

# NATIONAL TB RECOVERY PLAN 3.0

April 2024 – MARCH 2025



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA

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## PREFACE

TB has been a major public health challenge since time immemorial. South Africa is one of 30 high TB burden countries that account for 87% of the global burden. In 2022, an estimated 280,000 people contracted TB of whom 11,000 people (4%) had drug-resistant TB. About 54 % of notified TB patients were co-infected with HIV. This means that any strategy that does not address both the TB and HIV epidemics will not succeed. South Africa's large antiretroviral programme has significantly contributed to the reduction of the TB incidence, and mortality.

The End TB Strategy, launched by the World Health Organization (WHO) in 2014, outlines a comprehensive and ambitious roadmap to combat TB worldwide. The strategy includes milestones and targets for reductions in the TB incidence rate, absolute number of deaths caused by TB, and costs faced by TB patients and their households. The strategy adopts a patient-centred approach, aiming for universal access to quality TB care and promoting integrated health services. The United Nations High-Level Meetings on TB in 2018 and 2023 reaffirmed global commitments to fight TB.

Compared to 2015, South Africa has made spectacular improvement with 53% reduction in TB incidence between 2015 and 2022. TB treatment coverage has increased to 77% for the first time by the end of 2022. However, we have had only 17% reduction in death while 56% of our people suffer catastrophic costs associated with accessing TB treatment.

Following the COVID-19 pandemic, there have been massive efforts during the last two years to find people with TB in order to address the incidence- notification gap. During 2023, close to 2,9 million GeneXpert tests were conducted in South Africa. However, there is a need to strengthen linkage to care through SMS notifications to all individuals who test for TB and strengthen the community linkages by increasing ward-based community outreach teams' coverage in the country.

The National Department of Health (NDoH) remains committed to the WHO goals to End TB by 2035. In order to do this, the TB Strategic Plan 2023 – 2028 has been approved. This plan is aligned with the National Strategic Plan for HIV, TB and STIs (2023-2028), that sets out ambitious targets to address the TB burden in the country and guides our efforts to leave no one behind.

This third version of our TB Recovery Plan is fully aligned with the two strategic plans and outlines priorities for the 2024-2025 financial year. The TB Recovery Plan 3.0 serves to focus our TB control efforts to reach the milestones for 2025.

South Africa has been in the forefront with the introduction of new tools to test TB and to treat TB. The introduction of new and repurposed TB drugs has helped significantly improve the proportion of cured drug-resistant TB (DR-TB) patients. We have rolled out shorter regimens with better drugs for the treatment of DR-TB, with the notable launch of the BPAL-L programme in September 2023, that has over 2,000 patients on a six-month DR-TB regimen.

The introduction of shorter regimen for the treatment of TB infection such as 3HP and 3RH will be a game changer for TB preventive treatment and will contribute greatly to the reduction of the TB burden if implemented to scale.

I call on all provinces, districts, facilities, health staff, district support partners, TB advocates, communities, and donors to work together and align 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!

Yes! You and I Can End TB.



**Prof. Norbert Ndjeka**  
**Chief Director: TB Control & Management**

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 Organization

The National TB Think Tank and participating organisations and individuals

SANAC Civil Society Forum

The Provincial Departments of Health

## ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
BPaL-L	Bedaquiline, Pretomanid, Linezolid, Levofloxacin regimen
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
MMD	Multi Month Distribution
NAGI	National Advisory Group on Immunization
NDoH	National Department of Health
NHLS	National Health Laboratory Services
NICD	National Institute of Communicable Diseases
PLHIV	People living with HIV
PDOH	Provincial Department of Health
RR-TB	Rifampicin-Resistant Tuberculosis
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
STI	Sexually Transmitted Infection
TB	Tuberculosis
UN	United Nations
UNHLM	United Nations High Level Meeting
UVGI	Ultraviolet Gamma Irradiation
WHO	World Health Organization

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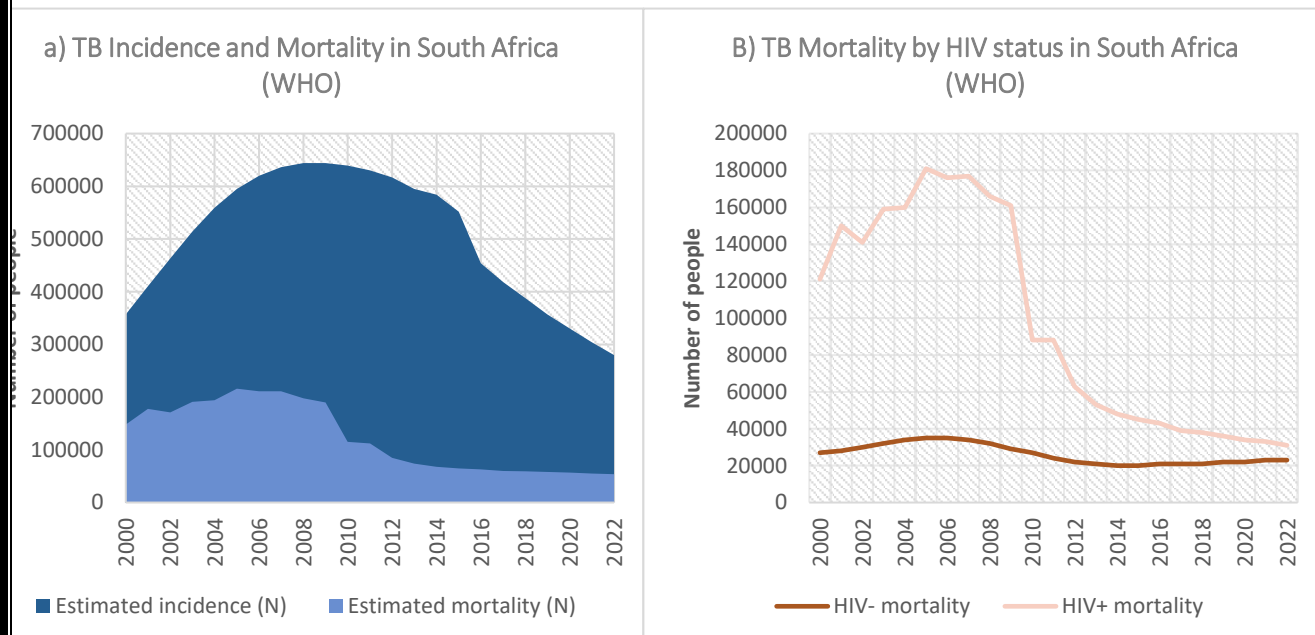
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# 1. INTRODUCTION

## 1.1. Global and Regional burden of TB

Globally, there were an estimated 10.6 million people with TB in 2022, of whom only 7.5 million were notified (71% treatment coverage). TB notification increased from 6.4 million in the previous year. It was estimated that 410,000 people developed multidrug-resistant/rifampicin resistant TB (MDR/RR-TB) in 2022, yet only 175,700 people were started on treatment during the same year. TB mortality was estimated to be 1.4 million in 2022, making TB one of the top 10 causes of death globally and the second leading cause of death from a single infectious disease. The African continent is significantly affected by TB, accounting for a quarter of the global burden and 424,000 deaths in 2022.

## 1.2. Burden of TB in South Africa



**FIGURE 1: TRENDS IN TB INCIDENCE AND MORTALITY IN SOUTH AFRICA**

TB incidence and mortality in South Africa 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 49% from 552,000 in 2015 to 280,000 in 2022 (Fig 1a), with a higher rate of decline among people living with HIV (PLHIV) than in HIV-uninfected individuals (51% vs. 46% respectively). TB mortality declined by 17%, from 65,000 in 2015 to 54,000 in 2022, with a 31% decline among PLHIV, and a 15% increase in HIV-uninfected individuals from 20,000 to 23,000 (Fig 1b).

### 1.3. TB testing and case-finding

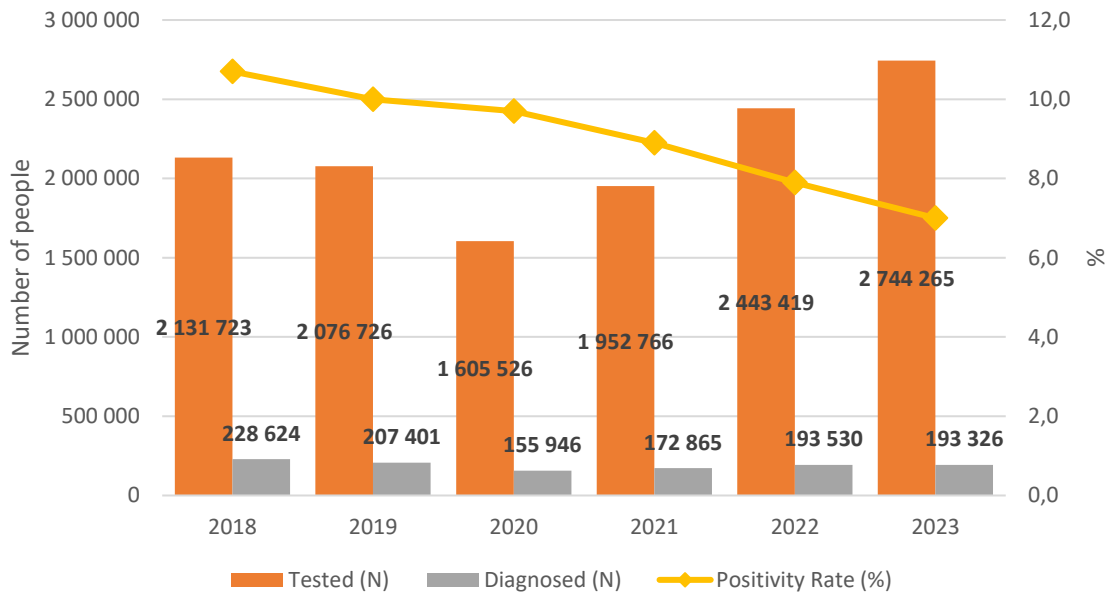


FIGURE 2: NATIONAL TRENDS IN THE NUMBER OF PEOPLE TESTED AND DIAGNOSED WITH TB (NICD)

Despite the significant declines in TB testing and diagnoses that occurred during the COVID-19 pandemic, sustained efforts have resulted in testing has increasing (Fig 2). In 2023, there was a 12% increase in the number of people tested for TB compared to 2022, reaching nearly 2.8 million. The number of people laboratory confirmed with TB was similar for 2022 and 2023, and the positivity rate continued to decline, reaching 7.0% in 2023.

Four provinces accounted for nearly 80% of TB diagnosed in the country (Eastern Cape, Gauteng, Kwazulu-Natal, Western Cape), while 27 districts accounted for 80% (Fig 3).

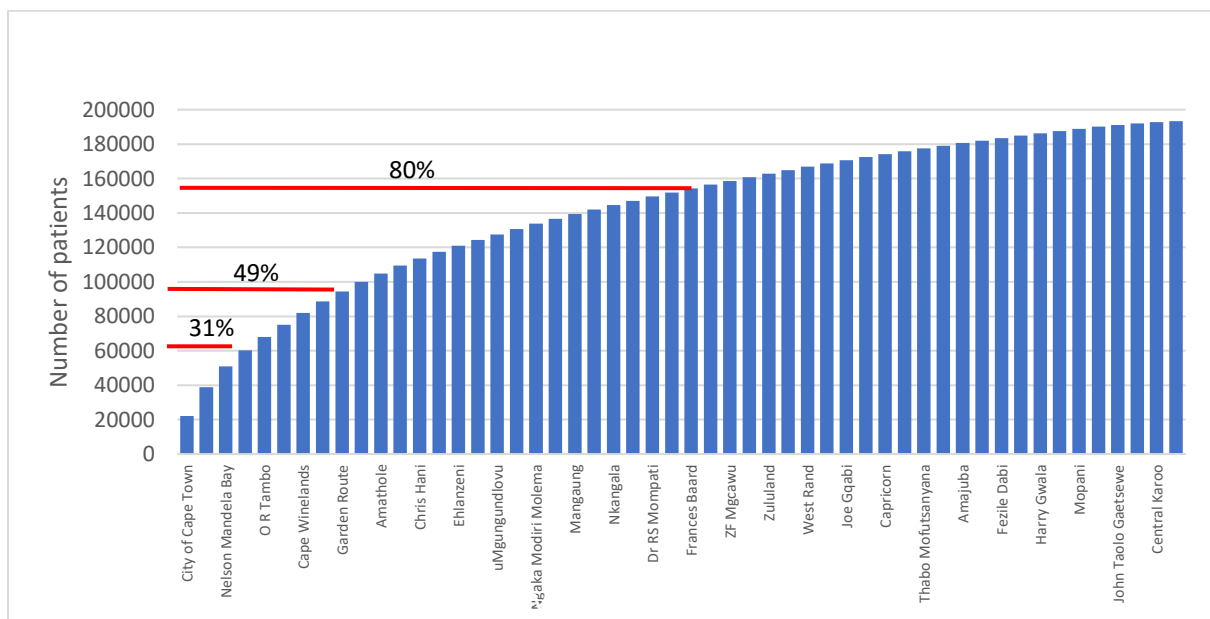


FIGURE 3: CUMULATIVE LABORATORY CONFIRMED TB PATIENTS BY DISTRICT, 2023 (NICD)



## 1.4. TB notification in South Africa

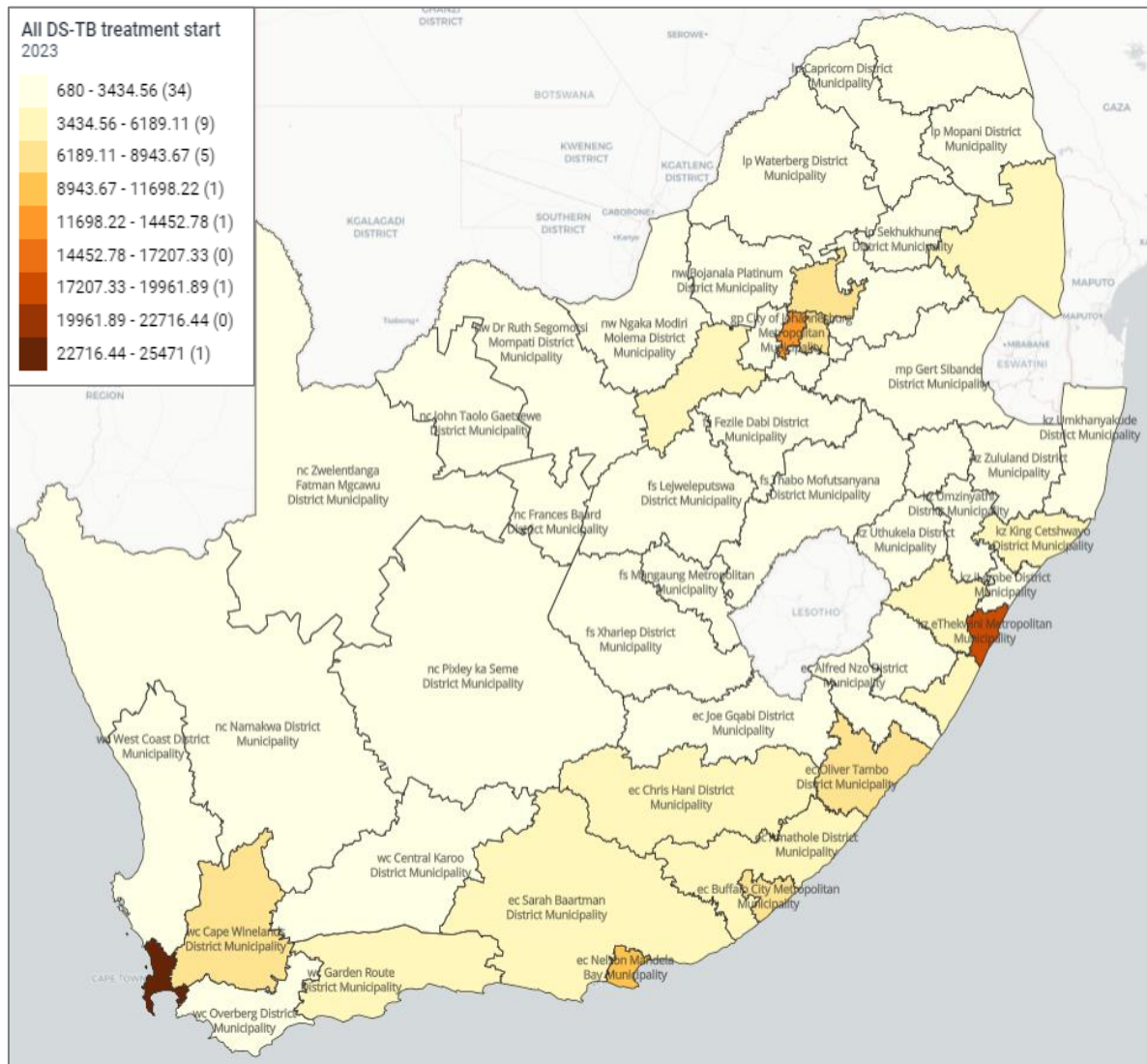


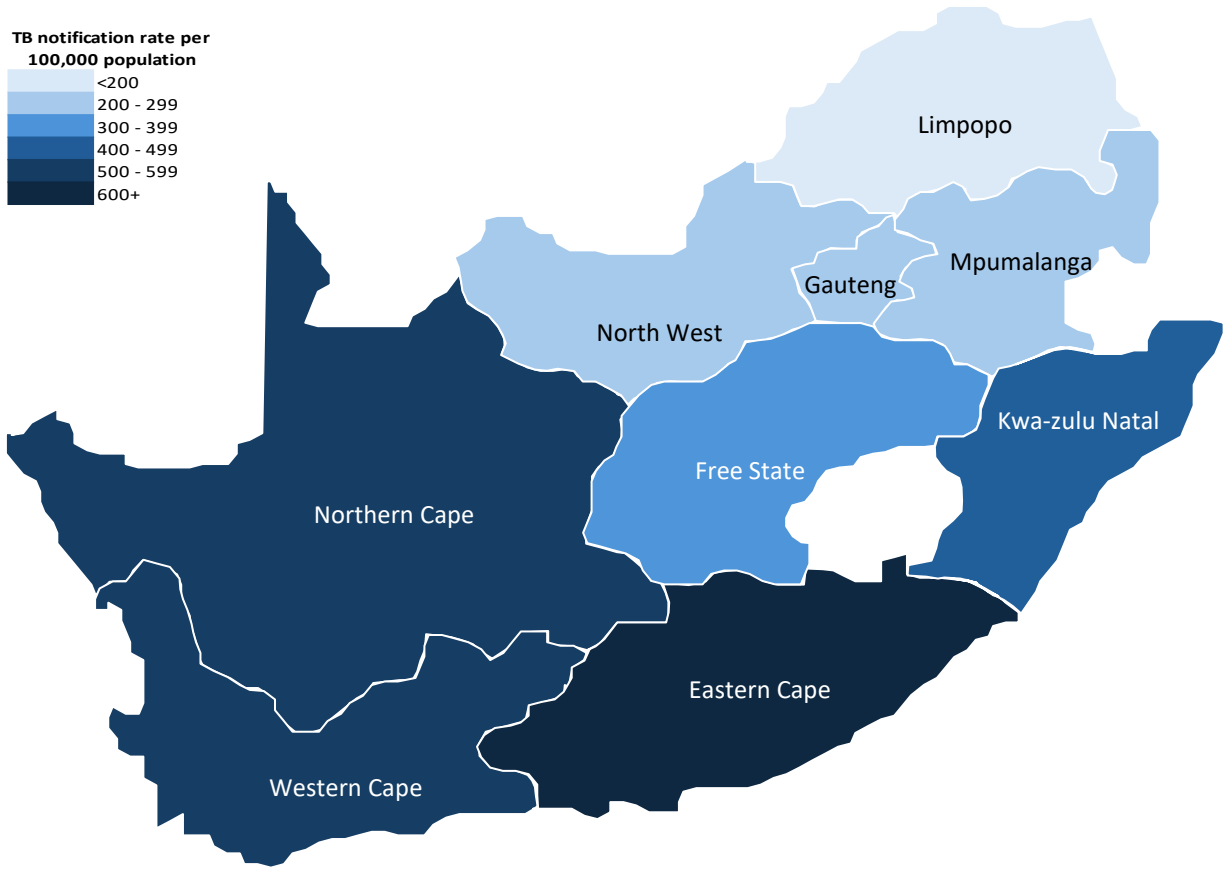
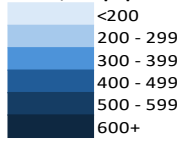
FIGURE 4: DISTRIBUTION OF DS-TB NOTIFICATIONS ACROSS DISTRICTS, 2023 (DHIS)

In 2022, the treatment coverage in South Africa **increased** to 77% compared to a global average of 71%, and the estimated number of people missing with TB **decreased** to 65,705. Using incidence estimates for 2022, treatment coverage for 2023 was at 74% (205,833/280,000; based on patients categorised as new or relapse), however it is likely that South Africa will report a higher treatment coverage due to the declining epidemic which will be reflected once the 2023 estimates are published.

The map above also shows that the number of TB patients reported varies significantly by district. Data from electronic TB registers shows that in 2023, South Africa reported a total of 222,119 people with TB, which is 99% of the notification targets in the previous TB Recovery Plan. Of these, 7,626 had rifampicin resistance (3.4%). The distribution of TB notifications across the country is similar to diagnosis in the laboratory as discussed above (Fig 4).

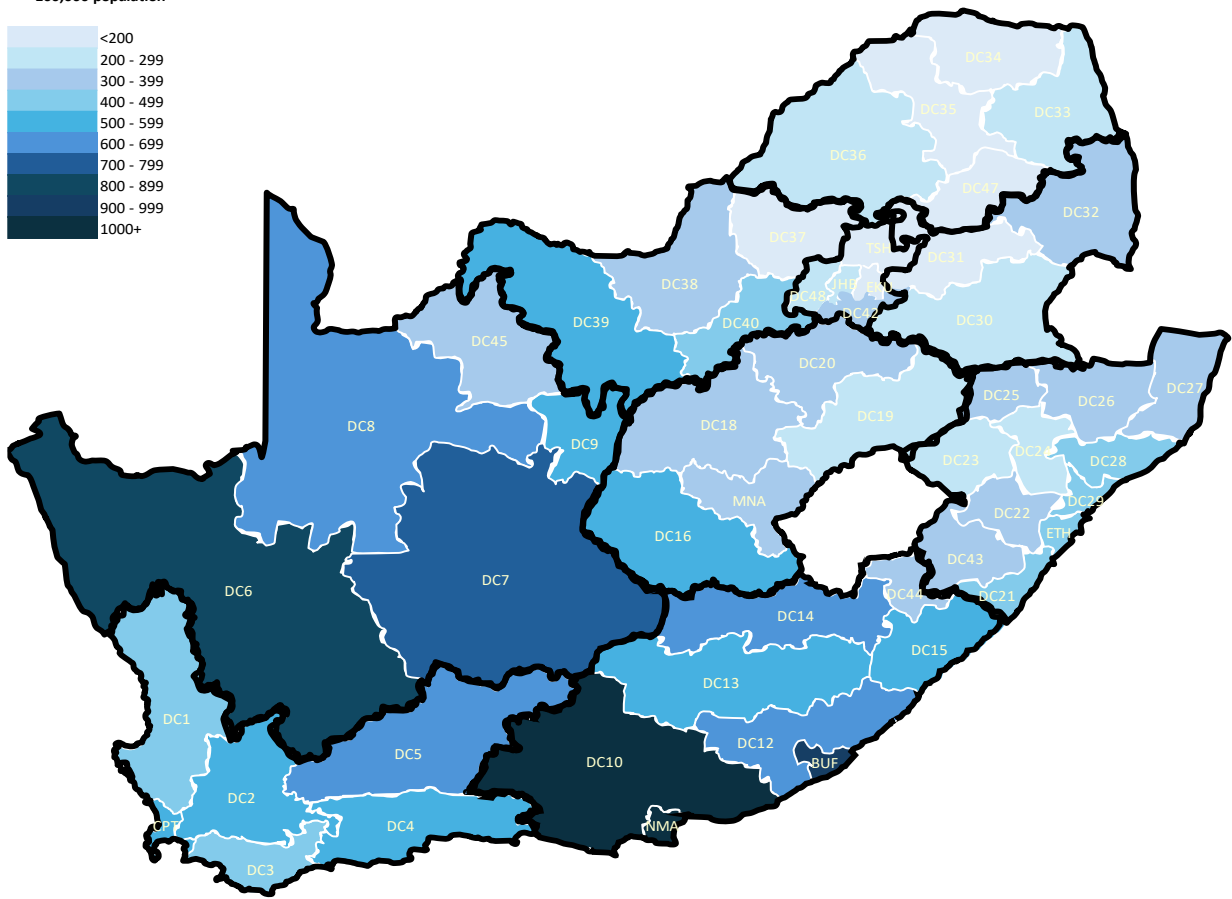
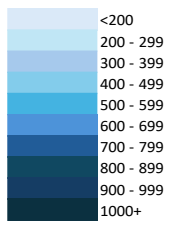
However, another important measure of the burden of TB is the notification rate which indicates the concentration of TB within an area. The national TB notification rate for 2023 was 362 per 100,000 population. Figures 5 and 6 show the TB notification rates by province and district.

**TB notification rate per 100,000 population**



**FIGURE 5: TB NOTIFICATION RATES BY PROVINCE, SOUTH AFRICA, 2023 (DHIS, TIER.NET, EDRWEB)**

**TB notification rate per 100,000 population**



**FIGURE 6: TB NOTIFICATION RATES BY DISTRICT, SOUTH AFRICA, 2023 (DHIS, TIER.NET, EDRWEB)**

The province with the highest TB notification rate was the Eastern Cape (703 per 100,000), mainly driven by Buffalo City, Nelson Mandela, and Sarah Baartman districts. This was followed by the Northern Cape, despite having the lowest number of TB patients notified. Limpopo province had the lowest TB notification rate.

### 1.5. Drug-susceptible TB treatment outcomes

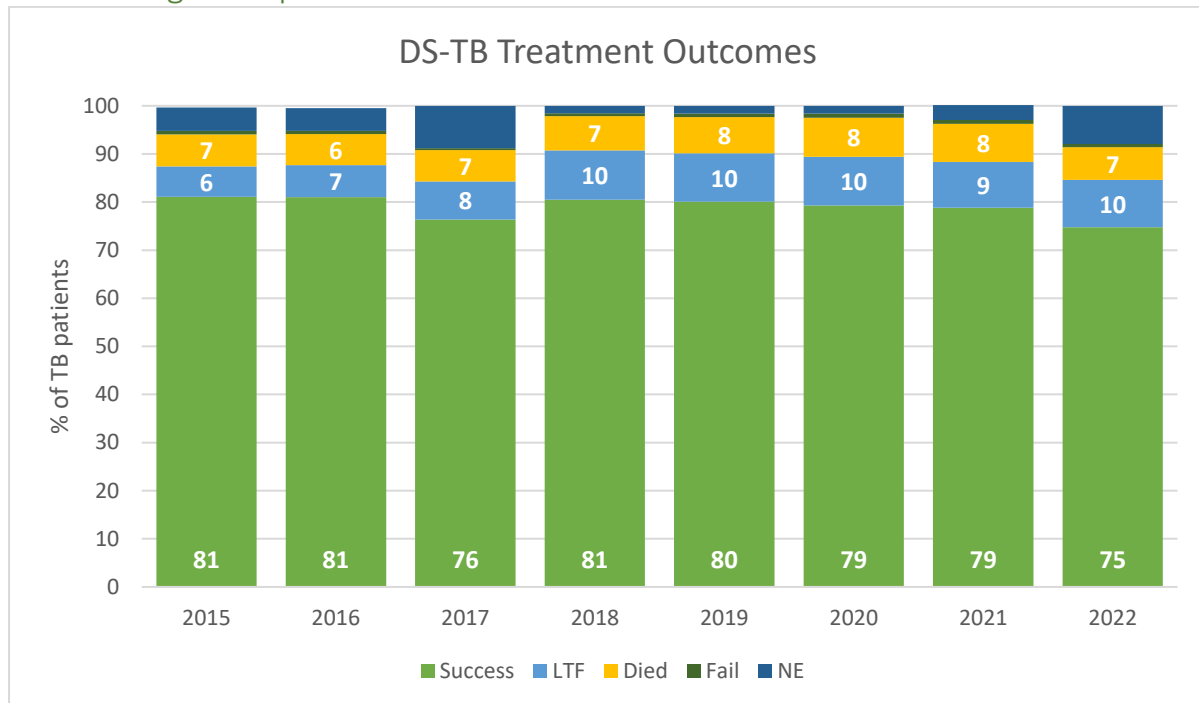


FIGURE 7: TB TREATMENT OUTCOMES FOR DS-TB, SOUTH AFRICA (ELECTRONIC TB REGISTERS)

The 2022 treatment success rate for DS-TB remains below the target of 90%, with a decline from 2019. The high proportion of patients who interrupted treatment or who died negatively impacted the treatment success rates (Fig 7).

### 1.6. Drug-resistant TB in South Africa

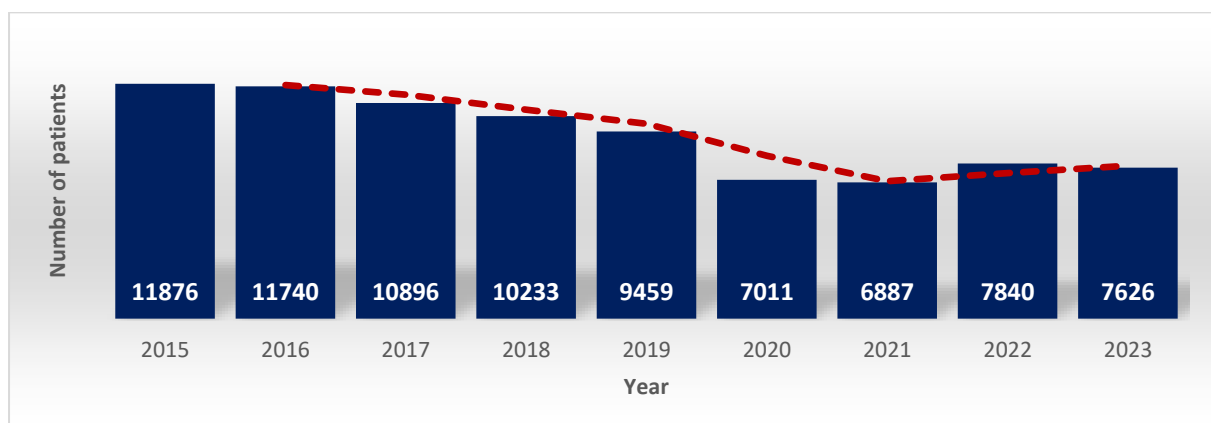


FIGURE 8: DR-TB PATIENT REGISTRATIONS, SOUTH AFRICA (EDRWEB)

The number of DR-TB patients diagnosed has been decreasing across all provinces since 2015 (Fig 8), in keeping with the overall decline in TB incidence, case-finding and notification. However, since 2022 there was an increase in DR-TB registrations likely due to the increase in the number of people tested for TB.

The proportion of patients who were successfully treated peaked in 2019 at 65%. In 2020 and 2021, treatment success dropped to 61% for the full cohorts (against a target of 78%), however for patients on shorter regimens in 2021 and 2022, 65% and 64% were successfully treated respectively. The death rate and loss to follow-up rate have seen minimal declines and therefore remain our main challenges in the programme (Fig 9).

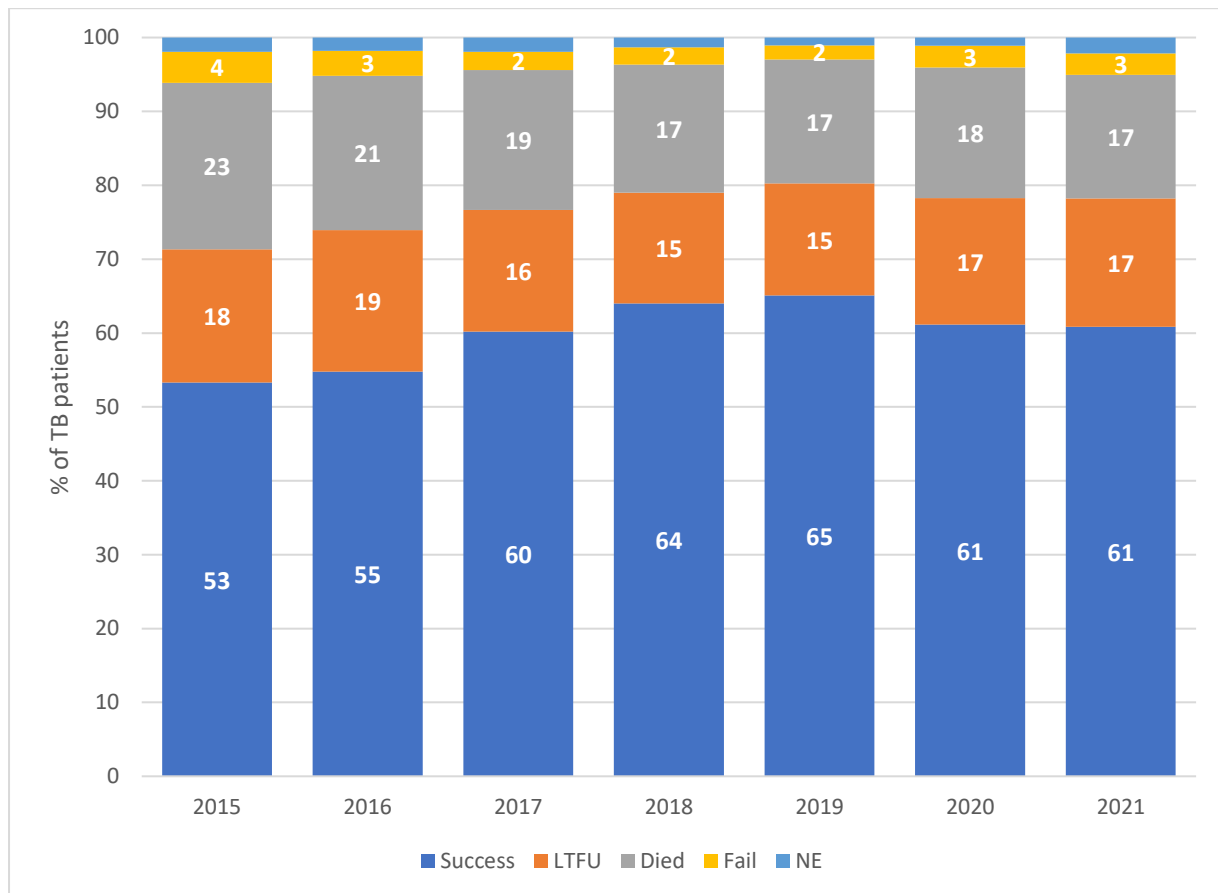
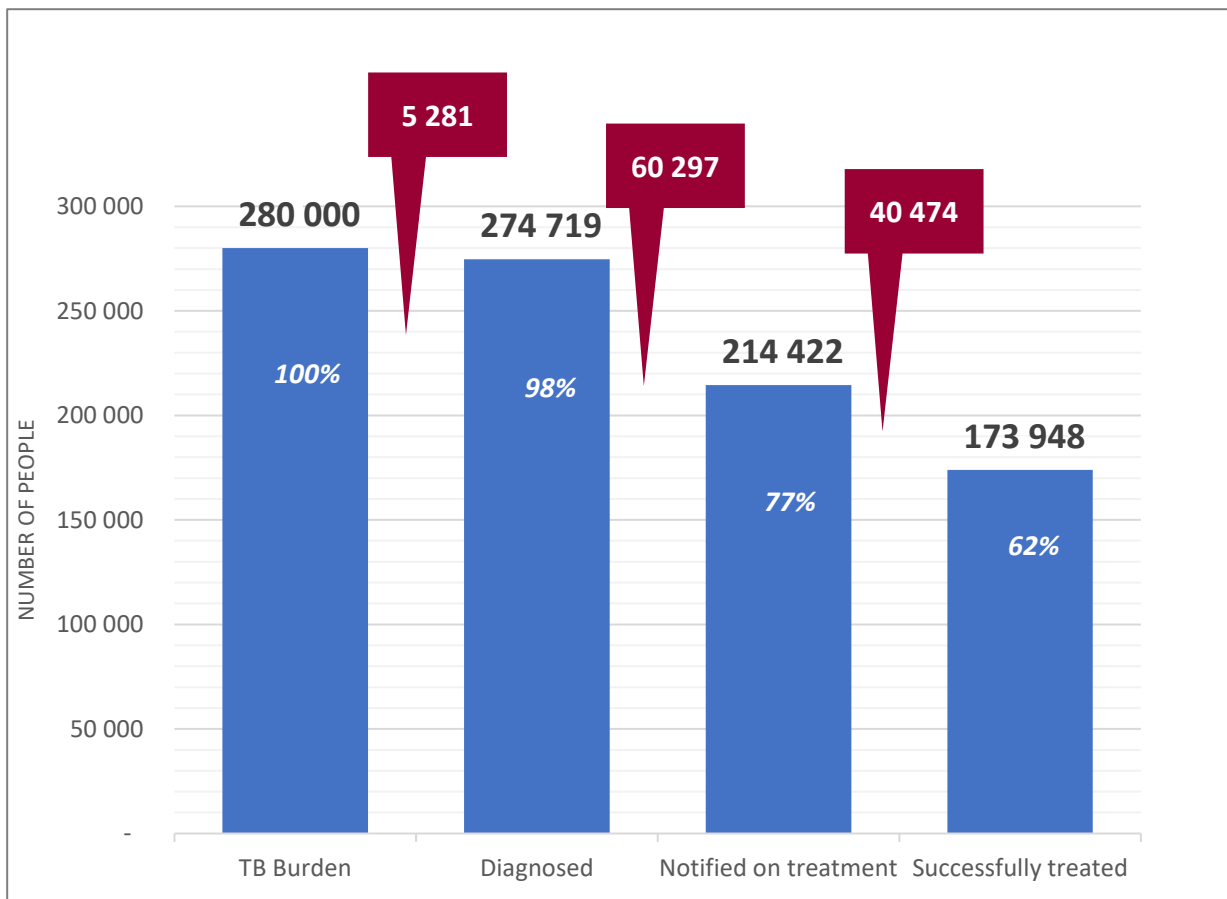


FIGURE 9: DR-TB TREATMENT OUTCOME RATES, SOUTH AFRICA (EDRWEB)

### 1.7. The 2021 TB care cascade

The TB care cascade for 2022 shows that of the estimated burden of 280,000 patients, at least 62% were successfully treated. However, despite a treatment coverage of 77%, there was an initial loss to follow-up rate of 22%, amounting to 60,297 patients that were diagnosed, but not started on treatment and notified. The total number of missing people with TB decreased from 160,000 to below 65,578 as shown below (Fig 10).



**FIGURE 10: TB CARE CASCADE SOUTH AFRICA, 2022**

- TB burden is based on the WHO Global TB Report, 2023.
- The number diagnosed is based on NHLS data on case-finding (Courtesy Harry Moultrie, NICD) and electronic treatment registers on empiric treatment (NDoH).
- Notified and treated and treatment outcomes based on electronic treatment registers (NDOH.)
- Outcomes for DR-TB have been projected based on 2021 outcomes.
- Numbers reported restricted to patients with new or relapse TB episodes, except for the diagnosed where disaggregation is not possible.

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 TB RECOVERY PLAN 3.0

The TB Recovery Plan 3.0 **aims to accelerate reduction in TB incidence by 5% and reduction in TB mortality as per table below** (Table 1).

TABLE 1: END TB TARGETS AND INTERMEDIATE MILESTONES

	Milestones			Targets
	2020	2025	2030 (SDG)	2035 (End TB)
Percentage reduction in TB incidence rate from 2015 baseline	20%	50%	80%	90%
TB incidence Target 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%

The **key objectives** of the TB Recovery Plan 3.0 are to:

1. Create demand for TB testing and treatment services through advocacy and communication;
2. Increase the number of people identified with TB;
3. Establish reliable linkage pathways;
4. Improve retention in care;
5. Strengthen TB prevention;
6. Strengthen TB programme in the mines; and
7. Increase the use of data for monitoring and decision making.

## 3. KEY INTERVENTIONS

### 3.1. Create demand for TB testing and treatment services through advocacy and communication

- Demand creation for TB testing
- Implement costed SBCC plan
- Implement advocacy and communication toolkit
- Strengthen multisectoral engagement (including private sector)
- Organize World TB Day commemoration activities

### 3.2. Increase the number of people identified with TB

- Scale up the implementation of universal testing using TB-NAAT irrespective of TB for populations at risk.

- Implement community level screening and testing targeting men, elderly, children, and adolescents.
- Scale up the use of DCXR screening at community level.
- Conduct an assessment of the urine LAM assay implementation.
- Ensure testing of all confirmed DR-TB for Bedaquiline resistance.

### 3.3. Establish reliable linkage pathways

- Increase TB SMS notification coverage.
- Strengthen the use of Laboratory line lists for tracking and tracing of laboratory confirmed TB patients.

### 3.4. Improve retention in care

- Introduce shorter paediatric DS-TB regimen.
- Strengthen adherence counselling (including risk assessments for PWTB).
- Support implementation of differentiated models of care.

### 3.5. Strengthen TB prevention

- Scale up implementation of the shorter treatment regimens for TB infection.
- Prepare for the introduction of TB vaccine.

### 3.6. Strengthen TB programme in the mines

- Conduct a situational analysis to determine the status of TB programme implementation in the mines.
- Develop and disseminate a plan to strengthen TB management in the mines.
- Strengthen data and information sharing between the Department of Mineral Resources and Energy (DMRE) and NDoH.
- Include DMRE facilities in data audits and data quality improvement.

### 3.7. Increase the use of data for monitoring and decision making

- Compile TB recovery plan report.
- Develop and share TB data platforms and products/reports as appropriate.
- Develop national standards and metrics for TB care and data quality.
- Convene quarterly programme review meetings with provinces and implementation partners.
- Conduct 4 provincial support visits.
- Streamline and integrate TB data systems.

## 4. CRITICAL ENABLERS

### 4.1. Improve surveillance for TB

- Strengthen the national surveillance system for TB, particularly the development of the Electronic Medical Record (EMR).
- Develop and implement a public-facing dashboard on TB testing, notification, and TB deaths.
- Strengthen pharmacovigilance for TB.

### 4.2. Adopt quality improvement approaches to close the gaps in the TB care cascade

- Entrench the use of data and quality improvement methods to find, link and retain patients until completion of TB treatment.
- Scale up and strengthen implementation of TB quality improvement in 5 provinces (Limpopo, Free State, Northern Cape, Mpumalanga and North West).
- Scale up clinical and mortality audits.

### 4.3. Guidelines/SOPs

- Finalise and seek approval for outstanding guidelines (e.g., UVGI guidelines, paediatric TB guidelines).

### 4.4. Capacity building

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

## 5. IMPLEMENTATION OF THE TB RECOVERY PLAN 3.0

The implementation period of the TB Recovery Plan 3.0 starts from 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025. Epidemiological data like case finding and treatment outcomes are reported on an annual basis using the calendar year.

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 3.0. Accurate and timely capture of patient level information from clinical records into Tier.NET and EDR Web will help us to evaluate progress 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 TB Recovery Plan 3.0 implementation period is from April 2024 to March 2025 during which activities will be rapidly scaled up.

Specific objectives	Activities	Timeframe	Responsibility	Key Partners	Performance Measure
Create demand for TB testing and treatment services through advocacy and communication	Implement costed SBCC plan	December 2024	ACSM	TSU GF-SR	Implementation quarterly report
	Implement a TB advocacy and communication toolkit	December 2024	ACSM	TSU	Reports of digital multimedia and social media campaigns
	Support national and Provincial TB caucuses	Ongoing	ACSM	TSU SANAC	Report
	Strengthen communication and coordination with private sector	October 2024 Ongoing	ACSM, Global Fund PMU	GF-SR, TSU	Number of meetings and events held
	Organize World TB Day commemorative activities	Ongoing	NTP	ALL	WTB Day Event
Increase the number of people identified with TB	Scale up the implementation of universal testing using TB-NAAT irrespective of TB for populations at risk.	Ongoing	NTP, Provinces	NHLS	Number of TB-NAATs conducted
	Implement community level screening and testing targeting men, elderly, children, and adolescents	Ongoing	NTP, Provinces	NHLS, DSPs, GF-SR	Number of people screened. Number of people diagnosed with TB
	Scale up the use of DCXR screening at community level.	Ongoing	NTP, Global Fund PMU	DSPs, GF- SR	Number of people screened using the DCXR. Number of people diagnosed with TB
	Conduct an assessment of the urine LF-LAM assay implementation	Ongoing	NTP, USAID, CDC	DSPs, GF- SR	Report with recommendations

	Scale up the implementation and the quality assurance programme of urine LAM assay	Ongoing	NTP, Provinces	DSPs, GF-SR	Number of PLHIV tested using urine LAM Quality assurance programme implemented
	Test all confirmed RR/MDR-TB patients for Bedaquiline resistance	Ongoing	NTP Provinces	NHLS	Proportion of DR-TB patients initiated on treatment that have a bedaquiline resistance test done
Establish reliable linkage pathways	Increase TB SMS notification coverage	Ongoing	NTP, Provinces	NHLS	60% SMS notification coverage
	Notify 221,941 TB patients	Ongoing	NTP, Provinces	NHLS, DSPs, GF-SR	221 491 TB patients initiated on TB treatment
	Strengthen hospital – PHC TB patient referrals	Ongoing	NTP, Provinces	GF-SR	Initial loss to follow-up rate
	Increase proportion of children and adolescents notified	Ongoing	NTP, Provinces		At least 10 % of children among TB annual cohort
Improve retention in care	Introduce shorter paediatric DS-TB regimen	September 2024	NTP, Provinces	DSPs, GF-SR AMD	Number of Children treated with 4 months regimen
	Strengthen adherence counseling (including risk assessments for PWTB)	October 2024	NTP		Adherence counselling toolkit printed and disseminated
	Support implementation of differentiated models of care	Ongoing	NTP Provinces	DSPs, GF-SR CCMDD	Number of people enrolled on DMoC
Strengthen TB prevention	Scale up treatment of latent TB infection	Ongoing	NTP, Provinces	DSPs, GF-SR	Number of TPT initiations; TPT initiation rates

	Participate in TB vaccine evidence review (NAGI)	Ongoing	NTP, Provinces	TSU	Report
Strengthen TB programme in the mines	Conduct situational analysis to determine the state of the TB programme implementation in the mines	September 2024	NTP	GF-SR	Document disseminated to provinces
	Develop and disseminate a plan to strengthen TB management in the mines	March 2025	NTP, Global Fund PMU (Consultant)	GF-SR	Plan in place
Increase the use of data for monitoring and decision making	Compile annual TB Recovery Plan report	June 2024	NTP	TSU	Report
	Provide annual progress reports on End TB targets at District and sub-District levels.	Ongoing	RIMES		Reports
	Undertake data quality assessments at facility- and District-level (e.g. audits)	Ongoing	RIMES	GF-SR DSPs	Reports
	Convene quarterly programme review meetings with provinces and implementation partners	Quarterly	NTP, Provinces GF-PMU	GF-SRs DSPs	Minutes
	Conduct four provincial support visits (Western Cape, Northern Cape, North West and Limpopo).	Quarterly	NTP Provinces Districts GF-PMU	GF-SR DSPs	Provincial TB situation reports;
	Develop and share TB data platforms and products/reports as appropriate	September 2024	NTP		Reports
	Develop national standards and metrics for TB care and data quality	Ongoing	NTP RIMES		National standard and metrics for TB care and data quality

# 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 material
- Develop IEC material
- Liaise with SANAC, 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 operational plans with budgets
- Monitor implementation of the TB programme in the province
- Coordinate and conduct 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 material to TB patients and affected communities
- Plan and conduct TB awareness campaigns in priority districts and communities
- Coordinate and monitor Partner and stakeholder support in TB activities

## 3. District Level

- Develop costed district operational plans
- Monitor the quality TB services provided
- 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 integration of services at PHC level
- Conduct supervisory/support visits to health facilities
- Coordinate training activities
- Plan targeted campaigns for priority / hard to reach communities and groups
- Engage and coordinate TB activities conducted by local leadership, NGOs and DSPs
- Strengthen referral systems between community care, clinics, and hospitals
- Monitor implementation of facility TB infection control plans

#### 4. Facility Level

- Provide quality TB screening, testing, and treatment services as per guidelines and SOPs
- Undertake timely tracing of patients that are not yet initiated on treatment or who are lost to follow-up
- Strengthen community outreach services by establishing linkages with community health workers, local NGOs/ CBOs and other community structures
- Ensure availability of medicines and commodities
- Undertake data quality assessments to strengthen the quality of routine TB data
- Compile facility TB data and ensure timely reporting to the next level
- Conduct TB patient risk assessment and provide education and counselling at diagnosis
- 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
- Provide regular line lists for DS and DR-TB to national, provincial and district levels
- Support provincial campaigns by providing on-site testing services
- Compile rejection reports for actioning by provinces

#### 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. SANAC Technical Working Group

- Identify pitfalls and table issues concerning TB programme implementation, monitoring & evaluation
- Mobilize engagement and support across sectors (government, civil society, non-government organizations, private sector)
- Ensure TB programme links to the goals and targets of the NSP

- Promote inclusiveness and ownership at political, policy and implementation level
- Coordinate and monitor TB-MAF activities by Sectors

#### 9. National TB Think Tank

- Review emerging evidence and synthesise findings that are relevant to improving 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 as needed

#### 10. DR-TB National Clinical Advisory Committee

- Provide evidence-based inputs in the formulation of policies, strategies and treatment guidelines for DR-TB
- Advise the TB Cluster Manager on the newly introduced DR-TB drugs or regimens, on monitoring and evaluation of these regimens
- Facilitate the development of the clinical monitoring protocols for novel agents and regimens
- Facilitate the roll-out of novel and repurposed agents
- Monitor and evaluate the implementation of novel agents and regimens
- Provide clinical guidance and oversight on the management of complex DR-TB patients

#### 11. 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
- Hold government accountable for TB service delivery

## ANNEXURE C: MONITORING AND EVALUATION FRAMEWORK

<b>Objective 1: Create demand for TB testing and treatment services through advocacy and communication</b>				
<b>Indicators</b>	<b>Baseline</b>	<b>Target 2024/25</b>	<b>Data Source</b>	<b>Reporting Frequency</b>
Develop implementation plan for SBCC Strategy	n/a	Finalized plan	Plan disseminated	Once off
Develop a TB communication toolkit	n/a	Toolkit available for implementing entities	Toolkit available	Ongoing
Number of districts implementing SBCC Strategy	n/a	12	ACSM Reports	Quarterly
<b>Objective 2: Increase the number of people identified with TB</b>				
<b>Indicators</b>	<b>Baseline</b>	<b>Target 2024/25</b>	<b>Data Source</b>	<b>Reporting Frequency</b>
Number of TB NAATs conducted	2,843,976 (2023)	3,046,254	NICD Reports	Quarterly
Number of people screened with DCXR	97,461 (2023)	300,000 (not revised)	DCXR Information Systems	Quarterly
Number of urine-LAM tests undertaken	130,122 (2023)	147,798	Conditional Grant Reports	Quarterly
Proportion of DR-TB patients initiated on treatment that have a bedaquiline resistance test done	11%	50%	EDRWeb	Monthly
<b>Objective 3: Establish reliable linkage pathways</b>				
<b>Indicators</b>	<b>Baseline</b>	<b>Target 2024/25</b>	<b>Data Source</b>	<b>Reporting Frequency</b>
Increase GeneXpert SMS coverage	40% (2023)	60%	NICD Reports	Monthly, Quarterly
Total number of TB cases notified	222,119 (2023)	221,491	TIER.Net, EDRWeb	Quarterly
Proportion of children and young adolescents notified as a proportion of all TB notifications	7% (2023)	10%	TIER.Net, EDRWeb	Quarterly

<b>Objective 4: Improve retention in care</b>				
<b>Indicators</b>	<b>Baseline</b>	<b>Target 2024/25</b>	<b>Data Source</b>	<b>Reporting Frequency</b>
Improve treatment success	DS-TB (75%, 2022); DR-TB (61%, 2021)	DS-TB (83%); DR-TB (73%)	TIER.Net, EDRWeb	Quarterly
Number of patients enrolled on the CCMDD system	No data	No target	SYNCH	Quarterly
Proportion of eligible DR-TB patients started on 6-month treatment regimen	40% (2023)	100%	EDRWeb	Weekly
Proportion of children diagnosed with DS-TB initiated on 4-month regimen	New	No target	TIER.Net	Quarterly
<b>Objective 5: Strengthen TB prevention</b>				
<b>Indicators</b>	<b>Baseline</b>	<b>Target 2024/25</b>	<b>Data Source</b>	<b>Reporting Frequency</b>
Number of people started on 3HP	13,306 (2022)	No target	TPT Register	Quarterly
Number of people started on 3RH	New	No target	TPT register	Quarterly
Number of household contacts started on TPT (sum of contacts <5years and contacts 5years and older)	41,536 (2023)	221,941	DHIS	Monthly
Number of PLHIV initiated on TPT	241,485 (2023)	259,845	DHIS	Monthly
<b>Objective 6: Strengthen TB programme in the mines</b>				
<b>Indicators</b>	<b>Baseline</b>	<b>Target 2024/25</b>	<b>Data Source</b>	<b>Reporting Frequency</b>
Conduct situational analysis of TB in the mines	n/a	Situational analysis report	Report	Once off
Develop plan to strengthen TB in the mines	n/a	Finalized plan	Plan	Once off
<b>Objective 7: Increase the use of data for monitoring and decision making</b>				
<b>Indicators</b>	<b>Baseline</b>	<b>Target 2024/25</b>	<b>Data Source</b>	<b>Reporting Frequency</b>
Compile TB Recovery Plan updates and report	n/a	4	Presentations, Report	Quarterly, Annual
Convene programme review meetings with TB partners	n/a	4	Minutes	Quarterly
National standards for TB care and data quality	n/a	TBD	Metrics	Once off
Share TB data platforms and products/reports	n/a	TBD	Dashboard(s)/Reports	TBD



## ANNEXURE D: TB TESTING, NOTIFICATION & TREATMENT TARGETS

District / Province	Estimated Number of GeneXpert Tests Required	TB Notification / Treatment (All Patients)	DR-TB Notification	DR-TB Treatment
A Nzo DM: DC44	47 193	3 438	120	91
Amathole DM: DC12	64 239	4 680	156	129
Buffalo City MM: BUF	113 678	8 282	407	338
C Hanu DM: DC13	54 940	4 003	142	108
Joe Gqabi DM: DC14	20 432	1 489	37	28
N Mandela Bay MM: NMA	169 045	12 316	579	440
OR Tambo DM: DC15	120 304	8 765	281	234
Sarah Baartman DM: DC10	76 510	5 574	209	159
<b>EASTERN CAPE PROVINCE</b>	<b>666 340</b>	<b>48 548</b>	<b>1 931</b>	<b>1 527</b>
Fezile Dabi DM: DC20	22 224	1 619	53	40
Lejweleputswa DM: DC18	37 347	2 721	79	60
Mangaung MM: MAN	53 545	3 901	125	95
T Mofutsanyana DM: DC19	30 755	2 241	56	42
Xhariep DM: DC16	8 740	637	19	14
<b>FREE STATE PROVINCE</b>	<b>152 610</b>	<b>11 119</b>	<b>332</b>	<b>253</b>
City of Johannesburg MM: JHB	139 014	10 128	426	354
City of Tshwane MM: TSH	171 250	12 477	583	484
Ekurhuleni MM: EKV	29 447	2 145	83	63
Sedibeng DM: DC42	67 805	4 940	193	147
West Rand DM: DC48	31 415	2 289	84	64
<b>GAUTENG PROVINCE</b>	<b>438 931</b>	<b>31 979</b>	<b>1 370</b>	<b>1 112</b>
Amajuba DM: DC25	25 420	1 852	89	68
eThekweni MM: ETH	305 236	22 239	1 265	1 050
Harry Gwala DM: DC43	19 605	1 428	70	53
iLembe DM: DC29	34 323	2 501	172	131
King Cetshwayo DM: DC28	41 556	3 028	188	156
Ugu DM: DC21	47 797	3 482	181	150
uMgungundlovu DM: DC22	52 392	3 817	198	151
uMkhanyakude DM: DC27	23 371	1 703	115	87
uMzinyathi DM: DC24	17 397	1 267	63	48
uThukela DM: DC23	19 459	1 418	70	53
Zululand DM: DC26	29 974	2 184	147	112
<b>KWAZULU NATAL PROVINCE</b>	<b>616 531</b>	<b>44 919</b>	<b>2 559</b>	<b>2 059</b>

District / Province	Estimated Number of GeneXpert Tests Required	TB Notification / Treatment (All Patients)	DR-TB Notification	DR-TB Treatment
Capricorn DM: DC35	24 313	1 771	64	49
Mopani DM: DC33	25 446	1 854	70	53
Sekhukhune DM: DC47	19 246	1 402	39	30
Vhembe DM: DC34	23 114	1 684	54	41
Waterberg DM: DC36	25 910	1 888	97	73
<b>LIMPOPO PROVINCE</b>	<b>118 029</b>	<b>8 599</b>	<b>324</b>	<b>246</b>
Ehlanzeni DM: DC32	76 498	5 573	416	346
G Sibande DM: DC30	32 897	2 397	141	107
Nkangala DM: DC31	49 881	3 634	236	179
<b>MPUMALANGA PROVINCE</b>	<b>159 276</b>	<b>11 604</b>	<b>793</b>	<b>632</b>
Frances Baard DM: DC9	38 433	2 800	104	86
JT Gaetsewe DM: DC45	17 478	1 273	55	42
Namakwa DM: DC6	10 635	775	34	26
Pixley Ka Seme DM: DC7	24 212	1 764	82	62
ZF Mgcawu DM: DC8	33 806	2 463	110	84
<b>NORTHERN CAPE PROVINCE</b>	<b>124 564</b>	<b>9 075</b>	<b>385</b>	<b>300</b>
Bojanala Platinum DM: DC37	39 948	2 911	115	87
Dr K Kaunda DM: DC40	54 383	3 962	174	144
Dr RS Mompoti DM: DC39	49 665	3 618	88	67
NM Molema DM: DC38	33 712	2 456	76	58
<b>NORTH WEST PROVINCE</b>	<b>177 709</b>	<b>12 947</b>	<b>453</b>	<b>357</b>
City of Cape Town MM: CPT	341 211	24 860	836	694
Cape Winelands DM: DC2	94 331	6 873	180	137
Central Karoo DM: DC5	8 584	625	16	12
Garden Route DM: DC4	68 265	4 974	133	101
Overberg DM: DC3	25 498	1 858	36	28
West Coast DM: DC1	54 376	3 962	134	102
<b>WESTERN CAPE PROVINCE</b>	<b>592 265</b>	<b>43 151</b>	<b>1 334</b>	<b>1 073</b>
<b>NATIONAL</b>	<b>3 046 254</b>	<b>221 941</b>	<b>9 482</b>	<b>7 558</b>