Since the early 1980s, when South Africa was teetering on the brink of civil war, a small group has gathered every Friday morning in Cape Town’s St George’s Cathedral to pray for peace. At the head of the congregation in those early days was Archbishop Desmond Tutu, among it was Nulda Beyers, and the two have been inexorably linked ever since. Beyers is now Director of the Desmond Tutu TB Centre and Chief Specialist in the Department of Paediatrics and Child Health at the Faculty of Health Sciences of Stellenbosch University and Tygerberg Children’s Hospital and the Tutu effect is as strong as ever. “The way he thinks about things even now has a big influence on all of us, and during the apartheid years, his absolute commitment to what was right and just, and not what should be said to please other people had a huge influence in my life”, Beyers says. “Sometimes it’s got me into trouble, because I say what I think is the right thing, and not always the popular thing.” For a long time, that has meant talking about childhood tuberculosis.

Childhood tuberculosis has been dubbed a hidden epidemic. Difficulty diagnosing the disease unfortunately means that the documented 74,000 children who die from it each year are likely to be the tip of a much larger iceberg. But there are some signs that the crisis is starting to attract the kind of attention it warrants. Late last year a coalition of groups, including WHO, the International Union Against Tuberculosis and Lung Disease, and the Stop TB Partnership, launched The Roadmap for Childhood TB: Toward Zero Deaths. It’s hoped that the initiative will mark a turning point in the fight against childhood tuberculosis, and nobody has done more to bring that turning point about than Beyers. “Her group has emerged to be a global leader, not only in the scientific disciplines of epidemiology and basic research, but they have taken a lead in public health policy on tuberculosis in children, being the earliest leaders of the global work to bring care to the children of the world’s poor”, says Don Enarson, The Union’s Director of Scientific Activities from 1991 until 2009.

Talking with Beyers is like communing with a force of nature. Her bright, upbeat personality helps to round the edges of an uncompromising and tenacious campaigner for social and health-care reform. She describes herself as a “true African”, born in the tiny town of Senekal in the middle of South Africa to a family with a strong medical pedigree. Both her parents and two of her grandparents were physicians, so there was no shortage of advice when she first started to think about following in their footsteps. “I remember visiting my grandfather after school and he called me into his study—I still have the piece of paper he gave me after he wrote this down—and he said to me ‘the most important differential diagnosis you’ll ever have to make is the difference between chickenpox and smallpox’”, she laughs. “I often think back to that because sometimes we think things don’t change in the world, but things have changed.”

Few places have seen as much change as South Africa, and Beyers has played her part in trying to make sure it has been change for the better. After completing her medical degree and paediatrics training at Stellenbosch University and the University of Cape Town in 1987, and with South Africa in the grip of a State of Emergency, Beyers, her husband, and three children (triplets no less) left for Vancouver, Canada, where she did a fellowship working on what she cheerfully describes as “high falutin” pulmonary research into the morphometric evaluation of the lung. But when the fellowship was over, there was a big decision to be made. “We had to decide whether we wanted to come back to South Africa, or did we want to stay in Canada”, she recalls. “The arguments for staying in Canada were very persuasive, but we decided we wanted to be part of the change in our country, so that’s what we did. We were very active in the struggle, in politics, and it really took leaving our country for us to realise how bad things were. And I realised what drives me is to try to do my little bit to make a difference, to reduce inequality not just between rich and poor, but also in health and health care.”

In the early 1990s in South Africa there was, and still is, a huge burden of tuberculosis, and it was clear to Beyers that in the scramble to try to deal with the crisis, children’s needs were being ignored. “We decided to focus our skills to try to make sure children get what they should get: good care, good diagnosis, and everything else, and we tried to come up with a strategy for childhood tuberculosis that could start a movement globally”, Beyers explains. With advice and support from Enarson, slowly but surely the movement took off. “We were very lucky that we had people like Don who could help”, says Beyers, “because at that stage South Africa was so isolated, politically and also scientifically, so we didn’t know how to operate in the big world out there, but now there is attention on childhood tuberculosis, and special groups focusing just on children”.

Beyers still prays every Friday morning in Cape Town, though her hopes for peace now extend well beyond her country’s borders, and she’s still as optimistic as ever about what the future could bring. Studies like the Zambia, South Africa Tuberculosis and AIDS Reduction (ZAMSTAR) trial, which was part-led by Beyers, are starting to show how the burden of tuberculosis can be reduced. “I think the future is bright and brilliant, and I hope we are starting to turn the tide, but I think there’s still quite a way to go”, she says.

David Holmes