

Vuka! Let's unite towards a TB-free world!

9th SA
TB
Conference
8 – 11 June 2026



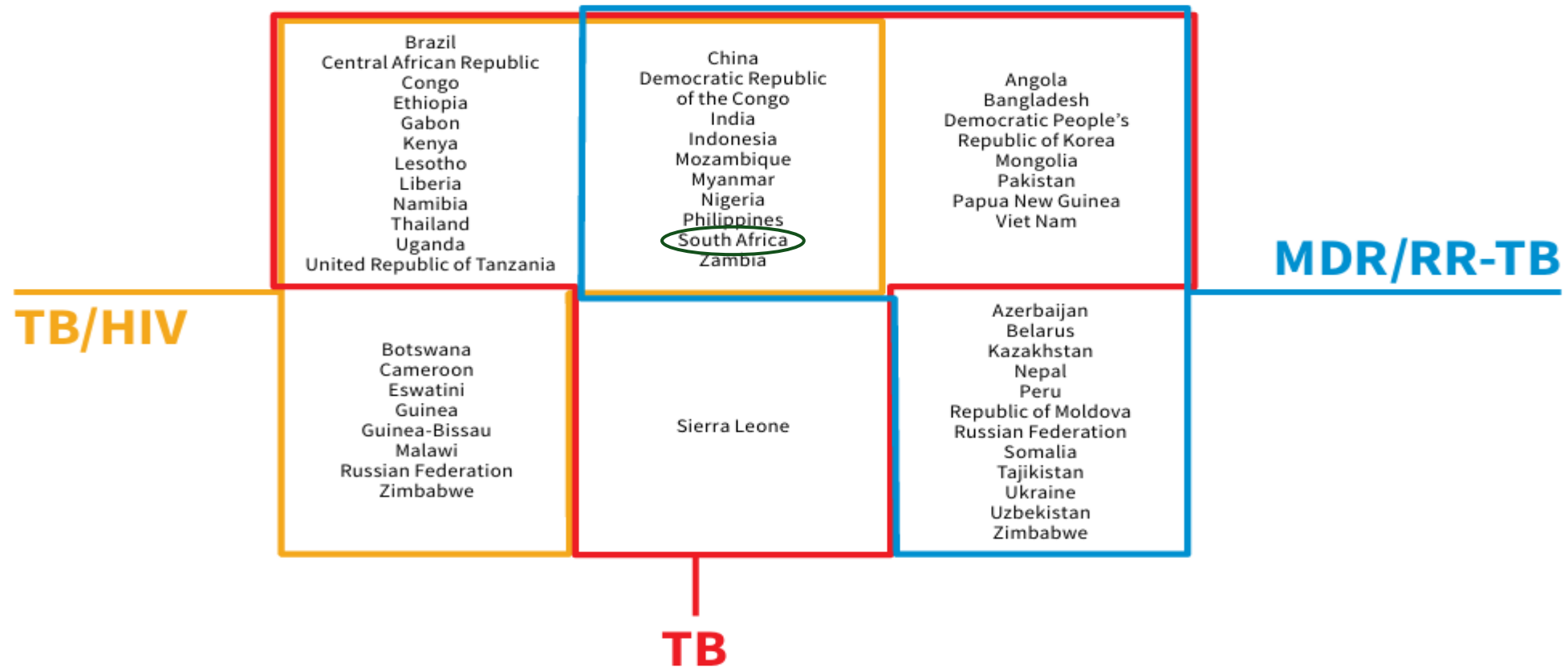
Track 4: Sustainability in light of prevailing funding shortages

A scoping review of non-pharmacological interventions to improve RR-TB outcomes in high burden MDR/RR-TB countries

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Collaborators: L. Bennie, N. Slingers, F. Abdullah, K du Preez and
M. Osman

Background – High Burden MDR/RR-TB Countries

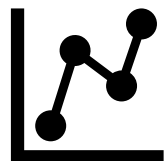


- 30 Countries globally – highest estimated number of new cases globally or highest incidence rate¹
- Account for ~90% of global MDR/RR-TB burden²

1.WHO. Global TB Report. 2025

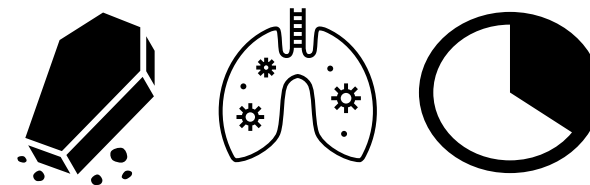
2.WHO. Global list of high burden countries. 2021 – 2025

Background



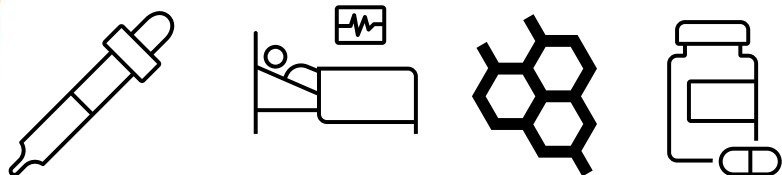
Successful treatment

- RR-TB = 71% ¹
- DS-TB = 88% ¹



1/3 die, fail rx, LTFU

Biomedical



Prioritised by National TB Programmes (NTPs) ^{3,4}
But insufficient to meet the end TB targets

Non-pharmacological interventions (NPI)



“...any intervention intended to improve the health or well-being of individuals that do not involve the use of any drugs and medicine.”⁵

1. WHO. Global TB Report. 2025

3. Wingfield et al. Clin Med (Lond). 2016

4. Wingfield et al. BMC Public Health. 2015

5. Kooijmans et al. J Am Med Dir Assoc. 2025

Aim and Objectives

1

Identify & map range of NPIs to improve RR-TB outcomes (considering sub-populations)

2

Assess extent of literature regarding NPIs to improve RR-TB outcomes, all HBC MDR/RR-TB

3

Describe range of approaches applied to evaluate effectiveness of NPIs in improving RR-TB outcomes

AIM: To map the breadth and depth of NPIs used to support persons with RR-TB and how they contribute to treatment outcomes in high-burden RR-TB countries.

Methods



- Joanna Briggs Institute (JBI) methodology⁶
- Arksey and O'Malley framework⁷
- Prisma extended checklist for scoping reviews (Prisma-ScR)⁸



Population (P)	All persons with rifampicin-resistant tuberculosis
Concept (C)	(i) Non-pharmacological interventions (ii) Patient outcomes
Context (C)	WHO High burden MDR/RR-TB countries (2016 – 2025)



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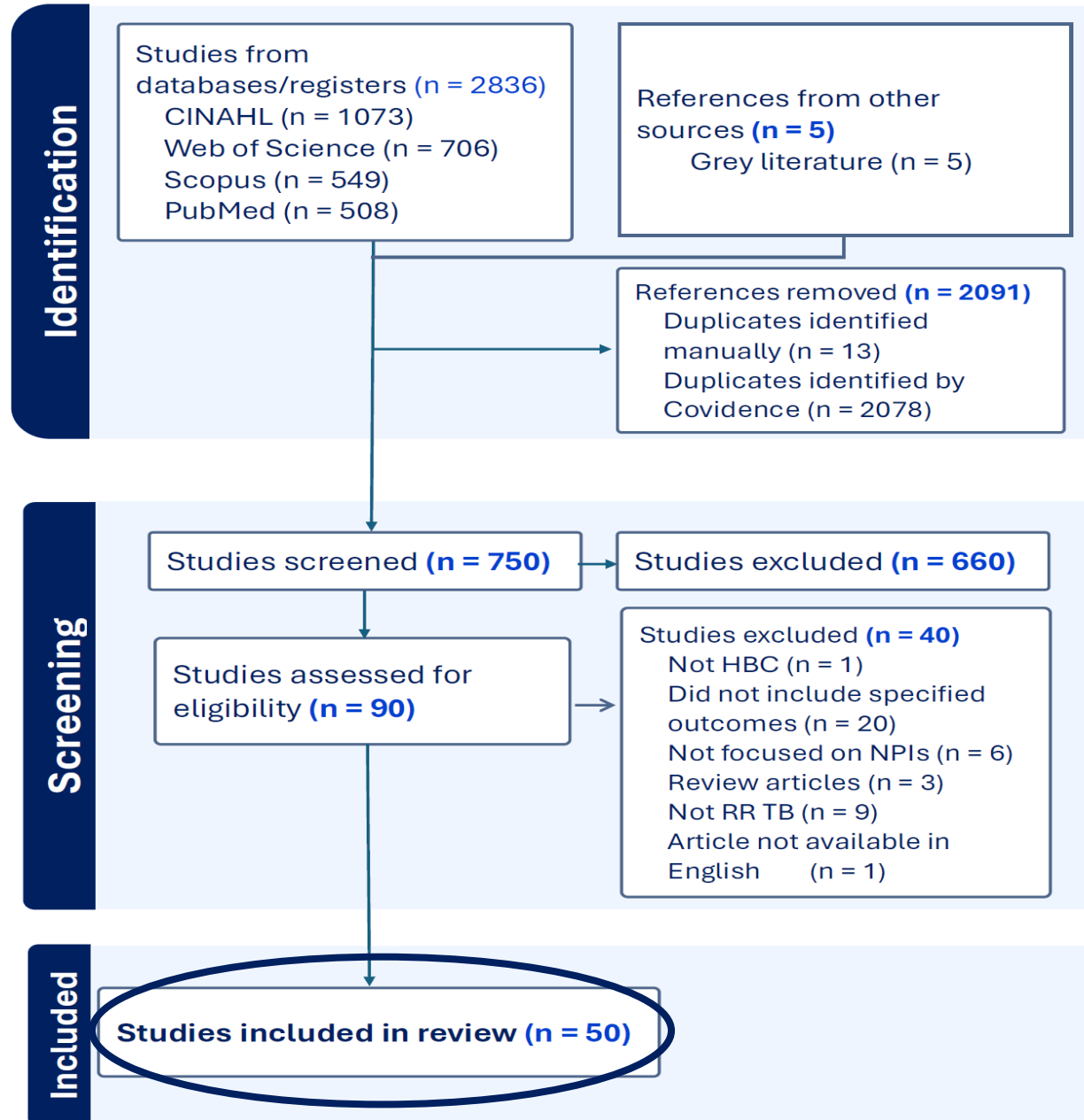
CONFERENCE ABSTRACT BOOKS

6. Peters et al. JBI Evidence Implementation. 2015

7. Arksey&O'Malley. International Journal of Social Research Methodology. 2005

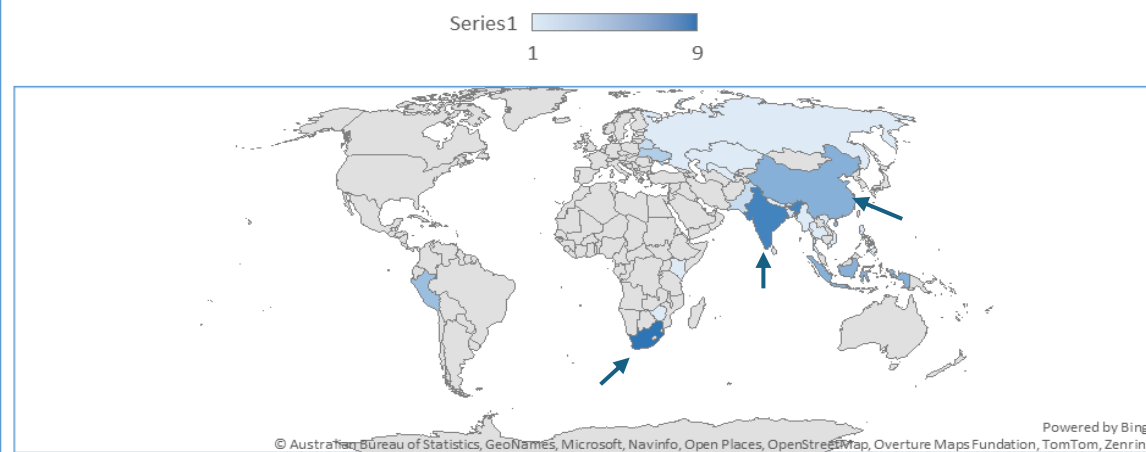
8. Tricco et al. Ann Intern Med. 2018

Results

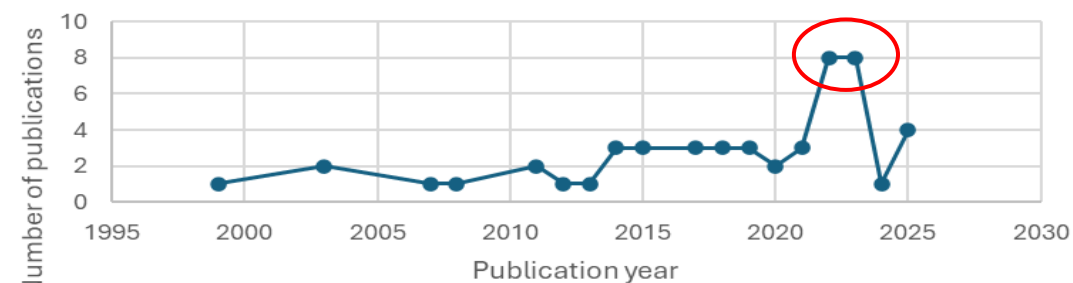


Results – Characteristics of included studies

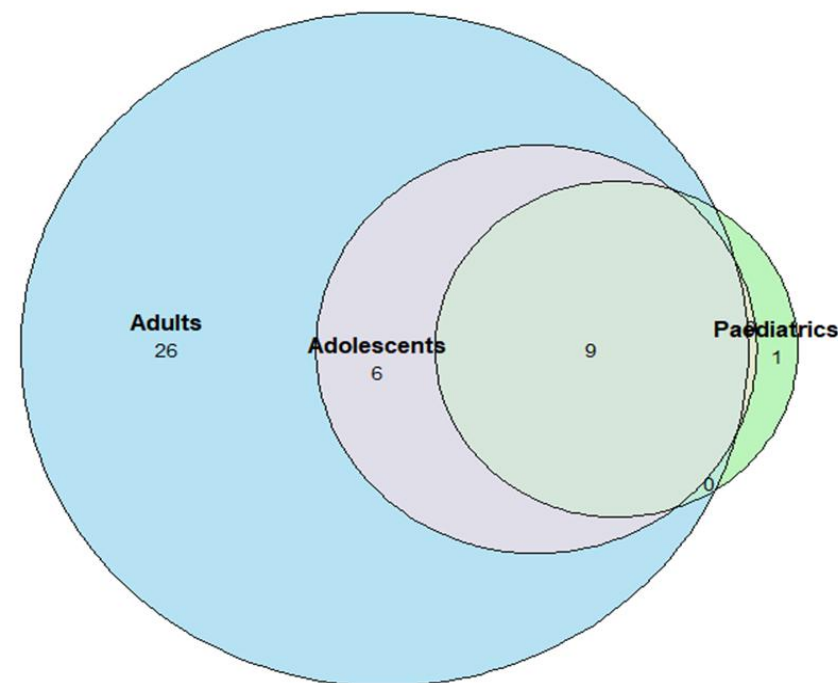
Distribution of included records by country



Trend in publications by year



Quantitative Study	40
Mixed Methods Study	6
Qualitative Study	4
Grand Total	50



Results – Types of Interventions

Types of interventions		
Psychological or Social Support		26
Adherence Support		25
(i) DOTS	8	
(ii) Non-digital	13	
(iii) Digital Adherence Technologies	4	
Socio-Economic Support		15
Decentralised Care		12
Nutritional Support		9
Harm eduction Interventions		4
Total number of interventions		91

Single interventions = 26

Combination interventions = 24:

12 studies – 2 interventions

07 studies – 3 interventions

05 studies – 4 interventions

Interpretation - Preliminary

- 
- Multiple NPIs have been developed and implemented in HBC settings and some success has been reported
 - A combination of interventions is more likely to holistically address patient needs but more data is needed on what exactly that combination(s) should be
 - We propose the development of a framework for comprehensive care for persons with RR-TB
 - Subpopulations are under-represented, in particular, children and adolescents
 - More RCTs are needed

Programmatic/policy implications and conclusion



Non-pharmacological support should be **prioritized** for persons with RR-TB alongside good biomedical care in HBCs

Improving outcomes in HBCs will lead to improved global outcomes

Data on **children, key populations** and **other under-represented groups** are needed

Robust data on **population-specific interventions** are urgently needed to **allocate resources appropriately**, more so in view of funding cuts

Acknowledgments and Funding Statement

Yusuf Ras. Faculty of Medicine and Health Sciences Librarian. Stellenbosch University

The work reported herein was made possible through funding by the **South African Medical Research Council (SAMRC)** through its **Division of Research Capacity Development** under the **SAMRC Researcher Development Award** from funding received from the **South African National Treasury**. The content hereof is the sole responsibility of the authors and do not necessarily represent the official views of the SAMRC or the funders.

