



health

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Number:

Re: Media Query – TUTT Implementation in South Africa

Thank you for your query regarding the implementation of targeted universal tuberculosis (TB) testing (TUTT) as outlined in the national *TB Screening and Testing Standard Operating Procedure* first released in 2022. Please find some responses prepared by the National Tuberculosis Control and Management Programme (NTP).

1. In how many districts and/or subdistricts in South Africa is TUTT being implemented?

TUTT is national policy and is being implemented in the whole country as of 2022 as part of a wider TB screening and testing strategy. With TUTT, the aim is to test select groups with a higher risk of developing TB disease regardless of whether they have TB symptoms – these are:

- Close TB contacts – all people (family and other individuals regardless of age and HIV status) who have a ‘significant TB exposure’ (shared same enclosed space or living arrangement with a TB patient for one or more nights, or for frequent or extended periods during the three months before the start of current treatment in the TB patient with pulmonary TB).
- People living with HIV regardless of TB exposure – those that are newly diagnosed HIV-positive, and all those that attend annual viral load monitoring visits, especially those that are not virally suppressed.
- People previously successfully treated for TB disease within the last two years regardless of TB exposure.

To reflect this expectation, annual testing targets are published and monitored down to district level (see *National TB Recovery Plans*).

2. Can you please share stats with us showing the number of GeneXpert tests done per year for at least the last five years?

South Africa rolled out GeneXpert testing nationwide back in 2011. Since then, there have been many developments with these tests, including the introduction of additional rapid molecular diagnostic tests for TB within the National Health Laboratory Service (NHLS) collectively known as TB nucleic acid amplification tests (TB NAATs).

TB NAATs are the first line tests conducted for all patients being tested for TB according to the national standard operating procedure (SOP), therefore nearly all patients tested for TB will have a TB NAAT test done, and some

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have multiple tests done for various reasons. Based on surveillance data from the National Institute for Communicable Diseases, a division of the NHLS, the table below shows trends the number of people tested for pulmonary TB over the last five years, most of whom were tested using TB NAATs. There was a major dip in TB testing during the COVID-19 pandemic, but the programme rebounded and now testing rates even exceed pre-pandemic levels thanks to efforts driven through the *National TB Recovery Plans*. Number of TB NAATS conducted in the last couple of years is also reflected below.

Year	Number of people tested for Pulmonary TB	Number of TB NAATs conducted
2019	2 076 726	
2020	1 605 526	
2021	1 952 766	
2022	2 443 419	2 528 937
2023	2 745 550	2 844 062

3. To what extent is the South African government paying for TUTT and to what extent are the TUTT programmes dependent on funding from donors such as PEPFAR?

TB services are primarily funded through by the South African government through the provincial equitable shares of revenue. Additionally, the government provides funding that may be applied to TB services through the conditional grants for TB and HIV. In most instances, depending on how provinces have set up their business plans, funding for the testing component of the TUTT strategy is covered through these mechanisms. The Global Fund has also availed funding for testing that occurs in excess of state budgets, primarily in the 12 priority TB districts funded by the Global Fund to support the national TB programme.

4. Is the plan that the South African government will eventually take on all the costs for TUTT?

Yes. As indicated above, based on policy and funding, TUTT was designed to be implemented through state mechanisms. However, because South Africa continues to battle with high TB incidence and mortality, we continue to work with partners that help facilitate TUTT, especially by supporting community initiatives to find and treat people with TB, supplementing staff to support understaffed service delivery platforms, and providing technical assistance and advisory services. In all agreements, there is an understanding that the state needs absorb all activities supported should non-state funding cease.

5. Do you have stats on the number of mobile X-rays done per year as part of TB screening in South Africa?

The table below shows digital chest X-ray (DCXR) screening in the 12 Global Fund supported districts since 2020, and in 6 USAID supported districts in 2022 and 2023.

Year	DCXR screens performed
2020	1 684
2021	60 925
2022	87 551
2023	108 112
2024	69 413 (till April)

6. To what extent is the South African government paying for mobile X-rays and to what extent are mobile X-ray programmes dependent on funding from donors such as PEPFAR? Here to, is there a plan for the South African government to take full ownership of these programmes?

Currently, the DCXR units are paid for by donors (Global Fund, USAID). However, provinces have indicated that they are starting to procure their own units.

7. Please feel free to add any more general comments on how you feel the TUTT and mobile X-ray programmes in South Africa are going.

The DCXR programme is going well and there is a plan to expand to additional districts. New algorithms have been developed and approved, and a revised DCXR standard operating procedure is being finalised to ensure standardisation.

We trust that this information adequately addresses your questions. Please do not hesitate to contact us for further information.

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