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To end TB, we need to provide vulnerable people with food

This World Tuberculosis (TB) Day, the South African government should take a huge stride towards addressing TB, and immediately prioritise nutritional support to people who have TB and their families, noting the huge benefits in new research out of India, and decades of data demonstrating the strong association between poverty, hunger, and poor TB outcomes.

That a middle-income country like South Africa still has TB as its number 1 killer, despite freely available TB treatment in the public sector and a successful antiretroviral programme, is testament to a failure to address underlying drivers of TB disease.

Despite TB being a treatable disease, about 1.3 million people die of TB annually across the globe. South Africa is among the World Health Organisation's (WHO's) list of 30 high-burden countries in the world and has one of the highest TB incidences in the world, with about 280 000 people getting infected with TB annually. TB caused about 56 000 deaths in 2022 in South Africa.

Furthermore, South Africa has the highest HIV infection rate in the world, with about 7.8 million people living with HIV. These high HIV and TB rates makes South Africa to have one of the worst TB/HIV dual epidemic, with each disease speeding the other's progress, and as a result, TB is a leading cause of death in people living with HIV.

This year's World TB Day theme is "Yes! We can end TB", a reminder by the WHO to member states that "...getting back-on-track to turn the tide against the TB epidemic is possible through high-level leadership, increased investment and faster uptake of new WHO recommendations".

World TB Day is an annual event that is commemorated on 24 March, a date in 1882 when Dr Robert Koch announced his discovery of Mycobacterium tuberculosis, the bacillus that causes tuberculosis (TB).

South Africa can invest in nutritional support as its means of ending TB.

Poverty is the most social circumstance (social determinant) that is associated with being infected with TB; poverty predisposes people to TB, and is also associated with TB patients facing challenges in completing their TB treatment due to financial difficulties and food security challenges.

Socioeconomic status influences TB disease burden and treatment outcomes, therefore socioeconomic factors should be considered fundamental in the control of TB.

People who do not complete their treatment may continue spreading TB in their communities and are at a risk of developing resistance to antibiotics used to treat TB. South Africa has high levels of both poverty and TB. As such, for South Africa to turn the tide against TB, there has to be a drastic decrease in levels of poverty.

Therefore, there should be utilisation of resources at the government's disposal to end malnutrition that predisposes people to be infected with TB and to also help those on TB treatment complete their TB treatment without being concerned about out-of-pocket expenses associated with completing the

six-month course of TB treatment and without patients worrying about where the next meal will come from.

This call of nutritional support to TB patients and their families is backed by a study published in the *Lancet*, conducted in India (Bhargava et al., 2022), that found that providing nutritional support to both TB patients and their households resulted in high rates of treatment success, less patients dropping out of the TB treatment programme, more than 10% weight gain by TB patients, a marked improvement in their general health status, and lower death rates of TB patients.

The nutritional support in the study by Bhargava et al, was in the form of a monthly food basket containing adequate protein and multivitamins. The study further found that providing nutrition to family members of a patient with TB reduced all forms of new TB infections by nearly 40%, and infectious TB by nearly 50%.

For a country with high levels of TB like South Africa, reducing new TB infections by 40% would be a huge step towards eliminating TB as a public health concern.

This is a call upon the South African government, civil society, communities, business and all South Africans to come together and immediately prioritise nutritional support to South Africans facing food security problems, and to people who have TB and their families.

This could go a long way towards helping South Africa win the battle against TB and simultaneously fight food security challenges faced by many fellow South Africans.

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Reference:

Bhargava A, Bhargava M, Meher A, et al. Nutritional supplementation to prevent tuberculosis incidence in household contacts of patients with pulmonary tuberculosis in India (RATIONS): a field-based, open-label, cluster-randomised, controlled trial. *The Lancet*. 2023;402(10402):627-640.

