



USAID TB PROGRAM SOUTH AFRICA: PROJECT OVERVIEW

Introduction

Globally, more than nine million people become ill with tuberculosis (TB) each year, and more than 1.5 million die of the disease. South Africa is classified by WHO as a high burden TB, HIV and multi-drug resistant TB (MDR-TB) country. The country has the world's third highest TB burden, with nearly half a million incident cases each year (or approximately one out of every 100 South Africans). Two-thirds (65%) of tested TB patients are found to be HIV positive and South Africa has some of the highest incidence of MDR-TB and extremely-drug resistant TB (XDR-TB) in the world. The USAID-funded TB Program South Africa is a 5-year project (2009-2014) implemented by University Research Co., LLC (URC). This project builds on the successes of the USAID-funded TASC II TB Project (2004–2009), also implemented by URC.

Program Goals and Objectives

The USAID TB Program South Africa supports the National Department of Health in improving early case detection, increasing access to diagnostics, ensuring treatment support for patients on TB treatment and ensuring that there is provision of appropriate and timely HIV care for TB patients and ART treatment for all TB/HIV co-infected patients. The USAID TB Program develops multi-level support, working closely with the National TB Control Programme (NTP) to build national support by mobilizing resources and creating a conducive environment for expansion of TB services, as well as with provincial and district health departments to support the collaborative development of need-based strategies to combat TB, TB/HIV and drug resistant (DR) TB, and with communities to create appropriate social mobilization and service delivery models for rapid expansion of directly observed treatment short-course (DOTS) in the country.

Expected results from this program include:

- A national TB treatment success rate of 80%;
- Improved capacity to plan and implement TB DOTS at community, facility, district, municipality, provincial and national levels;



USAID TB Program South Africa staff with other walkers during the TB Walk for Humanity procession from SABC studios to Park Station in central Johannesburg.

- Improved surveillance system resulting in early detection of TB cases, MDR TB cases, co-infected patients for ART as well as to prevent treatment defaulters and reduce mortality.
- Improved understanding and support among the general population regarding TB and TB/HIV signs, symptoms, referral, and treatment.

Geographic Coverage

The project works nationwide, providing support to all nine provinces, and 22 of 52 (42%) districts across the country, particularly those with the highest burden of TB, as illustrated on the map in Figure 1.

Key Implementation Strategies

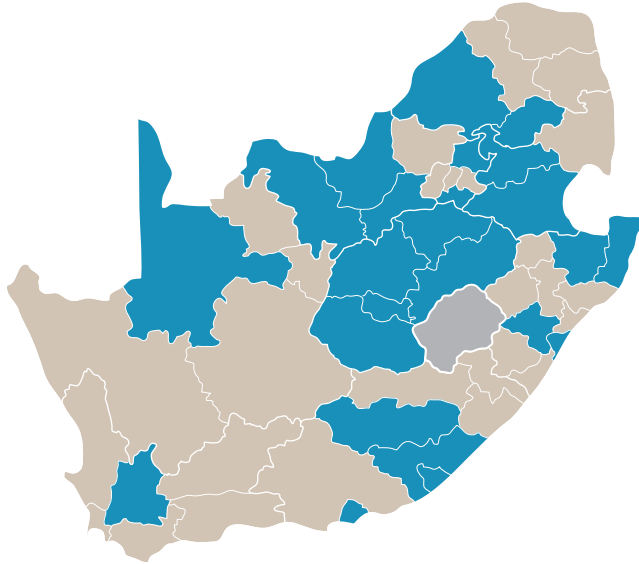
Support for the implementation of the Stop TB Strategy:

TB Program South Africa is assisting the National Department of Health to implement and actualize the six components of the

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Figure 1. USAID TB Program allocated districts by province



Stop TB strategy, which include 1) pursuing high-quality DOTS expansion and enhancement; 2) addressing TB/HIV, MDR-TB, and the needs of poor and vulnerable populations; 3) contributing to health systems strengthening based on primary health care; 4) engaging all care providers; 5) empowering people with TB, and communities through partnerships; and 6) enabling and promoting research.

Patient-centered care: TB Program South Africa works to improve the content of care, through development of and training on evidenced-based guidelines and treatment protocols; the process of care, through quality improvement strategies designed to increase the efficiency and effectiveness of systems; and the context of care, through support for community-based social support and counseling services.

Decentralized treatment: TB Program South Africa promotes a shift away from clinically-focused, hospital-based TB treatment toward programmatic management and community-based care for TB and MDR TB patients. This model reduce hospital caseloads and delays in treatment initiation, reduced inpatient costs, and allows patients to receive sustained family and community support during their treatment.

Focus Areas

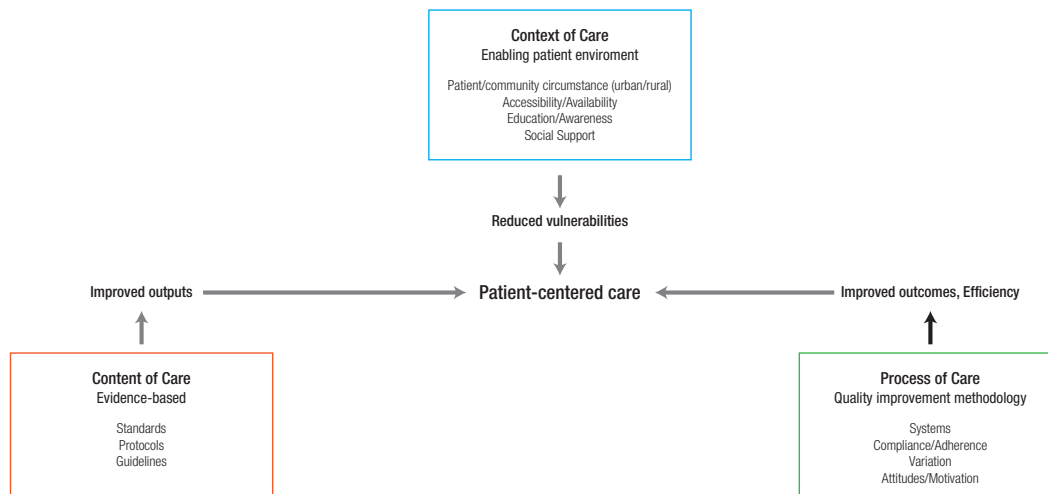
Improving the Quality of TB Services

- Working with the National Department of Health, provinces, districts, and other stakeholders to develop and implement strategic interventions that address the threats of TB, TB/HIV, and DR-TB;
- Jointly reviewing and update clinical and programmatic guidelines for TB, TB/HIV, and drug-resistant TB;
- Reviewing laboratory systems at all levels of intervention, by conducting needs assessments, mapping TB microscopy diagnostic centers countrywide, and addressing laboratory challenges;
- Continuing efforts to strengthen the six components of the expanded STOP TB strategy;
- Conducting operational research on programmatic aspects of the project jointly with institutional partners.

Increasing the Availability of TB Services

- Providing need-based training and mentoring for managers and health care staff at all levels of the system on basic TB management; TB/HIV, including the national 5 I's (intensified case finding, isoniazid preventive therapy, infection control, and integration and initiation of antiretroviral therapy, or ART); programmatic and clinical management of DR-TB;

Figure 2. Improvement Strategies for Expanding Quality TB Services



laboratory diagnosis of TB and DR-TB; and advocacy, communication, and social mobilization (ACSM).

- Introducing quality improvement methods to facilitate implementation of TB/HIV health care services from provincial to facility levels as per WHO recommendations and through innovative models.
- Assisting provinces, districts, and community partners in implementing the national strategy for decentralization of DR-TB management.
- Expanding the available DOTS system in high burdened rural, urban and peri-urban communities through community-based active case finding strategies.

Increasing Demand for TB Treatment

- Promoting and participating in the implementation of the national ACSM policy through national events (i.e., World AIDS and TB days, TV and radio public service announcements), local activities (e.g., community dialogues, Kick TB campaign), and distribution of materials (e.g., pamphlets, posters, lap desks with TB messages for school children).
- Disbursing grants to and building the capacity of nongovernmental and community/faith-based organizations to expand community-based TB, TB/HIV, and MDR-TB and XDR-TB TB management.

Improving Management of TB Support Systems

- Conducting data verification exercises and ongoing interaction with relevant counterparts.
- Jointly analyzing reports and linking them to facility case management.
- Strengthening facility-based TB information systems through regular data quality audits.
- Improving supportive supervision and surveillance through trainings.
- Strengthening linkages between health facilities and laboratory networks.

Testing and Scaling up New Approaches for Expanding DOTS Coverage

- Supporting the expansion of TB diagnostics, particularly rapid molecular testing methods (GeneXpert MTB/Rif® - GeneXpert).
- Identifying and supporting TB and TB/HIV public-private mix strategies and interventions.
- Disseminating the use of geographic information system technologies to map laboratories, health facilities, treatment supporters and households for better TB control including DR TB.

Key Achievements

DOTS

- From October 2009 - April 2014, TB Program South Africa has trained 17,755 health care workers on various components of TB management.
- In FY2013, the treatment success rate was 78.8% among new sputum smear positive TB cases.

Case Identification

- Through active case finding, TB Program South Africa is helping the National Department of Health more accurately quantify and address South Africa's TB burden. The total number of TB cases reported has declined from 42,887 in FY2010/Q1 to 35,294 in FY2014/Q1.

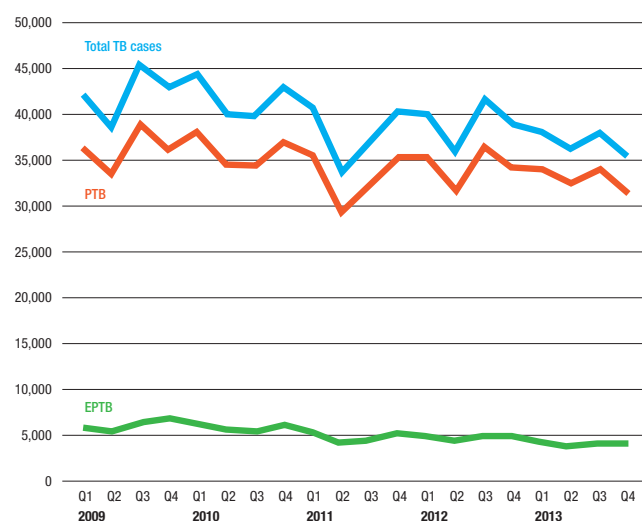
Development of TB Policies, Tools, and Training Materials

- TB Program South Africa has assisted the Department of Health in making a number of improvements to national TB policies and guidelines to improve access to and use of health services. These materials include: GeneXpert Training Manual, Clinical DR-Training Manual, a TB screening tool for use by traditional health practitioners, and a paediatric TB screening tool to identify TB in children and guidelines for the management of TB, HIV and STIs in correctional facilities.

Diagnostics

- TB Program South Africa has been instrumental in assisting the Department of Health in introducing GeneXpert as a first line TB diagnostic and achieving 100% coverage countrywide. The project is continuing

Figure 3. Total TB Cases in all Project-Supported Districts, Jan 2009 – Dec 2013



Data source: Electronic TB Register (ETR.Net)



Participants at the National TB Diagnostics Summit in November 2013

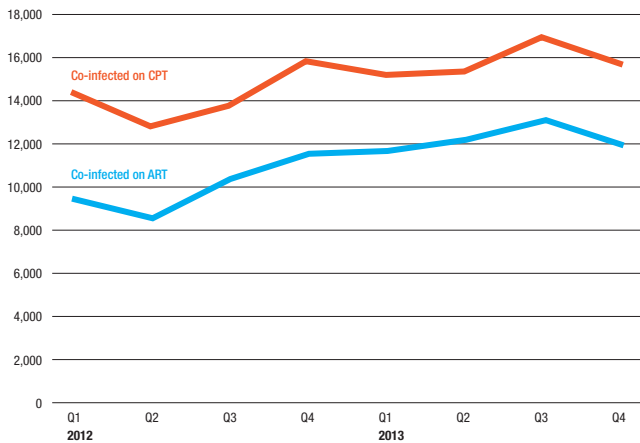
to monitor and improve implementation, including follow up of GeneXpert tested and diagnosed patients. From February 2012 - November 2013, 1122 health care workers were trained on GeneXpert.

- On November 18-19, 2013, the project facilitated a National TB Diagnostics Summit, which brought together key stakeholders to review and discuss the state of TB diagnostics in South Africa and to create a roadmap for improving laboratory diagnosis of TB throughout the country.

TB/HIV

- HIV counselling and testing uptake for TB patients reached 90% in FY14Q1, increasing from 83% in Q2/2012. Similar upward trends are seen for the provision of co-trimoxazole preventive therapy (CPT) to HIV-infected TB patients, as well as ART initiation.

Figure 4. HIV testing among TB patients; CPT and ART uptake for co-infected patients



Data source: Electronic TB Register (ETR.Net)

Public-Private Mix (PPM)

- TB Program South Africa is working to expand private sector participation in TB service delivery by engaging employers, private practitioners, and traditional healers in TB care and control.
- The project is actively engaging with the mining sector, particularly in Limpopo and Gauteng Provinces to facilitate community-based TB awareness and treatment services for mining communities and to assist in the development and expansion of TB workplace programs.

ACSM

- To heighten awareness on TB and TB/HIV, TB Program South Africa uses media as an integral part of its strategic communication framework. The project has developed public service announcements (PSAs) on cough etiquette and TB in children to encourage TB care and control. Broadcast in conjunction with World AIDS Day and World TB Day, these PSAs have reached millions.



TB in Children PSA

MDR-TB Management

- TB Program South Africa is supporting the decentralization of MDR/XDR TB patient care and support. In 2010, only 22 MDR-TB specialized hospitals were functional, resulting in long waiting periods for MDR-TB patients requiring treatment initiation. Following the roll-out of the decentralized MDR-TB management program, the number of MDR-TB sites more than doubled to 45 by 2013.

Small Grants

- Since 2009, TB Program South Africa has provided 85 grants to 69 non-governmental organizations (NGOs) in all nine provinces of South Africa. Additional NGOs are in the process of still being funded. Both the number of awards and the impact of grantee activities have expanded over time.
- From 2012 –2013, 228,923 community members were reached by TB/HIV messages through grantee activities. Grantees screened 129,345 individuals for TB, and 5,860 patients were registered under the DOT program and provided treatment support.
- So far in 2014, grantees have been making an impact in looking after MDR-TB and XDR-TB patients, addressing high loss-to-follow-up rates by tracing treatment interrupters, and scaling up awareness of TB in children.