



## Let us end Tuberculosis in Angola!

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On 8<sup>th</sup> November 2023, the Ministry of Health and its health stakeholders launched the National Strategic Plan for Control of Tuberculosis (TB) 2023-2027. This contains the priorities that the Government intends to focus on in its efforts to end Tuberculosis in Angola.

Unfortunately, Tuberculosis is at risk of becoming neglected in the country as the population has 'normalized' the presence of the disease. The disease has long plagued Angola, a reflection of its high burden within the SADC region. According to the latest statistics from WHO, Angola has a TB incidence of 325 persons with TB for every 100,000 persons, a value higher than the global estimate of 134 persons with TB per 100,000 persons, and the African region of 212 persons with TB per 100,000 persons. However, the burden in Angola is much lower than in several SADC countries. For instance, in South Africa, 513 persons out of every 100,000 have TB; in Lesotho, it is 614 for every 100,000 people; in Namibia, it is 457 for every 100,000 persons; Eswatini, at 348 for every 100,000 persons, to mention a few.

### So, what is the Angola TB story telling us?

We know that the problem of TB in the SADC region has commonly been associated with the high HIV burden – as HIV weakens the body's immune system enough for the person to develop TB. However, the burden of HIV in Angola is documented to be lower than in the other SADC regions. For instance, Angola is estimated to have 0.52 new HIV infections per 100,000 population, compared to South Africa, with a rate eight times higher than Angola at 4.19 or Namibia at four times higher with 2.91 new infections per 100,000 of their population. It has long been felt that TB in Angola persists within population groups such as mining communities, prisons, slums, and other situations that congregate vulnerable people. However, this has led to complacency in the general population, who are also being affected, as shown in the current data on people being treated for TB.

### Efforts to reduce TB burden in Angola

Angola has implemented initiatives known to reduce the burden of tuberculosis, such as rapid detection and treatment using multiple drugs. The country has just adopted new strategies, including a 9-month treatment regimen and expanding community Direct Observed Treatment or DOTS to ensure patients take their medication as expected. With the support of partners, Angola will prepare to adopt the short 6-month treatment regime in the medium term.



To better understand the TB story in Angola, we need to look further than just the numbers. TB, unfortunately, affects vulnerable and poor populations the most. These populations usually have difficulties accessing health facilities where they can get diagnosed and treatment initiated.

The implications of this are profound for a disease like TB. Unlike malaria or other diseases, TB management takes more than nine months with daily medication. It is difficult even for a community-based worker to monitor a patient daily for at least nine months when they stay far away from each other, and the travel is costly in terms of time and money. In addition, stock shortages of drugs to treat tuberculosis constitute one of the significant challenges. As a result, there are high levels of failure to complete treatment and development resistance.

### **Approach to end TB in Angola**

The approach to ending TB in Angola requires us to go beyond a medical approach and investigate how we can support the people at risk. TB is everybody's business, as no one is safe until everyone is safe in the country. There is clear global and regional commitment, which was re-emphasized in September 2023 at the UN General Assembly, during which the Heads of State reaffirmed their commitment to ending TB. At the national level, the National TB Strategy priorities present a multi-pronged approach, focusing on improving detection, reducing treatment failures, expanding the community DOTS activities, addressing multi-drug resistance, and enhancing coordination and partnerships to end TB. The missing link now is what we, as people living in Angola and at risk of getting TB, need to do to ensure we play our role in the fight against this terrible scourge.

### **You can do at least five things to join in this fight.**

Firstly, you can pay more attention to improving airflow in spaces where you live, work or socialize. Poor airflow concentrates the TB germs, increasing your chances of getting affected. It would be best if you occupied spaces where there is noticeable air exchange taking place.

Second, if you have or see someone with a persistent cough for more than a few weeks, particularly if it is associated with feelings of sickness, weight loss, fever, and night sweats, go to a health facility to check yourself. Take extra precautions when interacting with your family and friends till you are sure you do not have TB – it is better to be safe than sorry.

Third, reach out to family, friends and loved ones who may be ill with TB and offer to walk with them on their treatment journey. It is a long, complex, and lonely journey, and they need all the support and help they can so they do not drop out of treatment. Escort them when they go to health facilities so they do not feel alone. Today, it's them; tomorrow, it could be you.



Fourth, inform a health worker or community support worker if you know someone is not taking their medication or complying with treatment. It is better to do this than to wait for them to die without your intervention. Finally, spare some time to volunteer for health promotion, risk communication, social mobilization, community engagement, or any other activities that directly help your community. The gallant health workers cannot do this without your engagement.

Together, we can end this scourge in Angola. It is not beyond our ability. Let us join hands with the Ministry of Health, the health workers, partners, and the thousands of community DOTS volunteers to walk together towards an Angola free of TB. Remember, my health is my responsibility.

