



Statement of Partnership

This Statement of Partnership (“SP”) reflects the intended cooperation between the National Department of Health (“NDOH”) of the Government of South Africa and the United States Agency for International Development in South Africa (“USAID”); collectively these entities are referred to as the “Participants.” This SP is issued in accordance with the terms of the Partnership Framework (“PF”) in support of South Africa’s National HIV/AIDS, and tuberculosis (“TB”) Response signed by the Government of South Africa and the Government of the United States of America (“USG”) in 2012, as amended. This SP will provide an implementation framework within which USAID can provide technical support to the NDOH National TB Program (“NTP”) for improved tuberculosis prevention and care in South Africa.

Please indicate your agreement with the terms and conditions of this SP by signing below and returning all originals to USAID. Once all Participants have signed, USAID can distribute one original copy to each Participant.

I. Background

Overview of TB situation in South Africa

South Africa has high rates of TB, TB/HIV and multidrug-resistant TB (“MDR-TB”). South Africa has the sixth highest TB incidence in the world. The World Health Organization (“WHO”) statistics list an estimated incidence of 322,000 cases of active TB in 2017. Although TB and the number of new HIV infections have declined, this reduction has fallen short of the WHO 50% reduction target. TB is currently the leading cause of death in South Africa, with 63% of TB incidences occurring in people living with HIV (“PLWH”), the largest number of HIV-associated TB cases globally. According to the WHO 2018 report, HIV-positive TB mortality accounted for 71.8% of deaths among patients with TB. It is estimated that of the 123,148 whose status is known, and who are known to be HIV positive, 89% (109,799) are on ARV therapy. It is also estimated that about 80% of the population of South Africa is infected with TB bacteria, the vast majority of whom have latent TB rather than active TB disease. Additionally, an estimated 30% of TB cases (over 160,000 people each year) are missed by TB diagnostic and treatment programs. WHO 2018 report estimated 7,700 MDR/RR-TB cases among notified pulmonary TB cases and estimated 3.4% (new cases) and 7.1% (previously treated cases) of TB cases with MDR/RR-TB.

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Despite South Africa's accomplishments in fighting TB, notable gaps in TB care remain. The national response needs to be accelerated if the country is to achieve the global health community goal of ending TB as a public health threat by 2030. Financial and human resources required to prevent transmission, diagnose, initiate on treatment and provide support services to hundreds of thousands of people are inadequate. These challenges require commitment and action both globally and in South Africa.

Government of South Africa contribution to End TB

South Africa has been a global leader on TB, as evidenced by many notable achievements in recent years, for example, increases in TB treatment success rates, nationwide roll out of diagnostic technology and scale-up of new treatment regimens for drug-resistant TB have been accelerated. South Africa has joined global TB research and development initiatives, including the BRICS network. Civil society acknowledges and appreciates the role that the Minister of Health Dr. Aaron Motsoaledi has played as the Chair of the Stop TB Partnership, in calling for the First United Nations High Level Meeting on TB, the creation of the Global TB Caucus that the Minister co-chairs, and initiating the internationally adopted 90-90-90 targets for TB.

Additionally, South Africa has made enormous investments, managing the largest ART and TB Preventive Treatment ("TPT") programs globally, leading the rollout of Xpert MTB/RIF, adopting novel and repurposed drugs into clinically proven treatment regimens while developing ambitious and comprehensive policy guidelines for the management of TB. South Africa is the largest user of both Xpert MTB/RIF and Bedaquiline. The rapid diagnosis and increased treatment success rate has contributed to the decline in numbers of new TB cases nationwide. Additionally, to further maximize the impact of efforts, the National Strategic Plan ("NSP") 2017-2022 introduced more intensified, strategic focus at provincial, district and ward levels. There is a greater focus on primary prevention and on strategies to address the social and structural drivers for TB and HIV infections in a thoroughly multi-sectoral manner.

The NSP highlights South Africa's recent success in scaling up prevention and treatment programmes which will be complemented by an equivalent focus on improving service quality and on reducing loss to follow-up among people who initiate care, while simultaneously implementing the "Test and Treat" policy. Moreover, during the UN High-Level Meeting ("UNHLM") in September 2018, the Government of South Africa issued a "Call to Action" which emphasizes the Government of South Africa's

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commitment to End TB in South Africa. The UNHLM TB country target for 2018-2022 is 1,023,800. The NDOH committed to offer TB preventive treatment TPT as a routine part of HIV care. According to the Country Operation Plan (“COP”) for 2019, 834,022 patients should complete a course of TPT.

USAID contribution to TB care and prevention

Fighting TB is a top priority for the USG and the Government of South Africa. USAID has been a leader in the global fight against TB for over two decades and supports anti-TB efforts in more than 50 countries helping to provide TB treatment to more than 13 million people, including over 300,000 suffering from MDR-TB. Since 2000, the USAID TB program has contributed to a nearly 50 percent reduction in TB-related deaths and, with our partners, we have saved more than 54 million lives.

USG support is most successful when it is coupled and aligned with strong commitment from host governments and partners. To accelerate action, USAID has announced a new innovative model, “The Global Accelerator to End Tuberculosis”. This new business model leverages additional resources from countries, private sector partners, and other local organizations to meet the UN target of treating 40 million people by 2022. It focuses on the countries with high burdens of TB in which USAID already has existing partnerships, and aligns with local communities and partners to deliver performance-based results towards the global target. This is a change in approach to ensure USAID is fighting to end TB effectively and efficiently.

USAID supports the South African NTP in building the diagnostic and treatment capacity needed to help curb the public health threat created by the HIV and AIDS-related tuberculosis epidemic and a growing incidence of drug-resistant tuberculosis. USAID also provides technical support to NTP to increase public awareness of the TB epidemic; ensure effective implementation of infection control (“IC”); implement case finding approaches to find the missing TB cases, including amongst key populations; strengthen management and service delivery capacity at all levels; improve data reporting and recording systems at all levels; improve TB case management in key populations and strengthen comprehensive systems and partnerships for care.



II. Purpose

The purpose of this SP is to establish an alignment between the Participants to jointly reaffirm our respective commitments to combating TB in South Africa, and to align expectations related to a joint approach to achieve the objectives and targets to which South Africa is committed. This SP describes the respective roles and responsibilities that each Participant intends to assume toward the achievement of this purpose, subject to the availability of funds and each Participant's applicable laws and regulations. In particular, the Participants agree that the targets and objectives towards combating TB in South Africa will be achieved only by accelerating implementation of the national strategy and by speeding up the current pace of implementation. Therefore, the Participants intend to work towards scaling up the implementation of highly effective, strategic interventions, including in the areas of service delivery, policy development and implementation, leadership, supervision, supply chain logistics, operational research, improved data for decision making and robust monitoring and evaluation systems that contribute to detecting and diagnosing TB, reducing the TB burden, and ending the spread of MDR-TB.

This SP further describes the approaches that USAID intends to support (subject to availability of funds) via technical and operational assistance to the NDOH's National TB Program, including the secondment of three or more highly skilled TB technical experts to the NTP. Finally, this SP describes the process by which the interventions implemented under this SP may be established. This SP defines the process, objectives, and approaches for MOH and USAID's joint commitment to combating TB in South Africa.

III. Objectives and key technical areas

Objectives

The NDOH and USAID are committed to working together in a joint approach to achieve the following objectives:

1. Accelerate prevention to reduce TB infection;
2. Reduce morbidity and mortality by providing TB treatment, care and adherence support for all;



3. Reach all key and vulnerable populations with customized and targeted interventions;
4. Promote leadership and shared responsibility for sustainable response to TB; and
5. Mobilize domestic resources, engage stakeholders, including private sector, and maximize efficiencies to ensure sustainable outcomes.

This SP further supports the NDOH's efforts to accelerate prevention and reduce new TB and HIV infections and sexually transmitted infections ("STIs"). It furthers the NSP eight goals, which include breaking the cycle of transmission; reaching the 90-90-90 targets in every district; targeting interventions reaching all key and vulnerable populations; utilizing a multidepartment and multisectoral approach; implementing equal treatment and social justice; promoting leadership and shared accountability; mobilizing resources and maximizing efficiencies for a sustainable response; and taking data-driven action. However, there are major gaps in the prevention and treatment goals, as well as glaring health system constraints to achieving these goals.

Key Technical Areas

To achieve these objectives, a substantial number of interventions are needed in multiple technical areas. It is understood that specific approaches outlined below may be altered based on new evidence to assist in reaching the national priorities. With this understanding and flexibility in mind, the Participants nevertheless intend to make a good faith effort to jointly address the below key technical areas that are critical to ending TB in South Africa.

- 1) Enhance the leadership and technical capacity of the TB program at national, provincial and district levels to effectively coordinate, guide and manage implementation of TB prevention and care activities.
- 2) Achieve 90-90-90 targets for TB by 2022. Increase TB case detection to 90%. Increase treatment coverage for TB. Improve cure rates for drug-susceptible and drug-resistant TB.
- 3) Scale-up high-impact prevention interventions.
- 4) Improve data collection, analysis, reporting and use of detailed (e.g. subnational level) data for decision making.
- 5) Implement innovative, proven and effective strategies and tools for improving TB case finding and treatment outcomes to meet national strategic plan targets.



- 6) Improve the programmatic management of Drug Resistant TB (“DR-TB”).
- 7) Ensure uninterrupted availability of commodities that have acceptable international quality assurance.
- 8) Improve availability of and access to quality and effective TB laboratory diagnostic services.
- 9) Strengthen private sector engagement and community systems for TB control.
- 10) Enhance results monitoring, evaluation and operations research.
- 11) Provide holistic, integrated, people-centered care and support.
- 12) Ensure multi-sectoral engagement.
- 13) Build robust household and community capacity, engagement and inclusion for sustainable response.
- 14) Engage communities in the development and implementation of social and health support activities to sustainable outcomes.
- 15) Scale up SBC initiatives to reduce stigma.
- 16) Accelerate research and innovation to fast track development of new tools and approaches for DS and DR-TB.

IV. Roles and Responsibilities

Jointly, the Participants intend to:

- Monitor progress, share information, review learnings, and evaluate and report on progress;
- Meet on a quarterly basis, or as needed based on mutual agreement, to define the specific activities to be undertaken and provide the required guidance to the implementing partners;
- Jointly plan and organize any launch or dissemination events related to activities mentioned in Section III; and
- Participate in a regular (e.g., semi-annual and annual) performance review process.

The below section describes the individual roles and responsibilities of the Participants under this SP.

National Department of Health/NTP

In support of the aforementioned joint commitment to achieving the objectives outlined above, NDoH intends to:

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- Include the commitments and targets agreed to at the High Level Meeting on TB at the United Nations General Assembly in September 2018 in the National Strategic Plan (2017-2022);
- Convene a high level group (such as an Inter-Ministerial Task Force on TB Control) that establishes and monitors a Multisectoral Accountability Framework for TB involving all key stakeholders;
- Support an uninterrupted supply of quality assured TB drugs;
- Build the capacity and access for effective use of data and performance monitoring and evaluation;
- Adopt and implement relevant national guidelines and policies;
- Convene, participate in and document a joint annual action planning process between NDoH, all other relevant partners, and USAID, to assess results and to agree to interventions by government and USAID-funded activities on an annual basis;
- Ensure sufficient work space and logistics to host USAID-seconded TB Advisors;
- Share routine TB data with USAID-funded advisors and projects in a timely manner in order to further the joint objectives outlined in this SP;
- Convene a quarterly meeting to jointly review performance data, technical reports and accountability records with USAID for activities that involve USAID commodities or technical assistance;
- Maintain the high level of domestic funding for TB and reach at least 90% by 2022;
- Create additional staff positions to match NTP's staffing needs and advocate for absorption of currently seconded TB staff and government appointment of new staff to fill vacant positions to better coordinate and manage TB control efforts at both the National, Province and District levels;
- Provide consistent messages about the priority of interventions related to decentralized MDR-TB delivery services and scale up of TPT with new regimens from NTP upwards (to NDOH and other ministries) and downwards (to provincial, district and facility TB teams);
- Ensure strong coordination and collaboration with:
 - NDoH HIV Cluster (e.g., TPT scale up, Task Force participation),
 - NHLS (e.g., training, quality assurance targets, alignment of data systems reporting),
 - Treasury (e.g., increased TB budgets, participation in Task Force, import duty waivers, facilitate movement of Global Fund (GF) resources),



- Department of Planning, Monitoring and Evaluation (Task Force participation, district action plans, local resource mobilizations, target setting and monitoring to inform the multisectoral accountability framework, local advocacy actions),
- Affordable Medicines Directorate (e.g., communication, processes or reporting improved),
- National Drug Authority (e.g., registration waivers for manufacturers of new and/or low volume TB drugs),
- Department of Social Development (e.g., inclusion of TB and/or MDR-TB patients in existing social protection schemes), and
- National health insurance (e.g., inclusion of TB in insurance package(s), specific payment reform processes for TB).

USAID

In support of the aforementioned joint commitment to achieving the objectives outlined above, USAID intends to:

- Participate in a joint annual action planning process between NDOH, all other relevant partners, and USAID, to assess results and to agree to interventions by government and USAID-funded activities on an annual basis;
- Provide technical assistance as required to strengthen capacity and achieve results;
- Provide financial support to NDOH, subject to the availability of funds, to conduct specified activities as agreed in the joint annual action plan;
- Second TB experts to key roles within the National and Provincial DOH to serve as TB Advisors for the NTP;
- Assist with the improvement of monitoring and evaluation systems and quality of data collection and analysis;
- Supply NDOH with available equipment and supplies from existing USAID implementing partners; and
- Instruct its implementing partners to report on project progress, challenges, and results.

V. M&E

The activities outlined in this SP are to be monitored on a quarterly basis at the Inter-Ministerial Task Force meeting. Within six months of adoption of this SP, the

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Participants intend to complete an M&E plan which will describe the approaches for ensuring effective implementation and achievement of results. The Participants intend the M&E plan will identify appropriate indicators for each level of the results network and show data sources and describe how the data will be collected and reported to regularly inform performance. The proposed plan is to provide preliminary one-year performance indicator targets which are to be reviewed and possibly revised during implementation discussions. This M&E plan is not to be a standalone plan but rather builds on the existing NDOH M&E plan and routine reporting systems.

Communications

Participants expect to collaborate on the development of outreach materials. Public communications should recognize the Participants through appropriate branding in accordance with their respective legal, policy, and procedural requirements. Each Participant intends to communicate publicly the contributions of the other in articles, media, and publications or other documents as well as hand-outs and signage at events. The Participants should respect one another's confidentiality policies, with the mutual understanding that the Participants intend to publicize their support and activities without disclosing any confidential or proprietary information of the Participants. The Participants intend to endeavor to share information on their individual policies, procedures, and requirements relating to branding, and other communications-related requirements to ensure that potential obstacles are addressed in a timely manner.

All communications should be sent to the Participants at the following addresses:

For USAID:

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PO Box 43
Pretoria
0027
Tel: +27 12 452 2000 / Fax: +27 12 460 3177
Attn: Mr. John Groarke, Mission Director, USAID/Southern Africa
(jgroarke@usaid.gov)

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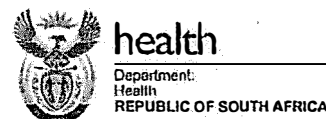
For NDOH:
National Department of Health
Civitas Building, Cnr Thabo Sehume & Struben streets
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Tel: +27 12 395 8000 / Fax: +27 12 395 8422
Attn: Dr. Yogan Pillay, Deputy Director General, NDoH, South Africa
(pillay@health.gov.za)



VII. Terms and Conditions

1. No obligation of funds This Statement of Partnership does not effectuate an obligation of funds by any Participant. All obligations of funds by USAID to support its undertakings under this Statement of Partnership are intended to be made in other agreements with USAID implementing partners by USAID, consistent with U.S. law and regulations, and in accordance with USAID procurement and other related policies, procedures, rules, regulations and guidelines.
2. No international status It is understood by the Participants that this Statement of Partnership is not an international treaty or international agreement and is not subject to either the Government of South Africa or United States Government's treaty ratification or other domestic and internal legal procedures for ratification of treaties or international agreements.
3. Non-binding Statement of Partnership which does not supersede existing agreements The terms and conditions contained herein govern the undertakings of the respective Participants under this Statement of Partnership. This Statement of Partnership is to be considered to be a good faith effort to pursue the goals and objectives identified herein for the benefit of the people of South Africa, and are non-binding and not legally enforceable on any party. The Participants entering into this Statement of Partnership maintain their own separate and unique missions and mandates and their own accountabilities. This Statement of Partnership does not supersede or interfere in any way with other agreements or contracts entered into by the Participants, either prior to or subsequent to the signing of the Statement of Partnership.

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4. **Assistance Under the Framework Bilateral** All assistance provided by USAID and reflected in this Statement of Partnership is United States assistance within the meaning and terms of the ongoing Partnership Agreement for Health signed in 2012.

5. **Designated Representatives** The primary points of contact and liaison for each party to this Statement of Partnership are as follows:

Dr. Yogan Pillay, National Department of Health;
Ms. Melanie Luick-Martins, Director, Health Office, USAID/South Africa; or
their respective designees as the focal points of contact for this Statement of Partnership.

The Participants may substitute the above points of contacts at their discretion and upon notice to the other Participant.

6. **Duration:** This Statement of Partnership is effective upon signature of the Participants, and remains in effect until otherwise notified by either Participant.

7. **Resolution of Disputes:** The Participants intend to use the utmost good faith to resolve any issues and disputes that arise under this SP, bearing in mind that the Statement of Partnership is not for the benefit of the Participants but instead for the people of South Africa.

8. **Amendments:** This Statement of Partnership may be amended or modified in writing by mutual consent of all Participants, as may be necessary from time to time.

10. **Termination:** Each Participant may, at its discretion, terminate this Statement of Partnership by providing all other Participants, in writing, with 60 days' advance notice, a communication reflecting the intent to terminate the Statement of Partnership.

11. **Wind up:** In case of termination of this Statement of Partnership by a Participant, the Participants intend to consult with each other on how to bring the Statement of Partnership to an orderly end.

12. **Authority to sign the SP:** By their signatures below, the representatives of the Participants represent that they have the authority to sign the Statement of Partnership.

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The Participants, each acting through their duly authorized representatives, have signed this Statement of Partnership as of this ...02nd... day of ...SEPTEMBER...2019

Department of Health

Ms. M P Matsoso, Director-General: Health

U.S. Agency for International Development/Southern Africa

Mr. John Groarke, Mission Director