

**SPEECH BY MEC SPEEDY MASHILO (ON BEHALF OF THE
PREMIER OF MPUMALANGA HON MANDLA NDLOVU)
DURING THE WORLD TB DAY COMMEMORATION HELD AT SY
MTHIMUNYE STADIUM, EMALAHLENI LOCAL MUNICIPALITY,
NKANGALA DISTRICT, ON THE 14TH MARCH 2026**

Programme Director

Honourable Members of the Executive Council

Honourable Members of the Provincial Legislature

Executive Mayors from Districts and local municipalities

Our host i-Mayor Ubaba U Vusi Nhlapho

Amakhansela wonke omkhandlu waseMalahleni Kanye
namaphethelo

Ubukhosi bendabuko buholwa uNdabezitha inkosi uMokoena
nawo wonke amakhosi ahlange nathi lapha

Our alliance partners and civil society organisations

Honourable Guests

Health Workers

Mphakathi waseMalahleni namaphethelo

Lotshani, Thobela, Ndi Matsheloni, Avuxeni, Dumelang, Good Morning, Goie more.

Sanibonani, Ninjani

1. Programme director, it an honour to address this important commemoration on behalf of our Premier Mandla Ndlovu. Hon Premier today is supporting the host of the event MEC Manzini who is today laying to rest her beloved father...our father.
2. As Mpumalanga, we are commemorating today knowing the World Tuberculosis(TB) Day, happens annually on the 24 of March. Our provincial commemoration of the TB Day today also serves as a Build Up Event to the National TB Day commemoration on the 24th of March 2026.
3. We are doing it today as we will be supporting the Deputy President Mashatile in the National event in the Western Cape Province, host District is Overberg, at Grabouw.

4. Today we gather not only to commemorate World TB Day, but to reaffirm our collective commitment to ending one of humanity's oldest and deadliest diseases. Tuberculosis continues to claim over a million lives globally each year, and here in South Africa, it remains a leading cause of death. Yet, the theme for 2026 **“Yes! You and I Can End TB”**—reminds us that the power to defeat TB lies in our hands.

5. Mpumalanga's story is one of resilience. Our province has faced high rates of TB and HIV co-infection, but through mobile clinics, community health workers, and awareness campaigns, we have brought testing and treatment closer to the people. Thousands of lives have been saved because ordinary citizens chose to get tested, adhere to treatment, and support one another.

6. But challenges remain. Drug-resistant TB threatens our progress, requiring stronger adherence to treatment and investment in new medicines. Stigma and misinformation continue to silence those who need help most.

7. Behind every statistic is a human story. I think of the young mother in a rural village, who completed her treatment despite the odds, and now advocates for others to do the same. Her courage shows us that TB is curable, and that hope is stronger than fear.

8. Lombungazo esihlangene ngawo siwenza ukuzikhumbuza izinto ezintathu. Okokuqala sikhumbula usuku lwangomhlaka 24 March 1882 lapho udokotela Robert Koch wamemezela ngalo ukuthi emva kocwaningo olunzulu uthole ukuthi kunegciwane elibangela isifo asibiza ngokuthi tuberculosis.

9. As we commemorate this day, we should also remind ourselves of three important things about TB. Firstly, we are reminded of the 24th of March 1882 when Dr Robert Koch announced his discovery of *Mycobacterium tuberculosis*, the bacillus that causes tuberculosis.

10. IWorld TB Day yenzelwe ukufundisa umphakathi ngengozi nemiphumela emibi yalesisifo seTB umhlaba wonke nanokuthi abantu bazi ngezindlela esithelelana ngaso futhi nanokuthi bangasivikela
11. World TB Day is aimed at educating the public about the impact of TB around the world as well as raise awareness, regarding efforts to prevent the spread of the epidemic and the treatment thereof.
12. Okwesibili lolusuku silusebenzisela ukukhumbula labo abangasekho emhlabeni ababulawa yileligciwane leTB Okwesithathu siyazibophezela kubantu baseMpumalanga ukuthi sizokwenza konke okusemandleni ukulwa nalesisifo sinakekele labo abagulayo sibelaphe baphile ukuze bakwazi ukunakekela imindeni yabo, abafundayo baqhubeke nesikolo
13. Secondly we commemorate this day to remember all those people who have passed on due to TB infection and further commit ourselves to fight this disease and ensure that those who are infected

get proper treatment and fully recover so that they continue to live their normal lives.

14. Kuze kwaphela ikhulu leminyaka ngo 1982 udokotela Koch athola leligciwane leTB kwayima inhlangotho yomhlaba yathatha isinqumo sokuthi alukhunjulwe lolusuku lubungazwe. Lokhu kwabangelwa ukwanda nokubhebhethaka kwalesisifo.

15. It was not until 1982, a hundred years after Dr Koch's announcement, that World TB Day began to be commemorated by the United Nations agencies and global community in recognition of the increase in TB infections and the ravaging effects of the disease.

16. Commemorations of World TB Day are framed by the global theme determined annually by the World Health Organisation in line with the priorities at the time. The global theme for 2026 makes a commitment that, **“Yes! We can End TB!”**

17. Thina-ke lapha eNingizimu Afrika siqale ngo 1996 emva kwenkululeko ukubungaza lolusuku emva kokuba uhulumeni esethathe isinqumo sokuthi akwenziwe izinhlelo zokulwa nelesisifo.
18. The theme for World TB Day 2026 confirms power that we all have to collectively act in a manner that promotes accountability at personal level. It emphasizes the individual and collective efforts to work towards ending TB. It also demonstrates the willingness of every member of the society to work towards ending TB in our life time.
19. The theme also promotes individual action as a means of contributing to the national effort against tuberculosis by using the phrase "**Yes We Can**".
20. "**Yes We Can**" boNdabezitha, our esteemed Traditional Leaders, Health Workers and People of Mpumalanga underscores the importance of personal accountability and collective efforts in eradicating tuberculosis.

21. We rely on your support and collaboration to eradicate tuberculosis as a public health threat in rural communities.

22. **“Yes We Can”** is a statement of intent, designed to encourage individuals to take charge of their health. It is in line with the “Cheka Impilo” National Wellness Campaign objectives, as well as the country’s efforts towards finding the missing TB patients.”

23. Esizibophezela kukho thina njengohulumeni yilokhu

- Ukuthi siqwashise abantu sibenze bazi ngalesisifo
- Sifune sithole zonke iziguli ezinalesisifo kulesisifunda sethu
- Sifune sithole labo abangathathi amaphisili abo
- Siphinde silethe kabusha i-PIP yalabo abanegciwane lengculaza, izifo zocansi ezithathelanayo okuluhlelo oluqale kusuka ngo 2023 kuya ku 2028

Global Statistics on TB

24. A quarter of the global population is estimated to be infected with latent TB. One in ten of these people will go on to develop the disease. Annually, over 10 million people develop TB, leading to 1.6 million deaths. Yet the majority of TB deaths are avoidable through early diagnosis and treatment.

25. Programme Director, of the 10 million people who fell ill with TB globally in 2017, 3 million did not get the care they needed. These 'missing' millions make up the majority of the 1.6 million people who died from TB in 2017.

26. South Africa is among 30 countries that account for 87% of the global TB burden. It is also among the 10 countries battling the triple burden of TB, HIV and TB co-infection, as well as drug-resistant TB. Yet, TB is a disease that is preventable and perfectly curable, even if one is living with HIV.

27. We must, therefore, work much harder to change this situation. The government is maximising efforts towards

defeating tuberculosis by using this day to intensify the following four critical objectives:

28. To Raise Awareness - by promoting preventive measures, early diagnosis, and effective treatment.
29. To Promote Access to Care – by providing universal access to quality healthcare services, including psycho-social support for everyone infected and affected by TB.
30. To Advocate for Research and Innovation - for the development of new vaccines, diagnostic tools, and treatments to end TB
31. To Strengthen Partnerships - for collaborative approaches through multi-sectoral role players including governments, health organisations, civil society and the private sector to share resources and expertise.
32. Through these four objectives, we hope to strengthen TB prevention, improve treatment success, including for people living with HIV, strengthen the linkage of

people diagnosed with TB to treatment and care, as well as reduce TB-related stigma, discrimination and other forms of human rights violations in our communities.

National Statistics on TB

33. Ngokusho kwenhlangano yezempilo umhlaba wonke jikelele World Health Organization (WHO) ngonyaka ka 2022 eNingizimu Afrika baba ngu 280 thousand abantu abangenwa yileligciwane leTB kwedlula emhlabeni abangu 54 000. Nanoma lesisibalo siveza ukuthi sehla uma kuqhathaniswa nonyaka ongemuva kwalona kodwa inani labantu abangenwa yilesisifo baphinde bafe liselikhulu kakhulu.

34. According to the World Health Organization (WHO), in 2022, South Africa reported approximately 270,000 new TB cases and an estimated 54,000 deaths from TB, with an incidence rate of 468 per 100,000 people, highlighting the country's significant TB burden; this data indicates a decline in TB cases compared to previous years, but still a high number of deaths.

35. Okunye okubalulekile ubudlelwano phakathi kwabantu abaphethwe yiTB nalabo abanegciwane leHIV ingculaza.
36. Lobubudlelwano benza kubenzima ukwelapha lezizifo zombili uma esinye sesitete phezu kwesinye futhi yikho okubanga ukuthi iTB igcine ingasazweli emithini esetshenziswayo

Provincial Statistics on TB

37. Uma sesibuyela ekhaya eMpumalanga isifundazwe sethu has the highest rate of Multi-Drug Resistant Tuberculosis (MDR-TB) among all provinces, with a rate of 7.8%, significantly higher than the national average of 6.2%. Leli yigciwane leTB elisuke lingazweli noma sekusetshenziswa imithi eyahlukahlukene.
38. Isifunda seseHlanzeni yisona esihamba phambili ngaleninga lapho khona kunabantu abangu 110 kulabo abangu 100,000 abanaleligciwane elingasavumi ukwelapheka, Multi Drug Resistant Tuberculosis (MDR TB)

District Statistics on TB

39. Kulendawo esukuyo iNkangala District Municipality kuhlangukisa nomasipala waseMalahleni izibalo zitshengisa ukuthi ababalingi kakhulu abayeka ukudla imithi yabo uma kuqhathaniswa nabobonke abantu abayeka imithi Noma kunjalo silwela ukuthi okungenani abantu abahamba bezazi ukuthi banalo igciwane leTB fanele babe ngu 90% kuya ku 100% besekuthi abathatha imithi baphile okungenani bangabi ngaphansi kuka 77%.
40. The dual pandemics of Human Immunodeficiency Virus (HIV) and Tuberculosis (TB) have fundamentally changed the burden of disease in South Africa by adversely affecting our human resources and placing the province's social support systems under extraordinary strain.
41. HIV and AIDS is no longer simply a health concern, but a developmental problem that affects the social, cultural, political and economic fabric of the nation. It therefore must be tackled within the context of the

behavioural, economic, socio-cultural and structural factors driving the epidemic.

42. The impact of HIV, STIs and TB can be prevented, managed, contained and finally reversed in our communities, with the support of all stakeholders including the Departments of Health, Education, Social Development, as well as Civil Society.
43. To help achieve this, every person directly or indirectly involved in the fight against these intersected and intertwined diseases must recognise that they have a responsibility as role models to protect themselves and a moral and legal responsibility to protect others from HIV, STI and TB infection.
44. Singayinqoba lempi uma nje singashintsha indlela esiziphatha ngayo nangendlela esenza ngayo izinto.
45. Tuberculosis (TB) and poverty are intertwined, with poverty exacerbating TB transmission and poor TB outcomes, creating a cycle where the sick is made poor, and the poor are at increased risk of sickness.

46. It is against this backdrop that we are doing everything possible to reduce the rate of poverty and drop it from around 50% down to 35% during the current MTDP. If we can reduce poverty, we can also reduce TB infections
47. Sithi ke asilweni nobubha nendlala sitshale ezingadini zethu uhulumeni uzonilethela usizo lwezimbewu kanye n0ezinto zokusebenza ukuze angabibkho umuntu olala ngendlala. Sizozhubeka futhi nohlelo lwe Expanded Public Works Programme lapho abantu bakithi bethola imisebenzi baxoshe ikati eziko.
48. Siyazi ukuthi baningi abantu bethu abasebasha abangasebenzi. Senza ngokusemandleni ukubasiza ngezinhlelo zikahulumeni kuhlanganisa ne Premier's Youth Development Fund ebasiza ukubaqalela amabhinisi Kanye ne Presidential Youth Employment Initiative eqasha intsha ezikoleni ukuthi isize othisha. Kanjalo nomnyango wezolimo unezinhlelo ezibhekiswe kubantu abasha nomasipala naye kubalulekile ukuthi abe nezinhlelo ezisiza abantu abasha.

Stigma and Discrimination:

49. Sesiphetha sithi abantu abaphethwe yiTB nalabo abaneHIV asingacwasi sibabandlululle ngoba awazi ukuthi nawe ikusasa likuphatheleni. Asibemukele njengamanye amalunga omphakathi. TB can lead to stigma and discrimination, further isolating individuals and making it harder for them to access healthcare and support.
50. United we can end TB Uma sibambene siyimbumba sihlangene sisebenzisana, abasha nabadala, abampofu nababusayo, amadoda nabesifazane singayilwa siyinqobe lempi.
51. Ngiyathokoza.