ENGAGE TB: SCALING UP INVOLVEMENT OF CSOS IN TB CONTROL:

South Africa

43rd Union World Conference on Lung Health Update
BACKGROUND

- Population: 52 million
- 9 Provinces; 52 Districts; 253 Sub districts; 4,790 health facilities
- Burden - Among 22 HBCs:
  - 6th highest prevalence
    - 2nd per 100,000
  - 3rd highest incidence
    - 1st per 100,000
- Integrated National Strategic Plan for HIV/TB
APPROACH TO ENGAGE TB

- Focus – Small scale NGOs
- Service provider (for objectivity in selection)
- Assessment of districts to identify poor performers with respect to:
  - Case finding & disease burden
  - HIV testing rate
  - Smear conversions
  - Treatment success & defaulter rates
21 poor performing districts identified
  - Between 1 & 3 per province
Provincial TB managers selected 1 district in each of 6 provinces that responded
Interviews/FGDs conducted with provincial officials & NGOs per province to identify issues
District officials nominated 4 NGOs
  - All together, 24 NGOs
Service Provider administered questionnaires to NGOs on:

- Registration status (to weed out charlatans!)
- Governance & Management capacity
- Financial and HR management capacity
- Services already being rendered
  - Type and coverage

All together, 7 NGOs identified
Consultations held with NGOs (28)
- Coalition body established & meeting regularly
- Need to formalise links with the National AIDS Coordinating Council (SANAC), chaired by Deputy President which now embraces TB

WHO South Africa provides technical support to 7 NGOs to develop funding proposals – Protracted?
CHALLENGES

- Diminishing funding for NGOs
  - PEPFAR downscaling funding to South Africa considerably

- Therefore, how to ensure long-term sustainability of NGOs’ TB care
  - Link to re-engineering of PHC (but can it undermine NGO independence?)

- How to monitor & evaluate impact of NGOs on TB care