

VISION 2028



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

TB STRATEGIC PLAN: 2023-2028

SOUTH AFRICAN NATIONAL
TB PROGRAMME

EXECUTIVE SUMMARY

In 2021, around 300,000 people in South Africa developed TB disease and around 60,000 people died from TB. Although these numbers remain too high, this represents substantial progress: since 2007, overall incidence has been reduced by 50% (incidence among people living with HIV by 65%) and overall mortality by 74% (mortality among people living with HIV by 80%).

Much work remains if this momentum is to be maintained. This document sets out a plan for the National TB Programme that marks a continuation from the interim TB Recovery Plan 2022–23 and sits within broader international and domestic frameworks, including the United Nations 2030 Agenda for Sustainable Development, the World Health Organization End TB Strategy, the Department of Health Strategic Plan 2020/21–2024/25, the 2030 Human Resources for Health Strategy, the National Digital Health Strategy for South Africa 2019–2024, and the 2023–28 National Strategic Plan for HIV, TB and sexually transmitted infections (STIs).

Although TB incidence is dropping steadily, treatment coverage remains too low at ~57% (uncertainty interval 41%–83%; target >90%) and the case fatality ratio too high at ~19% (uncertainty 9%–31%; target <5%). These are critical indicators for the global End TB Strategy. During strategy workshops with Provincial and District staff, the following priority problems were also identified: persistent high mortality among people with TB, inadequate testing of people living with TB, high loss-to-follow-up – both initially and after treatment initiation, and low treatment adherence. Diagnostic and treatment challenges remain around HIV-associated TB, paediatric TB, extrapulmonary TB, and drug-resistant TB.

In this strategic plan, we set out 10 objectives to move toward a Vision for 2028 that sees TB as a priority across all sectors; people with TB being given rapid access to high quality diagnostics, treatment, and support; an increased value placed on preventing TB; and high-quality data used for programme decision-making. To achieve this vision, a series of provincial activities and national programme enablers have been identified through

extensive collaboration between programme staff, implementers, and researchers.

This strategy emphasises person-centred and family-centred care and moves the programme closer towards community-based care. Key activities for the next five years include:

- inter-sectoral TB advocacy and nuanced TB messaging,
- wider use of screening and testing approaches that are less reliant on symptoms and sputum,
- test results that reach people outside of health facilities,
- better referral systems and stronger linkage mechanisms between centres of care,
- safe, high-quality treatment offered conveniently, and
- treatment and psychosocial support for vulnerable people and populations.

To account for recurrent and subclinical TB, this strategy includes scaling-up testing for those at highest risk, regardless of symptoms, including people living with HIV and people exposed to TB (such as household contacts) or those recently treated for TB. Preventive strategies will also be prioritised, through:

- facility infrastructure that meets infection prevention and control standards,
- ensuring availability of industry-standard respirators for all health workers and facility staff,
- better access to shortened preventive regimens for all populations, and
- increased screening and monitoring of TB in health workers.

To ensure that all of these activities come together, improved data systems will be a priority for the duration of the strategy, ensuring that all levels of programming have timely access to relevant TB data in appropriate formats at all levels of the health system. The benefits of this are multiple: to accurately monitor programme implementation and outcomes, enable prompt linkage and retention, and to enable quality improvement activities in all parts of the health system.

Communicate & Advocate	Find & Link	Treat & Retain	Prevent & Prepare	Monitor & Assess
TB is a national priority across sectors	People diagnosed with TB are linked to care within one week	People with TB have access to high-quality treatment & support	TB prevention is valued as much as treatment	Provinces use high quality data
1.1 Improve internal and external TB communication	2.1 Increase the number of people identified with TB	3.1 Provide person-centred differentiated care to people with TB	4.1 Improve safety in health facilities	5.1 Streamline and integrate TB data systems
Create and promote appropriate TB messaging to all stakeholders	Establish community-based models for TB screening and testing (e.g. ward based outreach teams)	Implement risk assessment for all people diagnosed with TB	Apply standards set by Council for Scientific & Industrial Research when upgrading or building new health facilities	Provide annual progress reports on End TB targets at District and sub-District levels.
Leverage Provincial TB Caucuses to promote TB advocacy, address stigma, and enhance accountability	Scale-up use of screening and testing modalities that do not rely on symptoms or sputum (e.g. dCXR, uLAM, novel diagnostics) for children & adults	Provide person-centred care to people on all forms of TB treatment	Introduce decontamination measures in high-risk spaces (e.g. GUV)	Engage with digital health team to address TB programme requirements
Advocate to private industry to help strengthen networked communication between health facilities	Test all priority populations (e.g. PLHIV new or restarting ART or not virally suppressed, people with previous TB, or recent contacts) for TB regardless of symptoms and link to appropriate care	Offer differentiated care guided by risk assessment	Establish routine TB screening & testing for health workers, including community health workers and general facility staff, along with reporting mechanisms	Consolidate existing TB data systems and flows
Advocate to private sector to strengthen referrals to the public system	Conduct evaluation of uLAM implementation in facilities	Provide specialist care to people with complex or advanced disease (e.g. people with EPTB, PWTB admitted to hospital, PWTB requiring palliative care)	Establish electronic register for occupational TB reporting	5.2 Increase the use of data for monitoring and decision-making
Liaise with SANAC, SAMA, traditional health practitioner organisations, interfaith councils, labour unions, & nursing associations to generate and respond to demand for TB services across health sectors	Liaise with Primary Healthcare Directorate and HIV programme to support test and treat initiatives	Strengthen the Department of Health risk assessment for TB	Mandate face coverings for all people >5 years of age entering health facilities	Undertake data quality assessments at facility- and District-level (e.g. audits)
Support the National TB Caucus to advocate for better TB resources and implementation	2.2 Establish reliable linkage pathways	Partner with key sectors to expand adherence support for key populations & mobile communities (e.g. alternative health sectors, farming and mining, correctional facilities)	Mandate availability of respirators for all health workers, including community health workers, and general facility staff	Scale-up data quality improvement activities, guided by data quality assessments
Liaise with Departments of Basic & Higher Education to strengthen TB messaging in schools and tertiary institutions	Check HPRN and collect/confirm mobile number at every TB encounter	Set national standards and measure quality of care delivered to people with TB	4.2 Increase the use of existing prevention approaches in all eligible populations	Collate facility-level data for routine review by TB health and programme staff (e.g. using data dashboards)
Develop a strategy to combat misinformation to reduce vaccine and treatment hesitancy	Monitor real-time data to reduce initial loss-to-follow-up	Liaise with Compensation Commission for Occupational Diseases to provide guidance on benefits and compensation for mine workers and ex-mine workers with TB	Scale-up preventive treatment (e.g. 6H, 3HP, 3RH, 1HP)	Scale-up data quality improvement activities, guided by data quality assessments
	Increase the percentage of test results delivered digitally to clients and clinicians in near-real-time (e.g. via text message)		Increase coverage of BCG vaccination at birth, including catch-up BCG if missed at birth	Establish national standards for TB data quality (e.g. data quality index)
	Strengthen referral systems between hospitals, primary care facilities, and communities	3.2 Establish national standards for TB data quality (e.g. data quality index)	4.3 Prepare for the arrival of more effective TB vaccines	Provide quality improvement support visits to priority sites
		Introduce shortened regimens once nationally approved	Engage with EPI, Gavi, and other programmes to monitor vaccine developments	Establish national public-facing dashboard
	Improve referral from community screen and test initiatives to primary care facilities (e.g. via mhealth)	Monitor people after they complete treatment for drug-susceptible and drug-resistant TB disease	Prepare a vaccine implementation plan	Review targets and progress at routine provincial cluster meetings
	Improve access to TB testing and treatment data at district, sub-district, and facility levels			Review and update monitoring and evaluation framework annually
	Provide comprehensive training to CHWs and health workers on updated procedures and guidelines Provide adolescent-friendly TB services alongside adolescent HIV services Liaise with Men's Health Services in facilities to improve screening, testing, treatment initiation, and retention Update guidelines as new evidence emerges Monitor best practices and emerging technologies for uptake as appropriate Liaise with NEMLC, SAHPRA, and research entities to streamline adoption of new tools and technologies Conduct situational analysis on TB linkage and care needs of mid-sized mines Liaise with Medical Bureau for Occupational Diseases to inform TB prevention and control policies in the mining sector			

Brown type indicates objectives Black type indicates provincial activities Green type indicates national enablers

List of Acronyms: TB=tuberculosis, SANAC=South African National AIDS Council, SAMA=South African Medical Association, dCXR=digital Chest X-ray, uLAM=urinary lipoarabinomannan test, PLHIV=people living with HIV, ART=antiretrovirals, CHW=community health worker, cHPRN=Health Patient Registration Number, National Essential Medicines List Committee, SAHPRA=South African Health Products Regulatory Authority, GUV=Germicidal Ultraviolet, PWTB=people with TB, 6H=6-months isoniazid, 3HP=3-months isoniazid+rifampentine, 3RH=3-months rifampicin+isoniazid, 1HP=1-month isoniazid+rifampentine, BCG=bacille Calmette-Guerin, EPI=Expanded Programme on Immunisation.



health

Department:
Health
REPUBLIC OF SOUTH AFRICA