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

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

- 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

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

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

21 February 2024
Presentation Outline

• Background
• NSP Vision, mission and guiding principles
• NSP Goals
• NSP Objectives and national targets
• National TB Strategic Plan 2023 – 2028
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 3: Build resilient systems for HIV, TB and STIs that are integrated into systems for health, social protection, and pandemic response

GOAL 4: Fully resource and sustain an efficient NSP led by revitalised, inclusive and accountable institutions
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 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 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 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
# Strategic pillars and targets for 2028

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

<table>
<thead>
<tr>
<th>Group</th>
<th>Approximate size of group, n (% of general population)</th>
<th>TB disease prevalence (all forms) per 100,000 population*</th>
<th>Approximate number needed to screen to find one person with TB*</th>
</tr>
</thead>
<tbody>
<tr>
<td>General population[5,21]</td>
<td>60,600,000 (100)</td>
<td>737</td>
<td>136</td>
</tr>
<tr>
<td><strong>Demographic groups</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men[2,22]</td>
<td>29,390,000 (48.5)</td>
<td>1094</td>
<td>91</td>
</tr>
<tr>
<td></td>
<td>5,976,519 (9.9)</td>
<td>2900</td>
<td>34</td>
</tr>
<tr>
<td>Groups who are socially disadvantaged</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People living in informal settlements[17,27]</td>
<td>7,938,600 (13.1)</td>
<td>3150</td>
<td>32</td>
</tr>
<tr>
<td>People living in prisons and other closed settings[26–30]</td>
<td>143,223 (0.2)</td>
<td>3500</td>
<td>29</td>
</tr>
<tr>
<td><strong>Groups with occupational risk factors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health workers[21,32] workplace acquired tuberculosis (TB)</td>
<td>243,684 (0.4)</td>
<td>1400</td>
<td>71</td>
</tr>
<tr>
<td><strong>Groups with individual risk factors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People living with HIV[23,34] diagnosis and treatment among people living with HIV (PLHIV)</td>
<td>7,500,000 (12.4)</td>
<td>3000</td>
<td>33</td>
</tr>
<tr>
<td>People previously treated for TB[23,35,36]</td>
<td>5,090,400 (8.4)</td>
<td>3810</td>
<td>26</td>
</tr>
<tr>
<td>Pregnant people[37–41] HIV-positive pregnant women, adolescent girls and young women (AGYW)</td>
<td>2,017,037 (1.7)</td>
<td>1030</td>
<td>97</td>
</tr>
<tr>
<td>Household contacts of people with TB[42,43]</td>
<td>1,252,000 (2.1)</td>
<td>3100</td>
<td>32</td>
</tr>
</tbody>
</table>

*All estimates should be treated as preliminary approximations.
Objectives, sub objectives and activities

<table>
<thead>
<tr>
<th>Communicate &amp; Advocate</th>
<th>Find &amp; Link</th>
<th>Treat &amp; Retain</th>
<th>Prevent &amp; Prepare</th>
<th>Monitor &amp; Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB is a national priority across sectors</td>
<td>People diagnosed with TB are linked to care within one week</td>
<td>People with TB have access to high-quality treatment &amp; support</td>
<td>TB prevention is valued as much as treatment</td>
<td>Provinces use high quality data</td>
</tr>
<tr>
<td>1.1 Improve internal and external TB communication</td>
<td>2.1 Increase the number of people identified with TB</td>
<td>3.1 Provide person-centred differentiated care to people with TB</td>
<td>4.1 Improve safety in health facilities</td>
<td>5.1 Streamline and integrate TB data systems</td>
</tr>
<tr>
<td>Create and promote appropriate TB messaging to all stakeholders</td>
<td>Establish community-based models for TB screening and testing (e.g. ward-based outreach teams)</td>
<td>Implement risk assessment for all people diagnosed with TB</td>
<td>Apply standards set by Council for Scientific &amp; Industrial Research when upgrading or building new health facilities</td>
<td>Provide annual progress reports on End TB targets at District and sub-District levels</td>
</tr>
<tr>
<td>Leverage Provincial TB Caucuses to promote TB advocacy, address stigma, and enhance accountability</td>
<td>Scale-up use of screening and testing modalities that do not rely on symptoms or spuhtm (e.g. dCXR, uLAM, novel diagnostics) for children &amp; adults</td>
<td>Provide person-centred care to people on all forms of TB treatment</td>
<td>Introduce decontamination measures in high-risk spaces (e.g. UVGI)</td>
<td>Engage with digital health team to address TB programme requirements</td>
</tr>
<tr>
<td>Advocate for private industry to help strengthen networked communication between health facilities</td>
<td>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</td>
<td>Offer differentiated care guided by risk assessment</td>
<td>Establish routine TB screening &amp; testing for health workers, including community health workers and general facility staff, along with reporting mechanisms</td>
<td>Consolidate existing TB data systems and flows</td>
</tr>
<tr>
<td>Advocate to private sector to strengthen referrals to the public system</td>
<td>Conduct evaluation of uLAM implementation in facilities</td>
<td>Prevent specialist care to people with complex or advanced disease (e.g. people with EPTB, PWTB admitted to hospital, PWTB requiring palliative care)</td>
<td>Establish electronic register for occupational TB reporting</td>
<td>5.2 Increase the use of data for monitoring and decision-making</td>
</tr>
<tr>
<td>Liaise with SANAC, SAMA, traditional health practitioner organisations, interfaith councils, labour unions, &amp; nursing associations to generate and respond to demand for TB services across health sectors</td>
<td>Liaise with Primary Healthcare Directorate and HIV programme to support test and treat initiatives</td>
<td>Strengthen the Department of Health risk assessment for TB</td>
<td>Mandate face coverings for all people ≥5 years of age entering health facilities</td>
<td>Undertake data quality assessments at facility- and District-level (e.g. audits)</td>
</tr>
<tr>
<td>Communicate &amp; Advocate</td>
<td>Find &amp; Link</td>
<td>Treat &amp; Retain</td>
<td>Prevent &amp; Prepare</td>
<td>Monitor &amp; Assess</td>
</tr>
<tr>
<td>------------------------</td>
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</tr>
<tr>
<td>Support the National TB Caucus to advocate for better TB resources and implementation</td>
<td>2.2 Establish reliable linkage pathways</td>
<td>Partner with key sectors to expand adherence support for key populations &amp; mobile communities (e.g. alternative health sectors, farming and mining, correctional facilities)</td>
<td>Mandate availability of respirators for all health workers, including community health workers, and general facility staff</td>
<td>Scale-up data quality improvement activities, guided by data quality assessments</td>
</tr>
<tr>
<td>Liaise with Departments of Basic &amp; Higher Education to strengthen TB messaging in schools and tertiary institutions</td>
<td>Check HPRN and collect/confirm mobile number at every TB encounter</td>
<td>Set national standards and measure quality of care delivered to people with TB</td>
<td>Increase the use of existing prevention approaches in all eligible populations</td>
<td>Collate facility-level data for routine review by TB health and programming staff (e.g. using data dashboards)</td>
</tr>
<tr>
<td>Develop a strategy to combat misinformation to reduce vaccine and treatment hesitancy</td>
<td>Monitor real-time data to reduce initial loss-to-follow-up</td>
<td>Liaise with Compensation Commission for Occupational Diseases to provide guidance on benefits and compensation for mine workers and ex-miners with TB</td>
<td>Scale-up preventive treatment (e.g. INH, RIF, INH, T3HC)</td>
<td>Scale-up data quality improvement activities, guided by data quality assessments</td>
</tr>
<tr>
<td></td>
<td>Increase the percentage of test results delivered digitally to clients and clinicians in near-real-time (e.g. via text message)</td>
<td>Increase coverage of BCG vaccination at birth, including catch-up BCG if missed at birth</td>
<td></td>
<td>Establish national standards for TB data quality (e.g. data quality index)</td>
</tr>
<tr>
<td></td>
<td>Strengthen referral systems between hospitals, primary care facilities, and communities</td>
<td>3.2 Establish national standards for TB data quality (e.g. data quality index)</td>
<td>Increase coverage of BCG vaccination at birth, including catch-up BCG if missed at birth</td>
<td>Provide quality improvement support visits to priority sites</td>
</tr>
<tr>
<td></td>
<td>Improve referral from community screen and test initiatives to primary care facilities (e.g. through helplines)</td>
<td>Introduce short-course regimen once nationally approved</td>
<td>Engage with EPI, Gavi, and other programmes to monitor vaccine developments</td>
<td>Establish national public-facing dashboard</td>
</tr>
<tr>
<td></td>
<td>Improve access to TB testing and treatment data at district, sub-district, and facility levels</td>
<td>Monitor people after they complete treatment for drug-susceptible and drug-resistant TB disease</td>
<td>Prepare a vaccine implementation plan</td>
<td>Review targets and progress at routine provincial cluster meetings</td>
</tr>
<tr>
<td></td>
<td>Provide comprehensive training to CHWs and health workers on updated procedures and guidelines</td>
<td></td>
<td></td>
<td>Review and update monitoring and evaluation framework annually</td>
</tr>
</tbody>
</table>

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 NEMRC, SAPHRA, and research entities to streamline adoption of new tools and technologies
Conduct situational analysis on TB linkage and care needs of mid-sized mixes
Liaise with Medical Bureau for Occupational Diseases to inform TB prevention and control policies in the mining sector

[Image of South Africa's National Development Plan 2020-2030]

Health Department: Republic of South Africa

[Logo of South Africa's Health Department]

22
<table>
<thead>
<tr>
<th>SCREENING &amp; TESTING</th>
<th>TREATMENT &amp; CARE</th>
<th>PREVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptom screening</td>
<td>Oral, multidrug therapy for TB disease, based on age, drug sensitivity, disease type, and comorbidities</td>
<td>BCG vaccination</td>
</tr>
<tr>
<td>Household contact tracing</td>
<td>Counselling and support</td>
<td>TB preventive therapy</td>
</tr>
<tr>
<td>Rapid molecular diagnostics as first-line</td>
<td></td>
<td>Household contact tracing</td>
</tr>
<tr>
<td>Sputum culture &amp; DST</td>
<td></td>
<td>Respirators for health workers</td>
</tr>
<tr>
<td>Supporting workplace programmes</td>
<td></td>
<td>Improving ventilation in health facilities</td>
</tr>
</tbody>
</table>

**Already established and will continue**

**To be introduced or scaled up**

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

<table>
<thead>
<tr>
<th></th>
<th>FIND</th>
<th>TREAT</th>
<th>RETAIN</th>
</tr>
</thead>
</table>
| **1** | 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 | 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 | 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 | |

---
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

- Create demand for TB testing through advocacy & communication
- Accelerate implementation of TUTT
- Establish reliable linkage pathways

### Pillar II: Find & Link

- TB is a national priority across sectors
- People with TB are linked to care within one week

### Pillar III: Treat & Retain

- People with TB have access to high quality treatment & support
- Improve retention in care

### Pillar IV: Prevent & Prepare

- TB prevention is valued as much as treatment
- Strengthen TB prevention

### Pillar V: Monitor & Assess

- Provinces use high quality data to guide decisions
- Improve governance and accountability

---

<table>
<thead>
<tr>
<th>Action</th>
<th>Costed SBBC plan</th>
<th>3 million GXP tests</th>
<th>TB result SMS notification system</th>
<th>Shorter regimens (Paeds and DR-TB)</th>
<th>Scale up treatment of latent TB infection</th>
<th>Streamline and integrate TB data systems</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td>Communication toolkit</td>
<td>Scale up DCXR</td>
<td>Strengthen adherence counselling</td>
<td>UVGI guidelines</td>
<td>100 Facilities Nerve Centre Approach Project</td>
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<tr>
<td></td>
<td>Scale up ULAM</td>
<td>Partner coordination</td>
<td></td>
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</tr>
</tbody>
</table>

---

**Strengthen TB Programme in the Mines**

- 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

**Scale up ULAM**

- Partner coordination

---

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

---

**Strengthen TB in mines**

- Compensation ex-miners
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

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

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

- **TB Patients Notified - National**
  - Target: 85%
  - 162 203 Patients Started treatment (96%)

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

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

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

- 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

### 1. Number of Xpert tests undertaken
- Source: NICD
- Target: Quarterly
- Jan-Mar '23: 771,292
- Apr-Jun '23: 650,468
- Jul-Sep '23: 712,237
- Oct-Dec '23: 771,001
- Annual: 710,270

### 2. Number of people screened with CXR
- Source: DCXR Info. Systems
- Target: Quarterly
- Jan-Mar '23: 75,000
- Apr-Jun '23: 12,958
- Jul-Sep '23: 27,306
- Oct-Dec '23: 31,702
- Annual: 25,495

### 3. Number of ULAM tests undertaken
- Source: ULAM Tools
- Target: Quarterly
- Jan-Mar '23: 33,915
- Apr-Jun '23: 23,924
- Jul-Sep '23: 32,807
- Oct-Dec '23: 36,002
- Annual: 37,389
Objective 3 – Establish reliable linkage pathways

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>Source</th>
<th>Quarterly Target</th>
<th>Jan-Mar ’23</th>
<th>Apr-Jun ’23</th>
<th>Jul-Sep ’23</th>
<th>Oct-Dec ’23</th>
<th>Cumulative</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(N) (%)</td>
<td>(N) (%)</td>
<td>(N) (%)</td>
<td>(N) (%)</td>
<td>(N) (%)</td>
<td></td>
</tr>
<tr>
<td>Number of TB patients (notified) started on treatment</td>
<td>DHIS (DS) EDRWeb (DR)</td>
<td>56,194</td>
<td>54,730</td>
<td>97%</td>
<td>50,744</td>
<td>90%</td>
<td>56,729</td>
</tr>
<tr>
<td>Xpert SMS notification coverage</td>
<td>NICD</td>
<td>60%</td>
<td>226,539/642,700</td>
<td>35%</td>
<td>290,131/715,315</td>
<td>41%</td>
<td>318,517/772,131</td>
</tr>
<tr>
<td>Proportion of laboratory diagnosed TB patients started on treatment (PTB)*</td>
<td>TIER.Net, EDRWeb, NICD</td>
<td>85%</td>
<td>36,684/48,463</td>
<td>76%</td>
<td>31,991/43,957</td>
<td>73%</td>
<td>33,817/50,669</td>
</tr>
</tbody>
</table>

- 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

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

- New DR-TB guidelines approved
  - BPaL/L rollout – **838** patients initiated between September and December 2023
## Objective 5 – Strengthen TB prevention

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>Source</th>
<th>Quarterly Target</th>
<th>Jan-Mar ’23 (N)</th>
<th>Apr-Jun ’23 (N)</th>
<th>Jul-Sep ’23 (N)</th>
<th>Oct-Dec ’23 (N)</th>
<th>Annual (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of household contacts started on TPT</td>
<td>DHIS</td>
<td>44,955</td>
<td>3,269</td>
<td>10,042</td>
<td>14,012</td>
<td>14,213</td>
<td>23%</td>
</tr>
</tbody>
</table>

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

• Capacity building
  o 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
  o 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

| Learning sessions | • Northen Cape  
|  | • North-West  
|  | • Mpumalanga  
|  | • Limpopo  
|  | • Free State  

| QI projects within Districts | • Case finding  
|  | • Linkage to care  
|  | • Retention in care  
|  | • TB Prevention  

| Participants | • Provincial Managers  
|  | • District Managers  

- Conducted QI post learning session support visits

| 5 provinces | 19 Districts | 230 Managers |

5 provinces
19 Districts
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)
## STRENGTHEN TB PROGRAMME IN THE MINES

### Pillar I: Communicate & Advocate
- TB is a national priority across sectors
  - Create demand for TB testing and treatment services through advocacy and communication
  - Implement costed SBCC plan

### Pillar II: Find & Link
- People with TB are linked to care within one week
  - Increase the number of people identified with TB
  - Increase TB SMS notification coverage

### Pillar III: Treat & Retain
- People with TB have access to high quality treatment & support
  - Establish reliable linkage pathways
  - Introduce shorter paediatric DS-TB regimen

### Pillar IV: Prevent & Prepare
- TB prevention is valued as much as treatment
  - Improve retention in care
  - Strengthen adherence counselling (including risk assessments for PWTB)

### Pillar V: Monitor & Assess
- Provinces use high quality data to guide decisions
  - Strengthen TB prevention
  - Scale up treatment of latent TB infection

### Action Points

- **Pillar I:**
  - Conduct 3 million TB NAATs
  - Implement advocacy and communication toolkit

- **Pillar II:**
  - Increase TB NAATs notification coverage
  - Accelerate implementation of TUTT

- **Pillar III:**
  - Introduce shorter paediatric DS-TB regimen
  - Strengthen hospital – PHC TB patient referrals

- **Pillar IV:**
  - Scale up treatment of latent TB infection
  - Strengthen adherence counselling (including risk assessments for PWTB)

- **Pillar V:**
  - Streamline and integrate TB data systems
  - TB Vaccine – evidence review (NAGI)

### Support

- **Support National and Provincial TB Caucuses**
  - Scale up DCXR
  - Notify 221,941 TB patients

- **Support Communication and Coordination with Private Sector**
  - Conduct ULAM implementation assessment
  - Increase proportion of children and adolescents notified

### Additional Actions

- **Convene programme review meetings with implementation partners**
- **Conduct situational analysis of TB in small to medium sized mines**
- **Support compensation of ex-miners through MBOD**
- **Support implementation of differentiated models of care**
- **Develop national standards and metrics for TB care and data quality**
- **Conduct advanced clinical care and mortality audits**
- **Conduct full program review meetings with implementation partners**
- **Develop national standards and metrics for TB care and data quality**
- **Convene programme review meetings with implementation partners**
The Role of Donors and Partners in Supporting the TB Recovery Plan

Dr Waasila Jassat
21 February 2024
<table>
<thead>
<tr>
<th>Outline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addressing NTP challenges</td>
</tr>
<tr>
<td>Support to NDoH and districts</td>
</tr>
<tr>
<td>National: critical enablers</td>
</tr>
<tr>
<td>Province: planning, coordination and review</td>
</tr>
<tr>
<td>District: enabling implementation</td>
</tr>
<tr>
<td>Donor &amp; partner alignment to TB Recovery Plan</td>
</tr>
<tr>
<td>Conclusion</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Final goal</th>
<th>Improve testing</th>
<th>Improve linkage to care</th>
<th>Improve TB outcomes</th>
<th>Improve TB prevention</th>
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</thead>
<tbody>
<tr>
<td><strong>Intermediate outcomes</strong></td>
<td></td>
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<tr>
<td>National (Critical enablers)</td>
<td>Governance</td>
<td>TB data systems</td>
<td>Advocacy, communication and social mobilisation</td>
<td>Capacity building</td>
</tr>
<tr>
<td>Province</td>
<td>Planning, M&amp;E, reporting and coordination</td>
<td>TB programme deep-dives</td>
<td></td>
<td></td>
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<tr>
<td>District/Subdistrict</td>
<td>Strengthen district/ subdistrict TB coordinators</td>
<td>Quality of TB services</td>
<td>Data quality</td>
<td>Training and mentoring of health facility staff</td>
</tr>
</tbody>
</table>
Support for NDoH and districts
Support to NDoH TB Control and Management Cluster

Chief Director
Norbert Ndjeka

Programme Director
Director: DS-TB
Lindiwe Mvusi

Director: RIMES
Sicelo Dlamini

Director: ACSM
Phumlani Ximiya

Deputy Director: DR-TB
Yulene Kock

DD/ AD

DD/ AD

DD/ AD

DD/ AD

QI Advisor

TB/HIV Advisor

Lab Advisor

Paediatric TB Specialist

DR-TB Advisor

Epidemiologist

TB Think Tank

Programme Coordinator

Provincial Manager

SBCC lead

Data Visualisation lead

Change Management Manager

NDoH staff

USG funded posts

TSU posts
District level prioritisation for maximum impact

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

• 10 districts/metros account for 50% of burden
• 28 districts/metros account for 80% of burden
• We need to prioritise high burden geographies
<table>
<thead>
<tr>
<th>Province</th>
<th>District</th>
<th>USAID/TB Bilateral</th>
<th>USAID HIV, TB/HIV (PEPFAR)</th>
<th>CDC HIV, TB/HIV (PEPFAR)</th>
<th>Global Fund</th>
<th>BMGF</th>
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<tbody>
<tr>
<td>Eastern Cape</td>
<td>Alfred Nzo DM</td>
<td></td>
<td>Match</td>
<td>THC</td>
<td>Aquity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amathole DM</td>
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<td>THC</td>
<td>Aquity</td>
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</tr>
<tr>
<td></td>
<td>Buffalo City MM</td>
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<tr>
<td></td>
<td>Chris Hani DM</td>
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<td>THC</td>
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<td>Aurum</td>
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<td>Aquity</td>
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<tr>
<td></td>
<td>Sarah Baartman DM</td>
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<tr>
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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
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**

- Addressing comments on draft APP & CG
- Reviewing DHPs
- Technical guidance on DHPs
- Submitting Draft APP & CG
- Planning for impact
- Target alignment & setting
- Drafting APP & CG
- Ongoing monitoring
- Ongoing monitoring
- Review meeting support
- Review meeting support

**Provincial managers meetings**

**District review meetings**

**District review meetings**

**TSU Support**

- Quarterly support visits remedial plan
- Deepdive change idea implementation

- Drafting APP & CG
- Technical guidance on DHPs
- Review meeting support

- Ongoing performance monitoring & learning
- Provincial managers meetings
- District review meetings
- Provincial managers meetings
- District review meetings
- Provincial managers meetings
- Review meeting support
- Review meeting support

**April Q1**

- Submitting Draft APP & CG
- DHP guidance
- District review meetings
- Provincial managers meetings

**July Q2**

- Ongoing performance monitoring & learning
- District review meetings
- Provincial managers meetings
- Provincial managers meetings
- District review meetings
- Review meeting support
- Review meeting support

**October Q3**

- Ongoing performance monitoring & learning
- District review meetings
- Provincial managers meetings
- Provincial managers meetings
- District review meetings
- Review meeting support
- Review meeting support

**January Q4**

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

**Deepdive change idea implementation**

**Review meeting support**

**Ongoing performance monitoring & learning**

**Ongoing performance monitoring & learning**

**• APP quarterly reporting**
**• CG quarterly DoRA reporting**
**• CG monthly variance reports (financial)**
**• Review and consolidation of district reports to province**
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
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.
• 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)
Donor alignment with TB Recovery Plan
## Available funding for TB in 2024/25

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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 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
PEPFAR SA Supports Implementation of the National TB Recovery Plan

- **Pillar I:** Communicate & Advocate
  - TB is a national priority across sectors

- **Pillar II:** Find & Link
  - People with TB are linked to care within one week

- **Pillar III:** Treat & Retain
  - People with TB have access to high quality treatment & support

- **Pillar IV:** Prevent & Prepare
  - TB prevention is valued as much as treatment

- **Pillar V:** Monitor & Assess
  - Provinces use high quality data to guide decisions

- 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.
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 1:
Communicate & Advocate
- 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:
Find & Link
- 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

Pillar 3:
Retain
- 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

Pillar 4:
Prepare
- Provinces use high quality data to guide decisions

Pillar 5:
Monitor & Assess
- TB is a national priority across sectors
USAID supports implementation of the National TB Recovery Plan

### 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