

**SPEAKING NOTES BY THE HON MINISTER OF
HEALTH, DR AARON MOTSOLEDI, DURING THE
DEBATE ON THE NATIONAL STATUS OF TB IN SOUTH
AFRICA**

Venue: National Assembly, Cape Town

Tuesday, 28th October 2025 - 14H00

Honourable Speaker

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Chairperson and Members of the Portfolio Committee on
Health

Good afternoon

TB Burden in SA

Tuberculosis remains one of the most pressing public health challenges in South Africa. Our country is among just ten countries worldwide with a high burden of TB, a high incidence of TB among people living with HIV, and a high rate of drug-resistant TB. In the years leading up to 2009, TB incidence and mortality began to rise sharply, driven largely by the HIV epidemic.

The expansion of antiretroviral therapy has since helped to reverse this trend, saving countless South African lives.

The question Honourable Members, is why TB is still such a scourge a century and a half after Robert Koch identified the bacteria that causes it. It was on the 24th March 1882 that Robert Koch announced to the World the organism that causes what was then already a century's old disease. Signs of TB were identified in Egyptian mummies, which were buried centuries ago. But Honourable Members, TB has been a treatable disease for the longest of times. So why is this identifiable and treatable disease still causing immeasurable damage to individuals, families, communities and indeed even nations?

Many other pandemics for which there was no treatment, came and went but TB which can be treatable remains.

Many in this House may not believe it when we mention that TB killed more people than all the known pandemics, past and present, all added together.

Yes it is a fact that TB killed more people than Bubonique plaque that devastated Europe in the 18th Century, even before that. You can add to that, Small Pox, Malaria, Ebola, Yellow Fever, Haemorrhagic Fevers, Cholera, Mpox, HIV/AIDS itself, Covid-19, Influenza. Yes TB killed more people than all these mentioned pandemics all added together.

Why then do nations not show any urgency in dealing with this biggest world killer of all infectituous diseases. Why is there no sign of fear of TB like we fear the other pandemics.

The simple answer I can find is because TB is NOT a Drammar Queen. It makes no noise and does not announce its intentions. It causes no global leaders to close down borders, it causes no Heads of State to address family meetings, it grounds no aeroplanes, it closes no businesses, schools or churches, but it kills and kills very effectively.

This morning we launched a Parliamentary TB Caucus for Members of Parliament to join the war against TB.

Since 2015, we have achieved measurable progress. New cases of TB have declined by 57%, meaning that the estimated number of people contracting TB annually has decreased from approximately 600,000 in 2015 to 270,000 in 2023. Of the 270,000 individuals living with TB in 2023, 13,000 had multidrug-resistant tuberculosis, and people living with HIV accounted for 54% of the total TB population. While the reduction in new cases is encouraging, the 2024 TB report serves as a reminder that TB still affects hundreds of thousands of South Africans each year.

Between 2015 and 2023, over half a million people in South Africa died from TB, and in 2023 alone, one in five people with TB succumbed - a case fatality rate of 22%, amounting to 56,000 deaths among the 270,000 who contracted the disease. TB-related deaths among people living with HIV have declined by 31%, but regrettably, TB deaths among those without HIV increased by 25% over the same period.

The human cost extends beyond lives lost, as more than half of households affected by TB face catastrophic costs, demonstrating that TB continues to exacerbate poverty as well as illness.

TB treatment coverage is improving, with 79% of the 270,000 people with TB in the country identified and treated as of 2023. We continue to intensify our efforts to detect new cases to close this gap. To end TB, we must identify all individuals living with the disease, treat them, and, most importantly, cure them. This will help to break the chain of transmission in our communities. Treatment success for standard drug-sensitive TB now stands at 83%, while success rates for the six-month regimen for multidrug-resistant TB range between 75% and 80%. Loss to follow-up remains a challenge, with 8% of patients with drug-sensitive TB and 9% of those with drug-resistant TB discontinuing treatment. Children and young adolescents are a particular concern; they are significantly underrepresented in TB notifications, accounting for only 10% of all cases.

We are implementing the SANAC WHO TB Multisectoral Accountability Framework, ensuring that all partners, including the Department of Education, deliver clear outcomes to improve the TB situation for children. Failing children in this regard would be a grave indictment on us all.

Progress and Innovations

Honourable Members, despite the challenges outlined, we are also making noteworthy strides. The National TB Programme, through the TB Strategic Plan, annual TB Recovery Plans, and the Targeted Universal Testing for TB approach, continues to maintain focus on TB to ensure we do not falter. We have established a multisectoral TB Technical Task Team, coordinated by SANAC, which leads the work of TB Technical Working Groups comprising all government departments, civil society, the private sector, and development partners such as the World Health Organization.

To accelerate progress, in February 2025 the National Department of Health launched the End TB Campaign, which aims to screen and test five million people for TB annually.

The campaign integrates TB screening into routine monitoring and evaluation meetings across provinces and ensures coordination with the national HIV response. To track progress, we launched the public-facing End TB Campaign Dashboard on Friday, last week. This dashboard enables provinces, partners, civil society, and the public to monitor testing, treatment, and outcomes in near real time. It serves as a tool for transparency, accountability, and action. Civil society can utilise the data to promote testing, reduce stigma, and hold local services accountable for delivering TB care.

We have also strengthened our diagnostic and treatment services. New rapid molecular tests enable us to detect TB within hours rather than days.

We continue to collaborate with the National Institute for Communicable Diseases and the National Health Laboratory Service to diversify testing methods, particularly for multidrug-resistant TB. This is essential for faster detection and treatment, thereby reducing transmission in communities.

Newer, shorter, and more effective treatment regimens—especially for multidrug-resistant TB - are now saving South African lives and alleviating the burden of side effects for patients. Children now have access to a more palatable four-month treatment regimen, while adults with multidrug-resistant TB benefit from six-month regimens, compared with up to two years previously.

Looking ahead, South Africa is preparing for the introduction of new TB vaccines. Our country is a key site for global TB vaccine trials, with a significant proportion of participants being South African. In partnership with scientists, global partners, and the World Health Organization, we are developing the systems and infrastructure to roll out a vaccine as soon as it becomes available.

This will represent a transformative step in preventing TB in future generations. From a sustainability perspective, we are also positioning South Africa to lead local manufacturing of TB vaccines, ensuring no shortages occur should global supply chains falter, as occurred during COVID-19.

Multisectoral Response

TB is not solely a health issue - it is inextricably linked to social and economic conditions. Through the South African National AIDS Council, there is robust collaboration with the private sector—particularly mining, correctional services, human settlements, and civil society, as all high-risk environments require targeted interventions to prevent, identify, and treat TB effectively.

The Role of Parliament and the National TB Caucus

Honourable Members, the fight against TB cannot succeed without your leadership. You are closest to the people in your constituencies and communities. You can help to reduce stigma, encourage early testing, and provide support and guidance to services for TB patients and their families.

As we reinvigorate our National TB Caucus in this 7th Administration, we reaffirm our unwavering commitment to eradicating TB and building a healthier, more resilient South Africa for generations to come. The Caucus provides a platform for all parliamentarians to champion TB in a non-partisan manner within their communities. It ensures parliamentary accountability to the people served and coordinates unified action across sectors. It serves as a bridge between the government, civil society, and those most affected by TB.

TB & G20

Honourable members, five of the G20 member states collectively account for nearly half of the global cases of TB and a significant portion of TB-related deaths. These are also known as the five original BRICS countries (Brazil, Russia, India, China, and South Africa). It is for this reason that the TB debate will feature prominently during the discussions of the G20 Health Ministers Meeting scheduled to take place in Polokwane next month.

We have set aside at least two hours for a High-Level Meeting on a TB-free World, focusing on financing and access solutions for Novel TB vaccines.

In conclusion, the challenge is immense, but the progress we have made demonstrates that it is possible to turn the tide. With sustained political will, multisectoral collaboration, community engagement, and the technologies now at our disposal - from new diagnostics and treatment regimens to vaccine readiness - we can build a healthier, TB-free South Africa.

Let us work together to ensure that TB becomes a disease of the past for our nation.

Thank you.