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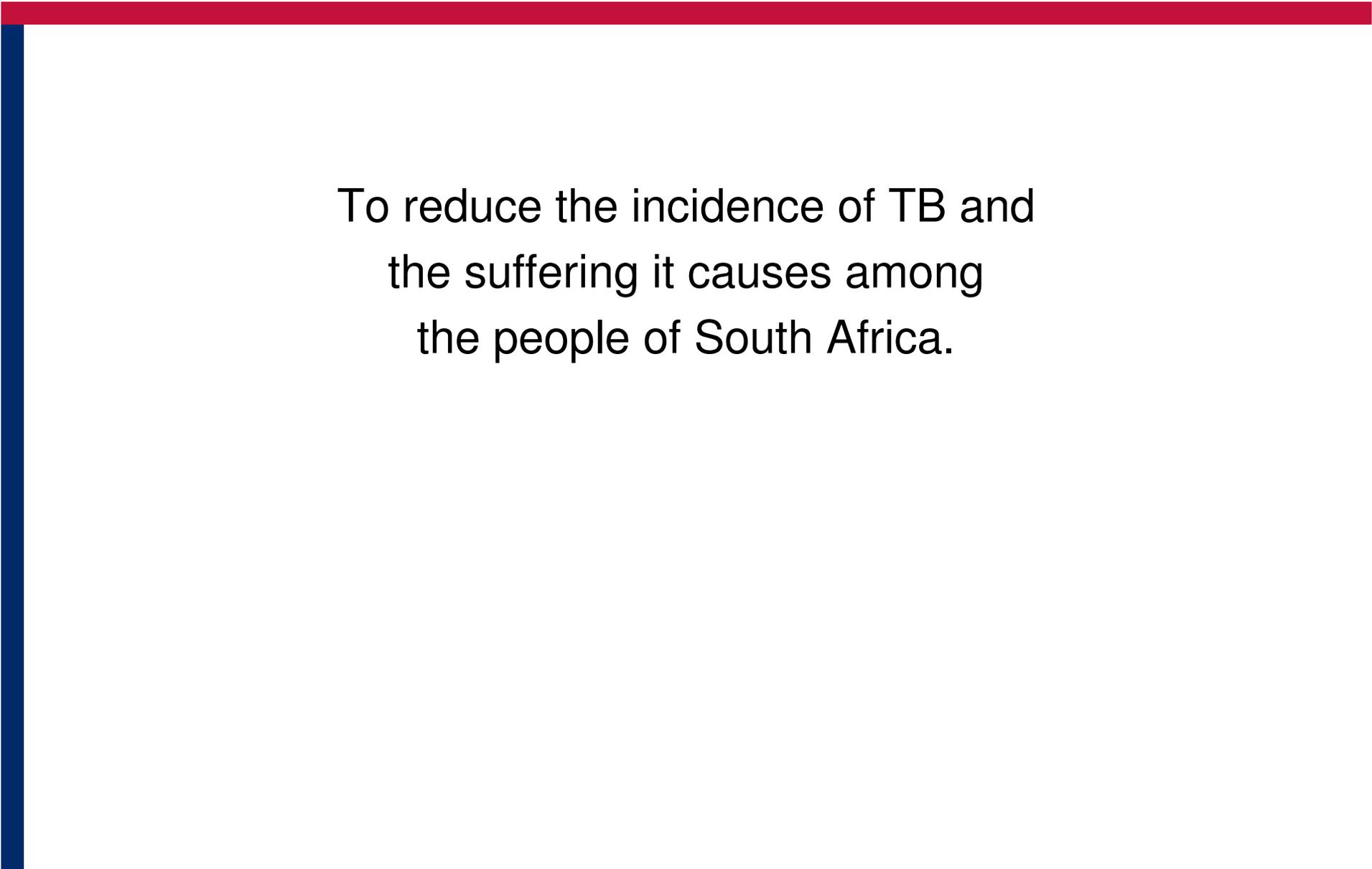
The National TB Control Programme Goals and Strategies

URC

Learning objectives

- Describe the essential features of the SA National Programme
- To understand the Stop TB Strategy
- To understand the NTCP National Strategic Plan

Mission



To reduce the incidence of TB and the suffering it causes among the people of South Africa.

NTCP Goals

- To reduce the infectious pool of TB cases. This pool constitutes the source of new infections and maintains the continuous chain of TB transmission
- To reduce the number of infected persons, who carry a lifelong risk of developing TB disease

NTCP Goals, cont...

- To promote community awareness and active participation in the control of TB.
- To obtain political commitment for the provision of the necessary resources to control TB.
- To ensure that all health care workers are appropriately trained and supported.

NTCP Goals cont...

- To undertake disease surveillance and promote appropriate research in TB, to measure progress, evaluate the program, identify communities at risk, and explore new models of intervention.
- To ensure collaboration with other Government department

NTCP Objectives

- A high cure rate – 85% or above for all new smear positive cases
- A high treatment success rate – 85% or above for all pulmonary cases
- A high smear conversion rate at the end of the intensive phase – 85% for new smear positive and 80% for re - treatment cases
- Low rate of interruption of treatment – 5% or below
- Low level of acquired drug resistance – less than 1%

NTCP Management commitment

- Effective leadership with a permanent team qualified in managing the TB Program
- Integration of the TB Program into the PHC services
- District level: initiation, coordination, **supervision** and **evaluation of key activities of the NTCP**

Roles and Responsibilities in TB Prevention

- *Primary health care (PHC)*: identification, treatment, management and referral of patients with complications including reporting
- *Laboratory* for confirmation of diagnosis, monitoring of patients (AFB microscopy, culture, DST)

Roles and Responsibilities in TB Prevention cont...

- *Specialised services* for diagnosis, treatment, follow up and reporting of complicated cases (DR TB)
- *Public health authorities* (National TB Program)
 - A vertical support system for policy development, planning and coordination, support for implementation, quality assurance, monitoring and evaluation

Organisation of services

- TB control is based on identification and successful treatment of smear positive patients
- Peripheral level
 - Implementation of services
- A vertical support system
 - Public health professionals (notification, surveillance)
 - Monitoring, supervision, coordination

Key functions of TB control at local level

Health Centers and Primary Health Clinics

- ✓ first level for TB diagnosis
- ✓ nursing personnel are able to make diagnosis and treat uncomplicated TB cases
- ✓ nursing personnel and other staff will ensure adequate follow up arrangements are made (DOT, referrals)

Key functions of TB control at local level cont...

Hospitals – District/Community

- first referral level
- have capacity to diagnose and treat more complicated cases of TB
- will provide short hospitalisation for initiating treatment
- will serve as referral centres for the specialised hospitals

Key functions of TB control at local level cont...

Specialised Hospitals (TB, MDR)

- admit and manage already diagnosed complicated TB cases
- admit re-treatment cases needing Streptomycin
- may admit special cases eg. social problems until stabilised
- MDR-TB Centres will admit DR-TB patients only

Key functions of TB control at local level cont...

Community involvement in TB care

- play important role in case detection activities (identify and encourage suspects to go for testing)
- play important role in promoting adherence
- play important role in social mobilisation

STOP TB STRATEGY Objectives

- To achieve universal access to high-quality diagnosis and patient-centered treatment
- To reduce suffering and socio-economic burden associated with TB
- To protect the poor and vulnerable populations from TB, TB/HIV and MDR-TB
- To support development of new tools and enable their timely and effective use

STOP TB STRATEGY

Partnership Targets

Linked to MDG 6, Target 8

- By 2005, detect at least 70% of new sputum smear positive TB cases and cure at least 85% of these cases
- By 2015, drastically reduce prevalence and death rates by 50% relative to 1990
- By 2050, eliminate TB as a public health problem

STOP TB STRATEGY

Component 1

1. Pursue high quality DOTS expansion and enhancement

- Political commitment with increased and sustained financing
- Case detection through quality-assured bacteriology
- Standardized treatment with supervision and patient support
- An effective drug supply and management system
- Monitoring and evaluation system, and impact measurement

STOP TB STRATEGY

Component 2

2. Address TB/HIV, DR-TB and other challenges

- Implement collaborative TB/HIV activities
- Prevent and control MDR-TB
- Address prisoners, refugees and other high risk groups and situations

STOP TB STRATEGY

Component 3

3. Contribute to health system strengthening

- Actively participate in efforts to improve system-wide policy, human resources, financing, management, service delivery and information systems
- Share innovations that strengthen systems – Practical Approach to Lung Health
- Adapt innovations from other fields

STOP TB STRATEGY

Component 4, 5

4. Engage all care providers

- Public-Public, Public-Private Mix (PPM) approaches
- International Standards of TB Care

5. Empower people with TB and communities

- Advocacy, communication and social mobilization
- Community participation in TB care
- Patient's Charter for TB Care

STOP TB STRATEGY

Component 6

6. Enable and promote research

- Program based research
- Research to develop new diagnostics, drugs and vaccines

TB Strategic Plan 2007-2011

- Strategy explore

We can stop TB

