

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

9th SA
TB
Conference
8 - 11 June 2026



Ensuring Sustainable TB Services for Key Populations Amid Funding Constraints: Lessons from Community-Led Engagement in North West Province

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TB Conference 2026**

Background



- Tuberculosis remains a major public health challenge in South Africa
- Funding constraints are limiting sustained TB service delivery
- Key populations face compounded barriers:
 - Stigma and discrimination
 - Structural and socioeconomic barriers
 - Food insecurity and poor psychosocial support
- These challenges reduce:
 - Early diagnosis
 - Treatment adherence
 - Retention in care
- Need for community-driven, sustainable TB service models

Problem Statement / Rationale

- TB programmes are under pressure due to declining and unstable funding
- Health systems often fail to address:
 - Psychosocial needs of TB survivors
 - Community-level stigma and discrimination
 - Patient-friendly service delivery gaps
- Result:
 - Delayed care seeking
 - Poor treatment outcomes
 - Ongoing transmission in vulnerable groups

Rationale: Strengthening community-led engagement can improve sustainability and equity

Objective(s)

OBJECTIVES



Community voices. Stronger systems. Sustainable TB services for all.



Methods

- Study design: Phenomenological qualitative study
- Period: August–November 2025
- Setting: Selected communities in North West Province
- Sample: 30 TB survivors and community members (purposive sampling)
- Data collection methods:
 - Community conversations
 - Community visits
 - Transect walks
- Focus areas:
 - Lived experiences
 - Structural barriers
 - Community strengths and resources
- Analysis: Thematic analysis

Results – Key Barriers

- Persistent stigma and discrimination in communities and facilities
- Limited access to psychosocial support services
- Negative healthcare worker attitudes in some settings
- Service delivery challenges:
 - Long waiting times
 - Unfriendly and non-confidential environments
- Socioeconomic barriers:
 - Food insecurity affecting adherence
 - Transport and access constraints

Results (2) – Community Insights & Solutions



- Strong demand for:
 - Safe, confidential, and welcoming TB services
- Community-led monitoring improved:
 - Accountability in targeted universal testing
 - Uptake of preventive therapies (e.g., 3HP rollout)
- Peer-led patient navigators:
 - Bridged gap between clinicians and patients
 - Improved counselling, adherence, and referrals
- Community engagement strengthened guideline adoption

Interpretation

- TB service effectiveness is strongly influenced by **social and structural environments**
- Community participation improves:
 - Trust in health systems
 - Early service uptake
 - Treatment continuity
- Peer navigation and community monitoring act as **critical enablers of health system responsiveness**
- Without addressing stigma and psychosocial needs, biomedical interventions alone are insufficient

Programmatic / Policy Implications

- Institutionalise:
 - Peer navigation programmes
 - Community-led monitoring systems
 - Individualised psychosocial counselling
- Strengthen:
 - Referral networks between community and facilities
 - Support groups for TB survivors
- Integrate:
 - Food security interventions into TB programmes
- Improve facility environments to ensure:
 - Confidentiality
 - Respectful care
- Supports sustainable TB service delivery despite funding constraints

Conclusion & Key Take-Home Messages

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- Community engagement is essential for sustaining TB services in resource-limited settings
 - Stigma, psychosocial distress, and poor service experiences remain major barriers
 - Peer navigators and community-led monitoring improve accountability and uptake
 - Sustainable TB programmes require integrated social, clinical, and community systems
 - This model offers a replicable approach for high TB burden settings