TB

South Sudan is one of the poorest countries in the world. Despite achieving independence from Sudan in 2011, it continues to suffer border conflicts, inter clan fighting and rebel militia attacks. This erratic violence deters many residents in remote regions from travelling to health facilities for care, and lack of access to health care poses a risk to South Sudan's TB control efforts.

Tuberculosis (TB) was thought in the 1980s to be heading towards eradication. However, it has emerged as an important disease in both the west and in sub Saharan Africa. Figures in 2016 showed the incidence in 5 boroughs in London was higher than in Iraq, Rwanda and Eritrea.

With the continuing insecurity throughout the country the incidence of TB is rising again in S. Sudan. Large numbers of villagers have been forced to flee to camps and those infected with TB can so easily infect others with infected droplets. Impressive attempts have been made to make early diagnoses but poor nutrition, poor sanitation and close proximity to infected cases limits the success of the operation.

Travelling long distances to medical and nursing care becomes impossible due to the lack of transport and ever threatening insecurity. Drugs are available to treat TB but are in short supply. Drug resistance is common and failure to complete a full course of treatment leads to recurrence and further resistance.

TB has become a major cause of illness amongst the immuno-compromised and HIV community. TB can infect many parts of the body and for the HIV community TB has become a major cause of complications and death.

Despite its prevalence TB still continues to be mis-diagnosed. With malaria so common in sub Saharan Africa the first diagnosis of a raised temperature is often malaria. Failure to respond to malarial treatment eventually leads to a diagnosis of TB - but precious time has been lost.

The Salisbury diocese supports the Sudan Medical Link (SML). It raises money to supply *essential drugs* for remote clinics which will be used for the early treatment of TB. The SML also invests in *training nurses and clinical officers* who are taught to recognise the early signs of TB and will initiate treatment as well as co-ordinating their patient's welfare through the national TB control agency. At present there are also *laboratory technicians* in training within South Sudan who will be able to confirm the diagnosis and prevent delays in commencing treatment regimes.

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