

NATIONAL TB RECOVERY PLAN

APRIL 2022 – MARCH 2023



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

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PREFACE

For the last 10 years South Africa has made substantial progress in dealing with the dual TB and HIV epidemics plaguing our country. Over 5.5 million of the 8.2 million people living with HIV have been successfully initiated on life-saving antiretroviral treatment. The scale up of antiretroviral treatment and other TB programme efforts have resulted in important gains in TB control - TB incidence has been reduced by almost half and TB mortality has been reduced by almost two-thirds since 2009.

Despite these gains, the national TB Care Cascade shows that well below half of the people with TB were successfully treated in 2020. The COVID-19 pandemic and associated lockdowns have exacerbated the situation and had a negative impact on TB services throughout the country. Between 2019 and 2020, the number of TB tests provided nationally decreased by 23% from 2,076,726 to 1,605,529 tests. The number of laboratory-diagnosed patients decreased by 25%, from 207,401 to 155,946 patients. It is unsurprising therefore, that although we reported just over 100,000 deaths from COVID-19, excess mortality from natural causes from the start of the pandemic to April 2022, sits at well over 300,000.

We can no longer tolerate these losses. TB is an eminently preventable and treatable disease. This National TB Recovery provides a clear steer on the direction and priorities that we need to focus on as a country to reverse the losses experienced during the COVID-19 pandemic. It provides an opportunity for us to accelerate our TB control efforts to help reach our global commitments to End TB in South Africa and to reach the milestones that we have committed to along the way.

I call on all provinces, districts, facilities, health staff, district support partners, TB advocates, communities and donors to work together and to intensify their efforts in delivering the interventions set out in this plan.

Together, we can accelerate our impact on the TB epidemic. We owe this to the people we serve!

Dr MJ Phaahla

Minister of Health

The National Department of Health gratefully acknowledges the contribution of the following stakeholders in the development of the National TB Recovery Plan:

The World Health Organisation
The National TB Think Tank and participating organisations and individuals
SANAC Civil Society Forum
The Provincial Departments of Health

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
COVID-19	Coronavirus Disease 2019
DOT	Direct Observed Treatment
DS-TB	Drug-Susceptible Tuberculosis
DR-TB	Drug-Resistant Tuberculosis
FY	Financial Year
HIV	Human Immunodeficiency Virus
MDGs	Millennium Development Goals
M&E	Monitoring and evaluation
MDR-TB	Multidrug-Resistant Tuberculosis
MERL	Monitoring, evaluation, reporting and learning
NDoH	National Department of Health
PLHIV	People living with HIV
RR-TB	Rifampicin-Resistant Tuberculosis
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
STI	Sexually Transmitted Infection
TB	Tuberculosis
UN	United Nations
WHO	World Health Organization

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1. INTRODUCTION

1.1. GLOBAL BURDEN OF TB

Globally, there were an estimated 9.9 million people with TB in 2020, of whom only 5.8 million were notified. TB notification declined from 7.1 million in 2019, reversing the trend of the previous two years. TB mortality increased for the first time since 2005, with an estimated 1.3 million deaths globally. Despite being both preventable and treatable, TB remains one of the top 10 causes of death globally and the leading cause of death from a single infectious disease. The African continent is significantly affected by TB, accounting for 25% of the global burden and 549,000 deaths.

1.2. BURDEN OF TB IN SOUTH AFRICA

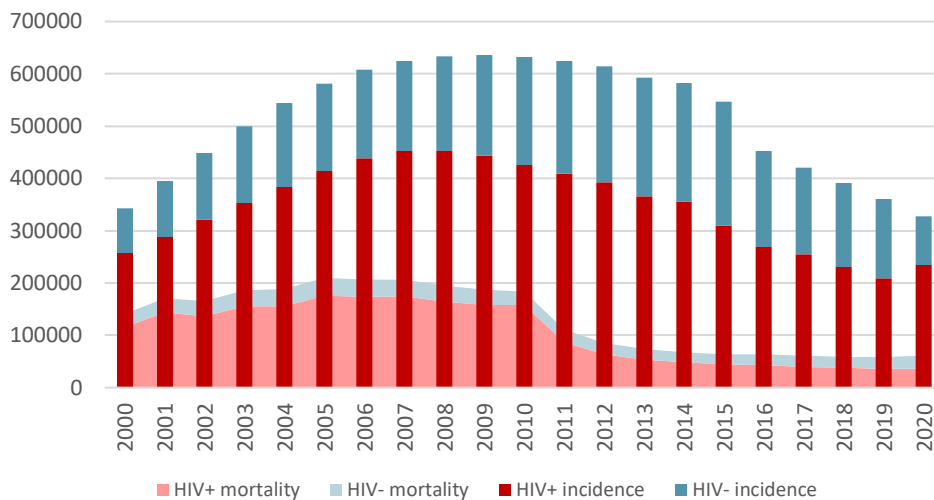


Figure 1: Trends in TB Incidence and Mortality in South Africa by HIV Status

TB incidence and mortality in South Africa had increased sharply pre-2009, driven mostly by HIV. The scale up of antiretroviral treatment contributed to a reversal in this trend. TB incidence has declined by 48% from 636,000 in 2009 to 328,000 in 2020 with a higher rate of decline among people living with HIV (PLHIV) than in HIV-uninfected individuals. TB mortality declined by 67%, from 187,000 in 2009 to 61,000 in 2020, with a higher rate of decline among PLHIV (77%) than in HIV-uninfected individuals (14%) (Fig 1). However, between 2019 and 2020 TB mortality increased for the first time since 2005.

1.3. THE IMPACT OF THE COVID-19 PANDEMIC ON TB TESTING AND CASE-FINDING

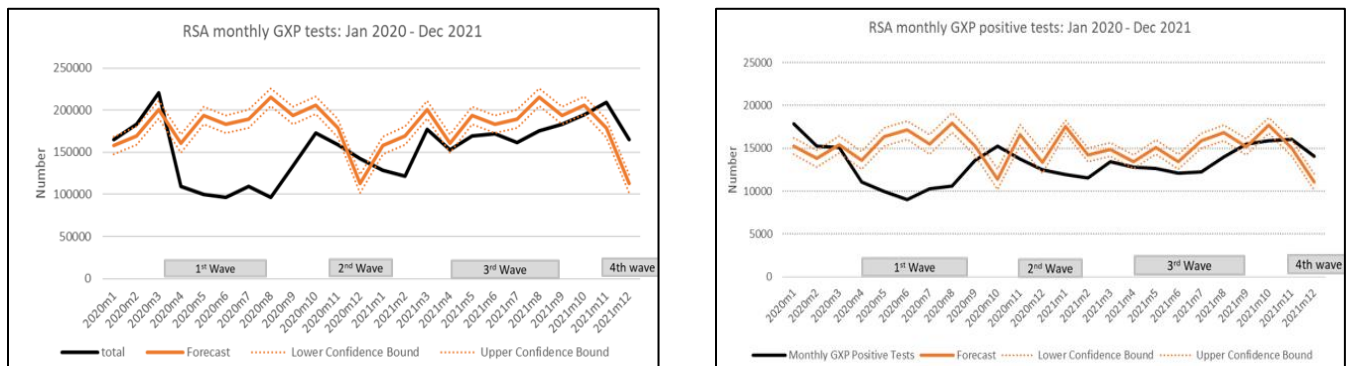


Figure 2: Trends in the number of Xpert tests conducted and positive tests, January 2020 – Dec 2021 (NICD)

There has been a gradually decline in number of TB tests undertaken nationally over the last few years; for example, between 2019 and 2020 there was a 3% decrease from 2,131,718 to 2,076,726 tests. The COVID-19 pandemic resulted in a significantly higher month-on-month decline in TB testing and in the number of positive tests when compared to forecast data (Fig 2). This is attributed to both demand and supply-side factors at play during the COVID-19 pandemic and the associated lockdowns. Thus, between 2019 and 2020, the number of TB tests undertaken nationally decreased by 23% (to 1,605,529 tests).

Similar trends were seen in the number of laboratory-diagnosed TB patients. Between 2018 and 2019 the number of laboratory-diagnosed patients identified nationally decreased by 9%, from 228,624 to 207,401 patients, whilst between 2019 and 2020 the number of laboratory-diagnosed patients decreased by 25% (to 155,946 patients). Similar trends were seen in all provinces (Fig 3) with some recovery in 2021.

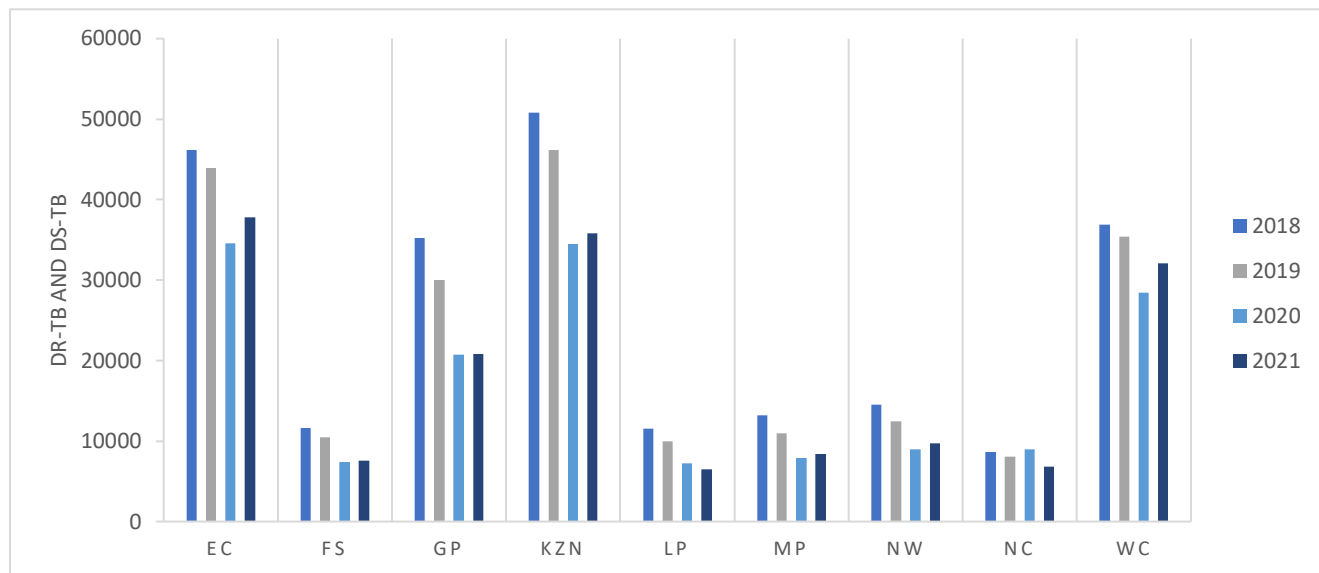


Figure 3: Laboratory confirmed TB patients by Province, 2018-2021

1.4. TB NOTIFICATION IN SOUTH AFRICA

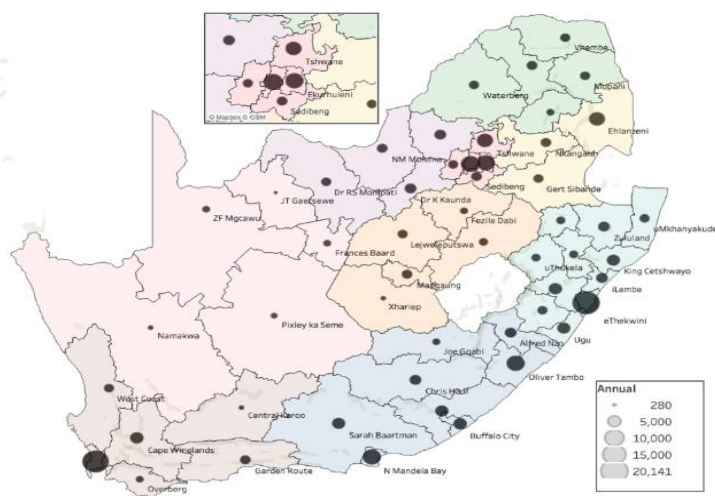


Figure 4: Distribution of TB notifications across districts, 2020

South Africa reported a total of 208,032 people with TB in 2020; of these 191,074 were patients with new and relapse TB and 9,528 had rifampicin resistance. KwaZulu-Natal, Eastern Cape, Gauteng and Western Cape were the provinces with the highest number of TB notifications. The map in Figure 4 shows that the eThekweni and City of Cape Town districts had the highest number of notifications (with 20,141 and 18,651 patients respectively). These, together with the metropolitan districts of City of Johannesburg and Ekurhuleni, accounted for a quarter of the total TB notifications.

1.5. DRUG-SUSCEPTIBLE TB TREATMENT OUTCOMES

The treatment success rate for DS-TB remains below the target of 90%, with a decline from 81.1% in 2016, to 78.5% in 2020. The high proportion of patients who were lost to follow up and who died, have negatively impacted the treatment success rates (Fig 5).

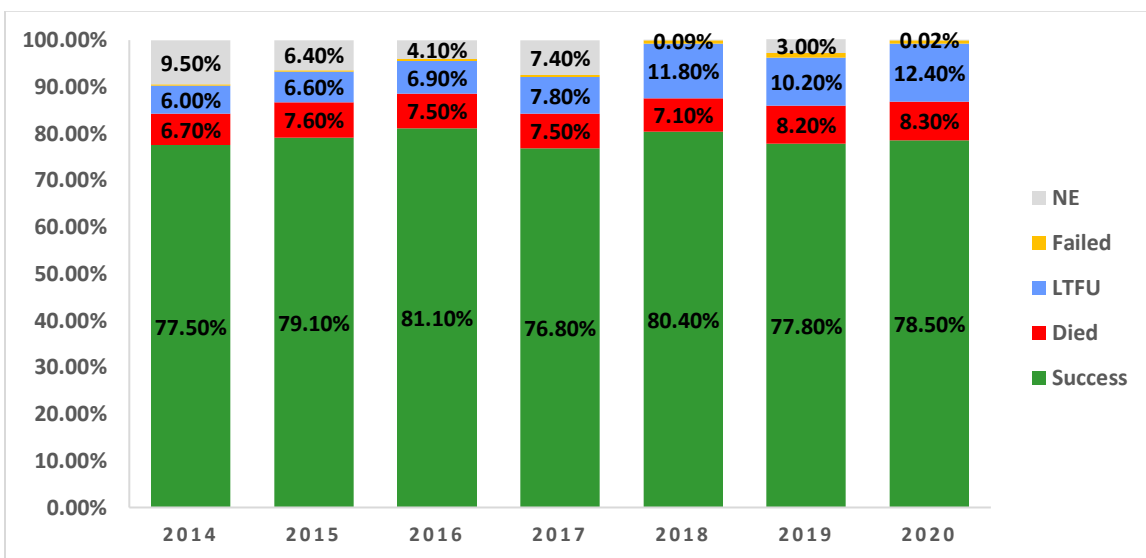


Figure 5: TB Treatment Outcomes for DS-TB, percentage, 2014 -2020 (DHIS,2022)
(*Reported for outcome cohort)

1.6. DRUG-RESISTANT TB IN SOUTH AFRICA

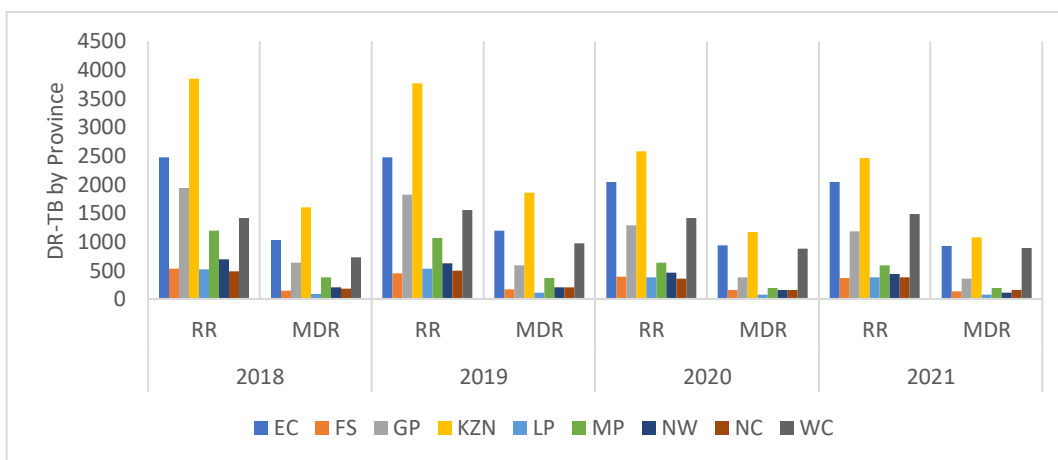


Figure 6: Laboratory confirmed MDR- and RR-TB diagnoses by Province, 2018 - 2021

The number of RR- and MDR-TB patients diagnosed has been decreasing across all provinces since 2018 (Fig 6) in keeping with the overall decline in TB incidence and notification.

The proportion of DR-TB patients initiated on treatment increased between 2007 and 2015 and the proportion of patients who are successfully treated increased, from 37% in the 2007 cohort, to 63% in the 2019 cohort. The death rate and loss to follow-up rate have seen minimal declines from 2011 and therefore remain our main challenges in the programme (Figure 7).

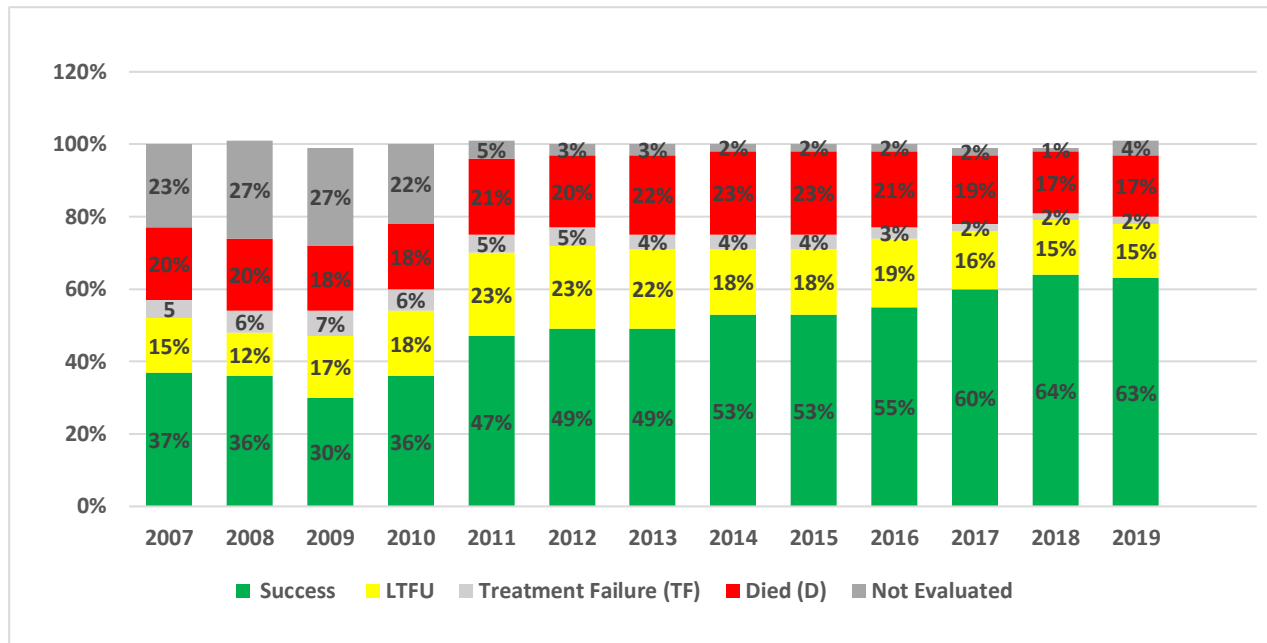
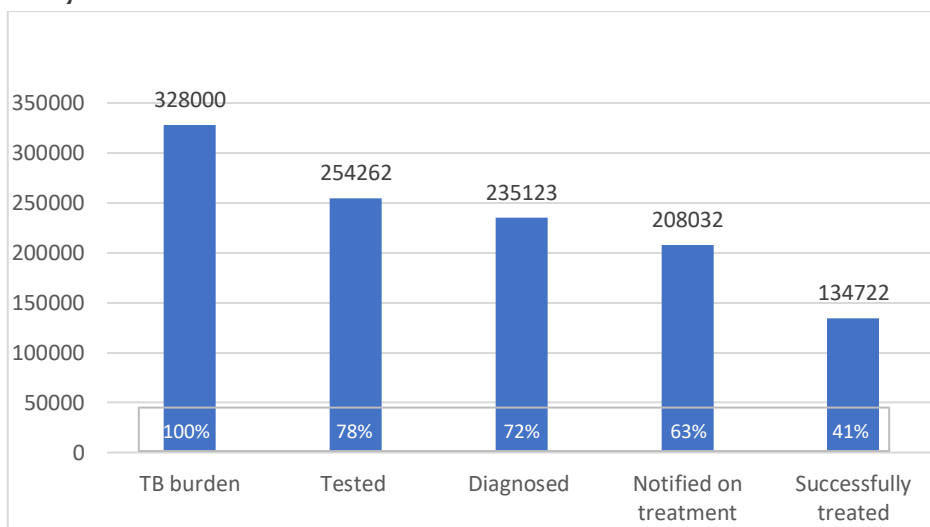


Figure 7: MDR/RR-TB Treatment Outcomes, percentage, 2007-2019

1.7. THE 2020 TB CARE CASCADE



- TB incidence is based on the WHO Global TB Report, 2021
- The number tested is back-calculated, based on test sensitivity and the assumption that 10% of those with false negative Xpert get empiric treatment
- The number diagnosed is based on NHLS data on case-finding (Courtesy Harry Moultrie, NICD) and WHO Global TB Report 2021 on empiric treatment
- The number notified on treatment is based on the WHO Global TB Report 2021
- The number successfully treated is based on Tier.Net data for DS-TB cases and EDR.web data for DR-TB. Outcomes for long DR-TB regimens have been projected based on 2019 outcomes.

Figure 8 : TB Care Cascade South Africa – 2020

The TB care cascade for 2020 shows that of the estimated burden of 328,000 patients, only 41% were successfully treated. Almost 120,000 people with TB had not been diagnosed and or initiated on treatment. In comparison to 2018, the key changes are the increase in the TB case detection gap from 20% in 2018 to 28% in 2020 and a concomitant decrease in the rate of initial loss to follow-up, from 20% to 9%. The former is to be expected in view of the decline in TB testing and case-finding reported by the NHLS.

Treatment outcomes were available for only 173,070 of the notified patients. Among the 166,064 DS-TB patients with an outcome reported, the treatment success rate was 78.5%. However, there were almost 35,000 notified patients without an outcome recorded – we need to close these data gaps to help get a better understanding of programme performance. A conservative approach has been adopted in this analysis, with the assumption that the patients in whom an outcome is not reported had unfavourable outcomes.

2. AIMS AND OBJECTIVES OF THE TB RECOVERY PLAN

The TB recovery plan **aims to reverse the losses** incurred during the Covid-19 pandemic and associated lockdowns and to **accelerate efforts towards attaining the NSP, UNHLM, SDG and End TB targets** (Table 1).

	Milestones			Targets
	2020	2025	2030 (SDG)	2035 (End TB)
Percentage reduction in TB incidence rate from 2015 baseline	20%	50%	80%	90%
TB incidence targets per 100,000 population SA	790	494	198	99
Percentage reduction in TB mortality from 2015 baseline	35%	75%	90%	95%
TB mortality targets SA	41,600	16,000	6,400	3,200
% TB-affected households experiencing catastrophic costs	0%	0%	0%	0%

Table 1: End TB Targets and Intermediate Milestones

The key objectives of the TB recovery plan are to:

1. Find people with undiagnosed TB disease in communities
2. Strengthen linkage of people diagnosed with TB to treatment
3. Strengthen retention in TB care
4. Strengthen TB prevention efforts

3. KEY INTERVENTIONS

3.1. FIND PEOPLE WITH UNDIAGNOSED TB

- Promote, scale up and evaluate the use of TB Health Check to increase screening for TB

- Introduce routine annual TB tests for PLHIV, household contacts and previously treated TB patients irrespective of TB symptoms
 - Expand the use of digital chest x-rays and the urine-LAM assay
 - Develop targeted interventions to reach men
 - Improve the quality of TB screening in facilities, including simultaneous screening for TB and COVID-19
- 3.2. STRENGTHEN LINKAGE OF PEOPLE DIAGNOSED WITH TB TO TREATMENT**
- Implement a TB results notification system to patients via SMS
 - Implement the DS-TB module in the Notifiable Medical Conditions (NMC) application
 - Strengthen the function of tracer teams
 - Strengthen the referral from hospitals to primary health care level
- 3.3. STRENGTHEN RETENTION IN TB CARE**
- Strengthen implementation of the adherence counselling package
 - Scale up implementation of the shortened (6-month) MDR-TB treatment regimen
 - Scale up implementation of shorter (4-month) paediatric TB treatment regimen
 - Scale up dispensing of TB medication through the Central Chronic Medicines Dispensing and Distribution (CCMDD) system and multi-month dispensing (MMD)
 - Increase the number of MDR-TB treatment initiation sites to cover all sub-districts
- 3.4. STRENGTHEN TB PREVENTION**
- Scale up implementation of TB preventive therapy including 3HP and 3RH
 - Expand eligibility to all household contacts
 - Strengthen infection control prevention in health facilities (including masks, ventilation and UVGI lights)
 - Increase availability of respirators for all health workers and surgical masks for patients with cough

4. CRITICAL ENABLERS

4.1. IMPROVE GOVERNANCE AND MANAGEMENT OF THE TB PROGRAMME

- Develop a TB Cluster Manager’s dashboard to monitor implementation of the TB recovery plan
- Undertake monthly M&E meetings with provinces
- Report on progress with the TB recovery plan to SANAC quarterly
- Conduct quarterly provincial support visits

4.2. IMPROVE SURVEILLANCE FOR TB

- Strengthen the national surveillance system for TB
- Develop and implement a public-facing dashboard on TB testing, notification and TB deaths
- Strengthen pharmacovigilance for TB

4.3. ADOPT QUALITY IMPROVEMENT APPROACHES TO IMPROVE TB OUTCOMES

- Entrench the use of data and quality improvement methods to find, link and retain patients in care

4.4. GUIDELINES/SOPs

- Finalise and seek approval for outstanding guidelines

4.5. CAPACITY BUILDING

- Develop training materials to support TB Recovery Plan activities
- Expand the use of electronic media to rapidly scale-up training

4.6. INTENSIFY ADVOCACY, COMMUNICATION, AND SOCIAL MOBILIZATION

- Implement a nationwide TB communication strategy
- Conduct TB awareness campaigns in TB hotspots
- Galvanise action by engaging all sectors in the TB response

5. IMPLEMENTATION OF THE TB RECOVERY PLAN

The implementation of the TB recovery plan is divided into two phases: **Phase 1** is a preparatory period from January 2022 to June 2022, and **Phase 2** is the implementation period from July 2022 to March 2023. Activities will be rapidly scaled during the implementation phase, leading into the next 5-year NTP Strategic Plan that is currently under development.

Broad implementation activities are set out in Annexure A and the roles and responsibilities from national to facility and community level are set out in Annexure B. Provinces are expected to align their implementation plans with the broad national plan, whilst adapting these to suit their local context.

Strengthened monitoring and evaluation of the TB programme is a critical enabler for successful implementation of the TB Recovery Plan. It will help us to respond to the challenges that we may face in a timely manner. Basic data recording issues must be addressed with urgency. For example, facility staff need to ensure that laboratory forms are accurately completed, including the use of ID numbers and updated contact details. This will help ensure that the NHLS can send results directly to patients. It will also help facilities and districts to manage linkage to treatment more effectively. Accurate and timely capture of patient level information from clinical records into Tier.NET will help us to evaluate our progress in real-time to ensure that we reach the targets set out in Annexures C (Monitoring and Evaluation Framework) and Annexure D (District Level Targets).

ANNEXURE A: IMPLEMENTATION PLAN

The implementation of the TB recovery plan is divided into two phases: Phase 1 is a preparatory period from January 2022 to June 2022, and Phase 2 is the implementation period from July 2022 to March 2023. Activities will be rapidly scaled during the implementation phase.

Phase 1: Jan – June 2022

Specific objectives	Activities	Timeframe	Responsible	Key Partners	Performance Measure
Availability of relevant policies and guidelines	Approval and dissemination of the Guidelines on treatment for LTBI	June 2022	NDOH	Technical Partners	Availability of Guidelines
	Dissemination of revised TB management guidelines	June 2022	NDOH	Technical Partners	Availability of Guidelines
	Approval of the revised Standard Operating Procedure on TB screening and testing	June 2022	NDOH	Technical Partners	Availability of SOP
	Dissemination of the Standard Operating Procedure on TB and Covid-19 co-testing	June 2022	NDOH	Technical Partners	Availability of SOP
	Development of the Standard Operating Procedure on recording and reporting	June 2022	NDOH	Technical Partners	Availability of SOP
Capacity building	Development of TB training materials (including electronic media options)	June 2022	NDOH	NDOH	Availability of the training materials
	Revision of the clinical TB training manual	June 2022	NDOH	NDOH, Technical Partners	Availability of the Training Manual
	Training on TB data management	Ongoing	NDOH	PDOH, DSPs	Number of people trained

Phase 2: July 2022 – March 2023

Specific objectives	Activities	Timeframe	Responsible	Key Partners	Performance Measure
Find people with undiagnosed TB disease	Conduct routine annual testing of household contacts, PLHIV and previously treated TB patients	Ongoing from July '22	Facility staff	DSPs NICD	Total number of Xpert tests undertaken % PLHIV with viral load taken that had a TB test
	Expand use of urine LF-LAM assay testing for all eligible PLHIV	July 2022 Ongoing	PDOH	DSPs	Number of people tested with LF-LAM
	Conduct community screening using digital chest x-rays in hot spot areas	July 2022 Ongoing	PDOH	DSPs	Number of people screened with DCXR
	Promote the use of TB Health Check	July 2022 Ongoing	PDOH	DSPs	Number of screens on TB HealthCheck
	Strengthen TB and Covid-19 bidirectional screening and testing for all people presenting to health facilities	July 2022 Ongoing	PDOH	DSPs	Number of people co-tested for TB and Covid-19
Strengthen linkage of people diagnosed with TB to treatment	Communicate laboratory results directly to patients via SMS	July 2022 Ongoing	PDOH	NHLS	Functional system in place
	Pilot the NMC app for DS-TB in selected districts	May 2022	PDOH	DSPs	Report with recommendations on scale up available
Strengthen retention in TB care	Strengthen implementation of the adherence counselling package	June 2022	PDOH	DSPs	Routine counselling in place
	Implement shortened MDR -TB treatment regimen	November 2022	NDOH & PDOH	DSPs	Number of patients enrolled on shorter (6 months) MDR-TB regimen
Strengthen retention in TB care	Scale up implementation of the Differentiated Models of Care for TB patients	June 2022	PDOH	DSPs	Number of districts implementing DMoC for TB
	Increase enrolment of TB patients on the CCMDD system	June 2022	PDOH	DSPs	Number of patients enrolled on the CCMDD system

	Scale up MDR-TB initiation sites	March 2023	NDOH & PDOH	DSPs	Proportion of sub-districts with MDR-TB initiation site
Strengthen TB prevention	Increase coverage of TPT	March 2022 Ongoing	PDOH	DSPs	Number of people started on 3HP Number of people started on IPT
	Strengthen TB infection prevention and control in all health facilities	September 2022	PDOH	DSPs	TB risk assessment reports and IPC plans available in all health facilities
Improve governance and management of the TB programme	Develop a TB Cluster Manager's dashboard to monitor implementation of the TB recovery plan	September 2022	NDOH	NICD	Dashboard available for M&E
	Undertake monthly M&E meetings with provinces	From July 2022	2022	PDOH	Action minutes
Improve surveillance for TB	Strengthen the national TB surveillance system	June 2022	NDOH	NICD, Technical Partners	Access to verified data at National, Provincial and District level
	Develop a national dashboard for monitoring TB testing, notification and deaths	May 2022	NDOH	NHLS, Technical Partners	Dashboard available and updated regularly
Intensify advocacy, communication, and social mobilisation	Implement a communication strategy at national and provincial level	June 2022 (ongoing)	NDOH	PDOH, DSPs	Reports available
	Conduct TB awareness campaigns in TB hotspots	June 2022 (ongoing)	PDOH, DSPs	Number of campaigns conducted	Implement targeted campaigns in selected districts
	Engagement of local leadership and civil society in TB efforts	April 2022 (Ongoing)	NDOH	PDOH, DSPs	Number of workshops conducted

ANNEXURE B: ROLES AND RESPONSIBILITIES

1. National Level

- Development of national operational plans with budget allocation for key activities
- Support the development of provincial operational plans
- Develop training materials
- Develop IEC materials
- Liaise with NHLS, NICD, pharmaceutical services, PHC, technical partners, donors and other key stakeholders to facilitate implementation of the TB Recovery Plan
- Develop and implement a national TB communication strategy
- Undertake community and civil society engagement and social mobilization activities
- Provide technical support to provinces
- Monitor implementation of the plan against performance targets
- Compile and disseminate monthly and quarterly progress reports

2. Provincial Level

- Develop provincial and district operational plans with budgets
- Monitor implementation of the provincial and district plans
- Provide training for facility staff
- Monitor TB drug stock levels at provincial level
- Provide technical support to poorly performing districts and health facilities
- Develop and implement a provincial TB communication strategy
- Disseminate IEC materials to TB patients and affected communities
- Plan and conduct TB awareness campaigns in priority districts and communities

3. District Level

- Monitor the implementation of quality TB services
- Monitor stock levels and ensure uninterrupted TB drug supplies
- Ensure the availability of laboratory commodities in health facilities and for community outreach services
- Monitor the quality and timeliness of data at facility level and ensure completeness of reports
- Strengthen collaboration with other PHC programmes
- Conduct supervisory/support visits to health facilities
- Coordinate training activities
- Plan for targeted campaigns to priority / hard to reach communities and groups
- Engage local leadership and NGOs in TB activities
- Strengthen referral systems between community care, clinics, and hospitals
- Monitor implementation of facility TB IPC plans

4. Facility Level

- Provide quality TB screening, testing and treatment services as per policy and SOPs
- Undertake TB testing as per new SOP (including annual routine testing of PLHV, household contacts and those with TB in the last two years, irrespective of TB symptoms)
- Undertake timely tracing of patients that are not yet initiated on treatment or who are lost to follow-up

- Strengthen linkages with community health workers, local NGOs/ CBOs and other community structures to facilitate implementation of TB Recovery Plan activities
- Ensure availability of medicines and commodities
- Undertake data quality assessments to strengthen the quality of routine TB data
- Strengthen the quality of patient education and counselling
- Ensure enrolment of eligible patients on the CCMDD or MMD programmes

5. National Institute for Communicable Diseases

- Provide weekly TB alerts to national, provinces and district managers
- Conduct geo mapping of TB hotspot areas
- Monitor and support local TB outbreak response
- Provide summary reports to populate the national TB surveillance dashboard

6. National Health Laboratory Services

- Strengthen the TB specimen collection system to reduce the turn-around time for results
- Monitor quality of the specimen collection bottles and provide guidance on proper closure to reduce spillages
- Support provincial campaigns by providing on-site testing services

7. District Support Partners

- Support districts to implement their TB recovery plan activities
- Provide technical support to improve the quality of TB services
- Provide technical support to improve data quality
- Conduct training and mentoring of health facility staff
- Participate in district level supervisory visits to unsupported facilities and nerve centre meetings
- Support health facilities in risk assessments, development, and implementation of facility TB infection control plans

8. National TB Think Tank

- Review emerging evidence and synthesise findings that are pertinent to improve TB control efforts
- Develop policy briefs as required
- Assess research required to strengthen TB control efforts (implementation science research, new drug regimens, costing, etc)
- Provide advisory support to the National TB Programme

9. Community leaders and civil society

- Undertake community education to create awareness and demand for TB services
- Develop and implement TB stigma mitigation plans
- Support local TB screening and testing campaigns
- Work closely with district health management teams and clinic committees to address community and health service delivery challenges

ANNEXURE C: MONITORING AND EVALUATION FRAMEWORK

Objective 1: Find people with undiagnosed TB				
Indicators	Baseline	Target 2022/23	Data Source	Reporting Frequency
Total number of TB cases notified	208,032 (2020) 195,939 (2021*)	215,900	DHIS	Monthly, Quarterly
Number of Xpert tests undertaken	1,884,801 (2021)	2,963,327	NICD Reports	Monthly, Quarterly
% PLHIV with viral load taken that had a TB test submitted	New indicator	60%	NICD Reports	Monthly, Quarterly
Number of urinary-LAM tests undertaken	9,072	56,236	U-LAM data collection tool	Monthly, Quarterly
Number of people screened with CXR	89,214 (2021)	300,000	DCXR Information system	Quarterly
Number of screens undertaken on TB HealthCheck	49,433 (2021)	1 million	TB Health Check	Monthly
Objective 2: Strengthen linkage of people diagnosed with TB to treatment				
Indicators	Baseline	Target 2022/23	Data Source	Reporting Frequency
Proportion of laboratory diagnosed TB patients started on treatment	69 % (2021*)	85 %	DHIS, TIER.Net, NHLS report	Monthly, Quarterly
Objective 3: Strengthen retention in TB care				
Indicators	Baseline	Target 2022/23	Data Source	Reporting Frequency
DS-TB treatment success rates	78.5% (2020 outcome cohort)	85%	DHIS	Quarterly
Number of patients enrolled on the CCMDD system	No data	50%	SYNCH	Quarterly
Proportion of MDR-TB patients started on 6-month treatment regimen	None	10 %	EDR Web	Monthly
Revised and approved TB guidelines to include a 4-month DS-TB paediatric regimen	6-moth regimen for all DS-TB patients	Updated guidelines	Report	Once off

Objective 4: Strengthening TB infection prevention				
Indicators	Baseline	Target 2022/23	Data Source	Reporting Frequency
Number of people started on 3HP	9264 (2021)	200 000	3HP Data collection tool	Monthly
Number of household contacts started on TPT	New	215 359	DHIS	Monthly
Number of Clinics and CHCs with TB risk assessment reports and IPC measures in place	No data	100%	Reports	Quarterly
Critical Enablers: Improve governance and management of the TB programme				
Indicators	Baseline	Target 2022/23	Data Source	Reporting Frequency
TB Cluster Manager's dashboard	New	Developed, Updated monthly	Reports	Monthly
Number M&E meetings undertaken		9	Reports	Weekly, Monthly
Number of support visits undertaken		27	Reports	Quarterly
Number of deep dives and audits conducted	No data	36	Reports	Quarterly
Critical Enablers: Improve surveillance for TB				
Indicators	Baseline 2020	Target 2022/23	Data Source	Reporting Frequency
TB surveillance system producing credible monthly data	New	Test data Notification data Mortality data	Reports	Monthly
Dashboard available and updated regularly	New	1	Reports	Weekly, Monthly
Number of facilities reporting on PVIMS	No data	40%	PIVMS	Quarterly
Critical enablers: Intensify advocacy, communication, and social mobilization				
Indicators	Baseline 2020	Target 2022/23	Data Source	Reporting Frequency
Number of TB awareness campaigns conducted	No data	36	Reports	Quarterly
Number of TB workshops conducted with stakeholders	No data	36	Reports	Quarterly

**Based on 11 months data*

ANNEXURE D: TB TESTING, NOTIFICATION & TREATMENT TARGETS

Districts/Province	TB Notification / Treatment (All Patients)	Estimated Number of GeneXpert Tests Required	DR-TB Notification	DR-TB Treatment
A Nzo DM: DC44	3 441	47 235	106	76
Amathole DM: DC12	4 472	61 378	132	101
Buffalo City MM: BUF	7 949	109 108	346	267
C Hani DM: DC13	4 006	54 989	126	91
Joe Gqabi DM: DC14	384	5 275	9	6
N Mandela Bay MM: NMA	12 327	169 195	513	369
OR Tambo DM: DC15	8 355	114 676	238	183
Sarah Baartman DM: DC10	5 579	76 578	185	133
EASTERN CAPE PROVINCE	46 514	638 433	1 654	1 227
Fezile Dabi DM: DC20	1 621	22 243	47	34
Lejweleputswa DM: DC18	2 723	37 380	70	51
Mangaung MM: MAN	3 905	53 592	111	80
T Mofutsanyana DM: DC19	2 243	30 783	49	36
Xhariep DM: DC16	637	8 748	17	12
FREE STATE PROVINCE	11 129	152 746	295	212
City of Ekurhuleni MM: EKU	9 654	132 512	360	277
Johannesburg MM: JHB	11 893	163 240	492	379
Sedibeng DM: DC42	2 147	29 473	74	53
Tshwane MM: TSH	4 944	67 865	171	123
West Rand DM: DC48	2 291	31 442	75	54
GAUTENG PROVINCE	30 930	424 532	1 172	886
Amajuba DM: DC25	1 854	25 443	79	57
eThekweni MM: ETH	21 198	290 958	1 068	822
Harry Gwala DM: DC43	1 430	19 622	62	45
iLembe DM: DC29	2 503	34 353	153	110
King Cetshwayo DM: DC28	2 906	39 885	160	123
Ugu DM: DC21	3 342	45 876	154	118
uMgungundlovu DM: DC22	3 821	52 439	176	127
uMkhanyakude DM: DC27	1 704	23 392	102	73
uMzinyathi DM: DC24	1 269	17 412	56	41
uThukela DM: DC23	1 419	19 477	62	45
Zululand DM: DC26	2 186	30 000	131	94
KWAZULU NATAL PROVINCE	43 631	598 858	2 202	1 654

Districts/Province	TB Notification / Treatment (All Patients)	Estimated Number of GeneXpert Tests Required	DR-TB Notification	DR-TB Treatment
Capricorn DM: DC35	1 773	24 334	57	41
Mopani DM: DC33	1 856	25 469	62	44
Sekhukhune DM: DC47	1 403	19 263	35	25
Vhembe DM: DC34	1 685	23 134	48	35
Waterberg DM: DC36	1 889	25 933	86	62
LIMPOPO PROVINCE	8 607	118 134	287	207
Ehlanzeni DM: DC32	5 313	72 920	352	271
G Sibande DM: DC30	2 399	32 926	125	90
Nkangala DM: DC31	3 637	49 926	209	151
MPUMALANGA PROVINCE	11 349	155 772	685	511
Frances Baard DM: DC9	2 675	36 722	88	68
JT Gaetsewe DM: DC45	1 275	17 494	49	35
Namakwa DM: DC6	776	10 644	30	22
Pixley Ka Seme DM: DC7	1 766	24 234	73	52
ZF Mgcau DM: DC8	2 465	33 836	98	70
NORTHERN CAPE PROVINCE	8 956	122 929	337	247
Bojanala Platinum DM: DC37	2 913	39 984	102	73
Dr K Kaunda DM: DC40	3 786	51 962	147	113
NM Molema DM: DC38	3 622	49 709	78	56
RS Mompoti DM: DC39	2 458	33 742	68	49
NORTH-WEST PROVINCE	12 779	175 396	395	292
Cape Town MM: CPT	23 697	325 251	705	543
Cape Winelands DM: DC2	6 879	94 414	160	115
Central Karoo DM: DC5	626	8 592	14	10
Garden Route DM: DC4	4 978	68 325	118	85
Overberg DM: DC3	1 859	25 521	32	23
West Coast DM: DC1	3 965	54 424	118	85
WESTERN CAPE PROVINCE	42 004	576 527	1 148	862
NATIONAL	215 900	2 963 327	8 175	6 098