SOUTH AFRICA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2021

This is an overview of the USAID/South Africa FY 2021 Tuberculosis (TB) Roadmap, implemented with FY 2020 budget. It was developed in consultation with the National TB Program (NTP) and with the participation of national and international partners involved in TB prevention and care in the country.

TB remains a major public health challenge in South Africa. TB is the leading cause of death in South Africa, accounting for 6.4 percent of all natural deaths in 2017.[1] Among the 30 high TB burden countries, South Africa is ranked eighth, and among the high multidrug-resistant TB (MDR-TB) burden countries, South Africa is ranked ninth.[2] South Africa has an estimated TB incidence of 360,000 TB cases.[3] In 2019, 209,545 (58 percent) TB cases were diagnosed and notified to the NTP.[4] Additionally, in 2019, 13,411 (96 percent) rifampicin-resistant TB (RR-TB)/MDR-TB cases were diagnosed and notified to the NTP.[5]

Through the National Strategic Plan (NSP) for HIV, TB, and sexually transmitted infections (STIs) 2017-2022, the Government of South Africa has committed to achieving the United Nations General Assembly (UNGA) High-Level Meeting on TB targets. The NSP sets forth eight goals:

- Goal 1: Accelerate prevention to reduce new cases of HIV, TB, and STIs, including specifically to reduce TB incidence by 30 percent;
- Goal 2: Reduce morbidity and mortality through the provision of high quality treatment, care, and support, specifically, by diagnosing 90 percent of TB cases, providing treatment to 100 percent of TB patients, and achieving a treatment success rate (TSR) of 90 percent;
- Goal 3: Expand targeted interventions to reach all vulnerable, key populations;
- Goal 4: Increase the provision and access of social protection and disease prevention;
- Goal 5: Address issues of stigma, justice, and discrimination;
- Goal 6: Promote sustainability in programming by fostering leadership and accountability;
- Goal 7: Mobilize domestic resources and maximize efficiencies to achieve targets and support a sustainable response; and
- Goal 8: Strengthen strategic information systems.

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[1] Department: Statistics South Africa. *Mortality and causes of death in South Africa: Findings from death notification, 2017*.
[2] World Health Organization. *Global Tuberculosis Report, 2019*.
[3] World Health Organization. *Global Tuberculosis Report, 2020*
[4] Ibid.
[5] Ibid.

The proposed FY20 USAID TB budget for South Africa is $14.5 million. With this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

The National Health Laboratory Services (NHLS) provides TB diagnostic services, mostly through centralized laboratories. The Xpert® MTB/RIF (GeneXpert) is now the initial diagnostic test. In addition, the lateral flow urine lipoarabinomannan assay (LF-LAM) has also been introduced. Despite country wide roll-out of GeneXpert, only 70 percent of cases notified to the NTP in 2019 were tested with rapid diagnostics at the time of diagnosis and only 74 percent (of pulmonary cases) were bacteriologically confirmed.[6] Through a memorandum of understanding (MOU) with the NHLS, USAID will continue working together to address gaps and improve access to rapid diagnostics.

More specifically, USAID will support:

- Scale-up of the implementation of the Finding TB cases Actively, Separate safely, and Treat effectively (FAST) strategy to optimize TB case detection;
- Improved access to new, innovative rapid diagnostics through the QuantiFERON study with healthcare workers;
- Sustained implementation of targeted community-level TB screening in districts with high TB burden and other hotspots;
- Introduction of risk prioritization screening; and
- A TB diagnostic network assessment to ensure the use of data for decision making and optimize the laboratory network, including by scaling-up access to rapid TB diagnostics and drug-susceptibility testing (DST).

Engaging all care providers

To guide implementation of case-finding at the facility level, the NTP has adopted the strategy of 'finding the missing TB cases'. USAID contributed to closing the gap in finding the missing TB cases along the TB cascade through implementation of the continuous quality improvement (CQI) change package at the hospital and primary healthcare level. Since the implementation of the TB CQI package, there has been an increase in TB screening, diagnosis, and treatment initiation. Additionally, in the past, the NTP piloted several models to help engage the private sector in TB control efforts. USAID is supporting the implementation of public-private partnership models targeting different populations through partnerships with private health providers and non-governmental organizations (NGOs), as well as faith- and community-based organizations. USAID optimizes the yield of TB case detection in different settings by tailoring targeted screening methods and scaling-up contact screening efforts. The NTP is developing a TB health check self-screen application that is less labor-intensive; USAID will support the implementation of this application in supported districts.

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[6] Ibid.

To further improve case-finding both in and outside the facility, the Government of South Africa is implementing a multi-pronged active case-finding (ACF) strategy. USAID will support these efforts by:

- Implementing the CQI change package to further scale-up screening, testing, and subsequent linking of diagnosed patients to TB services;
- Conducting screening for household contacts at the facility level;
- Optimizing the yield of TB case detection in different settings using tailored screening approaches;
- Scaling-up targeted facility-level screening by integrating TB screening activities into other health services including maternal and child health, diabetes, etc.; and
- Strengthening the collaboration with the private sector by employing the social business model.

Community TB care delivery

ACF activities aim to bring TB screening and diagnostic services to hard-to-reach and vulnerable populations. The NTP employs best practices garnered from years of experience implementing ACF, particularly in key populations like household contacts, inmates, healthcare workers, etc. USAID has helped the NTP implement innovative ACF and contact tracing activities at the community level.

Moving forward, USAID will support:

- Targeted out-of-facility ACF activities in high TB burden priority areas and districts with a particular focus on vulnerable populations;
- Expanded access to high-quality TB services and care for key populations (including miners and farmers);
- Innovative strategies to further strengthen ACF activities, especially among targeted key populations;
- Continued deployment of community health workers (CHWs) to implement ACF and provide TB treatment and care to patients in their communities;
- Strengthened linkage and referral pathways to care at all levels of the TB cascade by helping to develop data applications for use at the community level; and
- Activities to quantify and address stigma and discrimination as one of the key barriers to seeking prevention and treatment services.

CURE

Drug-susceptible TB (DS-TB) treatment

Improving the TSR is a priority for the NTP. To achieve this, decreasing the number of TB patients lost-to-follow-up is critical. USAID helps increase TB patients' adherence to treatment by supporting patients through community-based treatment support to ensure patients receive the appropriate care.

Moving forward, USAID will support:

- Continuing implementation of patient-centered care approaches to ensure treatment adherence;
- Strengthening case management for TB patients with comorbidities, including diabetes;
- Implementing nutrition screening, assessment, and management to increase the quality of care;
- Improving the referral system between facility-based care and community-based care;
- Developing and implementing enhanced TB treatment policies that include the provision of psychosocial support;
- Expanding TB patient literacy programs and helping to increase public awareness on TB prevention, diagnosis, treatment, and care; and
- Developing and implementing policies in support of child-friendly treatments.

Multidrug-resistant TB (MDR-TB) treatment

To improve treatment outcomes for drug-resistant TB (DR-TB) patients, the NTP will scale-up access to new all-oral, shorter treatment regimens, improve treatment adherence support services, and decentralized MDR-TB care provision and the training of professionals. Additionally, the introduction of new medicines warrants the strengthening of reporting on, and management of, adverse drug events. Through the National Action Plan for Combatting MDR-TB, USAID supports DR-TB programming in South Africa.

More specifically, USAID will support:

- Enhanced treatment adherence by rolling out DR-TB specific treatment adherence packages;
- Expanded DR-TB services offered by NGOs;
- Improved quality improvement of DR-TB treatment services, including cohort analyses and enhanced side effect management;
- Improved access to medicines for stable MDR-TB patients by supporting patient enrollment in the Central Chronic Medicines Dispensing and Distribution (CCMDD) program which will improve access to medication for chronic illnesses;
- Strengthened systems for the reporting and management of drug adverse events for MDR-TB patients;
- Increased access to regimens that improve treatment outcomes for the targeted group of DR-TB patients (i.e., bedaquiline, pretomanid, and linezolid [BPaL] clinical access program [BPaL-CAP]), as well as to generate information on the proper programmatic scale-up of the program; and
- Strengthened electronic drug-resistant TB register (EDRWeb), the DR-TB information management system, to ensure the availability of quality DR-TB data.

PREVENT
Prevention
In order to eliminate TB, prevention efforts are key. USAID supports prevention efforts by conducting TB screening in high-risk populations, limiting transmission in group settings, and providing TB preventive therapy (TPT). Moving forward, USAID will support:

- Increased TB screening efforts, improved follow-up support systems for TB patients, increased access to effective treatments, the implementation of stronger infection prevention and control strategies in health facilities, and enhanced advocacy to increase public awareness on TB prevention;
- Roll-out of implementation of 3HP in four demonstration sites;
- Development and improvement of systems for the clinical implementation of TPT as well as supporting the review, development, and improvement of recording and reporting systems for key indicators to track the progress of TPT scale-up;
- Introduction of new regimens for TPT among TB contacts (e.g., 3RH) and increased coverage of TPT among household contacts; and
- Introduction and scaled-up interferon-gamma release assays (IGRAs) and other infection testing technologies to provide solutions in diagnosing TB infection and determining disease progression to active TB.

SELF-RELIANCE
Commitment and sustainability
The Government of South Africa has assumed an increasingly active role in South Africa's overall development; many of its domestic NGOs have simultaneously been strengthened and become capable development partners. To further demonstrate the government's commitment to TB and achieving the ambitious UNGA targets, the Government of South Africa signed a partnership statement with USAID to commit to continue working together to end TB and to clarify key areas for collaboration. Moreover, USAID played a pivotal role in the development of the NSP and the associated application process for the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) grant. Moving forward, USAID, through its direct awards with local organizations, will continue building the capacity of local partners to improve TB services and work to leverage additional domestic resources for TB.

Capacity and functioning systems
Strengthening the procurement and supply chain management (PSM) system to ensure uninterrupted access to essential TB prevention, diagnostic, and treatment commodities is a priority for the government. To achieve this, collaboration across various stakeholders is essential. USAID is supporting the PSM system strengthening for TB pharmaceuticals and commodities by helping partners at the facility, district, provincial, and national levels improve drug forecasting, procurement management, and quality control of stock, including for DR-TB drugs.

Furthermore, improving the availability and use of strategic information is critical for generating the quality, real-time information needed to inform policy development and program implementation. The NTP has prioritized improving quality standards in the recording, reporting, and tracking of TB patients. USAID supports the Government of South Africa in these efforts by providing technical assistance to aid in the collection and validation of data and use of that data for decision making.

Moving forward, USAID will support:
- Implementation of the stock visibility system (SVS), a mobile application that enables the electronic communication of medicine availability data from the facility level into upstream electronic stock management systems;
- Development of strategies to support the management of adverse drug events;
- Improvement in the collection and use of data for program management at the provincial and district levels through targeted support;
- Management of the EDRWeb; and
- Improvement in TB patient management systems.