

The fight against TB is also the fight for human rights

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Each year on World Tuberculosis Day on 24 March, the global community pauses to reflect on the continuing impact of tuberculosis (TB) and the work still required to end the disease. The date marks Robert Koch's 1882 scientific breakthrough, announcing the discovery of the bacterium that causes tuberculosis. More than a century later, that discovery still underpins modern TB diagnosis and treatment.

Globally, TB continues to cause immense suffering. According to the World Health Organization (WHO), an estimated 10.7 million people developed TB in 2024, and more than 1.2 million people died from the disease. Despite decades of medical advances and international commitments to eliminate TB, it remains the leading cause of death from a single infectious agent, worldwide.

South Africa remains one of the countries most affected by TB. Each year, hundreds of thousands of people in South Africa develop the disease, and tens of thousands die from it. The country has one of the highest TB incidence rates in the world. These statistics tell a story; they reflect the lived experiences of communities where the disease continues to spread in homes, workplaces, on public transport, and in healthcare settings. Tuberculosis is closely intertwined with broader social conditions, including inequality, unemployment, and the ongoing burden of HIV.

For this reason, TB cannot be understood only as a clinical or biomedical problem. It is also a question of rights, governance, and social justice. In South Africa, the legal framework for protecting people affected by TB is unusually strong. [The Constitution of the Republic of South Africa](#) recognises healthcare as a fundamental right and places a duty on the state to take reasonable legislative and other measures, within available resources, to progressively realise that right.

In the context of TB, this constitutional guarantee has important implications. Access to healthcare includes the availability of diagnostic services, medicines, prevention programmes, and functioning public health facilities. When patients cannot obtain a TB test, when medicines are interrupted, or when health facilities are unable to provide adequate care, the realisation of this constitutional right becomes compromised.

The role of the courts

South African courts have played an important role in interpreting the meaning of the right to healthcare. In the *Soobramoney case*, the Constitutional Court acknowledged that the state's duty to provide healthcare services must be understood within the limits of available resources. While the Court did not order the provision of dialysis treatment in that particular case, the judgment clarified that Government decisions about healthcare allocation must still be reasonable and justifiable.

A few years later, the Constitutional Court took a more interventionist approach in the *Treatment Action Campaign case*. In that landmark decision, the Court held that the Government's restrictions on the distribution of antiretroviral medicines to prevent mother-to-child transmission of HIV were unreasonable. The Court ordered the state to expand access to treatment and confirmed that policies which unnecessarily limit life-saving healthcare may violate constitutional rights.

Although these cases did not deal specifically with TB, their principles apply directly to TB programmes and services. These cases affirm that the right to healthcare is not merely symbolic. Government policies, health system planning, and public health programmes must all meet the constitutional standard of reasonableness. When systemic failures prevent people from accessing diagnosis or treatment, the constitutional promise of healthcare becomes fragile.

Shared obligations

At the same time, the Constitution also recognises that rights operate not only vertically between individuals and the state but also horizontally between people. Section 8 provides that the Bill of Rights may apply to relationships between private persons where appropriate. This principle of horizontal application is particularly relevant in the context of infectious diseases such as TB.

Tuberculosis spreads through the air when people with active disease cough, speak, or breathe in close proximity to others. The health of one person is, therefore, closely connected to the health of those around them. In legal terms, this means that the exercise of individual rights is linked to the protection of the rights of others. A community cannot meaningfully protect the right to health if individuals ignore the collective responsibilities that accompany that right.



Anyone who breathes can get sick with TB, as it is caused by bacteria that spreads in the air, yet it remains a stigmatised disease

Photograph: Shayne Robinson/TAC

In practice, this principle requires members of society to respect and uphold one another's rights. When individuals delay seeking medical care despite persistent TB symptoms or being part of at-risk groups that might not experience symptoms, like people living with HIV and close TB contacts, they may inadvertently expose others to infection. When stigma discourages patients from disclosing their illness or accessing treatment, it undermines both individual wellbeing and public health. When workplaces or communities exclude or shame people with TB, they violate the dignity that lies at the heart of the Constitution.

This constitutional principle was affirmed in the *Dudley Lee case*, where the Constitutional Court found the state responsible for an inmate contracting TB because reasonable steps were not taken to prevent its spread. The judgment highlighted that when conditions allow TB transmission to continue unchecked, the rights to health, dignity, and humane treatment are placed at risk, reinforcing the need for accountability across all settings where people live and work.

Human rights, therefore, operate not only as protections, but also as shared obligations. Respect for the rights of others requires creating social environments in which people feel supported to seek testing, begin treatment, and complete the course of medication required to cure the disease. Supporting people through treatment, encouraging early diagnosis, and reducing stigma are not simply acts of kindness; they are ways in which communities give practical effect to constitutional values.

'Protection and direction'

Global health researchers and advocates have long argued that TB persists because it is strongly linked to social inequality. The disease disproportionately affects people living in poverty, those in overcrowded housing, workers in high-risk environments, and individuals who face barriers to healthcare access. Addressing TB, therefore, requires more than new medicines or diagnostic technologies. It requires societies to confront the structural conditions that allow the disease to continue spreading.

In this sense, the struggle against TB reflects a broader constitutional vision. The Constitution does not only promise legal rights; it also commits South Africa to building a society based on dignity, equality, and freedom. Achieving that vision requires collective effort from Government, healthcare systems, researchers, civil society organisations, and the public.

Thus, ending TB will require stronger health systems, sustained political commitment, and continued public engagement. It will also require recognising that rights are not abstract promises. They are living principles that must be upheld every day in ordinary interactions between people, institutions, and communities.

In the long struggle against TB, the Constitution offers both protection and direction. It reminds us that health is a right, that dignity must be respected, and that the wellbeing of each person is tied to the wellbeing of all. Only when those principles are actively lived out in society will the goal of eliminating TB become truly achievable.

World TB Day is, therefore, more than a symbolic event on the calendar. It is a reminder that the fight against TB sits at the intersection of science, law, and social responsibility. South Africa has the legal tools, the medical knowledge, and the constitutional framework necessary to confront the disease. The challenge lies in translating those commitments into everyday realities for the people most affected by TB.

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