



Western Cape Emergency Response Plan for Tuberculosis (TB)

A MULTI-SECTOR RESPONSE

APRIL 2021

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1. BACKGROUND

On World Tuberculosis Day, 24th March 2021, the country and the province adopted the theme " **The clock is ticking to find, treat and end TB**". Adopting this theme was a response to the emerging consensus around the country that is recognising the need for tuberculosis (TB) to be declared a national emergency in South Africa. The Western Cape Government and Western Cape Civil Society Forum fully supports this call.

At a meeting of the Western Cape Provincial Council on AIDS and TB held in February 2021, the provincial leadership within government and civil society took a collective decision to officially launch an emergency response to TB in the Western Cape Province. This decision was informed by the WHO Global Tuberculosis Report 2020, the South African National TB Prevalence Survey 2020 and the impact of the Covid-19 pandemic on health services.

In South Africa, the National Institute of Communicable Diseases (NICD) noted a 30% decrease in TB diagnosis in the first five months of the Covid-19 pandemic. In a context where 42% of people with TB were already not being diagnosed and treated, this is seen by many, including the members of the Western Cape Provincial Council of AIDS and TB, as a crisis.

In responding to the Covid-19 pandemic, the province has proven its ability to formulate agile, innovative and effective responses to health challenges, adopting a Whole-of-Society Approach. Many of the valuable lessons and innovations practiced in the response to Covid-19 can now be adapted to respond to TB. These include alternative medicine distribution, the use of telemedicine, the utilisation of central call centres and improved mechanisms for clients and contact tracing.

Risk of TB is high amongst populations living in poverty, low socioeconomic groups, low income, immune-suppressed (including HIV-positive status), and extreme age (old age and children) groups. The risk of TB transmission also increases with the closeness and duration of contact to those already infected with active TB patients and degree of infectiousness of the TB patients. It is therefore important to note that TB is a socio-economic disease and that the biggest decreases in TB incidence have been associated with socio-economic improvements.

These interventions may fall outside the scope of the Department of Health and underscores the need for an integrated and multi-sectoral response to addressing TB. Addressing the social determinants of health is a shared responsibility across programmes and stakeholders within and beyond the health sector.

2. PURPOSE

To accelerate and intensify efforts to improve TB control across the Western Cape by leveraging the collective ownership of the response and through the focused use of data and innovative approaches to find more cases, enable linkage to care and support patients on their treatment journey.

3. OBJECTIVES

- 3.1 Raise the sense of urgency and awareness of TB as the leading cause of death in the Western Cape Province for more than a decade.
- 3.2 Reduce the number of new TB infections.
- 3.3 Increase the speed and number of those diagnosed, enable early initiation of treatment and provide support to improve treatment completion rates.
- 3.4 To meet the global and local commitments to end TB by 2035.

4. PRINCIPLES

This plan is underpinned by and guided by the following principles:

- a) A clear plan to rapidly reduce the burden of TB in the W.Cape
- b) A data driven approach that leverages deep data system expertise and systems within the province
- c) Leverages innovation and the most recent tools/approaches for TB control
- d) Leverages the successes of the COVID 19 response
- e) Uses Whole of Society Approach in design and is patient centric in delivery
- f) Reduces stigma and creates a supportive environment for screening, testing and TB care

5. SITUATIONAL ANALYSIS

Using the WHO Health System building blocks and key levers, the following reflection of the TB programme in the Western Cape emerges:

Population orientation	<p>The Western Cape Government Health is moving towards an approach that adopts a population perspective through the implementation of Community-Oriented Primary Care (COPC) and aiming to achieve Universal Health Coverage (UHI).</p> <p>Community screening for TB, follow up of TB contacts and adherence support in the community needs strengthening.</p>
Service delivery	<p>The province implements a functional district health system with appropriate referral hospitals, an extensive Primary Health Care network and an active community-based platform through which TB care can be delivered.</p> <p>Challenges remain regarding screening, Infection Prevention Control (IPC), initial loss to follow up, linkage to care, referral systems and adherence to treatment.</p> <p>Hospitals are not yet integrated into monitoring and reporting systems yet diagnose a significant burden of TB patients. Improved integration and strengthening of the PHC/ community platform is needed.</p>
Health workforce	<p>We have a skilled health workforce able to provide services to prevent, screen, diagnose and treat TB. Workforce supply, however, is not always adequate to meet the demand for care. This is influenced by staff turnover, lack of generalist skills and a low index of suspicion for TB in children and adolescents.</p> <p>The increased risk of TB among HCW must be highlighted as healthcare workers remain a group at high risk of TB infection.</p>

<p>Health Information</p>	<p>An established data collection and reporting system is in place in the Western Cape. This system can be strengthened through improving data quality and the efficient use of data to inform programmes.</p> <p>The TB Cascade is well developed but needs refinement and consideration for scale up of its use.</p>
<p>Essential medicines</p>	<p>TB medication supply is generally not a challenge except for the supply of drugs needed for XDR TB.</p> <p>While available, poor recording limits the evaluation of TB medication.</p> <p>Electronic data on TB medicines must be incorporated into existing systems, e.g. JAC – at all levels within the health system.</p>
<p>Health financing</p>	<p>There is a challenge of budget constraints and limited resources for the health system, which impacts on TB control.</p>
<p>Leadership and governance</p>	<p>Oversight and accountability for TB management needs to be strengthened through management and clinical governance. Intersectoral action is required at a high level. Strengthening of social support and deploying auxiliary social workers through NPOs should be considered as part of such action.</p>

6. KEY INTERVENTIONS FOR IMPLEMENTATION

Objective	Deliverable	Timeframe
<p>Raise the sense of urgency and awareness of TB as the leading cause of death in the Western Cape Province for more than a decade.</p>	<p>Make TB data as freely and readily available to the public as with COVID-19 – via a public dashboard.</p> <p>This weekly dashboard will provide updated data on:</p> <ul style="list-style-type: none"> • TB diagnosis (from NICD) • TB deaths • Treatment success (number or rate) • Treatment initiation (from PHDC) • TPT initiation 	<p>Within the next quarter (April – June 2021)</p>
	<p>A fully fledged public communication campaign to highlight the need for enhanced TB testing as for COVID-19 - propose a Test & Treat (TPT and active TB disease treatment) Campaign</p> <ul style="list-style-type: none"> - Include personal stories, including those of survivors - Focus on personal responsibility for prevention – being part of the solution - Promote positive messaging – collective responsibility, TB can be beaten, etc. <p>Key Message: Getting back on track and doing more!!</p>	<p>Within the month of May 2021</p>
<p>Reduce the number of new TB infections</p>	<p>Increase uptake of TPT (TB Preventive Therapy) at facility level.</p> <p>Expanding the Chronic Medical Conditions to include TB treatment and TB preventive therapy.</p>	<p>Within the next quarter (April – June 2021)</p>
	<p>Implement new TPT regimens including 3HP and 3RH</p>	<p>Within the next quarter (April – June 2021)</p>

Objective	Deliverable	Timeframe
	TB -COVID joint screening and testing for COVID-19 and TB, according to the revised guideline	Within the next quarter (April – June 2021)
	Implementation of TB Screening App (similar to COVID-19 screening)	Within the next quarter (April – June 2021)
	Utilisation of community health worker (CHW) programme to increase testing for TB among all TB contacts and high-risk populations – include testing outreach to places of work and other congregate settings.	Within the next quarter (April – June 2021)
	Improve and maintain infection prevention and control at healthcare facilities, and advocate for IPC measures in public transport and other congregate settings.	Within the next quarter (April – June 2021)
	Increased TB testing at shelters used to house homeless during epidemics and other national emergencies.	Within the next quarter (April – June 2021)
	Maintaining BCG coverage	Within the next quarter (April – June 2021)
Increase the speed and number of those diagnosed, enable early initiation of treatment and provide support to improve treatment completion	Implementation of the urine LAM testing in facilities, recommended for those with advanced HIV disease or PLHIV with possible TB	Within the next quarter (April – June 2021)
	SMS of Xpert results to patients: negative (your results is negative); positive (go to facility)	Within 3 rd quarter (Oct – Dec 2021)
	Pilot and progressively expand the use of mobile digital chest x-rays	Within the next quarter (April – June 2021)
	Strengthening hospital management and information systems and enabling linkage to care when patients are referred to other hospitals or the PHC level is needed.	Within the next quarter (April – June 2021)

Objective	Deliverable	Timeframe
rates.	Implement innovations for digital adherence support for drug-resistant TB treatment, with consideration to expand to DS-TB and TPT.	Within 3rd quarter (Oct – Dec 2021)
	Targeted universal TB Testing for high-risk groups (PLHIV, TB contacts, people with previous TB – less than 2 years)	Within the next quarter (April – June 2021)
To meet the global and local commitments to end TB by 2035	Strengthen activities to find, treat and cure TB in our communities, including the appropriate management of all co-morbidities.	Within the next quarter (April – June 2021)
	Destigmatize TB / Walk the talk - campaign	Within the month of May 2021
	Enhanced advocacy for socio-economic improvements, including psycho-social and nutritional support interventions for those living with TB	Within 3rd quarter (Oct – Dec 2021)
	Establish and launch a Provincial TB Caucus in the Western Cape Provincial Parliament	Within the month of May 2021

Reference documents

1. The Health System Response to the TB epidemic in the Western Cape: challenges and opportunities (Final 10 October 2019)
2. Provincial strategic plan on HIV/AIDS, STIs and TB 2017 – 2022 Western Cape Province
3. TAC - Declare TB a national emergency
4. WHO GLOBAL TUBERCULOSIS Report 2020,