Main Objectives:

- **Disseminate Updates on TB Recovery Plan 3.0**
  Provide detailed information on the key components and initiatives within the TB Recovery Plan 3.0.
- **Enhance Understanding of TB Control & Management Strategies**
  Educate the target audience about the strategies proposed in TB Recovery Plan 3.0 aimed at enhancing TB management.
- **Foster Engagement and Collaboration**
  Encourage active participation and collaboration among stakeholders in implementing the TB Recovery Plan 3.0.

Key issues to be covered:

- Brief overview of NSP HIV, TB & STIs
- Brief overview of TB Strategic Plan pillars
- Overview of TB Recovery Plan 2.0 and progress to date
- Overview of TB Recovery Plan 3.0
- The role of donors and partners in supporting the TB Cluster

TB Situation – Global vs. Local (WH0, 2023)

Tuberculosis profile: Global

Population 2022: 7 946 million

Estimates of TB burden*, 2022

	Number	(Rate per 100 000 population)
Total TB incidence	10 600 000 (9 870 000-11 400 000)	133 (124-143)
HIV-positive TB incidence	671 000 (600 000-746 000)	8.4 (7.5-9.4)
MDR/RR-TB incidence**	410 000 (370 000-450 000)	5.2 (4.7-5.7)
HIV-negative TB mortality	1 130 000 (1 020 000-1 260 000)	14 (13-16)
HIV-positive TB mortality	167 000 (139 000-198 000)	2.1 (1.7-2.5)

- Increase in the number of people estimated to have developed TB disease to 10.6 million in 2022
- PLHIV account for 6% of burden
- Increase in treatment coverage to 70%
- Improved treatment success rates (88% DS-TB in 2021; 63% DR-TB in 2020)
- Decrease in the number of estimated TB deaths

Tuberculosis profile: South Africa

Population 2022: 60 million

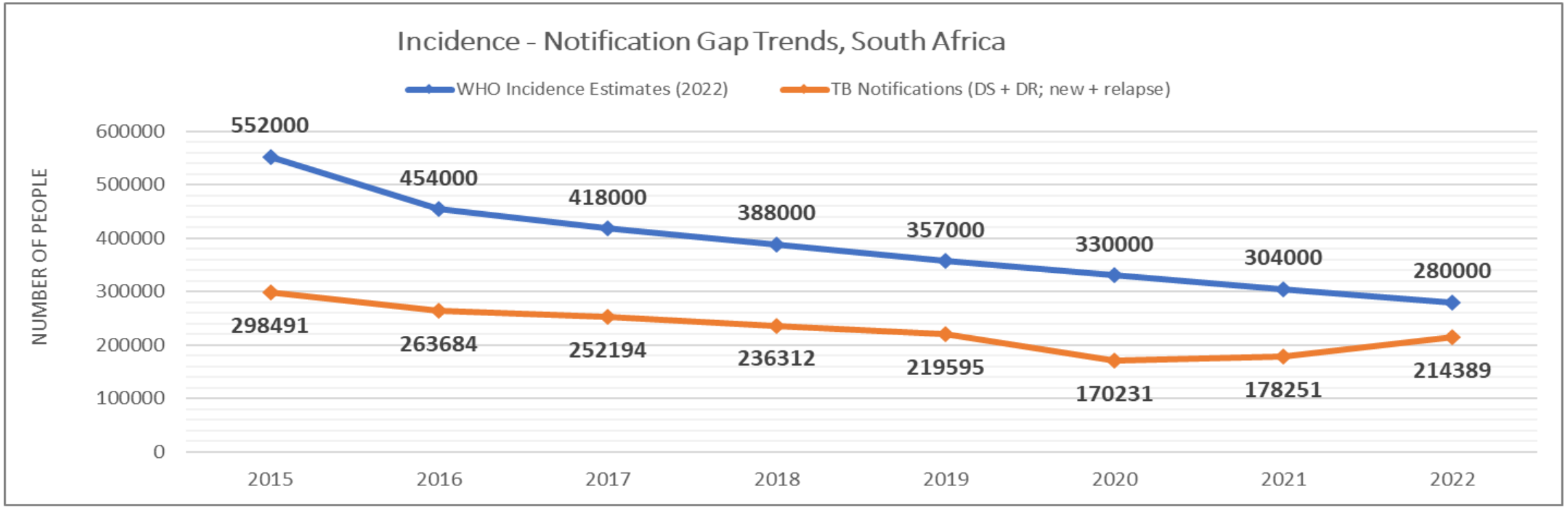
Estimates of TB burden*, 2022

	Number	(Rate per 100 000 population)
Total TB incidence	280 000 (182 000-398 000)	468 (304-665)
HIV-positive TB incidence	152 000 (99 000-217 000)	255 (166-362)
MDR/RR-TB incidence**	11 000 (6 700-16 000)	19 (11-26)
HIV-negative TB mortality	23 000 (22 000-24 000)	39 (37-41)
HIV-positive TB mortality	31 000 (9 900-64 000)	52 (17-107)

- Decrease in the number of people estimated to have developed TB disease to 280,000 in 2022
- PLHIV account for 54% of burden (23% of global TB/HIV)
- Increase in treatment coverage to 77%
- Stagnant DS-TB treatment success (79% DS-TB in 2021; decrease for DR-TB to 62% in 2020)
- Decrease in the number of estimated TB deaths

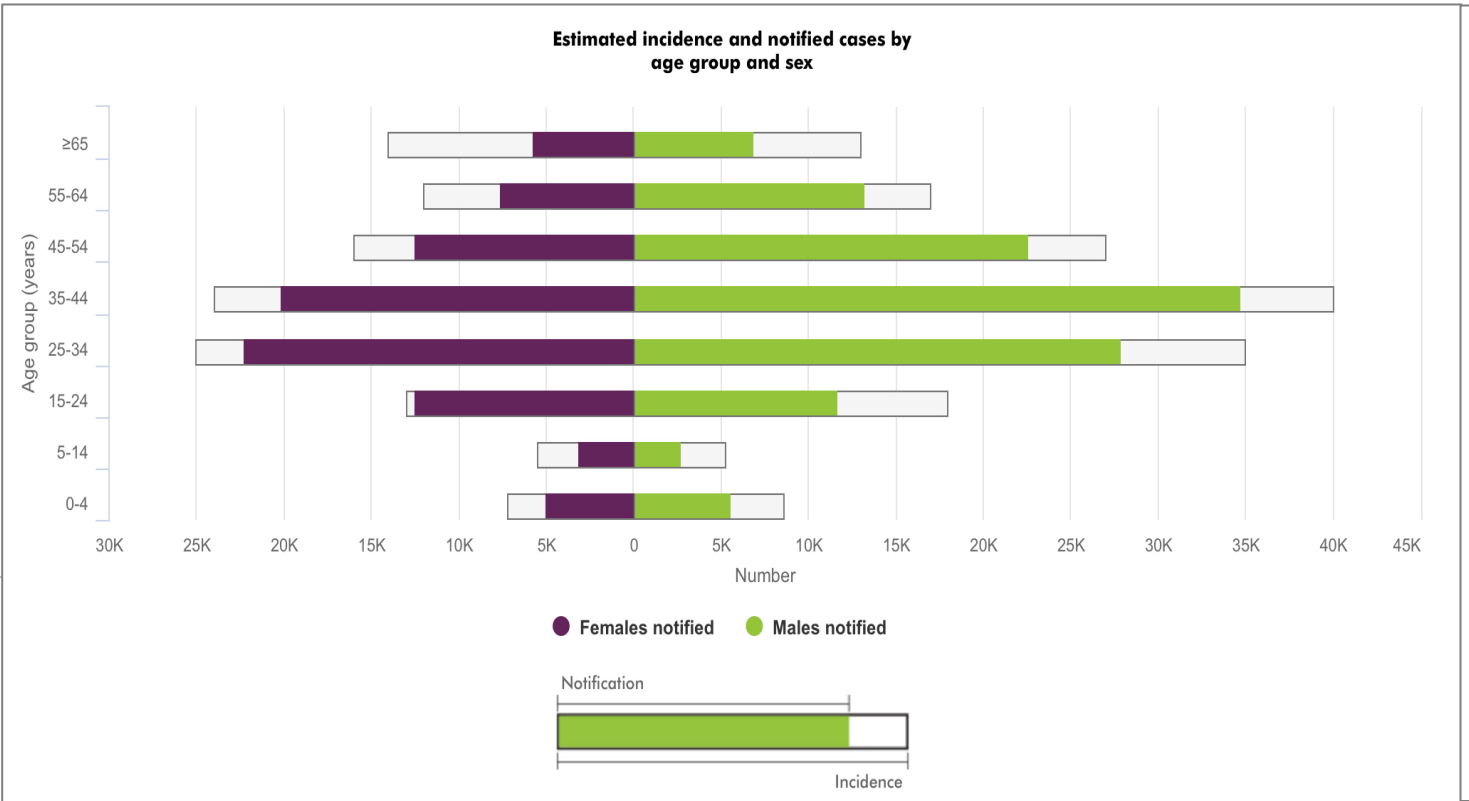
TB in South Africa

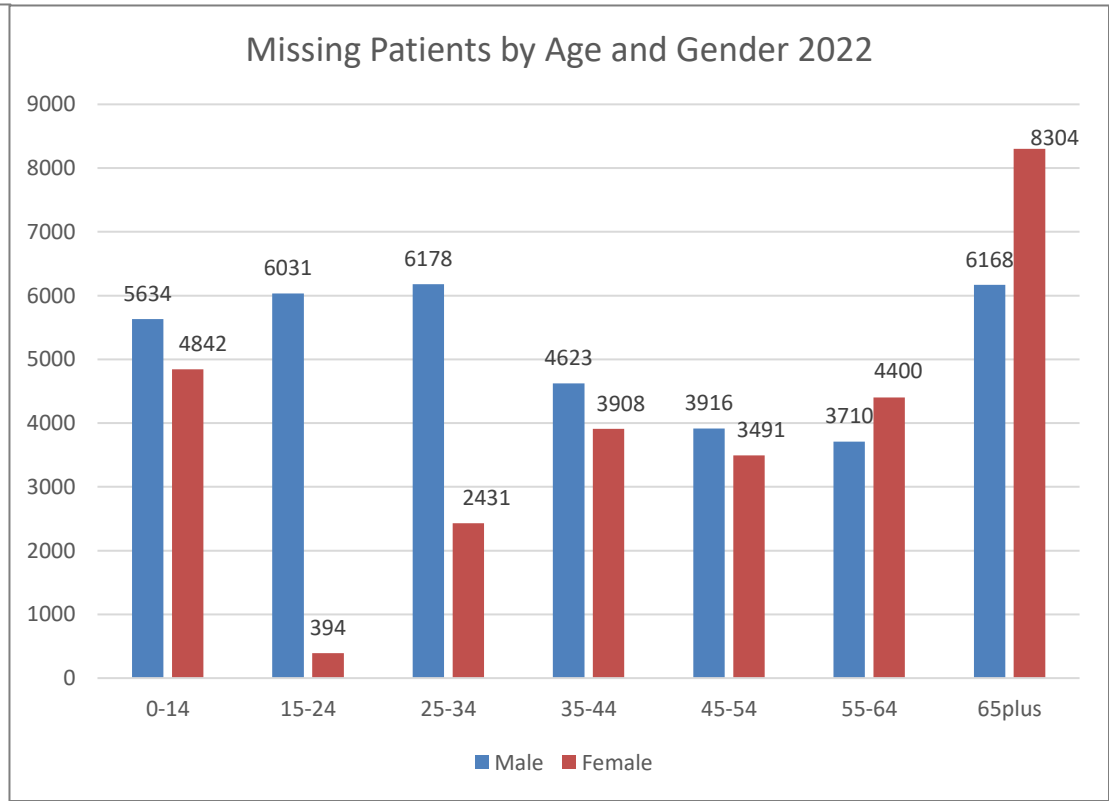
- Successful reduction in TB incidence in line with END TB milestones
- Significant improvement in treatment coverage (up to 77%) compared to pandemic and pre-pandemic eras



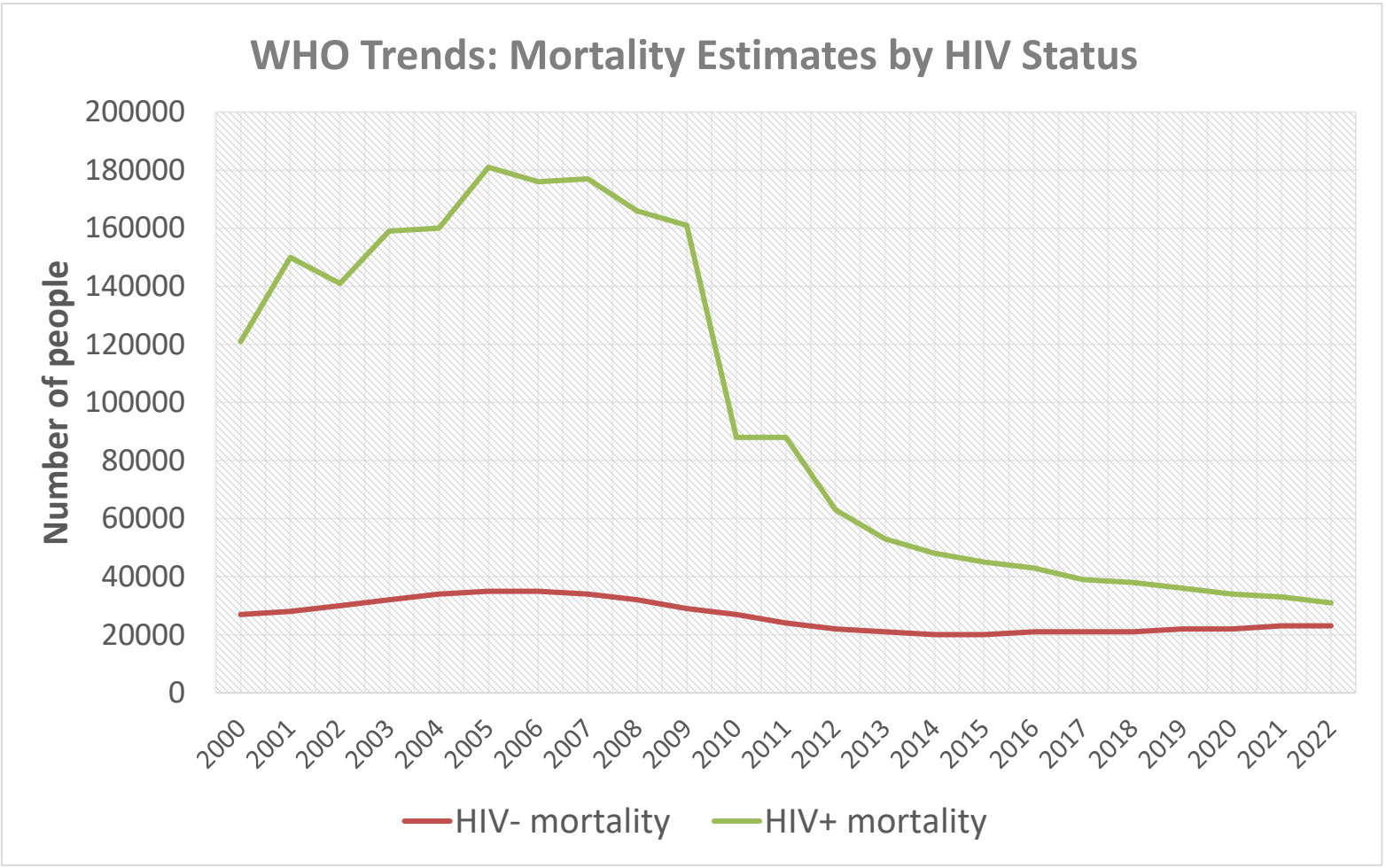
Missing TB Patients in South Africa

- Missing patients <70,000
- Missing patients disproportionately represented by:
  - Adults ≥65 years
  - Males <35 years
  - Children and young adolescents (<15 years)





TB Mortality Estimates



- Failed to achieve mortality reduction targets for END TB milestones **(only 17% reduction)**
- Major reductions in mortality over time for PLHIV
- Mortality in HIV-negative people is estimated to be on the rise since 2015

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2030 NDP

OVERVIEW OF THE NATIONAL STRATEGIC PLAN FOR HIV, TB, STIs AND THE TB STRATEGIC PLAN 2023 - 2028

21 February 2024

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NATIONAL DEVELOPMENT PLAN 2030

Phila

Presentation Outline

- Background
- NSP Vision, mission and guiding principles
- NSP Goals
- NSP Objectives and national targets
- National TB Strategic Plan 2023 – 2028


National Strategic Plan
For HIV, TB and STIs
2023-2028
REPUBLIC OF SOUTH AFRICA
2030 NDP


VISION
2028
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TB STRATEGIC PLAN:
2023-2028
SOUTH AFRICAN NATIONAL
TB PROGRAMME

NSP for HIV, TB and STIs 2023 - 2028

Vision

South Africa free from the burden of HIV, TB and STIs.

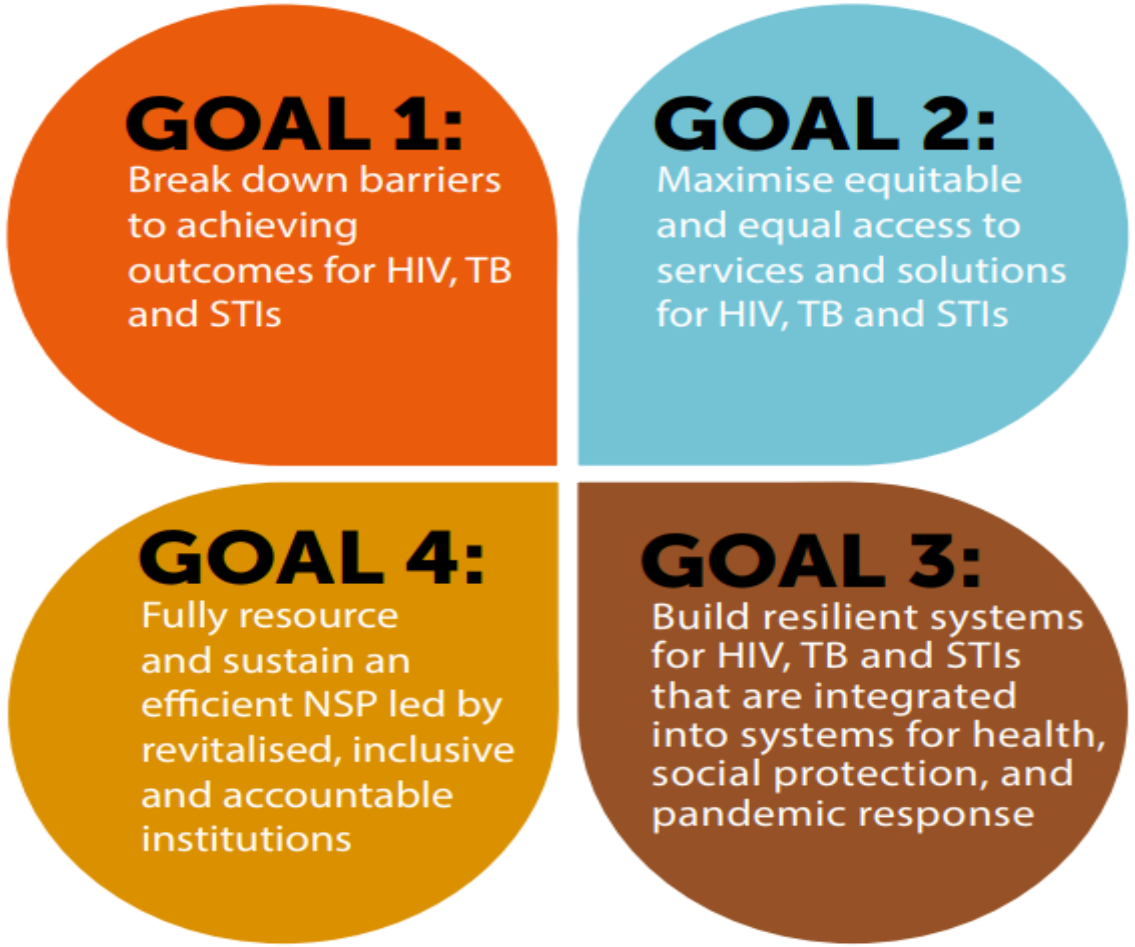
Mission

South Africa on track to eliminate HIV, TB and STIs as public health threats by 2030.

Guiding principles

There are several key principles that guide the development and implementation of this NSP

- Placing people and communities at the centre.
- Provision of people-centred health and social services.
- Universal health coverage (UHC)
- A response that is comprehensive, inclusive, participatory and integrates prevention, treatment, care, and support.
- Measurable community led, and community-based interventions
- A multi-sectoral approach in addressing inequalities that drive the epidemics.
- A commitment to protecting and promoting human rights and gender equality.
- Evidence-based innovations and tools to reduce HIV, TB and STIs.


GOAL 1:
Break down barriers to achieving outcomes for HIV, TB and STIs
GOAL 2:
Maximise equitable and equal access to services and solutions for HIV, TB and STIs
GOAL 4:
Fully resource and sustain an efficient NSP led by revitalised, inclusive and accountable institutions
GOAL 3:
Build resilient systems for HIV, TB and STIs that are integrated into systems for health, social protection, and pandemic response

Goal 1: Breaking down barriers to attaining outcomes

Objective 1.1: Strengthen community-led responses to HIV, TB, and STIs.

Objective 1.2: Contribute to poverty reduction through the creation of sustainable economic opportunities.

Objective 1.3: Reduce stigma and discrimination to advance rights and access to services.

Objective 1.4: Address gender inequalities that increase vulnerabilities through gender-transformative approaches.

Objective 1.5: Enhance non-discriminatory legislative frameworks through law and policy review and reform.

Objective 1.6: Protect and promote human rights and advance access to justice.

Objective 1.7: Integrate and standardise delivery and access to mental health services

Goal 1 National Targets for 2028

Indicator	Baseline	Target
Number of beneficiaries receiving social grants	11 478 760	12926948
Number of new HIV infections	198 311	81 467
PHC client treated for mental disorders	69 139	256 708
Percentage of people living with HIV who report stigma and discrimination	15-46%	<10%

Goal 2: Maximise equitable & equal access to services

Objective 2.1: Increase knowledge, attitudes and behaviours that promote HIV-prevention.

Objective 2.2: Reduce new HIV infections

Objective 2.3: Eliminate vertical transmission of HIV.

Objective 2.4: Ensure that 95-95-95 for PLHIV, key and other priority populations

Objective 2.5: Improving the quality of life beyond HIV suppression

Objective 2.6: Strengthen TB-prevention interventions

Objective 2.7: Strengthen TB diagnosis, treatment, care and support for PWTB.

Objective 2.8: Increase detection and treatment of four curable STIs, elimination of neonatal syphilis; scale up HPV vaccination and cervical cancer screening.

Objective 2.9: Reduce viral hepatitis morbidity through scale up of prevention, diagnostic testing, and treatment.

Goal 2 National Targets for 2028

Indicator	Baseline	Target
Number of people tested for HIV	17 598 704	17000000
Percentage of people living with HIV who know their HIV status	94%	95%
Percentage of adults and children living with HIV on ART (TROA)	75%	95%
HIV viral load suppressed rate (VLS) at 12 months	91%	95%
Adult AIDS mortality	52 016	<52 580
Number of people who began preventive therapy	329 835	>605 166
Number of TB cases diagnosed	187 719	159 593
TB treatment success rate	78% New & relapse 66% MDR/RR-TB	90% - New and Relapse 75% - MDR/RR-TB
Syphilis treatment rate	90%	98%
HPV coverage	88%	95%

Goal 3: Build resilient systems for HIV, TB and STIs

Objective 3.1: Engage adequate human resources to ensure equitable access to services

Objective 3.2: Use timely and relevant strategic information for data-driven decision making.

Objective 3.3: Expand the research agenda for HIV, TB and STIs

Objective 3.4: Harness technology and innovation

Objective 3.5: Leverage the infrastructure of HIV, TB and STIs for broader preparedness and response to pandemics

Objective 3.6: Build a stronger public health supply chain management.

Objective 3.7: Strengthen access to comprehensive laboratory testing for HIV, TB and STIs,

Objective 3.8 Support the acceleration of the approval of new health products.

Goal 3 National targets for 2028

Indicator	Target
Proportion of ideal clinics and hospitals	95%
Percentage of health facilities with tracer medicines for the three diseases available on the day of the visit or day of reporting	95%

Goal 4: Fully resource and sustain an efficient NSP

Objective 4.1: Mobilisation and allocation of sufficient domestic and external funds to ensure efficient implementation of HIV, TB and STI programmes

Objective 4.2: Development and implementation of transition plans to ensure that NSP interventions remain on track to achieve the goals.

Objective 4.3: Reset and reposition SANAC, and civil society for optimal, efficient, and impactful execution of NSP 2023-2028.

Objective 4.4: Optimisation of synergies through forging mutually rewarding partnerships and alliances across the entire response value chain.

Goal 4: National Target for 2028

Resource mobilization strategy developed: 2023/24

Fully functional PCA, DCA and LCAs: Target 95%

Key and Priority populations

KEY POPULATIONS

- PLHIV
- Children < 5-years old
- Health workers
- People in prisons and other congregate settings
- People living in informal settlements
- Mineworkers
- Sex workers
- Migrants, mobile populations, and
- Undocumented individuals

OTHER PRIORITY POPULATIONS

- Contacts of PWTB
- People with prior TB
- Smokers
- People with harmful alcohol- use
- Elderly
- Adolescents and young people
- People with diabetes
- Pregnant women
- Men
- People with disabilities
- People with mental health conditions

TB Strategic Plan 2023 - 2028

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NATIONAL DEVELOPMENT PLAN 2030

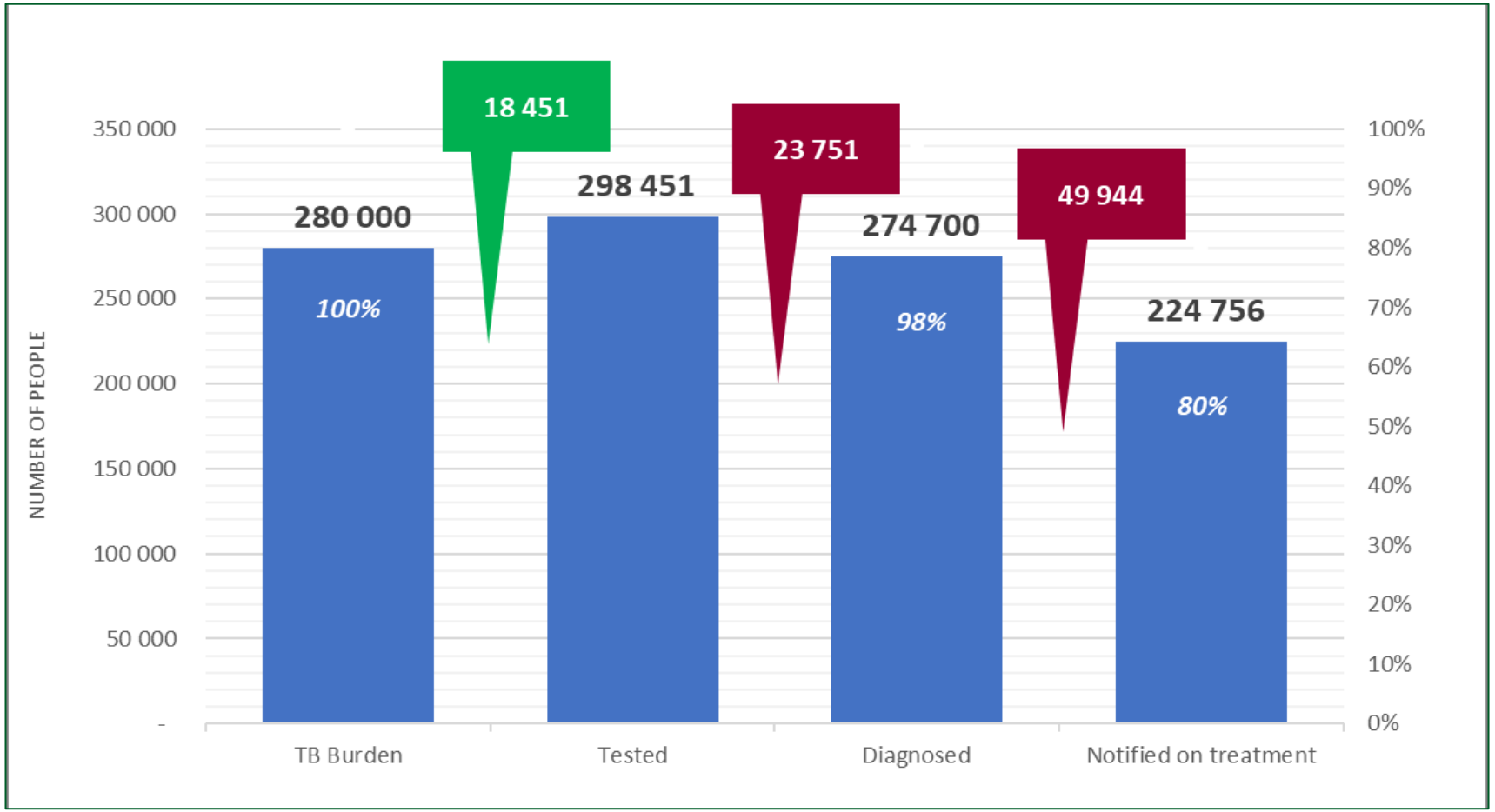
Phila

Strategic pillars and targets for 2028

Pillar I: **Communicate & Advocate**	Pillar II: **Find & Link**	Pillar III: **Treat & Retain**	Pillar IV: **Prevent & Prepare**	Pillar V: **Monitor & Assess**
TB is a national priority across sectors	People with TB are linked to care within one week	People with TB have access to high quality treatment & support	TB prevention is valued as much as treatment	Provinces use high quality data to guide decisions

Year	Incidence	Deaths	Catastrophic costs	Incidence-notification gap	Disease treatment coverage	Disease treatment success	Preventive therapy coverage	Preventive therapy completion	Case-fatality ratio
2021/22	304,000	56,000	56%	120,000	57%	78%	17,012 (HH) 312,923 (PLHIV)	new	19%
2025	*246,000*	*30,000*	N/A	*32 536*	>90%	>90%	256,157 (HH) 259,845 (PLHIV)	230,541 (HH) 233,860 (PLHIV)	<5%
2028	***215,000***	***<10,000***	**30%**	***21 209***	**>90%**	**>90%**	**290,687 (HH) 314,480 (PLHIV)**	**261,678 (HH) 283,032 (PLHIV)**	**<5%**

TB Care Cascade 2022: 90-90-90



TB incidence based on WHO estimates for 2022; Accessed TB test back-calculated based on test sensitivity, assumption that 10% false negatives on Xpert get culture & empiric treatment; Diagnosed based on NHLS data on case-finding (Courtesy Harry Moultrie, NICD) and electronic treatment registers on empiric treatment (NDoH); Notified on treatment (including retreatment) based on electronic treatment registers (NDOH)

TB Risk groups

Group	Approximate size of group, n (% of general population)	TB disease prevalence (all forms) per 100,000 population*	Approximate number needed to screen to find one person with TB*
General population[3,21]	60,600,000 (100)	737	136
Demographic groups			
Men[3,22]	29,390,000 (48.5)	1094	91
	5,976,519 (9.9)	2900	34
Groups who are socially disadvantaged			
People living in informal settlements[17,27]	7,938,600 (13.1)	3150	32
People living in prisons and other closed settings[28–30]	143,223 (0.2)	3500	29
Groups with occupational risk factors			
Health workers[31,32]workplace acquired tuberculosis (TB)	243,684 (0.4)	1400	71
Groups with individual risk factors			
People living with HIV[33,34]diagnosis and treatment among people living with HIV (PLHIV)	7,500,000 (12.4)	3000	33
People previously treated for TB[3,35,36]	5,090,400 (8.4)	3810	26
Pregnant people[37–41]HIV-positive pregnant women, adolescent girls and young women (AGYW)	2,017,037 (1.7)	1030	97
Household contacts of people with TB[42,43]	1,252,000 (2.1)	3100	32

*All estimates should be treated as preliminary approximations.

Objectives, sub objectives and activities

Communicate & Advocate	Find & Link	Treat & Retain	Prevent & Prepare	Monitor & Assess
TB is a national priority across sectors	People diagnosed with TB are linked to care within one week	People with TB have access to high-quality treatment & support	TB prevention is valued as much as treatment	Provinces use high quality data
1.1 Improve internal and external TB communication	2.1 Increase the number of people identified with TB	3.1 Provide person-centred differentiated care to people with TB	4.1 Improve safety in health facilities	5.1 Streamline and integrate TB data systems
Create and promote appropriate TB messaging to all stakeholders	Establish community-based models for TB screening and testing (e.g. ward based outreach teams)	Implement risk assessment for all people diagnosed with TB	Apply standards set by Council for Scientific & Industrial Research when upgrading or building new health facilities	Provide annual progress reports on End TB targets at District and sub-District levels.
Leverage Provincial TB Caucuses to promote TB advocacy, address stigma, and enhance accountability	Scale-up use of screening and testing modalities that do not rely on symptoms or sputum (e.g. dCXR, uLAM, novel diagnostics) for children & adults	Provide person-centred care to people on all forms of TB treatment	Introduce decontamination measures in high-risk spaces (e.g. UVGI)	Engage with digital health team to address TB programme requirements
Advocate to private industry to help strengthen networked communication between health facilities	Test all priority populations (e.g. PLHIV new or restarting ART or not virally suppressed, people with previous TB, or recent contacts) for TB regardless of symptoms and link to appropriate care	Offer differentiated care guided by risk assessment	Establish routine TB screening & testing for health workers, including community health workers and general facility staff, along with reporting mechanisms	Consolidate existing TB data systems and flows
Advocate to private sector to strengthen referrals to the public system	Conduct evaluation of uLAM implementation in facilities	Provide specialist care to people with complex or advanced disease (e.g. people with EPTB, PWTB admitted to hospital, PWTB requiring palliative care)	Establish electronic register for occupational TB reporting	5.2 Increase the use of data for monitoring and decision-making
Liaise with SANAC, SAMA, traditional health practitioner organisations, interfaith councils, labour unions, & nursing associations to generate and respond to demand for TB services across health sectors	Liaise with Primary Healthcare Directorate and HIV programme to support test and treat initiatives	Strengthen the Department of Health risk assessment for TB	Mandate face coverings for all people >5 years of age entering health facilities	Undertake data quality assessments at facility- and District-level (e.g. audits)

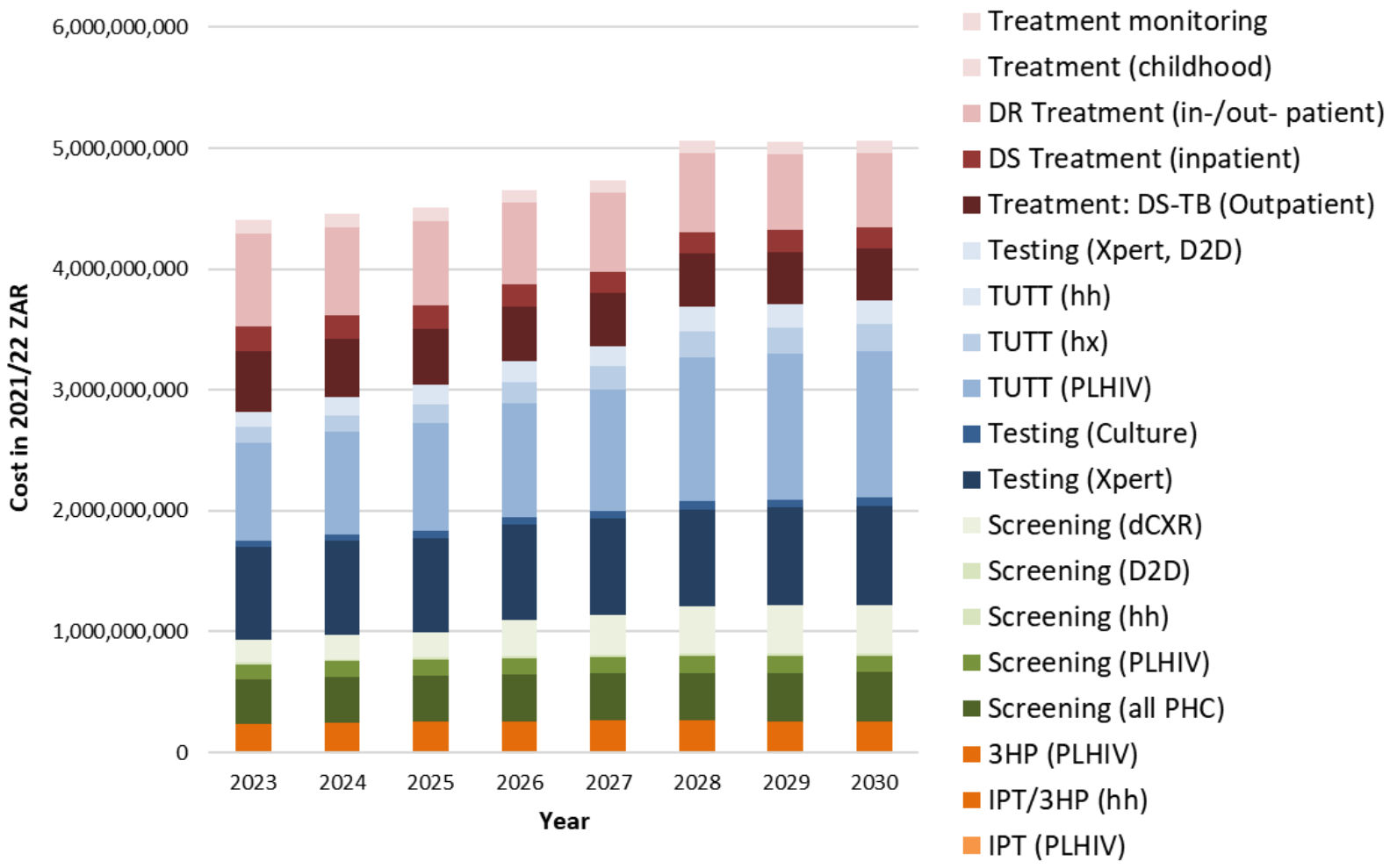
Communicate & Advocate	Find & Link	Treat & Retain	Prevent & Prepare	Monitor & Assess
	2.2 Establish reliable linkage pathways	Partner with key sectors to expand adherence support for key populations & mobile communities (e.g. alternative health sectors, farming and mining, correctional facilities)	Mandate availability of respirators for all health workers, including community health workers, and general facility staff	Scale-up data quality improvement activities, guided by data quality assessments
Support the National TB Caucus to advocate for better TB resources and implementation	Check HPRN and collect/ confirm mobile number at every TB encounter	Set national standards and measure quality of care delivered to people with TB	4.2 Increase the use of existing prevention approaches in all eligible populations	Collate facility-level data for routine review by TB health and programme staff (e.g. using data dashboards)
Liaise with Departments of Basic & Higher Education to strengthen TB messaging in schools and tertiary institutions	Monitor real-time data to reduce initial loss-to-follow-up	Liaise with Compensation Commission for Occupational Diseases to provide guidance on benefits and compensation for mine workers and	Scale-up preventive treatment (e.g. 6H, 3HP, 3RH, 1HP)	Scale-up data quality improvement activities, guided by data quality assessments
Develop a strategy to combat misinformation to reduce vaccine and treatment hesitancy	Increase the percentage of test results delivered digitally to clients and clinicians in near-real-time (e.g. via text message)	ex-mine workers with TB	Increase coverage of BCG vaccination at birth, including catch-up BCG if missed at birth	Establish national standards for TB data quality (e.g. data quality index)
		3.2 Establish national standards for TB data quality (e.g. data quality index)	4.3 Prepare for the arrival of more effective TB vaccines	Provide quality improvement support visits to priority sites
	Strengthen referral systems between hospitals, primary care facilities, and communities	Introduce shortened regimens once nationally approved	Engage with EPI, Gavi, and other programmes to monitor vaccine developments	Establish national public-facing dashboard
	Improve referral from community screen and test initiatives to primary care facilities (e.g. via mhealth)	Monitor people after they complete treatment for drug-susceptible and drug-resistant TB disease	Prepare a vaccine implementation plan	Review targets and progress at routine provincial cluster meetings
	Improve access to TB testing and treatment data at district, sub-district, and facility levels			Review and update monitoring and evaluation framework annually
	Provide comprehensive training to CHWs and health workers on updated procedures and guidelines Provide adolescent-friendly TB services alongside adolescent HIV services Liaise with Men's Health Services in facilities to improve screening, testing, treatment initiation, and retention Update guidelines as new evidence emerges Monitor best practices and emerging technologies for uptake as appropriate Liaise with NEMLC, SAHPRA, and research entities to streamline adoption of new tools and technologies Conduct situational analysis on TB linkage and care needs of mid-sized mines Liaise with Medical Bureau for Occupational Diseases to inform TB prevention and control policies in the mining sector			

SCREENING & TESTING	TREATMENT & CARE	PREVENTION
Already established and will continue		
Symptom screening	Oral, multidrug therapy for TB disease, based on age, drug sensitivity, disease type, and comorbidities	BCG vaccination
Household contact tracing		TB preventive therapy
Rapid molecular diagnostics as first-line		Household contact tracing
Sputum culture & DST		Respirators for health workers
Supporting workplace programmes	Counselling and support	Improving ventilation in health facilities
To be introduced or scaled up		
Community-based screening & testing	New and shorter treatment regimens	New and shorter preventive regimens
Screening key populations regardless of symptoms	Differentiated care, including adherence support	National safety standards applied to health facility design and upgrades
Targeted universal testing of select priority populations	Post-treatment monitoring	Improved infection prevention & control measures in health facilities
Testing non-sputum samples		
Delivery of results by text message		
Better communication and cooperation across the service	Person- and family-centred care	Better occupational health and support
Initiatives to understand and reduce treatment and vaccine hesitancy		
More interaction with communities and politicians	Better and faster referral and linkage systems	Quality improvement
Integrated data systems	Data used to guide decisions	Public-facing dashboards
Coming soon		
New non-sputum tests	Community-based care	Effective adult vaccines
Better point-of-care tests	Palliative and rehabilitative care	Better paediatric vaccines
Improved self-screening approaches	Better social care and support	
Sequencing as standard of care		

Targets

Objective/ sub objective	Indicator	Baseline (year)	Target (2025)	Target (2028)
Improve internal and external TB communication	Number of provinces with active TB caucus	5	9	9
Increase the number of people identified with TB	TB notifications	187,719 (2021)	213,464	193,791
Establish reliable linkage pathways	Initial loss to follow-up	59,162 (2022)	29,581	14,790
Provide person-centred differentiated care to people with TB	Treatment completion	DS-TB (2021): 78% DR-TB (2020): 61%	DS-TB 86% DR-TB 72%	DS-TB 90% DR-TB 75%
Shorten the duration of TB treatment	Number of people with TB (all forms) treated with shortened regimens	0 (2022)	55,164	107,400
Improve safety in health facilities	Number of health workers with TB	TBD	Increased by 10%	Increased by 20%
Increase the use of existing prevention approaches in all eligible populations	Number of people starting TPT	<5yrs (2021): 17,012 PLHIV on ART (2021/22): 312,923	Contact: 256,157 PLHIV: 259,845	Contacts: 290,687 PLHIV: 314,480
Prepare for the arrival of more effective TB vaccines	Provincial vaccine readiness score	N/A	40%	80%
Streamline and integrate TB data systems	A national TB surveillance system in place	N/A	100%	100%
Increase the use of data for monitoring and decision-making	Number of Districts attaining the 90-90-90 targets	N/A	10	31

Estimated costs



To maintain current levels of activity, the programme will require **ZAR 2.5–3.0 billion per year** from 2023–2030

To meet NSP 2028 targets, the programme will need **ZAR 4.0–5.0 billion per year**

Knowledge Hub Webinar: TB Recovery Plan

TB Recovery Plan 2.0 Progress

Hlengani Mathema

Epidemiologist: TB Control & Management

21 February 2024

Outline

- Background – TB Recovery Plan 1.0
- TB Recovery Plan 2.0 Activities
- Progress against TB Recovery Plan 2.0
- Conclusion

TB Recovery Plan 1.0

OUR TARGET-DRIVEN PROGRAMMATIC GOALS ARE TO:

1 FIND

People with undiagnosed TB

- 1 million screens through TB Health Check
- 60% PLHIV tested and 215 900 patients notified through routine annual TB tests for PLHIV, household contacts and previously treated TB patients
- 300 000 digital chest x-ray screens
- +56 000 urine LAM-assays

2 TREAT

Strengthen linkage to TB treatment

- 85% lab diagnosed patients on treatment
- SMS TB results notification system
- DS-TB module on Notifiable Medical Conditions application
- Strengthen PHC referrals from hospitals

3 RETAIN

Strengthen retention in care

- 85% DS-TB treatment success through strengthened adherence counselling package
- 10% coverage of shortened (6-month) MDR-TB treatment regime
- 50% coverage of TB medication dispensing through Central Chronic Medicines Dispensing and Distribution (CCMDD) system

4 PREVENT

Strengthen TB prevention efforts

- TB prevention therapy, including: 200 000 on 3HP and 215 359 contacts on TPT
- 100% coverage of infection control prevention in health facilities

TB Recovery Plan - Key Indicators, National (2022)

National

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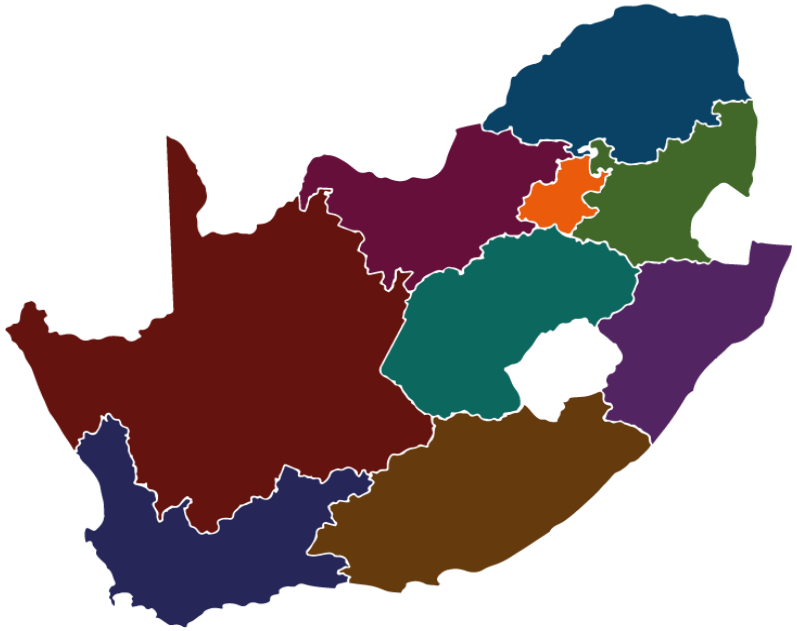
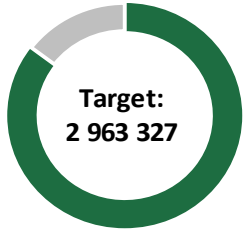


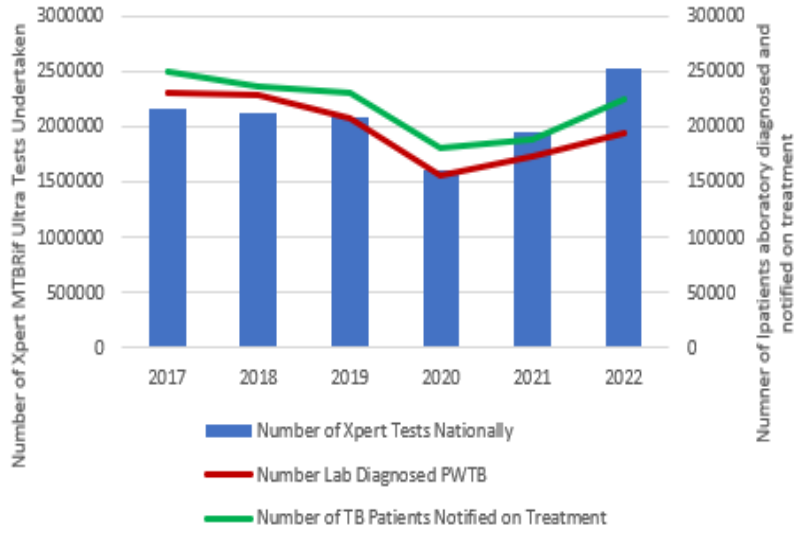
Xpert Tests Done - National



2 528 937 Xpert 85%
Tests done in Q1 Q2 Q3 Q4

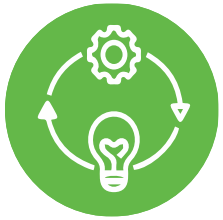
TB Patients Notified - National

226 689 Patients 105%
Started treatment in Q1 Q2 Q3 Q4



Sources: Xpert tests and laboratory diagnosed TB provided by NICD Centre for TB; TB notifications from DHIS

Increase in TB testing and notifications on a declining epidemic shows there is a strong recovery with TB services, improvement needed to improve linkage to care and treatment success

Pillar I: Communicate & Advocate	Pillar II: Find & Link		Pillar III: Treat & Retain	Pillar IV: Prevent & Prepare	Pillar V: Monitor & Assess
TB is a national priority across sectors	People with TB are linked to care within one week		People with TB have access to high quality treatment & support	TB prevention is valued as much as treatment	Provinces use high quality data to guide decisions
					
CREATE DEMAND FOR TB TESTING THROUGH ADVOCACY & COMMUNICATION	ACCELERATE IMPLEMENTATION OF TUTT	ESTABLISH RELIABLE LINKAGE PATHWAYS	IMPROVE RETENTION IN CARE	STRENGTHEN TB PREVENTION	IMPROVE GOVERNANCE AND ACCOUNTABILITY
Costed SBBC plan	3 million GXP tests	TB result SMS notification system	Shorter regimens (Paeds and DR-TB)	Scale up treatment of latent TB infection	Streamline and integrate TB data systems
Communication toolkit	Scale up DCXR		Strengthen adherence counselling	UVGI guidelines	100 Facilities Nerve Centre Approach Project
	Scale up ULAM				Partner coordination

STRENGTHEN TB PROGRAMME IN THE MINES

Strengthen TB in mines
Compensation ex-miners

We are going to prioritise most impactful interventions to support NSP implementation

Performance Highlights

- January – December 2023
  - TB NAATs done (Dr H Moultrie, NICD)
  - SMS notifications (Dr H Moultrie, NICD)
- January – September 2023
  - Notifications (DHIS, EDRWeb)
  - PTB linkage to care (NICD, TIER.Net, EDRWeb)
- January – September 2022
  - DS-TB treatment success (DHIS)
- January – December 2021
  - DR-TB treatment success (EDRWeb)

TB Recovery Plan - Key Indicators, National

National

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

Xpert Tests Done - National
Target: 3 085 166
2 843 976 Xpert 92%
Tests done

SMS Notification Coverage - National
Target: 60%
1 129 259 SMS 40%
Delivered

TB Patients Notified - National
Target: 168 582
162 203 Patients 96%
Started treatment

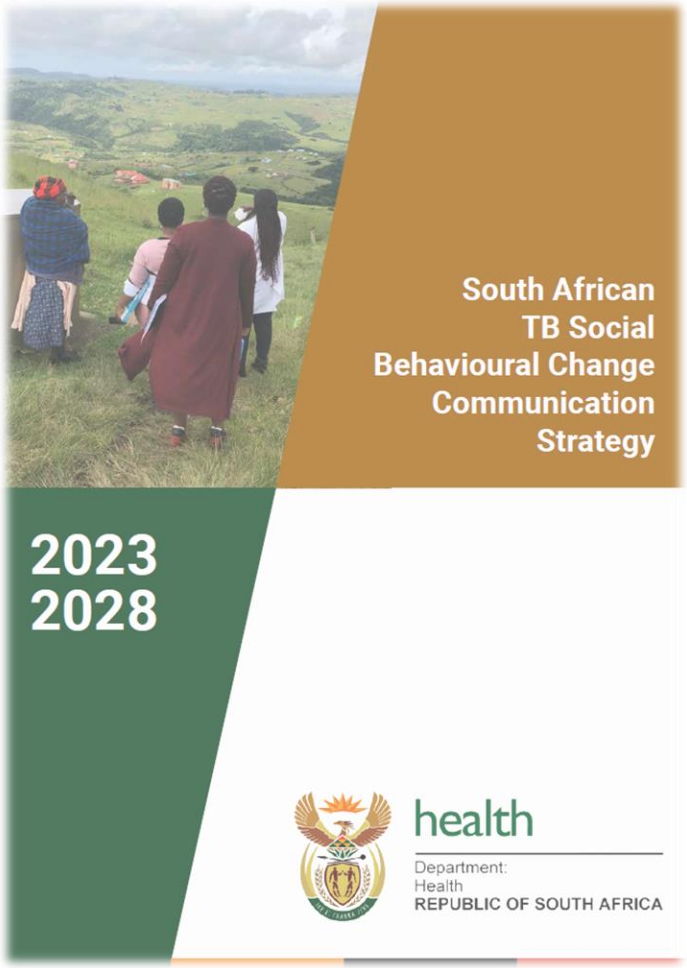
Linkage to Care (PTB) - National
Target: 85%
102 387 Patients 72%
Linked to care

DS-TB Treatment Success - National
Target: 80%
122 328 Patients 77%
Successfully treated

DR-TB Treatment Success - National
Target: 68%
4 220 Patients 61%
Successfully treated

Objective 1 – Create Demand for TB Testing

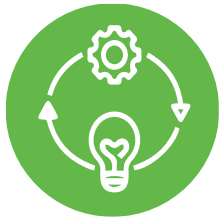
- Social Behavioural Change Communication (SBCC) Strategy reviewed and endorsed by key stakeholders
- Implementation plan and toolkit under development
- SBCC Workshop held in November 2023



Objective 2 – Accelerate implementation of TUTT

	INDICATOR	Source	Quarterly Target	Jan-Mar '23		Apr-Jun '23		Jul-Sep '23		Oct-Dec '23		Annual
				(N)	(%)	(N)	(%)	(N)	(%)	(N)	(%)	(%)
1	Number of Xpert tests undertaken	NICD	771,292	650,468	84%	712,237	92%	771,001	100%	710,270	92%	92%
2	Number of people screened with CXR	DCXR Info. Systems	75,000	12,958	17%	27,306	36%	31,702	42%	25,495	34%	32%
3	Number of ULAM tests undertaken	ULAM Tools	33,915	23,924	71%	32,807	97%	36,002	106%	37,389	110%	96%

- No direct measure for TUTT implementation – are we testing the right people?
  - PLHIV (TROA Oct – Dec 2023 = 5.5 million; Virally suppressed = 3.5 million)
  - Contacts (195,603 reported on DHIS in 2023; <1 contact per TB patient)
  - DCXR screening to identify asymptomatic/subclinical TB disease
- Ensure adherence to diagnostic algorithms



Objective 3 – Establish reliable linkage pathways

	INDICATOR	Source	Quarterly Target	Jan-Mar '23		Apr-Jun '23		Jul-Sep '23		Oct-Dec '23		Cumulative
				(N)	(%)	(N)	(%)	(N)	(%)	(N)	(%)	(%)
1	Number of TB patients (notified) started on treatment	DHIS (DS) EDRWeb (DR)	56,194	54,730	97%	50,744	90%	56,729	101%	Not available	Not available	96%
2	Xpert SMS notification coverage	NICD	60%	226,539/ 642,700	35%	290,131/ 715,315	41%	318,517/ 772,131	41%	294,072/ 709,701	41%	40%
3	Proportion of laboratory diagnosed TB patients started on treatment (PTB)*	TIER.Net, EDRWeb, NICD	85%	36,684/ 48,463	76%	31,991/ 43,957	73%	33,817/ 50,669	67%	Not available	Not available	72%

- SMS notification coverage = #SMS delivered/#TB NAATs conducted
  - Proportion with SMS attempted = 50% (contact number available/provided)
  - Where SMS was attempted, 80% were successfully delivered
- Indicator 3 is constructed with data from 3 different sources without linking at the patient level – uncertainty regarding actual proportion of laboratory diagnosed patients started on treatment

Objective 4 – Improve retention in care

	INDICATOR	Source	Quarterly Target	Jan-Mar '22/'21	Apr-Jun '22/'21	Jul-Sep '22/'21	Oct-Dec '22/'21	Cum. (%)
1	DS-TB success rate '22	DHIS	80%	77% 41,889/54,124	78% 37,853/48,807	76% 42,586/56,380	Not available	77%
2a	DR-TB success rate '21	EDRWeb	68%	61% 1,017/1,668	60% 1,025/1,721	62% 1,073/1,725	61% 1,105/1,821	61%
2b	DR-TB success rate '22 (short regimen)	EDRWeb	68%	66% 867/1,316	66% 736/1,107	63% 783/1,240	62% 732/1,183	64%

- New DR-TB guidelines approved
  - BPaL/L rollout – **838** patients initiated between September and December 2023

Objective 5 – Strengthen TB prevention

	INDICATOR	Source	Quarterly Target	Jan-Mar ’23 (N)	Apr-Jun ’23 (N)	Jul-Sep ’23 (N)	Oct-Dec ‘23 (N)	Annual (%)
1	Number of household contacts started on TPT	DHIS	44,955	3,269	10,042	14,012	14,213	23%

- We started reporting on contacts 5 years and older from April 2023 on DHIS
- TPT uptake rate <5 years = 51%
- TPT uptake rate ≥5 years = 17%

Objective 6 – Strengthen TB in the Mines

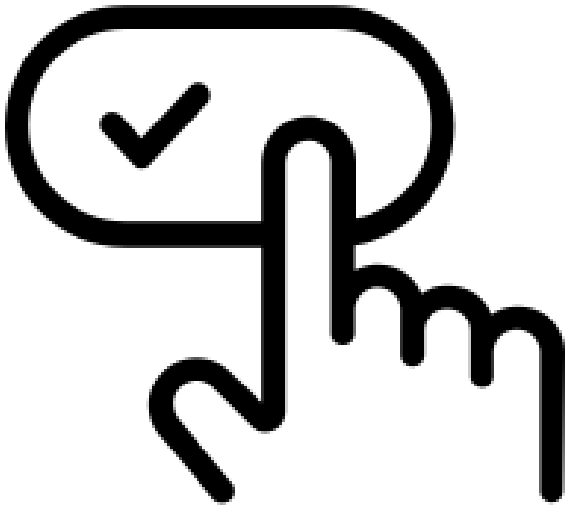
- Terms of reference developed for dedicated technical assistance
- Positions advertised, interviews conducted
- New TB Think Tank Working Group

Objective 7 – Improve TB Data Systems, Governance & Accountability

- TB stakeholders meeting convened in May 2023
- Monthly Provincial Managers Meetings (in-person quarterly)
- Provincial support visits conducted
  - Alfred Nzo District (EC), Nkangala District (MP)
- Data quality audits ongoing
  - 44 facilities where DQAs were conducted in 8 districts
- Clinical and mortality audits
  - 19 DR-TB audits conducted in 7 provinces
  - Finalized DS-TB clinical and mortality audit tools
    - Piloted in uMzinyathi District (KZN)
    - Mortality audits conducted during each of the support visits
- District level deep dives being conducted in priority TB districts
  - Ehlanzeni District (MP), Frances Baard District (NC)
- Electronic Medical Record (EMR) development underway
  - Appointment of TB Business Team

Critical Enablers

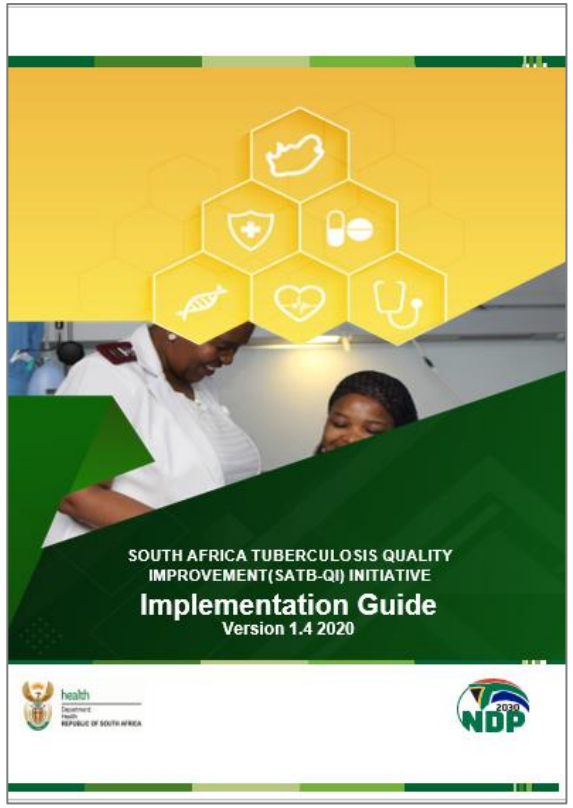
- Guidelines/SOPs
  - 2023 DR-TB guidelines out and in use
    - BPaL/L Rollout started 1 September 2023
  - Paediatric DS-TB guidelines in the pipeline
  - DCXR algorithms completed; SOP in progress



- Capacity building
  - DS-TB training
    - Global Fund Orientation (Basic TB Management + TPT; 12 districts)
    - Basic TB Management + TPT in 4 EC districts
    - TPT Training in all 9 provinces
  - DR-TB training
    - BPaL/L and EDRWeb training conducted in all 9 provinces
    - NIMDR training in EC, FS and GP

Quality Improvement

- Finalised TB QI guide and QI tools



- Conducted QI post learning session support visits

Learning sessions	• Northen Cape • North -West • Mpumalanga • Limpopo • Free State	**5 provinces**
QI projects within Districts	• Case finding • Linkage to care • Retention in care • TB Prevention	**19 Districts**
Participants	• Provincial Managers • District Managers	**230 Managers**

Conclusion

- Commendable progress made for each objective of the Recovery Plan
- TB testing increased by 12% compared to 2022 to >2.8 million tests
- Interventions and measurement for linkage to care remain a challenge (e.g., SMS notifications, no link between laboratory and treatment data)
- Stagnation in treatment outcomes below target (data systems)
- Successful rollout of 6-month regimen for DR-TB
- TPT coverage low amongst TB contacts
- A LOT of training and support being provided by the NTP

TB Recovery Plan 3.0 (2024 – 2025)

Pillar I: Communicate & Advocate	Pillar II: Find & Link	Pillar III: Treat & Retain	Pillar IV: Prevent & Prepare	Pillar V: Monitor & Assess
TB is a national priority across sectors	People with TB are linked to care within one week	People with TB have access to high quality treatment & support	TB prevention is valued as much as treatment	Provinces use high quality data to guide decisions
Create demand for TB testing and treatment services through advocacy and communication	Increase the number of people identified with TB	Establish reliable linkage pathways	Improve retention in care	Strengthen TB prevention	Increase the use of data for monitoring and decision making
Implement costed SBCC plan	Conduct 3 million TB NAATs	Increase TB SMS notification coverage	Introduce shorter paediatric DS-TB regimen	Scale up treatment of latent TB infection	Streamline and integrate TB data systems
Implement advocacy and communication toolkit	Accelerate implementation of TUTT	Strengthen hospital – PHC TB patient referrals	Strengthen adherence counselling (including risk assessments for PWTB)	TB Vaccine – evidence review (NAGI)	Develop and share TB data platforms and products/ reports as appropriate
Support National and Provincial TB Caucuses	Scale up DCXR	Notify 221,941 TB patients	Support implementation of differentiated models of care		Develop national standards and metrics for TB care and data quality
Strengthen communication and coordination with private sector	Conduct ULAM implementation assessment	Increase proportion of children and adolescents notified	Advanced clinical care and mortality audits		Convene programme review meetings with implementation partners

STRENGTHEN TB PROGRAMME IN THE MINES
Conduct situational analysis of TB in small to medium sized mines
Support compensation of ex-miners through MBOD

Knowledge Hub Webinar: TB Recovery Plan

The Role of Donors and Partners in Supporting the TB Recovery Plan

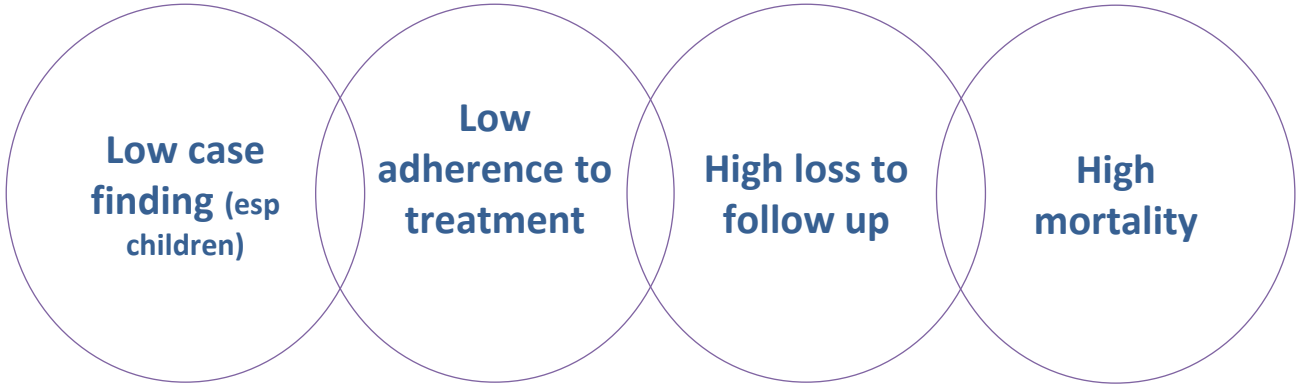
Dr Waasila Jassat

21 February 2024

Outline

- Addressing NTP challenges
- Support to NDoH and districts
- National: critical enablers
- Province: planning, coordination and review
- District: enabling implementation
- Donor & partner alignment to TB Recovery Plan
- Conclusion

Critical issues across NTP: Opportunities for partner support



Important drivers

- **Patient factors**: advanced HIV, late presentation, delayed diagnosis, use of alternative medicine, mobility, stigma, catastrophic costs, misunderstanding of TB, conflicting health beliefs, alcohol and substance use, mental illness
- **Health system factors**: access barriers, gaps between levels of the health system, lack of system integration, poor HCW adherence to guidelines, limited ability of programme staff to track clients moving between facilities, lack of person-centred adherence approach, clinic congestion

Multilevel Support

Final goal	Improve TB care cascade			
Intermediate outcomes	**Improve testing**	**Improve linkage to care**	**Improve TB outcomes**	**Improve TB prevention**
National (Critical enablers)	Governance TB data systems Advocacy, communication and social mobilisation Capacity building			
Province	Planning, M&E, reporting and coordination TB programme deep-dives			
District/ Subdistrict	Strengthen district/ subdistrict TB coordinators Quality of TB services Data quality Training and mentoring of health facility staff			

Support for NDoH and districts

Support to NDoH TB Control and Management Cluster

Chief Director
Norbert Ndjeka

TB Think Tank

Programme Director	Director: DS-TB Lindiwe Mvusi	Deputy Director: DR-TB Yulene Kock	Director: RIMES Sicelo Dlamini	Director: ACSM Phumlani Ximiya
Programme Coordinator	DD/ AD	DD/ AD	DD/ AD	DD/ AD
Provincial Manager	QI Advisor	DR-TB Advisor	Epidemiologist	SBCC lead
	Paediatric TB Specialist		Data Visualisation lead	
	TB/HIV Advisor			
	Lab Advisor			
	Change Management Manager			

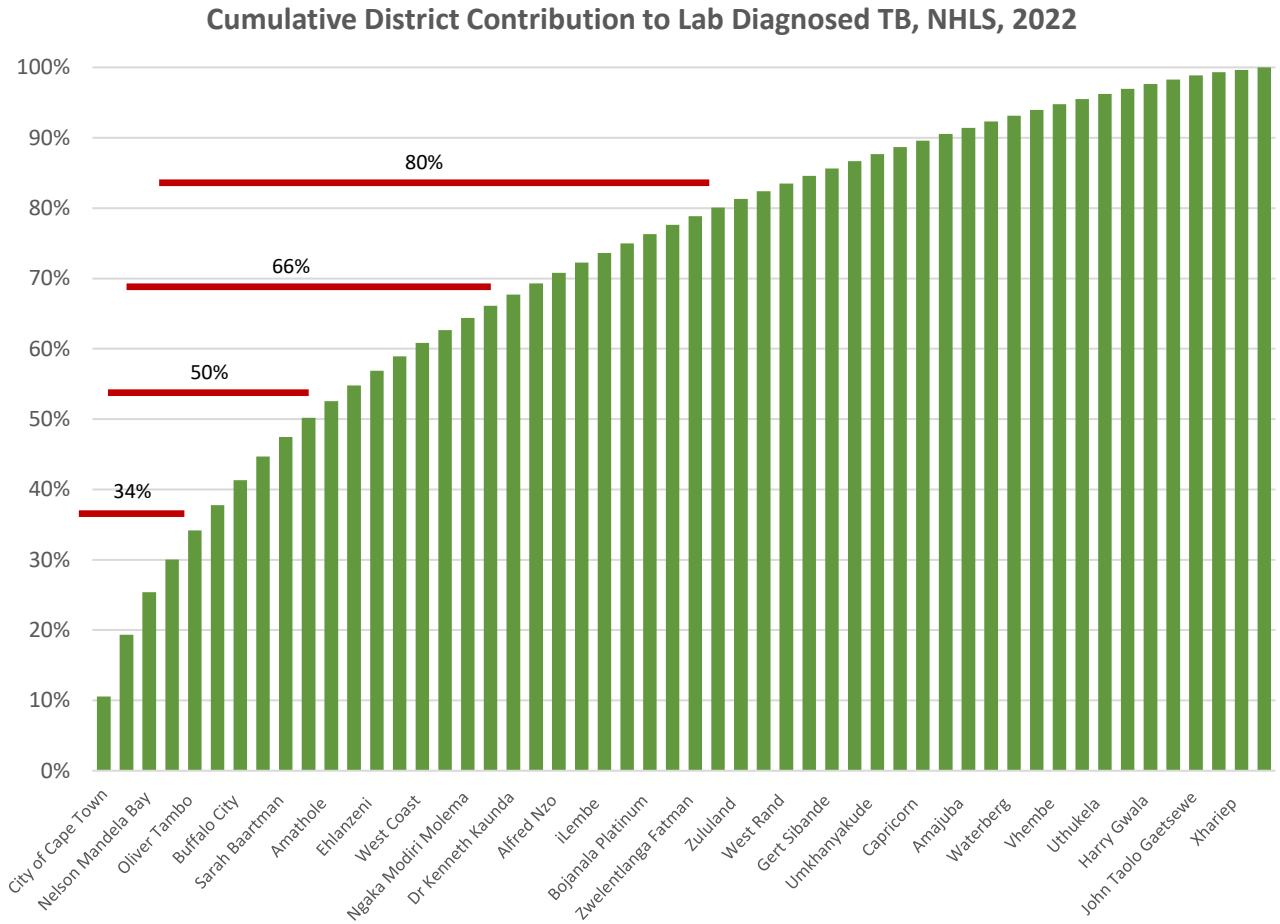
NDoH staff

USG funded posts

TSU posts

District level prioritisation for maximum impact

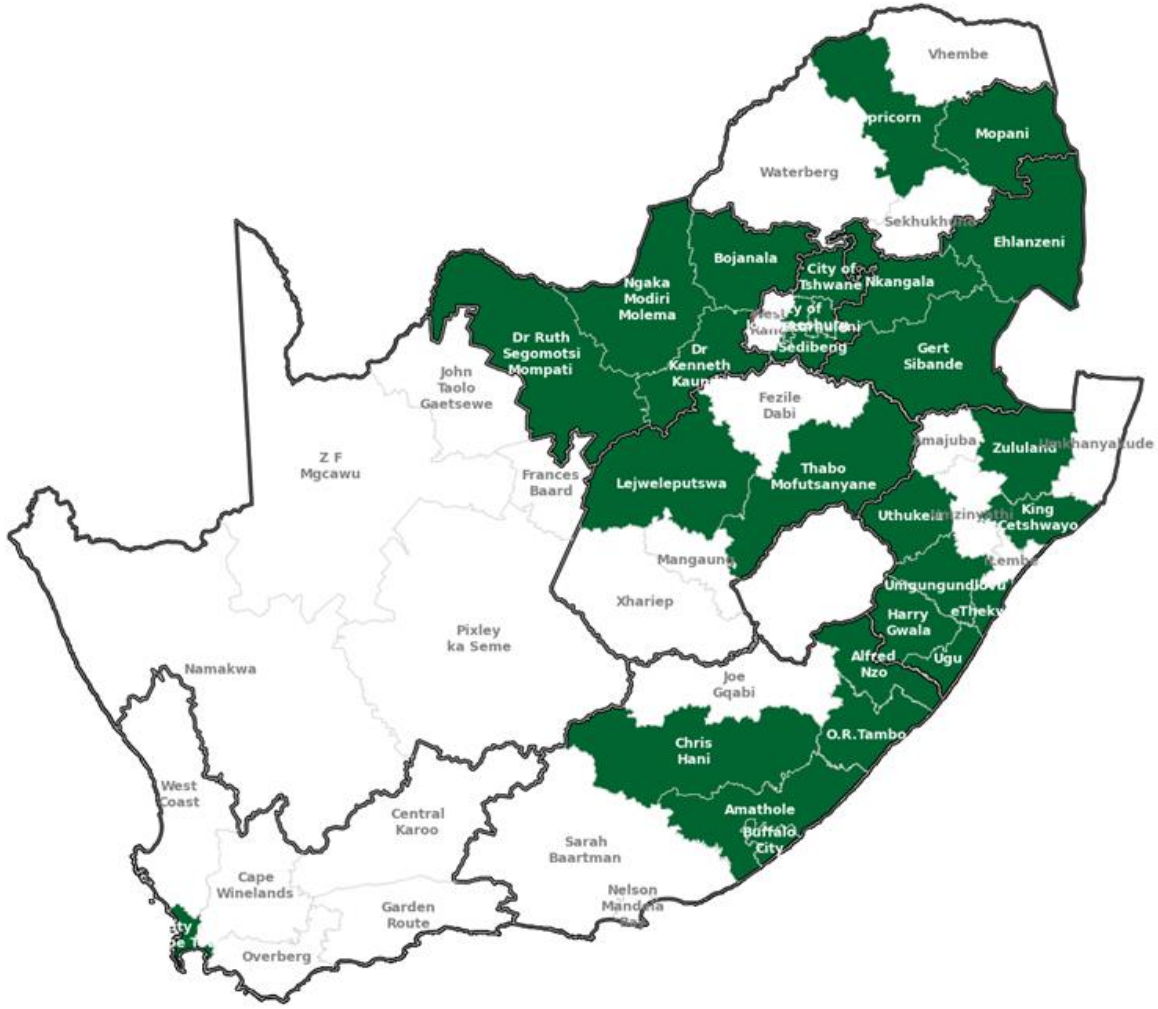
Province / District		Number PTB Patients (NHLS, 2022)	Cumulative % Burden	Rank
WC	City of Cape Town	20 438	11%	1
KZ	eThekwini	16 953	19%	2
EC	Nelson Mandela Bay	11 733	25%	3
GP	City of Johannesburg	9 023	30%	4
EC	Oliver Tambo	7 956	34%	5
GP	Ekurhuleni	6 980	38%	6
EC	Buffalo City	6 864	41%	7
WC	Cape Winelands	6 491	45%	8
EC	Sarah Baartman	5 380	47%	9
WC	Garden Route	5 333	50%	10
EC	Amathole	4 542	53%	11
GP	City of Tshwane	4 299	55%	12
MP	Ehlanzeni	4 069	57%	13
EC	Chris Hani	3 974	59%	14
WC	West Coast	3 736	61%	15
KZ	Ugu	3 506	63%	16
NW	Ngaka Modiri Molema	3 355	64%	17
KZ	uMgungundlovu	3 317	66%	18
NW	Dr Kenneth Kaunda	3 110	68%	19
FS	Mangaung	3 079	69%	20
EC	Alfred Nzo	2 914	71%	21
KZ	King Cetshwayo	2 743	72%	22
KZ	iLembe	2 646	74%	23
MP	Nkangala	2 640	75%	24
NW	Bojanala Platinum	2 567	76%	25
NC	Frances Baard	2 544	78%	26
NC	Zwelentlanga Fatman	2 425	79%	27
NW	Dr Ruth S Mompati	2 385	80%	28



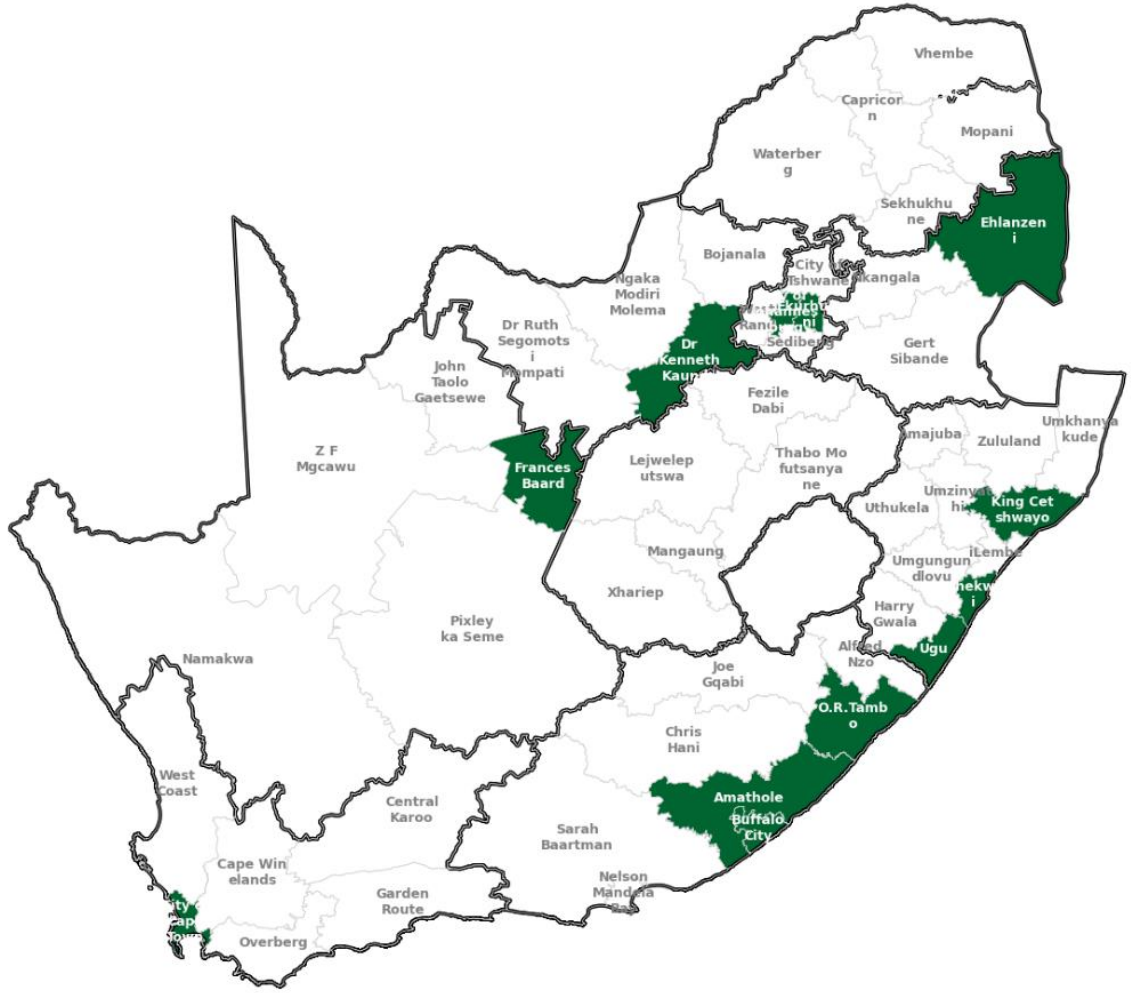
- 10 districts/metros account for 50% of burden
- 28 districts/metros account for 80% of burden
- We need to prioritise high burden geographies

Districts supported by a TB partner

US government supported districts



Global Fund supported districts



Province	District	USAID/TB Bilateral	USAID HIV, TB/HIV (PEPFAR)	CDC HIV, TB/HIV (PEPFAR)	Global Fund	BMGF
Eastern Cape	Alfred Nzo DM		Match			
	Amathole DM			THC	Aquity	
	Buffalo City MM		Match		Aquity	
	Chris Hani DM			THC		
	Joe Gqabi DM	Aurum				
	N Mandela Bay MM	Aurum				
	OR Tambo DM			THC	Aquity	
	Sarah Baartman DM	Aurum				
Free State	Fezile Dabi DM	THINK				
	Lejweleputswa DM		WRHI			
	Mangaung MM	THINK				
	T Mofutsanyana DM		Right to Care			
	Xhariep DM					
Gauteng	City of Ekurhuleni MM			WRHI	Isibani	
	City of Johannesburg MM		Anova		IHPS	
	Sedibeng DM	Aurum	Anova			
	City of Tshwane MM	Aurum		WRHI		

Province	District	USAID/TB Bilateral	USAID HIV, TB/HIV (PEPFAR)	CDC HIV, TB/HIV (PEPFAR)	Global Fund	BMGF
Kwa-Zulu Natal	Amajuba DM	Aurum				
	eThekwini MM			HST	Aurum	
	Harry Gwala DM		Match			AHRI
	iLembe DM					AHRI
	King Cetshwayo DM		Match		Isibani	
	uGu DM		Match		Isibani	
	uMgungundlovu DM			HST		
	uMkhanyakude DM					
	uMzinyathi DM					AHRI
	uThukela DM	Aurum		HST		
	Zululand DM			HST		AHRI
Limpopo	Capricorn DM		Anova			
	Mopani DM		Anova			
	Sekhukhune DM	THINK				
	Vhembe DM	THINK				
	Waterberg DM					
Mpumalanga	Ehlanzeni DM		Right to Care		Aquity	
	Gert Sibande DM		BroadReach			

Province	District	USAID/TB Bilateral	USAID HIV, TB/HIV (PEPFAR)	CDC HIV, TB/HIV (PEPFAR)	Global Fund	BMGF
Northern Cape	Frances Baard DM				Aurum	
	JT Gaetsewe DM					
	Namakwa DM					
	Pixley Ka Seme DM					
	ZF Mgcawu DM					
North West	Bojanala Platinum DM			Aurum		
	Dr K Kaunda DM			Aurum	IHPS	
	NM Molema DM			Aurum		
	RS Mompati DM					
Western Cape	City Of Cape Town MM		Anova		Aurum	Health Foundation
	Cape Winelands DM	THINK				Health Foundation
	Central Karoo DM					
	Garden Route DM					
	Overberg DM					

National support

Critical national enablers

Governance

- Ensure TB is prioritised
- Coordination of donors, partners and provinces

TB data systems

- Strengthen TB data systems: improve data quality
- Improve data use: NTP dashboard, TB data analytics
- Implement the Electronic Medical Record

Advocacy, communication and social mobilisation

- Implement national and provincial SBCC plans
- Innovative strategies, communication toolkit

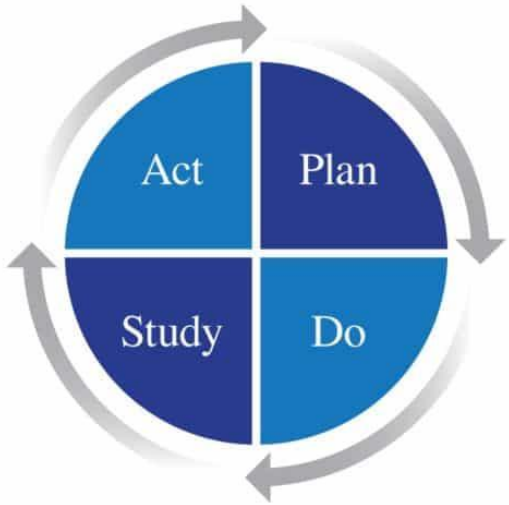
Capacity building

- Effective use of Knowledge Hub (eLibrary, Webinars, Learner Management System)
- Enhance use of guidelines and SOPs

Provincial support

TB Programme Deep Dive

1. **Identify: select change ideas**
   - Area of underperformance, with greatest potential impact, e.g. Retention in care (LTFU)
2. **Analyse: Critical programme review**
   - Rapid situational analysis (discussions with PDoH).
   - Root cause analysis of performance issues (data-driven and qualitative).
3. **Develop, test and implement**
   - Change idea plan, improvement team (learning network)
   - Resources, timeframe and responsibility
4. **Monitoring, evaluation & learning**
   - Analyse impact on care
   - Document lessons
   - Scale up



Embedding TSU Support in Provincial and District Planning and Review

Programme review | **Provincial Activities** | **TSU Support**

January Q4

- District review meetings
- Provincial managers meetings
- Review meeting support

April Q1

- Technical guidance on DHPs
- Review meeting support
- Addressing comments on draft APP & CG
- Ongoing monitoring
- Submitting final APP & CG
- Reviewing DHPs
- District review meetings
- Provincial managers meetings

July Q2

- Ongoing performance monitoring & learning
- Review meeting support
- District review meetings
- Provincial managers meetings
- APP quarterly reporting
- CG quarterly DoRA reporting
- CG monthly variance reports (financial)
- Review and consolidation of district reports to province

October Q3

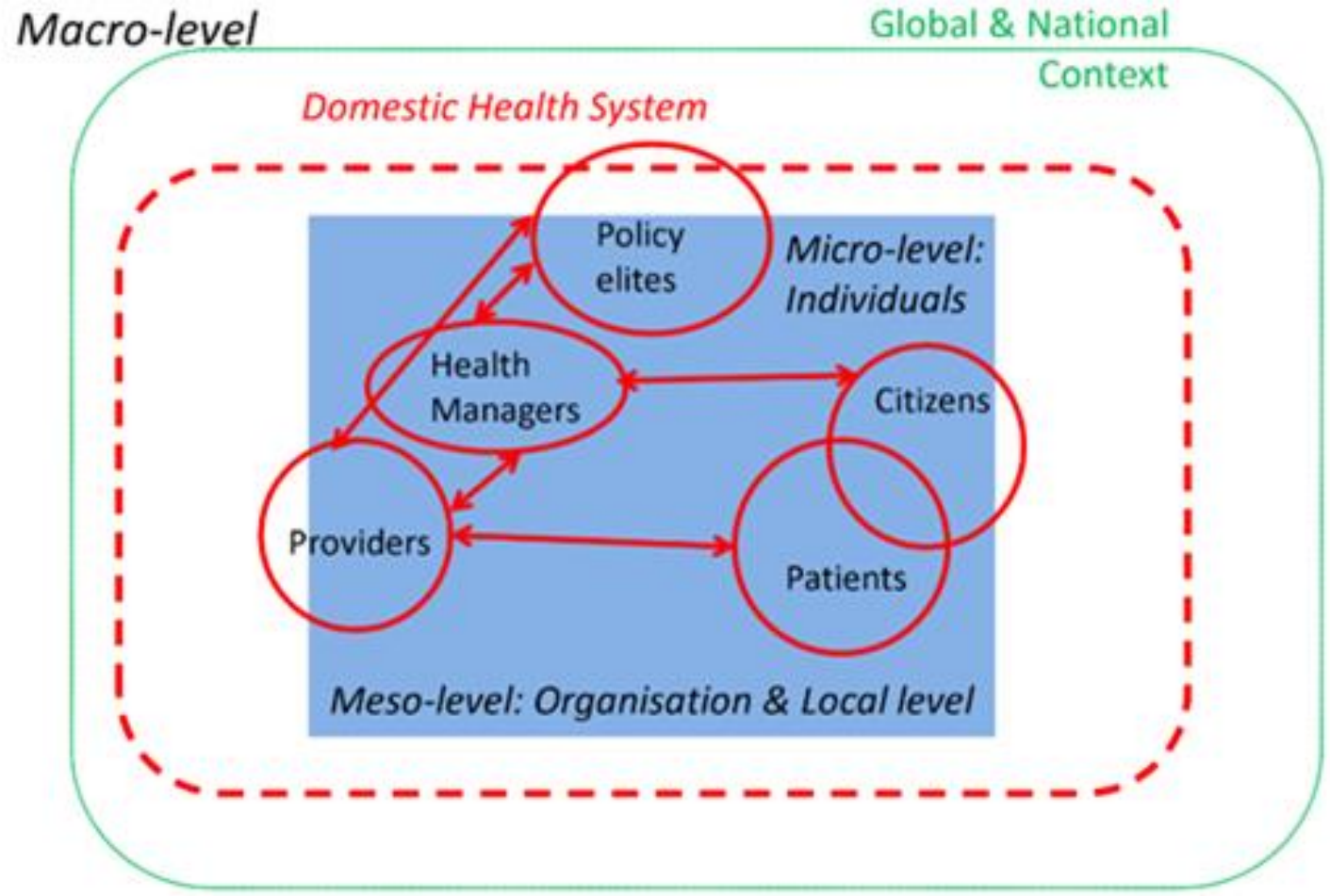
- Ongoing monitoring
- Submitting Draft APP & CG
- DHP guidance
- District review meetings
- Provincial managers meetings
- Planning for impact
- Target alignment & setting
- Drafting APP & CG
- Quarterly support visits remedial plan
- Review meeting support
- Ongoing performance monitoring & learning
- Deepdive change idea implementation

District/ sub-district support

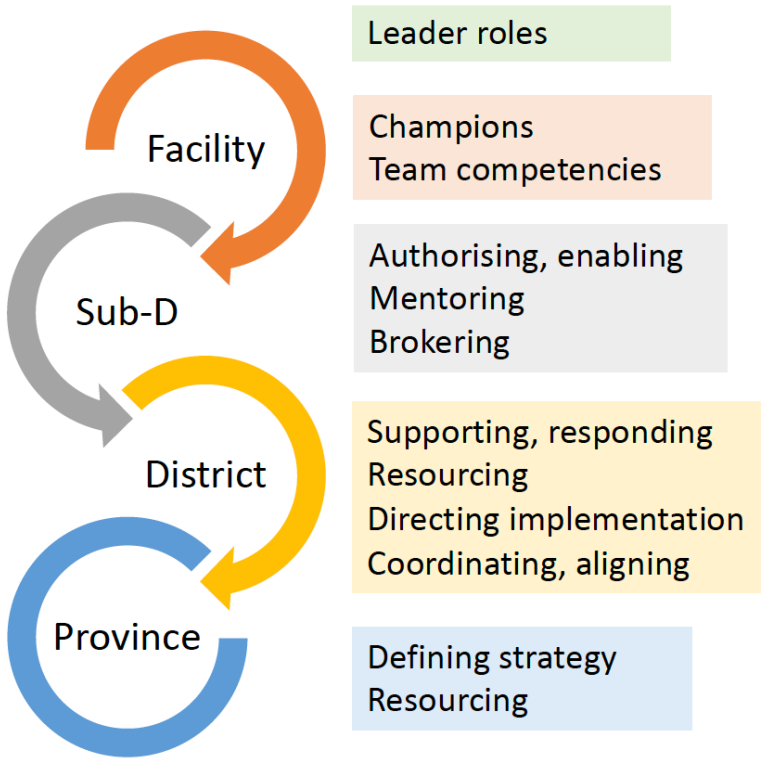
Roles and responsibilities of District Support Partners (TB Recovery Plan)

- Support districts to implement their TB Recovery Plan activities
- Provide technical support to improve the quality of TB services
- Provide technical support to improve data quality
- Conduct training and mentoring of health facility staff
- Participate in district level supervisory visits to unsupported facilities and nerve centre meetings
- Support health facilities in risk assessments, development, and implementation of facility TB infection control plans

Challenges to effective NTP implementation: Meso-level

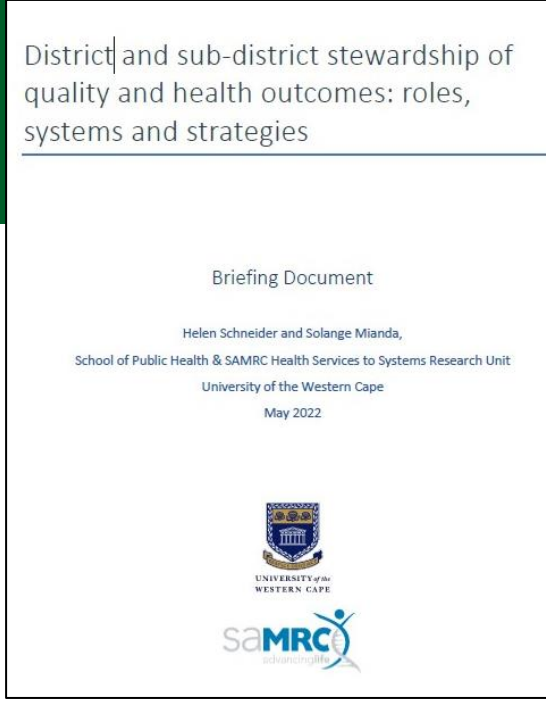


Health system: macro, meso and micro levels



Distributed leadership roles

Strengthening meso-level agency and distributed leadership



Sub-district and district health systems – referred to as the meso-level – are key to enhancing quality of care and improving health outcomes. Facility (micro) level improvement strategies are less likely to succeed or be sustained if they are not supported and enabled by the meso-level.

To achieve better quality and health outcomes, the meso-level needs to be able to:

- Drive implementation of provincial and national strategy, while simultaneously advocating for bottom-up service delivery needs;
- Authorise and support innovation by frontline providers, drawing on improvement methodologies;
- Coordinate health programmes and players across levels of the health system; and
- Ensure appropriate accountabilities.

These roles imply a high degree of agency and responsiveness on the part of the meso-level, proactively connecting elements of the system, problem-solving, learning, allocating resources and exploiting efficiencies.

TB Thuthuka (TB TSU)

- Equip District and Subdistrict TB Coordinators with essential tools, skills and improved processes for effective TB programme coordination:
  - Planning
    - DHP, engage local leadership
    - Targeted campaigns for priority groups
  - Strengthen referral and linkage
    - NHLS: R-alerts, SMS reports, sputum rejection rates
    - TIER.Net list: patient appointment, TB ID results outstanding, waiting for TB treatment, TB outstanding outcomes
  - Coordinate resourcing: drug stocks, lab commodities
  - Monitoring quality
    - Support visits
    - Training
    - Data quality and completeness
    - Implementation of facility TB infection control plans
  - Reporting (monthly, quarterly programme review)

TB THUTHUKA
PROGRAMME

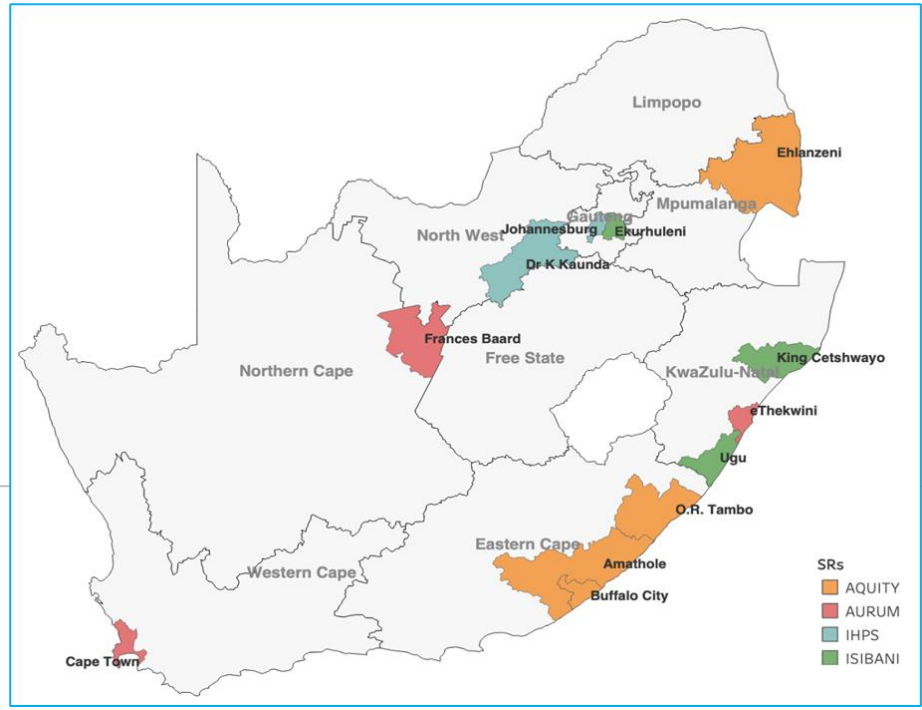
Donor alignment with TB Recovery Plan

Available funding for TB in 2024/25

Source	Budget 2024/25 (ZAR)
Equitable Share	1,898,808,692
Conditional Grant	1,101,080,786
Global Fund	868,524,181
PEPFAR + USAID	328,592,000
TOTAL	**4,197,005,658**

Background of the NDOH Global Fund Grant

- ☑ The NDoH is **one of 4 Principal Recipients** (PRs) of the Global Fund Grant from the 1st April 2022 to 31st March 2025 – 3 years funding cycle.
- ☑ The Global Fund grant activities are implemented by **Sub-Recipients (SRs)** and **Lead implementers (LIs)** (NDoH Programmes) across 14 modules.
- ☑ SRs are are implementing Quality Improvement (QI) methodology in finding the missing TB patients in 12 districts that account for more than 50% of missing TB patients.
  - ☑ **Aurum**
  - ☑ **Aquity Innovations**
  - ☑ **Isibani Development Partners**
  - ☑ **Institute for Health Programs and Systems**



health
Department:
Health
REPUBLIC OF SOUTH AFRICA

The Global Fund
To Fight AIDS, Tuberculosis and Malaria

NDoH Global Fund Support for the TB Recovery Plan

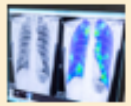
Funded & Implemented Activities through the Global Fund grant

Pillar 1: Communicate & Advocate

- Funded and supported the development and roll-out of the SBCC strategy.
- Patient, family and community education on TB.
- Printing and dissemination of IEC materials.
- Community mobilization through Radio slots.

Pillar II: Find & Link

- Funding to conduct 3,478,236 TB NAAT/GXP test - implementation of TUTT.
- Procured 15 DCXR containers and 23 mobile DCXR vans to scale up TB screening in facilities and communities.
- Supporting the scale up of U-LAM testing in facilities.
- Appointment and placement of staff (PNs, ENs, ENAs, Radiographers etc)



Pillar III: Treat & Retain

- Initiate 111,320/ 224,776 patients on TB treatment in 12 Global Fund Supported districts.
- Strengthen referral systems through appointed staff in facilities and communities.
- Procurement of DR-TB medications and supporting the rollout of B-PAL through training and printing of guidelines.
- Supporting decentralization of DR-TB treatment and management.
- Support Pharmacovigilance.
- Support treatment adherence.
- Tracing of ILTF patients and LTFU.

Pillar IV: Prevent & Prepare

- Support with procurement of Rifapentine and scaling up of 3HP in 12 Global Fund Supported districts.
- Support implementation of TPT for under 5.
- Tracing of TB contacts.
- Procurement and placement of sputum booth and CO2 monitors in selected facilities for infection and prevention control.
- Provision of PPEs (masks, gloves and gowns) where necessary.

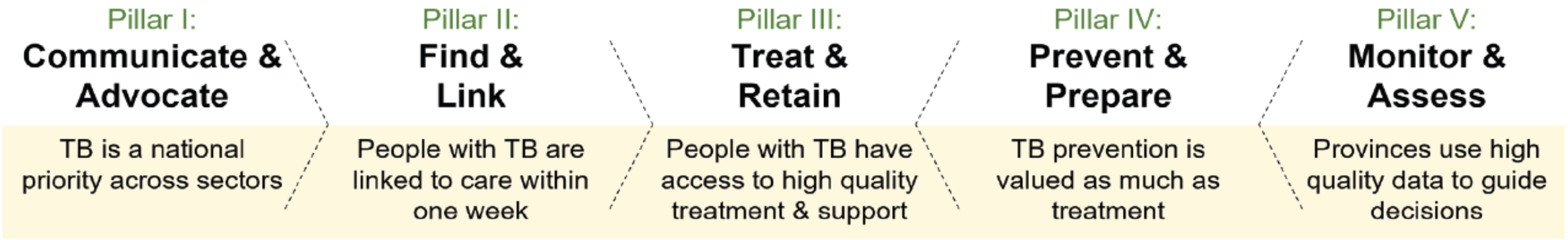
Pillar: Monitor & Assess

- Participates in provincial TB managers meetings and support visits.
- Support with data quality audits, deep dives and verifications.
- Appointment and placement of staff to support with data management including (Data Captures, M&E Officers, Data Quality Monitors and Quality improvement Officers etc).

End TB by 2035

Quality Improvement

PEPFAR SA Supports Implementation of the National TB Recovery Plan



- DSP participation in the SBCC workshop to support Provinces and Districts with the rollout of the strategy	- Support the implementation of TUTT in PLHIV	FY2023 Performance - TB case notifications (TB_STAT_D): 158,058 - Focus on improving TB_ART coverage in co-infected clients	FY2023 TPT Performance - Initiations: 443,721 - Completions: 306,843 - Focus on improving TPT completions	- Focus on improving data access and quality to enable efficient TB/HIV program monitoring

National TB Recovery Plan Pillars 1 – 5 aligned with the PEPFAR 5X3 strategy and enshrined in the PEPFAR TB/HIV Acceleration Plan (TAP) to advance TB case finding and linkage to care, and reduce TB-related mortality in PLHIV

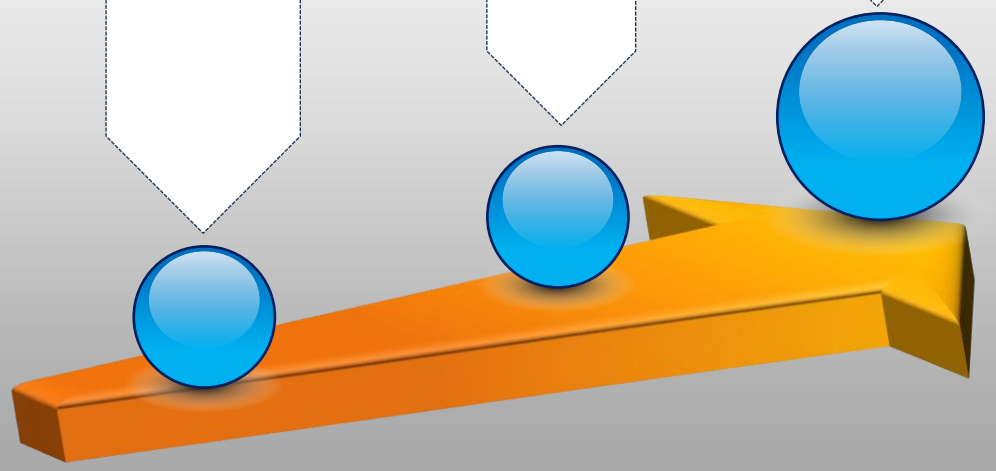
PEPFAR
U.S. President's Emergency Plan for AIDS Relief

USAID supports implementation of the National TB Recovery Plan

February 2021
USAID/W requested Missions/countries to develop the TB recovery plan (aligned to NTP recovery plan interventions. Additional resources ($5m) provided for recovery plan interventions)

March 2021
USAID Implementing Partners start supporting TB recovery plan interventions

April 2021 – current
Monitoring of TB case notifications in USAID supported districts



Pillar I: Communicate & Advocate	Pillar II: Find & Link	Pillar III: Treat & Retain	Pillar IV: Prevent & Prepare	Pillar V: Monitor & Assess
TB is a national priority across sectors	People with TB are linked to care within one week	People with TB have access to high quality treatment & support	TB prevention is valued as much as treatment	Provinces use high quality data to guide decisions

Pillar 1:

- USAID funds TB ACSM activities e.g. IEC materials, slots in community radio stations & community TB campaigns
- At global level, USAID advocates in various platforms such as STOP TB partnership and United Nations

Pillar 2:

- TUTT – USAID funded staff placed in facilities conduct training on TUTT & supervise sputum collection
- Hospitals – USAID implements a hospital TB case finding package and FAST
- USAID partners have linkage officers & nurses to action Rif-Alerts and bring clients for treatment initiation
- Roving community-based teams conduct daily telephonic tracing & home visits & bring clients to facilities for treatment initiation
- Contact investigation through USAID community-based teams
- Digital chest x-rays – USAID has 5 mobile DCXR vans & will procure an additional 3 vans this year
- TB diagnostic network assessment - to facilitate increase in TB testing

USAID supports implementation of the National TB Recovery Plan

Pillar I: Communicate & Advocate	Pillar II: Find & Link	Pillar III: Treat & Retain	Pillar IV: Prevent & Prepare	Pillar V: Monitor & Assess
TB is a national priority across sectors	People with TB are linked to care within one week	People with TB have access to high quality treatment & support	TB prevention is valued as much as treatment	Provinces use high quality data to guide decisions

Pillar 3:

- Adherence support package implemented. This includes TB booklet, Video DOT and pill boxes
- Enhanced adherence support – for clients most likely to interrupt treatment
- Comprehensive Active TB Tracker (CATT system) – enables clinicians and TB managers to actively track patients through the patient pathway until treatment completion
- Addressing mortality – through mortality audits and scale up of tailored interventions to address gaps in clinical care & client related factors
- Pharmacovigilance Monitoring system (PViMS) support

Pillar 4:

- Understanding latent TB infection among HCWs – Latent TB study completed in previous projects
- Training on guidelines with a focus on other high risk groups excl. PLHIV
- Infection prevention and control (IPC) – assessments and IPC plans

Pillar 5:

- USAID government to government (G2G) funding – to improve quality of TB data (but also cuts across all the pillars)
- USAID funds Data Capturers – the new TB project (ACCELERATE) has a target of reducing TB data backlogs
- Staff secondment at national and provincial level
- Supporting TB data verification workshops

Conclusion

- NTP in South Africa
  - Large burden of TB incidence and mortality
  - Persisting health systems challenges and patient level barriers
  - Underperformance in key indicators

- Opportunities through donors and partners
  - Significant commitment of funds from donors
  - 36 of 52 districts are supported
  - Donors and partners priorities aligned to TB Strategic Plan/ TB Recovery Plan

- What is needed for more impactful support
  - Effective support coordinated with provinces (accountability NB)
  - Innovative approaches
  - Address neglected areas, eg ACSM
  - Learning and sharing across donors and partners

Thank you