

THE STATE OF TB IN SOUTH AFRICA

**SHIFTING PRIORITIES TO REGAIN
MOMENTUM IN THE FIGHT**

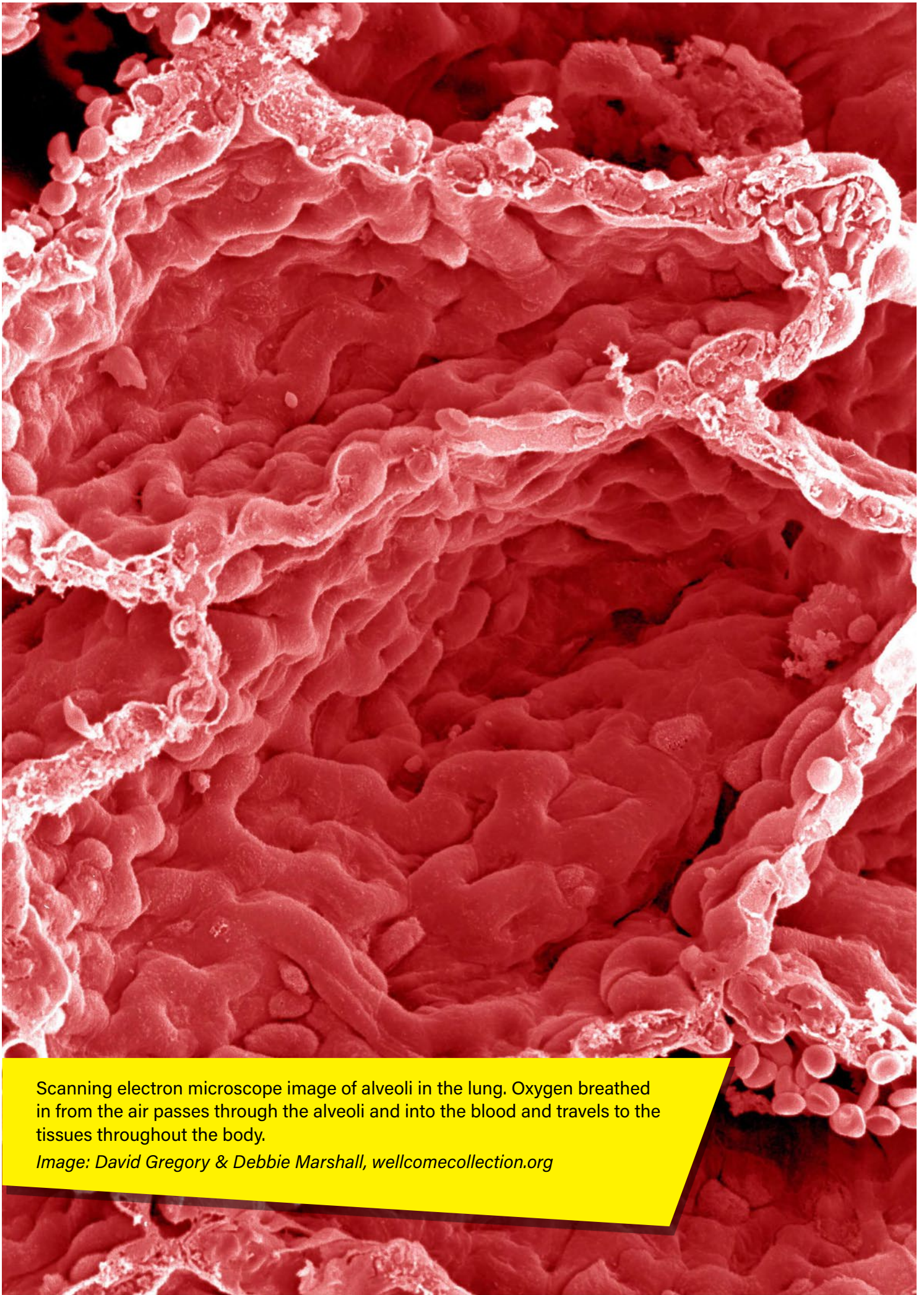
A Report by the TB Accountability Consortium

MARCH 2022



**Accountability
Consortium**

A WITS Health Consortium initiative



Scanning electron microscope image of alveoli in the lung. Oxygen breathed in from the air passes through the alveoli and into the blood and travels to the tissues throughout the body.

Image: David Gregory & Debbie Marshall, wellcomecollection.org

Contents

Acronyms and Abbreviations	4
--------------------------------------	---

FOREWORD

Towards a More Resilient Health System.	5
---	---

CHAPTER 1

South Africa's TB Landscape: Governance is Key . .	8
--	---

CHAPTER 2

Relying on an Evidence-Based Approach	11
SA's TB recovery plan	13

CHAPTER 3

Flexible approaches are needed to finance the TB response.	15
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TAKING THE NEXT STEPS

Some recommendations.	17
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This report was compiled by the TB Accountability Consortium, an initiative of the Rural Health Advocacy Project (RHAP). RHAP is part of the WITS Health Consortium.

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Design: the earth is round

Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
CHW	Community Health Workers
CSO	Civil Society Organisations
DHIS	District Health Information System
HCW	Healthcare Workers
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
MDR	Multidrug-Resistant
MRC	Medical Research Council
NDoH	National Department of Health
NICD	National Institute of Communicable Diseases
NSP	National Strategic Programme
NTP	National Tuberculosis Programme
PCAT	Provincial Council on AIDS and TB
SAMRC	South African Medical Research Council
SANAC	South Africa National AIDS Council
SATVI	South Africa TB Vaccine Initiative
STI	Sexually Transmitted Infection
TB	Tuberculosis
WHO	World Health Organisation
XDR	Extensively Drug-Resistant

FOREWORD

Towards a More Resilient Health System

MARCH 2022 marks exactly two years since the onset of the COVID-19 pandemic in South Africa – the point at which President Cyril Ramaphosa declared a National State of Disaster and instituted a 21-day hard economic lockdown that would have far reaching effects.

More than 750 days have passed since this announcement and South Africa remains in a State of Disaster. Collectively in this time the country has seen more than 3.6 million COVID-19 cases and 100 000 deaths during four transmission peaks of the virus.

As the virus caseload appears to start stabilising, South Africa is cautiously joining the world in a post-COVID shock recovery phase.

Looking back at the last 24 months, however, the South African health system has performed remarkably. As part of its efforts to respond to the crisis, leaders within the country's health system embarked on an emergency response which saw a strong show of leadership, underpinned by oversight and transparency, the rapid assembly of data dashboards to strengthen surveillance and the swift reassignment of healthcare workers. There are many positives that can be gleaned from this.

Despite the weaknesses that plague South Africa's health system, the health sector was able to adapt and respond to a system stressor such as COVID-19 in a swift and timely fashion. It was able to coordinate efforts and collaborate with stakeholders to reorganise the necessary assets to support the national response to COVID-19, pulling together data, and allocating healthcare workers to the places that needed it most.

What this response undoubtedly shows is that the health system has the ability to develop resilience in the face of a crisis.

The prolonged single focus on the health system's emergency response did not come without a cost. As the public health sector shifted its focus to deal with the imminent threat, various services were forced to bear the brunt and several essential services fell by the wayside.

South Africa's National TB programme was among the biggest casualties. TB testing and diagnosis declined by over 20% and for the first time in over a decade there was an increase in the number of TB deaths.

But all is not lost. To respond to this challenge, a TB Recovery Plan has been pulled together by the Department of Health and the TB Think Tank – a collective of experts, academics, researchers and civil society advocates who guide the country's TB response. The recovery plan brings together several critical strategies that should form part of the TB response over the next year. These will be staggered based on the TB priorities.

The strategy that will spearhead this plan is TUTT: Targeted Universal Testing for TB. The logic of this strategy is for everyone who is considered at high risk of contracting TB be given a TB test, irrespective of whether they have symptoms or not.

The plan gives South Africa a chance to adapt the health system resilience lessons displayed during the COVID-19 for the TB response. Adoption will be critical. While TB is airborne like COVID-19, the dynamics around TB are vastly different and complex – ranging from the drivers of the disease to the stigma attached to it.

In addition to this, the country's post COVID economic situation is also profound. The negative impact that the pandemic had on the country economically has remained two years later. The reality is that South Africa will not be able to revert to the status quo that existed pre-pandemic. The implication of this is for TB is that with a declining fiscal envelope, the priorities for TB services would need to be central in the post-COVID-19 plans for health.

This is particularly important given TB's status as the leading cause of death in the country and the fact that it is grounded in a broader human rights framework through the National Strategic Plan. In this vein, the health sector is duty bound to urgently begin work on addressing and regaining the losses.

As South Africa transitions into a new phase of the pandemic, it has reached a point where it is finally in a position to regroup, reorganise

and build a resilient post-COVID-19 recovery strategy.

Ultimately the shock that the COVID-19 pandemic presented to South Africa's health system, has reiterated the need to build resilience in the health system, particularly in its approach to TB.

One of the solutions is to start asking the difficult questions that will result in strong governance and leadership, and transparency coupled with an improved accountability.

Building an accountability consortium could strengthen TB care in SA by consolidating the implementation of policies, technical solutions and advocacy efforts. The consortium could ask critical questions that can improve TB accountability at both national and provincial levels.

This report is the first step on this journey. It looks at the challenge of TB within South Africa's health system and attempts to evaluate what is needed to help South Africa regain the ground it has lost. It addresses three critical areas of the health system: the data that exists around TB and what that data tells us, the financial elements around the TB programme in the country and the health workforce as a cog in the engine.

The report flags the issue of governance within the TB sector, looking at where the buck stops, what needs to be done and what are the consequences if the health sector in South Africa does not take a change in approach around TB.

The report concludes with a set of recommendations of the avenues that should be pursued if South Africa is to regain momentum in its battle against TB.

Russell Rensburg

Director: Rural Health Advocacy Project, as the secretariat of the TB Accountability Consortium

Community members attending the launch of a new Luyanda Site at Mqalana in rural KwaZulu-Natal. Luyanda Sites are decentralised hubs for HIV and TB services. The Mqalana site is housed in a parkhome unit donated by MSF. During the COVID-19 epidemic Luyanda Sites have served as medicine pick-up points for patients with chronic conditions.

Photo: MSF/Chris Allan



CHAPTER 1

South Africa's TB Landscape: Governance is Key

When the National Department of Health launched its five-year National Strategic Plan for HIV, TB and STIs in 2017, significant progress was being made in the fight against TB.

GeneXpert technology had been introduced as a rapid diagnostic test to enable faster diagnosis for TB and screening for drug resistance, bedaquiline had been added to the TB toolkit, and the country's TB treatment success rate had risen to 83%.

In addition, the country had recorded a significant decline in TB deaths, dropping from 184,000 in 2010 to 61,000. The 67% decline signalled hope in the response to South Africa's single largest contributor to death.

The National Strategic Plan provided a framework for governance, leadership and accountability, along with eight focus areas. The availability of timely information is key to effective governance.

The NICD is channelling significant efforts to prioritise surveillance on TB testing and diagnosis. The routine TB treatment data from TIER.Net provides information on treatment outcomes and is able to identify 19 of the country's 52 districts that have the highest TB burden.. But there are many gaps in this data. It fails to highlight the number of undiagnosed patients or provide information on those who tested positive but were not linked to treatment.

As Dr Fareed Abdullah, Director of the AIDS and TB Research office at the South African Medical Research Council, explains that the problem is that the data systems are not linked and therefore not speaking to each other coherently.

Neither the recording of cases and treatment outcomes on the TIER.Net system nor the reporting of new diagnosis on district health information system (DHIS) seem to be at the level that it needs to be, he says.

TIER.Net was launched in 2014 as a non-networked electronic system that would integrate the TB and HIV information systems at facility level. TIER.Net was the first step in decentralising TB programme data and ensuring that patient-level information was captured at facility level. Aggregate data is integrated into DHIS. The information system is unable to provide districts and provinces with the information needed for effective programme management, as TIER.Net is aggregated at a national level and only shared with provinces in an aggregated format.



This makes it impossible to de-duplicate data for example. EDR.web, the drug resistance TB reporting system, operates more effectively, but deals with a smaller number of cases and fewer treatment sites.

The records are not good,” says Abdullah. “That puts us in a very difficult position to figure out whether we are getting worse or better. And also that sort of compounds a problem that already existed, which was that a lot of people with TB were not getting diagnosed anyway. But even those who are getting diagnosed are not being put on treatment. The only reliable data, he argues, is from the National Health Laboratory Service, which records the GeneXpert tests that they conduct.

“The data management for COVID has been excellent. If data management for TB was arranged in the same way, the country would make a lot of progress,” says Abdullah.

Part of the problem, says Abdullah, is that South Africa has not gained the necessary momentum around TB. Implementation is poor, he adds. While the TB Think Tank comes up with great ideas, implementation is just not taking place.

“The system of organisation and management is broken down quite a lot in most of the country’s provinces. TB services are run by municipal clinics that do not get enough subsidies from the

provincial government. While there are pockets of excellence where the clinics are running well, there is generally a failure of capacity at provincial level,” he explains.

For Abdullah, the answer is good old fashioned management supervision, organisation and logistics. Many of the provinces face operational challenges which cripples them in their attempts to implement the TB response consistently.

South Africa has the policies in place to ensure an effective TB response. The challenges we face are mostly not at a policy level, but with implementation. This is where the need to strengthen the accountability regime within the health system comes in. Accountability must take place at the management, political and governance levels, Abdullah says.

PROTECTING HEALTHCARE WORKERS

As part of the initiative to look at how South Africa can regain momentum in its fight against TB, a focus also needs to be placed on healthcare workers.

Across the world health workers form a critical part of the fight against TB, implementing the policies and guidelines on the ground that could eventually result in a positive or negative impact on the end goal.

While the health workforce is essential in the day-to-day running of the health system, their engagement at the coalface also places them at a high risk and leaves them among the most vulnerable.

While the COVID-19 pandemic has highlighted the importance of infection prevention and control in hospitals, it has also shone the spotlight on the glaring lack of infection prevention control measures within the TB response.

As a country, South Africa has introduced legislation that protects the occupational health and safety of workers. In a show of its commitment to the protection of the healthcare workforce, the South African Health Department has developed a comprehensive National Occupational Health Standards for health workers. The policy, which had been deliberated over for close to seven years, is set to be launched later this year.

TB Proof, an advocacy organisation, has advocated for all healthcare workers to get N-95 respirators, as was made available during the COVID-19 pandemic as a matter of urgency. The bigger picture, however, as Ingrid Schoeman, director of advocacy and strategy at TB Proof says, is the launch of the Occupational Health and Safety Policy. This would standardise how healthcare workers report occupational disease, resolve the issues around respirators and provide clarity on issues such as the acquisition of infrastructure for adequate ventilation and standardised training around infection prevention and control.

Currently there is limited publicly available data on how many health workers have developed TB and no protocols around regular screenings for health workers, including community health workers.

Having these elements in place creates the space for checks and balances and ultimately accountability. There are infection prevention and control gains that have come about as a result of COVID-19 that need to be leveraged. The release of the policy is the first step, says Schoeman but the holistic solution would need to consider implementation as well.

CHAPTER 2

Relying on an Evidence-Based Approach

A CRITICAL part of the game plan to reduce the number of undiagnosed TB patients and to help the SA government regain the momentum that has been lost in the last two years is to massively ramp up TB testing in the country.

Targeted Universal Testing for TB – or TUTT – will mean that a significant number of people who, previously would not have been considered for TB testing, would be tested – whether or not they have symptoms. This includes people living with HIV, close contacts of TB patients and anyone who reported having TB in the past two years.

The reason? All these groups of people are considered at high risk for TB – and the science has shown that in South Africa there is a massive cohort of people who have TB and are actually asymptomatic.

The TUTT demonstration study showed that about 6% of individuals who were routinely tested had TB, and the approach increased the number of patients diagnosed by 14%.

TUTT – as the first strategy in the TB Recovery Plan – is likely to be rolled out at the more than 3700 health facilities across South Africa from where TB services are ordinarily offered. However, there would also be a reliance on community health workers who would be involved in contact tracing.

While TUTT policy implementation is an important piece of the puzzle, it is unlikely to succeed without careful monitoring of data and allocation of human resources where needed. The role of community health workers who are able to engage their constituents will be important.

This approach has been proven to work. During the sudden spike due to the highly transmissible COVID-19 delta variant in 2021, the National Department of Health needed an urgent solution to manage the 26 000 new cases being recorded daily.





Phenduka Mtshali, a patient with Drug Resistant Tuberculosis (DR-TB), is seen in her home in Mbongolwane, South Africa.

Photo: MSF/Tadeu Andre

WHAT YOU NEED TO KNOW

SA's TB recovery plan

WHAT IS IT?

- The National TB Programme's priorities for 2022 remain focussed on regaining ground lost in the fight against TB during the COVID-19 pandemic.
- There are a number of tools to be implemented in the coming year to help reduce TB disease and deaths and help South Africa to get back on track towards global targets for TB elimination by 2035.

WHAT DOES IT ENTAIL?

The focus for the next financial year is to:

1. Find undiagnosed people with TB
 - Scale up community screening using TB Health Check (1m screens in community settings)
 - Scale up routine TB testing (irrespective of symptoms) by introducing Targeted Universal TB Testing (TUTT) for PLHIV, household contacts and previously treated TB patients (TB testing target: increase from 2M to 4M tests over next 12 months)
 - Scale up use of urine LAM assay and digital Chest X-rays
2. Strengthen systems for linkage to care
 - Implement a TB results notification system (NMC and SMS results to patients)
3. Strengthen systems for retention in care
 - Adherence counselling package
4. Scale up TB Preventive Treatment
 - Use of shorter treatment regimen 3HP, 3RHEExpand eligibility to all household contacts

WHAT ARE THE CRITICAL ENABLERS?

1. Guidelines/ SOPs: Develop and seek approval for integrated guidelines.
2. Improve data systems to obtain real-time access to TB data
3. Capacity building at all levels
4. Communicate and advocate for TB across sectors and among partners and raise public awareness
5. Adoption of quality improvement approaches to improve TB outcomes
6. Improved governance and management of TB programme

**source: Dr N Ndjeka, DD TB Programme, National Department of Health*



The answer was found in using a combination of health systems data, surveillance and community engagement.

Daily situational reports were generated to track the number of new cases along with the number of positive cases in a particular province. It provided indicators on how the response to the pandemic was progressing.

Epidemiological and case management teams would analyse the data to understand if responses that had been introduced were having the intended effect. Data could be drilled down to a district, sub-district and area level.

In this way, the smallest changes could be picked up at an area level. The team could then focus on that area to track the outbreak and understand what was leading to its spread. Once problems were identified, tracer teams could then be sent in to engage with the community and contact trace. The analysis at the district, sub-district and area level was a critical part of helping to identify hotspots where the virus could be interrupted.

South Africa's cohort of community health workers have already become an essential part of the TB response. They are responsible for contact tracing in communities, symptom screening, education on side effects and raising awareness, encouraging high risk groups to test for TB, follow up counselling, contact tracing in the family, and making sure that the patient completes treatment. It would be important to define their role in supporting the TB Recovery Plan.

The learnings from COVID can be applied to the TB Recovery Plan – make sure an evidence-based approach is at the forefront of the response, analyse the data comprehensively, understand the data drivers and use what is in the arsenal to your advantage.

CHAPTER 3

Flexible approaches are needed to finance the TB response

The financing of South Africa's TB response is another area that will need attention if the rollout of the TB Recovery Plan is to be successful. For the TB Recovery Plan to work, additional allocations are not needed from the National Government. What is needed is strong coordination and accountability.

South Africa's current financing framework means that the National Treasury allocates the financing for the health budget, based on the needs that have been determined by the NDOH and its provincial counterparts. TB programming in South Africa is financed through District Health Programme Grants, a conditional grant that is co-ordinated by the National Department of Health.

This financing framework places a significant responsibility on provincial departments of health. The success of the overall TB programme is highly dependent on their health management systems, their budgets and their ability to deliver primary health care.

Currently there is R28 Billion in conditional grants that are allocated to provinces. The Provincial Departments will have the flexibility to move elements of their programmes into different categories of their budgets. Within this they will need to allocate budgets to increase testing as the first strategy of the Recovery Plan, as well as outreach services.

Their first priority is to ensure that the 19 districts with the highest TB burden are adequately funded to roll out increased testing, in line with TUTT. Doubling the testing capabilities in these districts will have a financial implication and that would need to be considered.

But equally as important as the financing of testing, is the financing of the outreach services in these communities. These allocations need to be channelled to optimise community health worker needs. They play a critical role in linking people to care.

To ensure the success of the TB Recovery Plan, the National Department has a critical role to play in terms of coordination. The conditionalities attached to the conditional grants which they coordinate present an opportunity for them to fast track and steer the coordination of the TB Recovery Plan. They are able to shape the use of the funds.

The conditionalities attached to the District Health Program Grant does allow for some changes within the program. And the five sub-priorities within the recovery plan would need to be considered in terms of the focus area.

However, the most crucial element is accountability. The success of the National TB recovery plan is contingent on improved coordination between the national TB program and the provincial departments of health responsible for implementing it.

TB ACTIVISM ALSO NEEDS ATTENTION

The TB Recovery Plan places an important focus on community education and engagement as part of its efforts to recoup the losses from the last two years of COVID-19.

According to the plan, community education and engagement would create awareness and a demand for services. It would help reduce stigma, support local TB screening and testing campaigns and address specific community and health service delivery challenges.

But for Patrick Mdletshe, KZN Chairperson of the Civil Society, the concern is that this activism has been side-lined.

"As an activist, you have an important role. You need to understand the treatment as well as how people are tested. You need to understand what is new, what is happening in other countries in terms of TB, why should we be advocating for something? We should be sitting down and talking about policy change and policy review," says Mdletshe.

Activism is particularly important in settings where there is a significant rural base. The challenges linked to rural healthcare is not new or unique to TB. Electricity problems, limited or no resources to capture data are some of the realities that can result in poor quality or missing data.

The danger, however, is that activists are not able to keep up with the developments in the fight against TB. Funding constraints mean that this capacity development doesn't take place as often as it should. While most of the funding for TB is linked to programmatic work, there is limited funding linked to activism.

There is a systematic failure in the approach to TB, says Mdletshe, who argues that TB activism has been systemically side-lined in terms of budgets.

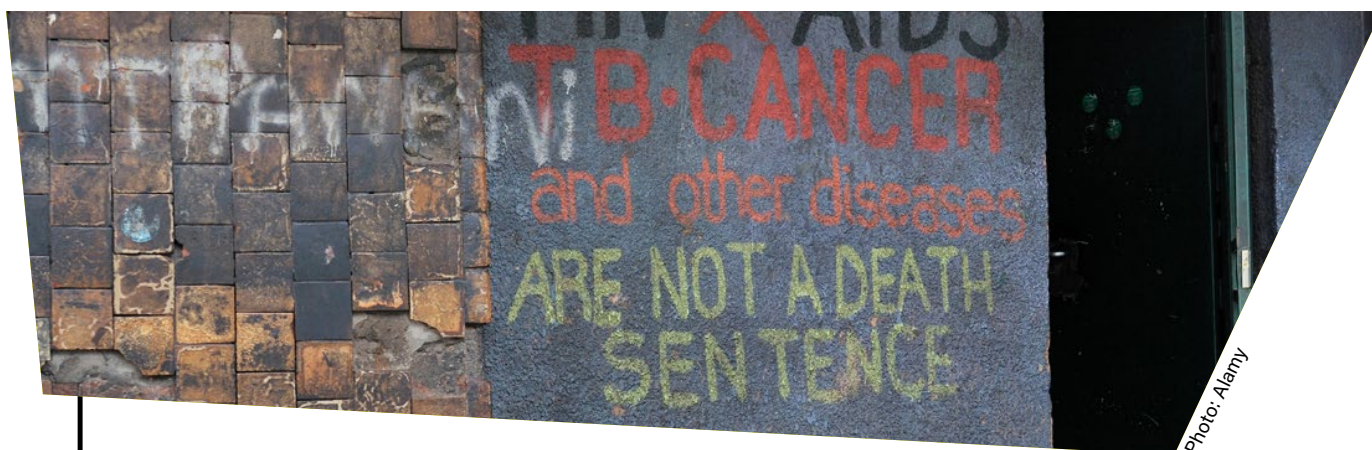
"Right now, we are losing the basic knowledge and information on TB," says Mdletshe. The most critical parts of activism, says Mdletshe, is community education and community imbizos, where activists have a chance to talk to people and have a dialogue about the issues around TB.

One of his biggest frustrations is the difference in the way patients with TB and HIV are initiated on treatment. With HIV treatment, patients are introduced to a counsellor from the onset. They are given details about the side effects, the importance of staying on treatment and the treatment milestones. This doesn't take place in TB where all these elements of the treatment plan are as important.

The challenge here is that patients don't understand the importance of sticking to their treatment regime and engaging in infection prevention practises.

Photo: Masixole Feni





TAKING THE NEXT STEPS

Some recommendations

It is critical that South Africa's TB Programme take steps to regain the ground it has lost as a result of the COVID-19 pandemic.

The National TB Recovery Plan has determined the priorities and set out a clear course for this to take place.

COVID-19 remains a challenge - not only in South Africa but in the rest of the world. But slowly the world is transforming into a post-COVID mindset, considering their next steps.

From a health system perspective, this early post-COVID space presents an ideal opportunity to consider how the health system can be strengthened so that it is able to provide a resilient response when an unexpected stress is introduced.

Strong governance and leadership need to be underpinned by adequate data information systems, re-energised healthcare workers and prioritised funding.

Going forward as the TB Accountability Consortium, these are our recommendations:

1. Prioritise elements of the TB Recovery Plan. Implement Targeted Universal TB Testing to rapidly reverse the drop in case notifications and increase in avoidable TB deaths.
2. Improve access and responsiveness of TB Health Management Information Systems to enable the TB Recovery Plan to be effectively monitored.
3. Optimise available funding in the District Health Programme conditional grant in support of Targeted Universal TB testing.
4. Strengthen accountability for program implementation by improving access to TB data to health user groups and the public and routinely reporting on progress at public fora.

