Accountability Consortium

SUBMISSION BY THE TB ACCOUNTABILITY CONSORTIUM

TO THE SELECT COMMITTEE ON APPROPRIATIONS ON THE DIVISION OF REVENUE BILL

A CALL TO COURSE CORRECT IN ENDING TB

13 June 2025

DO ALL LIVES MATTER???

In the last 12 months, an estimated 56,000 people died of TB.

Yet TB is a treatable and preventable disease.

- The state is legally obliged to fund and expand TB services—especially for vulnerable and underserved populations.
- Underfunding, staff losses, and grant shortfalls undermine the progressive realization of access and threaten the gains made under the End TB strategy.
- The reduction in TB incidence and mortality is contingent on fulfilling these constitutional and legislative commitments.

PUBLICLY FUNDED HEALTHCARE IS DISTRESSED

Since the March budget, the situation has worsened significantly

- ❑ Allocations to health have decreased in real terms over the last decade despite increases in the cost of health and various pressures on the system.
- ❑ Provincial departments are struggling with conditional grants and the withdrawal of overseas development assistance has resulted in significant funding gaps in response to HIV and TB.
- ❑ The R20 billion allocated to health over three years includes the equitable share increase.
  - R6 billion a year will not be enough to meet the challenges and the gains in HIV treatment are at significant risk.
- ❑ Chronic underfunding as noted by the Minister has contributed to provincial governments carrying over budget shortfalls in excess of R22 billion
- ❑ The withdrawal of overseas development assistance (USAID) resulted in the loss of 15 000 front line staff and further 9000 technical staff including staff at the successful CCMD Programme.

SA'S AMBITIOUS END TB CAMPAIGN

- Over the last 10 years the national TB Programme has halved TB incidence, increased TB case finding and reduced deaths. But this is not enough
- South Africa's TB programme has launched the End TB Campaign which aims to test 5 million people in 2025/26.
- This will involve diagnosing 250,000 new cases. This is expected to lead to a projected 29% reduction in TB incidence and a 41% reduction in mortality by 2035.
- To achieve our End TB targets, we need accelerate case finding and scale up testing as recommended in the End TB campaign.
- This campaign works closely with the HIV-AIDS 'Close the Gap' campaign, aiming to test and link those who have been 'lost' to be put back into care.

THERE ARE RISKS

- ❑ Healthcare is primarily managed at the provincial level, where there are competing priorities.
- ❑ While 3 million TB tests are funded, there's a shortage of 2 million tests needed to reach the target of 5 million. There are disparities in testing capacity at the provincial level.
- ❑ There are general capacity problems, medicine shortages and shortage of doctors and nurses within provinces.
- ❑ While the additional allocations will fund sector wage increases, together with the allowance for employment of 800 health care professionals. The concern remains that not enough money will be allocated to meet the funding needs of the End TB campaign

RECOMMENDATIONS

- ❑ Call on members of the NCOP to request provincial Departments of Health to submit plans on how they are going to avoid increased TB deaths.
- ❑ Review allocations for the conditional grants – ask the National Department of Health to provide detail on how the District Health Programme conditional grant has been reprioritised to ensure that lives are not lost.
- ❑ A joint sitting on finance, health and appropriations to ensure that it receives the sufficient political priority to save lives.

https://tbac.org.za/publications/

56,000 people do not need to die from TB each year