South Africa

Treatment success rates in South Africa remain low, with death and default the most frequent negative outcomes. Case notification rates continue to increase; a reassessment of the incidence estimate, based on registered deaths, suggests that the 70% case detection rate target was reached for the first time in 2006. Activities related to HIV/TB and MDR-TB are being scaled up, but in 2006 only one third of TB patients were tested for HIV, and information about the number tested for MDR is not available to the NTP. A dramatic increase in funding is expected for 2007 and 2008, principally for investment in infrastructure associated with MDR-TB and XDR-TB.

SURVEILLANCE AND EPIDEMIOLOGY, 2006

<table>
<thead>
<tr>
<th>Population (thousands)</th>
<th>48,282</th>
</tr>
</thead>
</table>

- **Estimates of epidemiological burden**
  - Incidence (all cases/100,000 pop/yr) | 940 |
  - Trend in incidence rate (%/yr, 2005–2006) | 1.6 |
  - Incidence (ss+/100,000 pop/yr) | 382 |
  - Prevalence (all cases/100,000 pop) | 998 |
  - Mortality (deaths/100,000 pop/yr) | 216 |
  - Of new TB cases, % HIV | 44 |
  - Of new TB cases, % MDR-TB (2002) | 1.8 |
  - Of previously treated TB cases, % MDR-TB (2002) | 6.7 |

- **Surveillance and DOTS implementation**
  - Notification rate (new and relapse/100,000 pop/yr) | 628 |
  - Notification rate (new ss+/100,000 pop/yr) | 272 |
  - DOTS case detection rate (new, %) | 71 |
  - DOTS treatment success (new ss+, 2005 cohort, %) | 71 |
  - Of new pulmonary cases notified under DOTS, % ss+ | 58 |
  - Of new cases notified under DOTS, % extrapulmonary | 18 |
  - Of new ss+ cases notified under DOTS, % in women | 45 |
  - Of subnational reports, % received at next reporting level | 100 |

- **Laboratory services**
  - Number of laboratories performing smear microscopy | 143 |
  - Number of laboratories performing culture | 13 |
  - Number of laboratories performing DST | 8 |
  - Number of laboratories performing smear microscopy, % covered by EQA | 100 |

- **Management of MDR-TB**
  - Of new cases notified, % receiving DST at start of treatment |
  - Of new cases receiving DST at start of treatment, % MDR-TB |
  - Of re-treatment cases notified, % receiving DST |
  - Of re-treatment cases receiving DST, % MDR-TB |

- **Collaborative TB/HIV activities**
  - National policy of counselling and testing TB patients for HIV? Yes (to all patients) |
  - National surveillance system for HIV-infection in TB patients? No |
  - Of TB patients (new and re-treatment) notified, % tested for HIV | 32 |
  - Of TB patients tested for HIV, % HIV+ | 53 |
  - Of HIV+ TB patients detected, % receiving CPT | 96 |
  - Of HIV+ TB patients detected, % receiving ART | 40 |

**DOTS expansion and enhancement**

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</tr>
</thead>
<tbody>
<tr>
<td>DOTS coverage (%)</td>
<td>-</td>
<td>0.0</td>
<td>1.3</td>
<td>2.2</td>
<td>6.6</td>
<td>7.7</td>
<td>7.7</td>
<td>9.8</td>
<td>10.0</td>
<td>9.3</td>
<td>9.4</td>
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<tr>
<td>DOTS notification rate (new and relapse/100,000 pop)</td>
<td>-</td>
<td>1.5</td>
<td>5.0</td>
<td>20.2</td>
<td>19.3</td>
<td>26.3</td>
<td>45.6</td>
<td>48.3</td>
<td>54.3</td>
<td>54.3</td>
<td>62.8</td>
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<tr>
<td>DOTS case detection rate (new ss+/100,000 pop)</td>
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<td>9.6</td>
<td>3.7</td>
<td>11</td>
<td>38</td>
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<td>52</td>
</tr>
<tr>
<td>DOTS case detection rate (all new cases, %)</td>
<td>-</td>
<td>0.0</td>
<td>6.3</td>
<td>2.2</td>
<td>61</td>
<td>58</td>
<td>56</td>
<td>66</td>
<td>71</td>
<td>70</td>
<td>67</td>
</tr>
<tr>
<td>Case detection rate within DOTS areas (new ss+, %)</td>
<td>-</td>
<td>0.0</td>
<td>49</td>
<td>99</td>
<td>93</td>
<td>75</td>
<td>72</td>
<td>57</td>
<td>72</td>
<td>75</td>
<td>71</td>
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<tr>
<td>DOTS treatment success (new ss+, %)</td>
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<td>59</td>
<td>73</td>
<td>74</td>
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<td>68</td>
<td>65</td>
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</tr>
<tr>
<td>DOTS treatment success (ss+, %)</td>
<td>-</td>
<td>67</td>
<td>68</td>
<td>71</td>
<td>47</td>
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</table>
IMPLEMENTING THE STOP TB STRATEGY

DOTS EXPANSION AND ENHANCEMENT

Political commitment, standardized treatment, and monitoring and evaluation system

Achievements
- Revised TB data reporting and recording registers to include information on collaborative TB/HIV activities, and piloted use of revised registers
- Trained health-care workers on infection control

Planned activities
- Implement the TB strategic plan for 2007–2011
- Continue to train health-care workers on TB infection control
- Implement revised TB data reporting and recording registers in all 9 provinces
- Revise national TB control guidelines to include, among other things, recent recommendations on diagnosis of smear-negative and extrapulmonary TB
- Develop guidelines for pediatric TB in collaboration with the subgroup of the Stop TB Partnership

Quality-assured bacteriology

Achievements
- Increased capacity for second-line DST
- Expanded the number of sputum smear examinations performed
- Included KwaZulu-Natal TB laboratory in the national health laboratory system (NHLS)
- Established NRL

Planned activities
- Strengthen the EQA programme for first- and second-line DST
- Establish re-checking for microscopy across the country
- Provide DST for first-line drugs in a total of 9 laboratories, and for second-line drugs in a total of 5 laboratories
- Move from a sample-based to a patient-based MDR-TB recording and reporting system to improve reporting of numbers of cases of MDR-TB and XDR-TB and cross-checking between laboratory and health-facility registers

Drug supply and management system

Achievements
None reported

Planning activities
- Train workers in health facilities in management of drug stocks

TB/HIV, MDR-TB and other challenges

Collaborative TB/HIV activities

Achievements
- Strengthened integration of HIV/AIDS, STI and TB services at sub-district and facility levels through training
- Improved reporting and recording of TB/HIV activities through the implementation of the revised TB registers

Planning activities
- Ensure that routine screening for TB among HIV patients is included as policy for NAP
- Initiate reporting on collaborative TB/HIV activities

Diagnosis and treatment of multidrug-resistant TB

Achievements
- 9 doctors trained in Latvia on clinical management of drug-resistant TB

Planning activities
- Develop training material on MDR-TB and infection control
- Continue collaboration with WHO on training doctors and nurses in MDR-TB and XDR-TB
- Strengthen collaboration between MDR-TB units and laboratories for better follow-up of MDR-TB patients once discharged
- Revise guidelines for management of MDR-TB and XDR-TB
- Develop national guidelines on infection control for implementation in all health-care facilities
- Conduct a rapid assessment for infection control in 11 MDR-TB units
- Establish drug-resistance surveillance system

High-risk groups and special situations

Achievements
- Focused work on TB control in prison populations, among migratory workers

Planning activities
- Provide special incentives to TB patients, such as food and transport to health facilities

1 Unless otherwise specified, achievements are for financial year 2006; planned activities are for financial year 2007.
### Health System Strengthening, Including Human Resource Development

**Achievements**
- Planning for TB control involved sector-wide and inter-sectoral collaboration
- Expanded PAL (PALSA) activities in Western Cape and Free State provinces
- Updated PALSA guidelines
- Conducted training specifically for non-NTP health-care providers with particular emphasis on the mining sector

**Planned activities**
- Monitor implementation of infection control in all health-care facilities
- Expand PALSA activities to additional provinces
- Improve reporting of all TB cases from the mining sector to the NTP and harmonize referral between mining health facilities and NTP facilities

### Engaging All Care Providers

**Achievements**
- Conducted training specifically for non-NTP health-care providers with particular emphasis on the mining sector

**Planned activities**
- Develop a national ACSM strategic plan
- Improve human resource capacity and ACSM at national level (1 ACSM unit) and at provincial level (1 dedicated ACSM staff member per province)
- Target advocacy campaign for patient education and counselling
- Increase community awareness about TB through targeted communication campaigns in particular around World TB Day
- NTP to support dissemination of general patients’ charter

### Advocacy, Communication and Social Mobilization

**Achievements**
- Implemented ACSM activities in all 53 districts
- Engaged political and traditional structures
- Advocated for additional human and financial resources for TB

**Planned activities**
- Develop a national ACSM strategic plan
- Improve human resource capacity and ACSM at national level (1 ACSM unit) and at provincial level (1 dedicated ACSM staff member per province)
- Target advocacy campaign for patient education and counselling
- Increase community awareness about TB through targeted communication campaigns in particular around World TB Day
- NTP to support dissemination of general patients’ charter

### Community Participation in TB Care

**Achievements**
- Involved communities in all 53 districts in TB control; provided care for TB patients, and counselling and patient education
- Included poverty alleviation as part of the long-term planning of Stop TB activities

**Planned activities**
- Develop a national ACSM strategic plan
- Improve human resource capacity and ACSM at national level (1 ACSM unit) and at provincial level (1 dedicated ACSM staff member per province)
- Target advocacy campaign for patient education and counselling
- Increase community awareness about TB through targeted communication campaigns in particular around World TB Day
- NTP to support dissemination of general patients’ charter

### Patients’ Charter

**Achievements**
*The Patients’ Charter was published in 2006 and was therefore not available for use in countries until then.*
- Disseminated a general patients’ charter (not TB-specific) in health facilities

**Planned activities**
- Develop a national ACSM strategic plan
- Improve human resource capacity and ACSM at national level (1 ACSM unit) and at provincial level (1 dedicated ACSM staff member per province)
- Target advocacy campaign for patient education and counselling
- Increase community awareness about TB through targeted communication campaigns in particular around World TB Day
- NTP to support dissemination of general patients’ charter

### Research, Including Special Surveys and Impact Measurement

**Achievements**
- None reported

**Planned activities**
- Pilot PPM initiative with the private medical sector
- Conduct a demonstration project on rapid MDR-TB tests — FIND project (results available in 2008)
- Conduct a rapid assessment of XDR-TB in all MDR-TB units and TB hospitals (results available mid-2008)
- Assess current strategies to support TB patients
- Conduct a feasibility study on use of incentives for TB patients
- Study the cost of community TB care and best practice models for MDR-TB
- Carry out a national prevalence of disease survey
- Conduct a drug-resistance survey
FINANCING THE STOP TB STRATEGY

NTP budget by source of funding:
Substantial increase in funding needs for 2007–2008 with full funding expected from the government.

NTP budget by line item:

Total TB control costs by line item:
NTP budget will account for largest share of TB control costs in 2007–2008 if MDR-TB activities and capital investments are implemented as planned.

Comparison of country report and Global Plan:
Projected number of new patients to be treated 2007–2008 higher in Global Plan, therefore higher budget for DOTS, much larger investment in MDR-TB in country plan mainly due to national policy to hospitalize patients for at least 6 months and associated need for renovation and expansion of hospital infrastructure.

NTP budget and funding gap by Step TB Strategy component:

SOURCES, METHODS AND ABBREVIATIONS:

2. M&E and STB Partnership indicators shown in box. Targets are 70% case detection of smear-positive cases under DOTS, 85% treatment success, to ensure that the incidence rate is falling by 2015, and to reduce incidence rates and have 1500 prevalence and mortality rates by 2015. Estimates for 1990 are prevalence 714/100,000 pop and mortality 78/100,000 pop.
3. To assess adequate laboratory services coverage there should be at least 1 laboratory providing smear microscopy per 100,000 population, one culture facility per 5 million population and one DST facility per 10 million population.
4. Total TB control costs for 2005–2006 are based on expenditure, whereas those for 2007–2008 are based on budgets. Estimates of the costs of clinic visits and hospitalization are WHO estimates based on data provided by the NTP and from other sources. See Methods for further details.
5. NTP available funding for 2005–2006 is based on the amount of funding actually received, using retrospective data; available funding for 2007–2008 is based on prospectively reported budget data and estimated as the actual budget minus any reported funding gap.
6. Incidence rate, population at risk, smear positive rate, smear negative rate, smear smear positive rate, smear negative rate.
### Summary Sheet

<table>
<thead>
<tr>
<th>Agenda Nr. 1.08- 4.0C</th>
<th>South Africa</th>
<th>Subject</th>
<th>Roundtable with Countries: Country Reports on the Global Plan</th>
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**For Information** | **For Discussion** | **For Decision** |

### Rationale

To inform the Coordinating Board on the implementation of The Global Plan - of progress made and the challenges faced by four countries - Afghanistan, India, South Africa and Tanzania.

### Summary

1. South Africa has developed and has commenced implementation of its TB Strategic Plan 2007-2011, in line with the Global Plan to Stop TB
2. South Africa has attained 70% case detection rate against a target of 71%; the treatment success rate for new smear positive cases is at 71%
3. We have increased access to laboratory services particularly for culture and first and second line drug susceptibility testing, by establishing 3 new culture facilities and 3 new second line DST facilities. Importantly South Africa was one of the sites of the FIND demonstration project for rapid MDR-TB tests and it is likely that the launch of the product will take place in South Africa later this year
4. An Advocacy, Communication and Social mobilisation strategy has been developed and being implemented.
5. TB and HIV activities have been implemented in all 52 health districts in the country with routine screening and testing of HIV positive individuals for TB and counselling and testing of TB patients for HIV and access to treatment.
6. MDR and XDR-TB activities implemented in all 52 districts with routine screening and testing of all high risk groups and access to treatment. In 2007, 6191 MDR-TB and 563 XDR-TB patients were started on treatment.
7. TB infection control guidelines have been developed and training conducted for than 1900 facility health care workers and infection control officers.

### Challenges:

1. Health systems issues
   a. Lack of sufficient human resources at all levels of care
   b. Infrastructural improvements for infection control for all health facilities
   c. Community care service models to ensure continuum of care
2. Poverty – poor living conditions, high unemployment, migration
3. Testing uptake for TB patients still remains low at 32%.
<table>
<thead>
<tr>
<th>Decisions requested (from the Stop TB Coordinating Board)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Implications</strong> (political/financial/staffing etc):</td>
</tr>
<tr>
<td>• None</td>
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**NEXT STEPS**

<table>
<thead>
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<th>Action Required:</th>
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<tbody>
<tr>
<td>Focal Point:</td>
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Global Tuberculosis Control 2008
SURVEILLANCE PLANNING FINANCING
World Health Organization