



TUBERCULOSIS SOUTH AFRICA PROJECT

Achievement of the 90-90-90-90 Targets for TB Among Key Populations

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Presentation Outline



TUBERCULOSIS SOUTH AFRICA PROJECT

- Who Are We?
- Background
- Gap Analysis
- Recommendations
- Stakeholders
- Way Forward

Who Are We?



USAID Tuberculosis South Africa Project

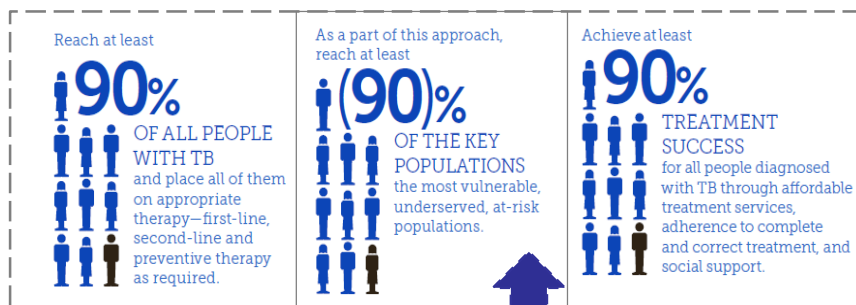
- ✔ A five-year TB project (2016-2021) funded by the United States Agency for International Development (USAID).
- ✔ The project provides technical assistance to the Department of Health to impact the TB burden in the country by:
 - ✔ Reducing TB infections
 - ✔ Increasing sustainability of effective TB response systems
 - ✔ Improving care and treatment of vulnerable populations
- ✔ The project supports 14 districts across six provinces: Eastern Cape, Free State, Gauteng, KwaZulu-Natal, Limpopo and Western Cape.

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Background: Globally



The Stop TB Partnership has set the following targets to be achieved by 2025:



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Background: Nationally



TB key populations

- People living with HIV
- Household contacts of TB index patients
- Household contacts of TB index patients
- Health care workers
- Inmates
- Pregnant women
- Children <5 years old
- Diabetics
- People living in informal settlements
- Mine workers and peri-mining communities

NSP (2017-2022) Defines key and vulnerable populations

Vulnerable populations for HIV & STIs

- People living in informal settlements
- Mobile populations
- Migrants and undocumented foreigners
- Adolescent girls and young women
- People with disabilities
- LGBTI populations
- Children including orphans and vulnerable populations

Background: 2017 TB Symposium on Key Populations

- ✓ Conduct a gap analysis with regards to TB prevention, case finding & treatment for migrants (miners and farm workers), HCWs, contacts of TB patients and prisoners
- ✓ Share existing good practices and innovative service delivery models.
- ✓ Develop a response framework to facilitate achievement of the 90-90-90 targets for key populations in South Africa.



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Gap Analysis: Contacts of TB Patients



- **High TB prevalence among contacts** of TB patients (up to 9.2% were found to have active TB: Shapiro *et. al.* 2012; Van Schalkwyk *et.al.* 2014).
- **Stigma and fear of discrimination** hinders index patients from disclosing TB status to families.
- **Ineffective counselling** and communication.
- **Difficulty in accessing households** – incorrect addresses provided, language barriers, limited reach of tracking and tracing teams.

Gap Analysis: Health Care Workers



- ✓ Healthcare workers are **three times more likely to acquire TB compared** to the general population (URC, Desmond Tutu TB Centre, 2009).
- ✓ The risk for TB disease is even **higher among HCWs co-infected with HIV**.
- ✓ **Limited availability and use of personal protective equipment (PPE)** for health workers.
- ✓ **Limited availability of occupational health services** for healthcare workers.



Gap Analysis: Migrants (Farm Workers)



- **High HIV prevalence among farmworkers in South Africa** (28.5%-39.5% of farm workers in South Africa are HIV positive (2010 IBBSS Report, MP,LP).
- **limited studies done on TB prevalence among farm workers**, despite high HIV prevalence.
- **Seasonal farm workers usually undocumented/not covered by labour laws** and do not present to health facilities.
- **High mobility** of farm workers, given the seasonal nature of farming.
- **Very limited availability of health services.**

Gap Analysis: Migrants (Mineworkers)



- **TB incidence among mineworkers more than tripled**, from 305 per 100,000 in 1993 to 948 per 100,000 in 2007, and TB mortality rates quadrupled over this period.
- According to studies conducted in South Africa, **TB notification rates among gold miners are very high**, exceeding 4,000 per 100,000 in 1999.
- TB risk factors among miners include **HIV, exposure to silica dust, health care disruptions, high mobility and low socioeconomic status.**

Policy Level Recommendations



- ✓ Strengthen implementation of contact management policy/guidelines.
- ✓ Routine screening/testing of TB contacts.
- ✓ Standardisation of scope of work for TB tracer teams.
- ✓ Scope of work for CHWs to include sputum collection at household level.
- ✓ Development of TB counselling guidelines for TB index cases .
- ✓ Standardisation of scope of work for TB tracer teams.
- ✓ Monitoring and reporting for TB among contacts.

Contacts of TB Patients

Policy Level Recommendations



- ✓ Finalisation of Occupational Health Policy for HCWs.
- ✓ Strengthen implementation of infection prevention & control (IPC) guidelines and standard operating procedures for health care workers.
- ✓ Defined package of occupational health/wellness services for healthcare workers.
- ✓ Development of tools for monitoring and reporting of TB among HCWs.
- ✓ Quantify current burden of TB among healthcare workers in South Africa.

Health care Workers

Policy Level Recommendations



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- ✓ Establishment of cross-border referral systems.
- ✓ Development of MOU between the health and agricultural sectors on provision of health services for farm workers.
- ✓ Defined package of care for contract/seasonal and migrant workers.
- ✓ Review of basic conditions of employment for contract/seasonal/migrant workers.
- ✓ Contact management for contacts of migrants.

Migrants (Farm Workers)

Stakeholder Mapping



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Way Forward



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- ✓ Development of reliable size estimates and mapping of key and vulnerable TB populations in South Africa.
- ✓ Defined packages of care and tailored service delivery models for prioritised key populations.
- ✓ National multi-stakeholder TB Key Populations Working Group – convene at national level, including civil society and community representatives of potential key populations.

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Thank you



We Beat TB South Africa



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