of contracting TB.



REMEMBER:

- **People testing positive for HIV should be screened for TB at the same time.**
- **People who have been diagnosed with TB need to know their HIV status.**
- **People living with HIV who develop active TB should be supported through their treatment to make sure they complete it.**
- **People living with HIV should be on ART to help prevent them developing active TB.**
- **Communities should be aware of TB, how to prevent it and how to get tested and treated.**

GLOBAL PLAN TO END TB

Just like the 90-90-90 plan to end AIDS, the Stop TB Partnership has developed “people-centred global targets” for TB:



and place all of them on appropriate therapy.



the most vulnerable, underserved, at-risk populations.



for all people diagnosed with TB.

The Global Plan identifies eight changes that must be implemented to end TB:

- 1. A CHANGE IN MINDSET:** a shift in thinking by governments.
- 2. A HUMAN-RIGHTS AND GENDER-BASED APPROACH TO TB:** An approach which entrenches certain rights such as the right to health and non-discrimination. A gender-based approach addresses the social, legal, cultural and biological issues that underpin gender inequality.
- 3. CHANGED AND MORE INCLUSIVE LEADERSHIP:** Ending TB needs the mobilization of a broad spectrum of government officials to work with civil society organizations and individual citizens in a long-term effort.
- 4. COMMUNITY- AND PATIENT-DRIVEN APPROACH:** People with TB, the groups that represent them and affected communities must be at the heart of efforts to end TB.
- 5. INNOVATIVE TB PROGRAMMES EQUIPPED TO END TB:** structures must be in place to support innovative approaches in service delivery and rapid scale-up of interventions.
- 6. INTEGRATED HEALTH SYSTEMS FIT FOR PURPOSE:** TB interventions should be integrated with HIV/AIDS and maternal and child health programmes, and made part of the efforts to deliver primary health care.
- 7. NEW, INNOVATIVE AND OPTIMIZED APPROACH TO FUNDING TB CARE:** A sustained increase in funding for TB programmes as well as research and development is needed to end TB.
- 8. INVESTMENT IN SOCIOECONOMIC ACTIONS:** Improved housing and sanitation, poverty reduction, and strengthened social safety nets, will drive down the numbers of people becoming ill and dying from TB.

Ending the TB epidemic by 2030 is also among the health targets of the newly-adopted Sustainable Development Goals.

TB can be beaten



LOVENESS'S STORY

Loina Loveness Charumbira, a 32 year-old site coordinator from Gauteng, was diagnosed with extra-pulmonary TB (TB that affects tissue outside the lungs). When Loveness found herself getting sick and after a few days could not walk or talk, she was admitted to hospital for tests. The test for extra-pulmonary TB (EPTB) was uncomfortable and it took two days to get the diagnosis. A long tube was inserted in her nose which went all the way to her stomach. Fluids were drawn and taken to the lab for testing. The results came back positive for EPTB.

“After being diagnosed, I was shocked. TB was the last disease I expected! But I also felt relieved knowing what exactly was causing me to be that ill.”

“Luckily, I was in a really good hospital with doctors and nurses who really love their jobs,” says Loveness. EPTB is treated the same way as regular TB, with a long course of antibiotics. Loveness was instructed to take the medication every day for six months and not to miss any days or to stop taking the medication, even when she started to feel better.

Loveness found it hard to swallow the tablets at first but after a few days she was able to take them without any problems. “It is important to continue taking the medication as advised by a doctor,” advises Loveness. “And try to live a healthy lifestyle!”



KAGISO'S STORY

Kagiso* is from Botswana but he works in an iron ore mine in the Northern Cape, returning home to his wife and three children just once a year. “At first, when I started coughing, I thought it was just the mine dust. It was many months before I went to the clinic and by then I was very thin and sick.” Kagiso was weak and found it hard to keep up with the strenuous physical work he has to do on the mine.

He was tested for TB and when the TB test came back positive, he was immediately tested for HIV too. “It was a big shock to find out that I had TB and then that I was HIV positive. It was a very bad time – I felt hopeless,” says Kagiso. “I had to take a lot of big tablets and I had to stop work until I was stronger and my TB treatment started to work.”

Kagiso took TB treatment for six months and is on antiretroviral treatment for HIV which he will take for the rest of his life. “I feel so much better now that I am on treatment,” says Kagiso who has started work again. “I am cured of TB which is a big relief.”

“The problem with TB is that people are scared and don't talk about it.”

“Now, I talk about having TB and the treatment to people so that they don't have to go through what I went through.”

**Not his real name*

TREATMENT TARGETS TO END AIDS



SOURCE: UNAIDS

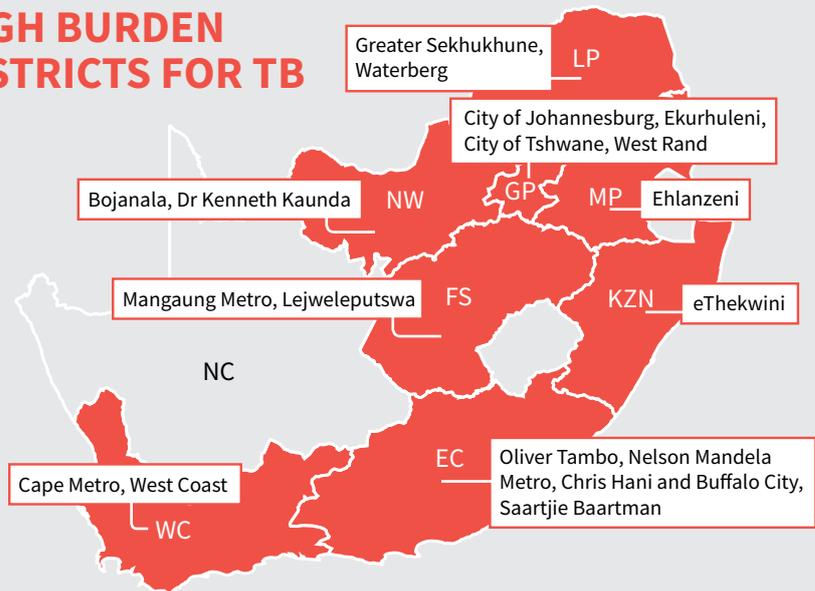
TB and The National Strategic Plan

South Africa's National Strategic Plan on HIV, TB and STIs 2017-2022 identifies key at-risk populations for TB, high-burden districts, as well as specific prevention and treatment targets.

“There are signs that South Africa has turned a corner in the last five years and is pointed in the right direction. However, an estimated 150 000 TB cases remain undiagnosed and delayed diagnosis is not only a threat to these individuals' lives but also a major driver of the epidemic. Furthermore, treatment success is not yet at the level South Africa aspires to.”

– National Strategic Plan on HIV, TB and STIs 2017-2022

HIGH BURDEN DISTRICTS FOR TB



KEY POPULATIONS FOR TB

-  People living with HIV
-  Household contacts of TB patients
-  Healthcare workers
-  Mineworkers and communities close to mines
-  Inmates of correctional facilities
-  Pregnant women
-  Children under five years
-  Diabetics
-  Residents of informal settlements

PREVENTION TARGET FOR 2022

Reduce new TB infections from 450 000 per year to less than 315 000.

TB TREATMENT TARGETS FOR 2022

- 90%**
Diagnose 90% of people with TB (including key populations)
- 100%**
Treat 100% of people with TB
- 90%/75%**
Treatment successful in 90% drug-susceptible and 75% drug-resistant TB cases
- 30%**
Decrease TB mortality by 30%

SCREENING AND TESTING

A step upscaling of screening and testing, including:

- TB screening of all people who undergo an **HIV test**, with follow-up testing of individuals who confirm they have symptoms.
- TB screening of all **diabetics** and all people in **close contact** with TB patients, with follow-up testing of individuals who confirm they have symptoms.
- Annual screening of **healthcare workers** for TB, with follow-up testing where needed.

What will your organization do to integrate TB into your programming?



SHARING IS CARING

If you find this toolbox useful, share it with others in your community and invite them to join the Strong Systems community.
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