



Lack of personnel hampers Mpumalanga TB progress

INTRO: Mpumalanga's cure rate of 60% for Tuberculosis falls far below the national target of 70% and is a sign that the province's TB Control Programme is failing. Many patients are defaulting on treatment and dying of TB. The province is also home to one of the six districts with the worst track-record of curing TB in South Africa. A critical staff shortage, says the provincial TB unit head, is hindering progress.

KHOPOTSO: At a meeting to mark the beginning of TB Month it's clear that the Director of the TB Unit in Mpumalanga province, Dr Thokozani Mhlongo, is no politician. It comes across in the way she addresses the TB epidemic that has established itself in her province.

Dr THOKOZANI MHLONGO – TRACK 3 (01' 22" – 01' 31")

I don't mean to be the bearer of bad news, but I think it is about time we spill the beans and talk about the reality of the matter.

KHOPOTSO: The reality is not pretty. Mpumalanga means the "place where the sun rises". It's renowned for its spectacular scenic beauty and abundance of wildlife. The province has a population of almost four million and is divided into three districts. They are Ehlanzeni, Gert Sibande and Ekangala. Then the districts are further divided into 18 sub-districts, but due to their size and the growing challenge of both TB and HIV, it was necessary to sub-divide them. Thus, the province has 23 TB and HIV sub-districts. The human capacity to deal with the disease burden, however, pales in comparison as critical posts remain vacant from the top to the bottom.

Dr THOKOZANI MHLONGO – TRACK 3 (03' 19" – 04' 04")

There has been a challenge in the provincial office. There are only three of us managing TB in the whole province. Each district has got a TB coordinator, but the work is at sub-district level and that's where our challenge is. The sub-district coordinators that are currently there are not appointed; they are actually in acting positions. And the worst of all is we have killed one service at the expense of the other because some of them have been taken from mobile clinics, others have been taken from fixed clinics. You can't say you are addressing a problem by creating another problem.

KHOPOTSO: There is also no support system for people taking TB treatment.

Dr THOKOZANI MHLONGO – TRACK 3 (04' 11" – 04' 46")

We have got a number of home-based carers that are alleged to be doing DOT support, but, in fact, due to the poor integration we find a situation where they are predominantly concentrating on HIV and very little on DOT in terms of directly observing the patient taking treatment. We don't have people who directly observe the patient taking the treatment.

KHOPOTSO: A former nurse, Mhlongo knows that without a treatment supporter, a patient is likely to not take their medication. Data shows that the treatment defaulter rate in Mpumalanga exceeds the national average of 5%. Death rates also surpass the national norm of 7%.

Dr THOKOZANI MHLONGO – TRACK 3 (11' 10" – 11' 34")

We've got a defaulter rate of 8.8%, which is very high. We've got a death rate of 10%. I must point out that in the 10 causes of death in Mpumalanga province Tuberculosis is topping the charts as the number one cause of death.

KHOPOTSO: The TB burden in the province is exacerbated by poor diagnostics and a delay in the confirmation of test results.

Dr THOKOZANI MHLONGO – TRACK 3 (05' 37" – 06' 36")

We currently have 612 per 100 000 total cases of TB in the province. We have got new smear-positive cases of about 276 per 100 000. That difference... The others are still TB cases, but we haven't diagnosed them through smears. In terms of making diagnosis we have got a serious challenge where patients are put on treatment without actually having sputums collected. Doctors are actually managing patients using radiology (using X-rays); others are just putting patients blindly on treatment. It becomes very difficult to follow up with those patients because subsequent to that you don't know where you stand with the patient because you don't know where you started.

KHOPOTSO: Mhlongo says for now what's critical is to get the human resources to deal with the TB epidemic that has established itself in the province. That, however, is an effort that is proving difficult and requires innovation.

Dr THOKOZANI MHLONGO – TRACK 3 (15' 31" – 15' 45" & 23' 12" – 24' 54")

We've got a severe staff shortage in the TB facilities because of a stigma, whether it's real or it's just perception, those are issues we need to deal with. We have managed to advertise some of the critical posts. We also want to recruit 2 000 DOT supporters. We want to appoint DOT supervisors, which we'll call them "TB ambassadors". Those would be the people that have lived with TB – be it ordinary TB or MDR (TB) – they know what's it like. They will spread the word as well. We will have what we call "TB teams", where a sub-district will have a sub-district coordinator, a number of DOT supervisors under that, a number of DOT supporters under the DOT supervisor. And

the DOT supporters... we are hoping that the number of patients will be corrected. The number of patients that you need to see a day is also very much important in terms of DOT supporter to patient ratio.

KHOPOTSO: Lack of staff shortage or not, the province has managed to improve on its cure rate. In 2004, the province had the lowest cure rate nationally at 32%. However, a 60% TB cure rate six years later is still bad. The national target is to obtain 70%. The province needs to do more, especially in Nkangala district. Its TB cure rate is below 50%, one of the worst performing districts in the country.