



SOUTH AFRICA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2023

This is an overview of the USAID/South Africa FY 2023 Tuberculosis (TB) Roadmap, implemented with the FY 2022 budget. The roadmap was developed in consultation with the Government of South Africa (GoSA) and development partners working on TB.

In 2021, the estimated TB incidence in South Africa was 304,000, and an estimated 55,000 people died from TB. South Africa reported 172,194 TB case notifications, and all notified individuals with bacteriologically confirmed TB were tested for rifampicin resistance. A total of 7,239 people were diagnosed with drug-resistant TB (DR-TB), and all were enrolled on treatment.

The National Strategic Plan (NSP) for HIV, TB, and Sexually Transmitted Infections (STIs) (2017-2022) aims to achieve the targets and end TB by 2030, which is in line with the Sustainable Development Goals (SDGs). The following TB targets are outlined in the NSP:

1. Reduce TB incidence by at least 30 percent, from 834/100,000 population in 2015 to less than 584/100,000 by 2022.
2. Identify 90 percent of all TB cases and place those individuals on appropriate treatment.
3. Identify at least 90 percent of TB cases among key populations, including people living with HIV (PLHIV) and members of under-served populations.
4. Provide successful treatment to at least 90 percent of those diagnosed with drug-susceptible TB and 75 percent with drug-resistant TB.

In addition to the NSP, the National TB Program (NTP) Strategic Plan aims to use a combination-intervention approach informed by modeling of high-impact interventions as the approach for fast-tracking progress in TB control towards achieving the World Health Organization (WHO) END TB milestones and targets. The process to develop the new National Strategic Plan and National TB Strategic Plan for 2023-2028 is underway.

The proposed FY2022 USAID TB budget for South Africa is \$20 million. With this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

South Africa is one of the leaders in adopting and scaling up high-quality diagnostics; however, poor compliance with the diagnostic algorithm continues to be an issue. Using FY22 funds, USAID will prioritize the following interventions:

- a. Support the NTP to conduct a TB diagnostic network assessment (TB DNA) to contribute



to using data-driven approaches to network design and to understand how best to improve access to rapid TB diagnosis and drug-sensitivity testing (DST).

- b. Conduct service gap analysis in supported facilities to determine gaps in service provision with a focus on access to early diagnosis.
- c. Scale-up targeted universal testing for TB (TUTT) among high-risk groups, namely people living with HIV/AIDS (PLHIV), TB contacts, and persons with a previous history of TB <2 years.
- d. Scale-up bi-directional screening and testing for TB and COVID-19. This will be done through pop-up clinics, training healthcare workers, printing job aids, supporting facilities to revise triage and infectious disease workflows, and raising awareness on the COVID-19 self-screening app, which has been upgraded to include TB symptomatic screening.
- e. Implement a mobile clinic model and provide technical assistance to community health care workers and ward-based outreach teams to conduct TB contact tracing, prioritizing contacts of bacteriologically positive index cases.
- f. Improve linkage to appropriate treatment for individuals with bacteriologically confirmed drug-susceptible TB (DS-TB) and laboratory-confirmed DR-TB.
- g. Support the piloting of stool-based pediatric TB testing.

Engaging all care providers

Through different mechanisms, USAID optimizes TB case detection yield in different settings using tailored and targeted screening approaches, improving and actively screening contacts of index individuals with TB. USAID will prioritize the following interventions:

- a. Increasing facility-based case finding:
 - i. FAST (Find cases **A**ctively, **S**eparate safely, and **T**reat effectively)—continue implementing the FAST approach and the appropriate use of lateral low urine lipoarabinomannan assay (LF-LAM).
 - ii. Continue supporting the implementation of the NTP Continuous Quality Improvement (CQI) change package, which focuses on the TB screening and case finding cascade.
 - iii. Continue supporting the integration of TB screening and testing in individuals with chronic diseases and at diabetic clinics at USAID-supported sites.
- b. Engagement of non-NTP providers and sites (public and private) as part of the public-private mix (PPM) through training, strengthening referral pathways, and engaging with general



practitioners to expand access to TB services.

Community TB care delivery

The NTP continues to implement the active case finding (ACF) strategy, which aims to improve TB case-finding among special populations, including household contacts of individuals with TB, prisoners, health care workers, and residents of informal settlements. Using FY 2022 funds, USAID will prioritize the following interventions:

- a. Innovative strategies to strengthen ACF among targeted key populations, including household contacts of index individuals with TB, people living in informal settlements, and farm workers who are at increased risk of having TB, who are vulnerable, or who have poor access to existing health care services to enable them to be diagnosed and treated early.
- b. Continued deployment of community-based teams for active TB case finding, COVID-19 screening, and providing TB treatment and ART for co-infected people with TB and HIV/AIDS in communities (the latter are supported with PEPFAR funds).
- c. Strengthen linkage and referral pathways at all levels of TB care. Individuals screened at the community level will be linked to facilities, and strategies will include effective data management.
- d. Targeted out-of-facility case finding limited to hotspots in selected priority districts. People living within informal, poor, and at-risk communities will be reached through a combination of intensified case-finding and active case-finding and strengthened contact tracing, especially among children. Digital chest X-rays will be used as part of the case-finding approach.

CURE

Drug-susceptible TB (DS-TB) treatment

The NTP is implementing a multi-prong strategy to improve the TB treatment success rate. USAID will use FY2022 funds to implement the following interventions:

- a. Ensure timely enrollment of individuals with bacteriologically confirmed TB for treatment.
- b. Scale-up the adherence and comprehensive care package to improve successful treatment.
- c. Utilize enrolled nurses to conduct home delivery of TB medicines, identify eligible individuals with TB and register them on Centralized Chronic Medicines Dispensing and Distribution (CCMDD), and raise awareness among individuals with TB to increase demand for the service.
- d. Coordinate TB services and manage individuals with TB at hospitals, including strengthening



the successful referral of people with TB from the hospital to community-level.

- e. Support the roll-out of child-friendly formulations to improve treatment adherence and outcomes.

Multidrug-resistant TB (MDR-TB) treatment

USAID will work with the NTP to strengthen the following activities:

- a. Support scale-up of and expanded use of new drugs and regimens and scale-up the adherence package, including the use of pillboxes and mental health screening.
- b. Continue supporting implementation of second-line drug-sensitivity testing in supported districts.
- c. Strengthen the quality of DR-TB services provided at centers of excellence and decentralized sites.
- d. Continue supporting implementation of the Active Drug Safety and Monitoring (aDSM) system.
- e. Conduct DR-TB mortality audits to identify contributory factors to high mortality in supported districts.
- f. Conduct and institutionalize cohort reviews following a systematic process highlighting strengths and weaknesses of DR-TB services and improving case management.

PREVENT

Prevention

South Africa has one of the highest burdens of tuberculosis infection (TBI), especially in high-risk populations such as young children, adolescents, household contacts of individuals with TB, people living with HIV (PLHIV), miners, inmates, immunocompromised individuals, people suffering from silicosis, and health care workers, with reported rates of infection ranging from 26 percent up to 89 percent. USAID will prioritize the following interventions:

- a. Intensify household contact investigations, prioritizing contacts of bacteriologically positive index cases.
- b. Strengthen Infection Prevention and Control (IPC) through appointment/secondment of IPC monitors or focal persons, facility TB IPC risk assessments, and the development or revision of facility TB IPC plans.
- c. Conduct training and support the implementation of revised TB preventive therapy (TPT)



guidelines to expand the provision of TPT to other high-risk groups and the introduction of other regimens.

- d. Support scaling-up of the shorter isoniazid-rifapentine regimen (3HP) in supported districts and provide technical assistance to roll out monitoring and evaluation tools that will be used to track initiation and outcomes for clients on TPT.

SUSTAINABLE SYSTEMS

Commitment and sustainability

COVID-19 had a negative impact on funding for TB activities. Using FY22 funds, USAID will prioritize the following activities:

- Support operationalization of the multisectoral accountability framework.
- Continue partnering with and funding local organizations to implement locally generated solutions and promote the institutionalization of effective interventions.
- Establish a government-to-government (G2G) partnership with supported provinces to strengthen TB program oversight, strategic information support, the quality of TB care and program management, policy/implementation support, supply chain management, and capacity building.

Capacity and functioning systems

USAID will provide support at the national level in the following areas:

Pharmacovigilance

1. Establish provincial platforms to support the implementation of the aDSM Roadmap.
2. Conduct training for health care workers for effective TB safety monitoring.
3. Support the National Department of Health to roll out the electronic pharmacovigilance monitoring system (PViMS).
4. Improve the reporting of adverse events (AEs) through the electronic reporting system for DR-TB.

Supply Chain Management: USAID, in partnership with the USAID Global Health Supply Chain Program, will continue supporting the implementation of SVS for DR-TB, a mobile application that enables the electronic communication of medicine availability data from the primary health care level into upstream electronic stock management systems.



Research

USAID will continue to fund the following research studies:

TB Infection/ IGRA study: USAID, in collaboration with the Centre for Tuberculosis (CTB) at the National Institute of Communicable Diseases (NICD) and the National Department of Health, is funding a study to understand and provide a baseline of the prevalence of TB Infection (TBI), TB disease, and the progression from TBI to TB disease among health care workers.

BEAT TB (Building Evidence for Advancing New Treatment for Drug-Resistant Tuberculosis): BEAT TB is an open-label, multi-center, randomized, controlled trial comparing the efficacy and safety of a study regimen consisting of bedaquiline (BDQ), delamanid (DLM), linezolid (LNZ), levofloxacin (LVX), and clofazimine (CFZ) to the current South African Standard of Care for the treatment of rifampicin-resistant tuberculosis (RR-TB).

BPaL CAP (Bedaquiline, Pretomanid and Linezolid Clinical Access Program): The BPaL CAP is an open-label, single-arm intervention study that aims to evaluate the effectiveness and safety of the BPaL regimen for individuals with Extensively Drug-Resistant Tuberculosis (XDR-TB), fluoroquinolone-resistant TB, and selected RR-TB via pre-approval access.