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The Impact of Decentralising DR-TB Services on Second-line Treatment Coverage and Treatment Outcomes in the Dr Kenneth Kaunda Health District, South Africa

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Institute of Health Programs and Systems

Background

- South Africa introduced decentralised management of drug-resistant tuberculosis (DR-TB) in 2011 to address limited inpatient bed capacity, treatment delays, poor access to care and patient disengagement from treatment.
- The policy shifted management of rifampicin-resistant and multidrug-resistant TB from specialised hospitals to lower-level health facilities closer to patients.
- By the end of 2025 there were 815 decentralised DR-TB sites in RSA, an increase by 51 sites from the total reported in 2021.
- The national sub-district coverage(at least 1 site per subdistrict) is currently at 95%
- Despite the national decentralisation policy, DR-TB services in Dr Kenneth Kaunda District in North West province remained largely central hospital-based until October 2023, resulting in a subdistrict coverage of 33%(1/3).

1. NDoH: Multi-Drug Resistant Tuberculosis: A Policy Framework on Decentralisation and Deinstitutionalised Management for South Africa, 2011
2. NDoH: Summary Report on Decentralised and Deinstitutionalised Management of Multidrug Resistant Tuberculosis Services in RSA,2025

Background cont...

Indicator	Baseline (Jan-Mar 2023)
Second-line treatment initiation	**67%**
Initial LTFU	**33%**
Service delivery model	**Centralised**

Study Objective

To evaluate the impact of decentralising DR-TB services on:

- Treatment initiation coverage
- Initial loss to follow-up
- Treatment outcomes

In Dr Kenneth Kaunda District, North West Province.

Methods

Study Setting: Dr Kenneth Kaunda District, North West Province
Implementation Period: January 2023 – Dec 2025
Intervention

IHPS in collaboration with Dr KK district managements team and other key stakeholders assessed five facilities for readiness to provide decentralised DR-TB services.
Three facilities were selected and optimised to function as autonomous DR-TB treatment initiation sites:

- JB Marks Community Health Centre
- Nic Bodenstein Hospital
- Steve Tshwete Clinic

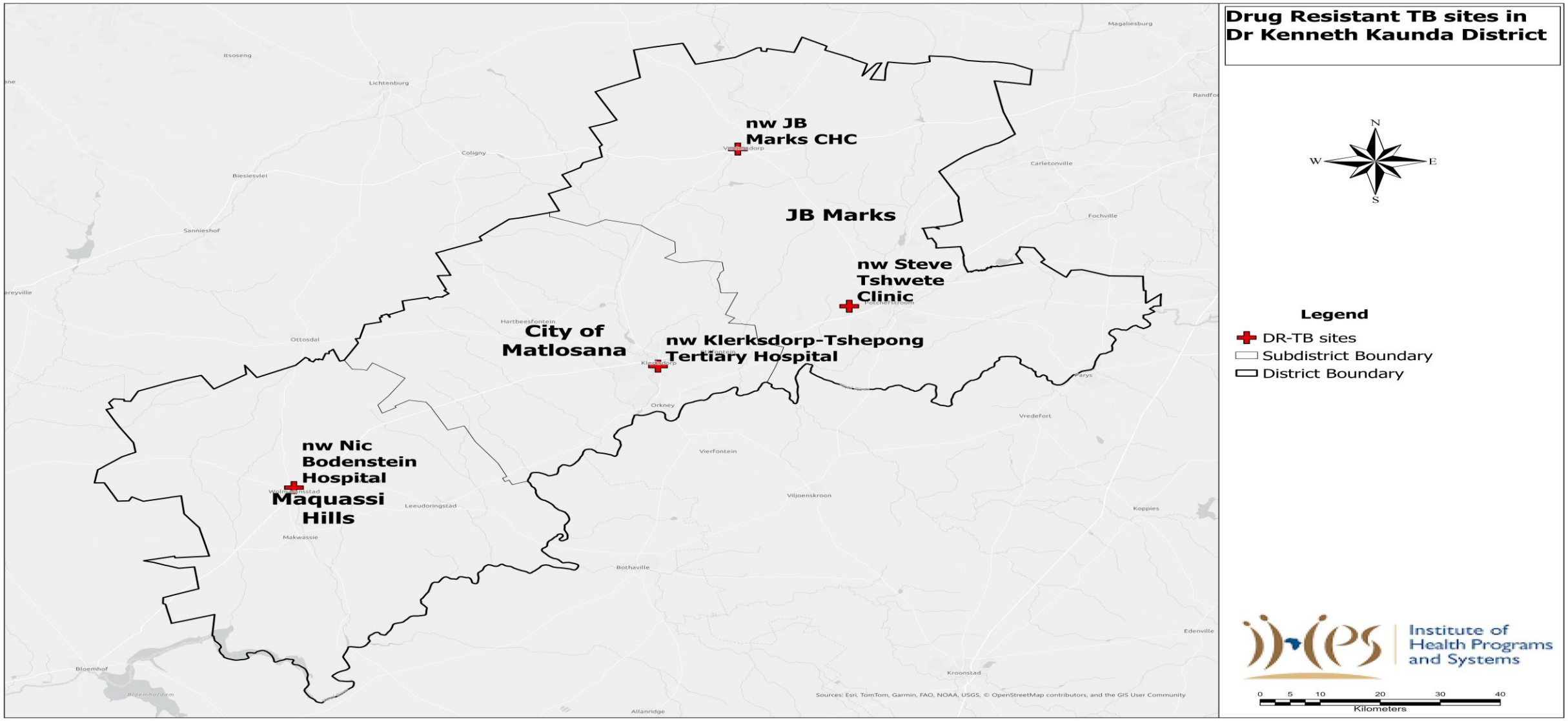
Trend analysis of DR-TB data was conducted post decentralisation evaluating:

- RR-TB Case notifications
- Second-line treatment initiation rate
- Initial loss to follow-up rate
- RR-TB Treatment success rate

Data Sources

- Electronic Drug Resistant Tuberculosis Register (EDRWeb)
- National Health Laboratory Service (NHLS)

Expansion of DR-TB Treatment Initiation Capacity



Decentralisation Interventions

- **Facility Readiness Assessments**

  Assessment of infrastructure, human resources, policies, and systems.
- **Clinical Capacity Building**

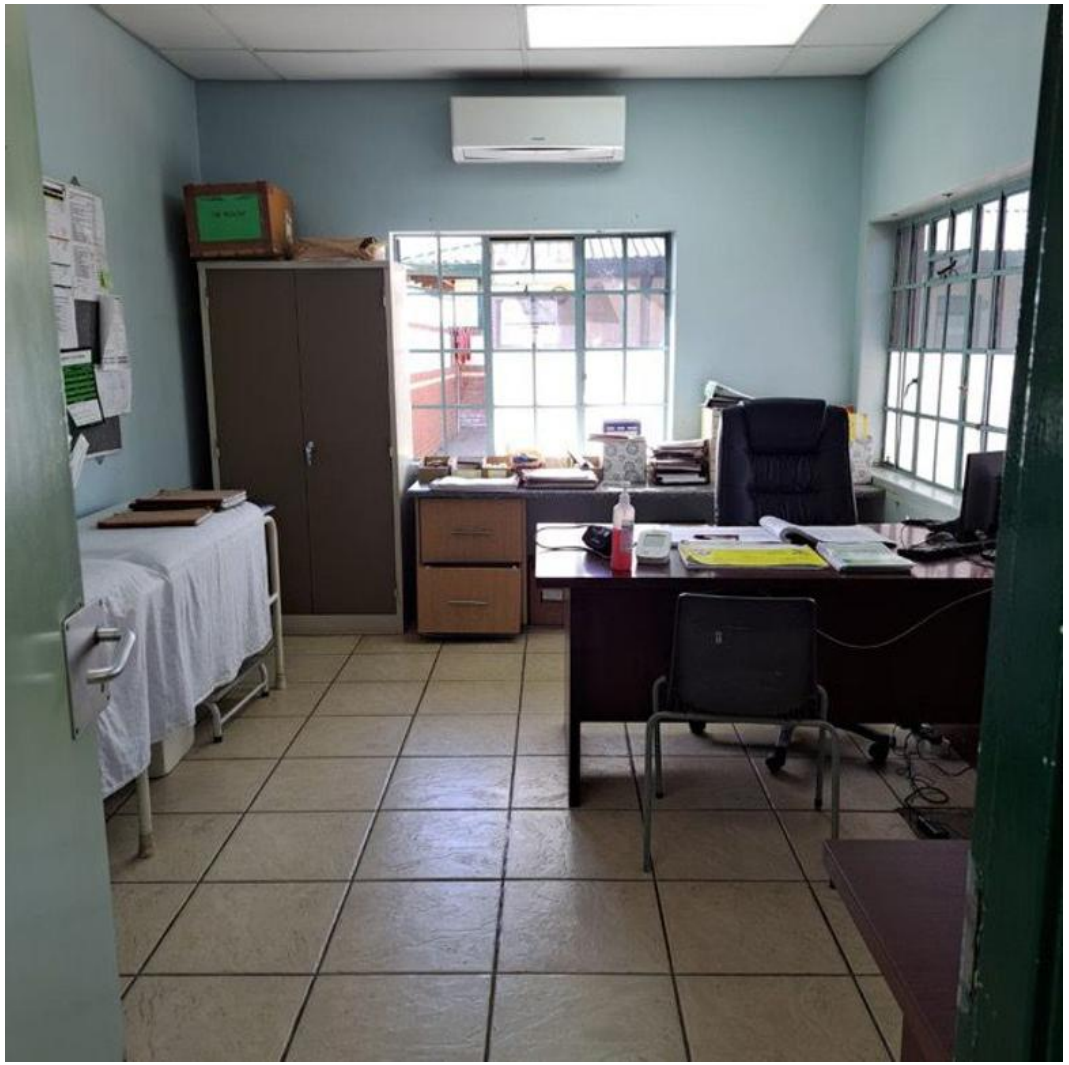
  Ongoing mentorship and support for clinicians managing DR-TB.
- **Infrastructure/Equipment Optimisation**

  Improving facility readiness to initiate and manage DR-TB patients.
- **Referral Pathway Strengthening**

  Improved linkage between diagnosis and treatment initiation.
- **Information Systems Strengthening**

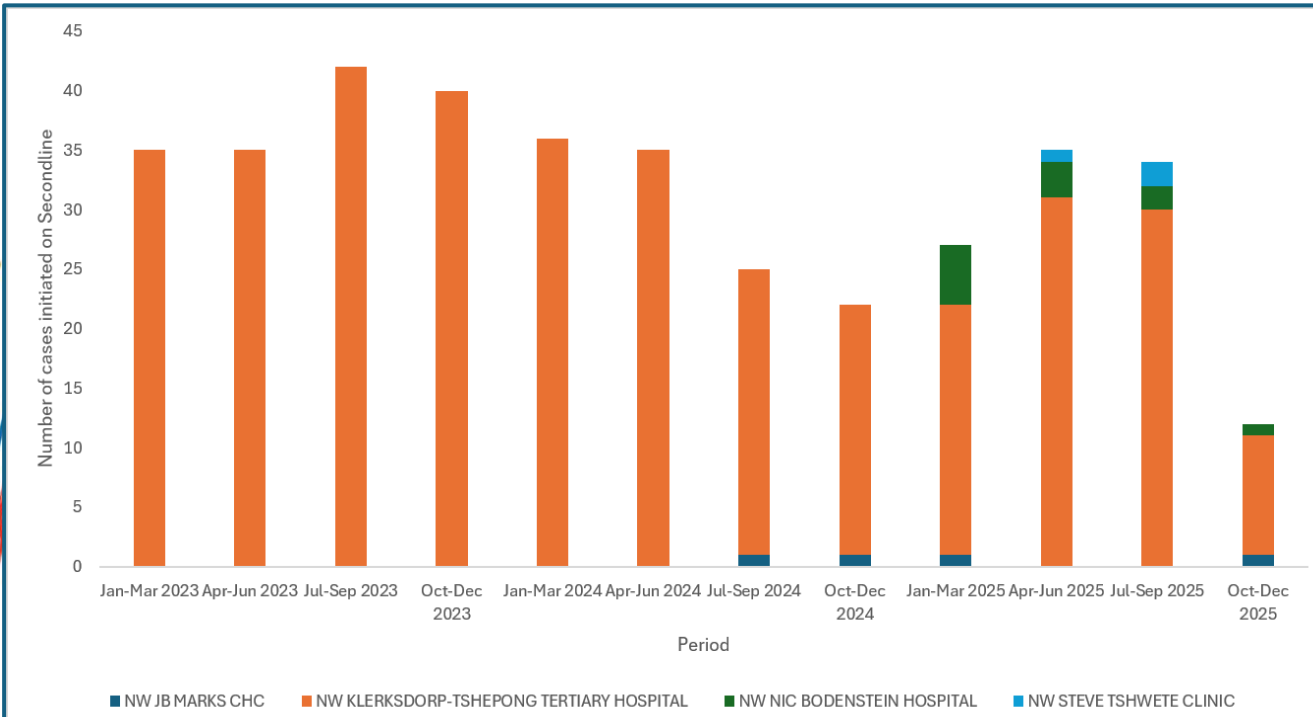
  Improved monitoring and patient tracking through EDRWeb and NHLS systems.

JB Marks CHC



Nic Bodenstein Hospital

RESULTS: Expansion of DR-TB Treatment Initiation Sites



Before decentralisation, nearly all DR-TB treatment initiations occurred at Klerksdorp-Tshepong Tertiary Hospital.

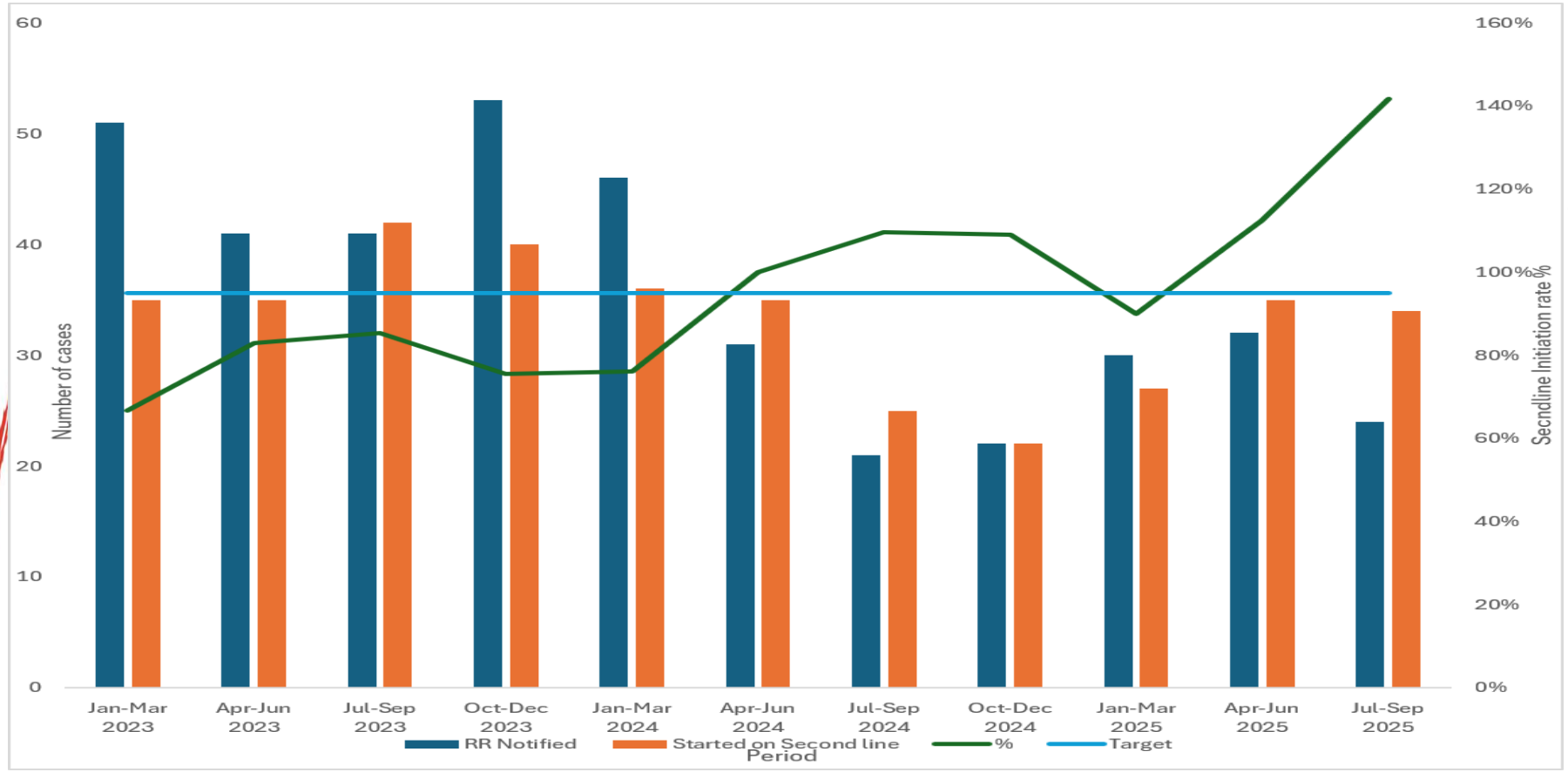
Following decentralisation:

- JB Marks CHC
- Nic Bodenstein Hospital
- Steve Tshwete Clinic became operational as a DR-TB initiation site.

Key message

Decentralisation substantially expanded treatment initiation capacity across the district.

RESULTS: Second line Treatment Coverage



Improved Linkage to Care

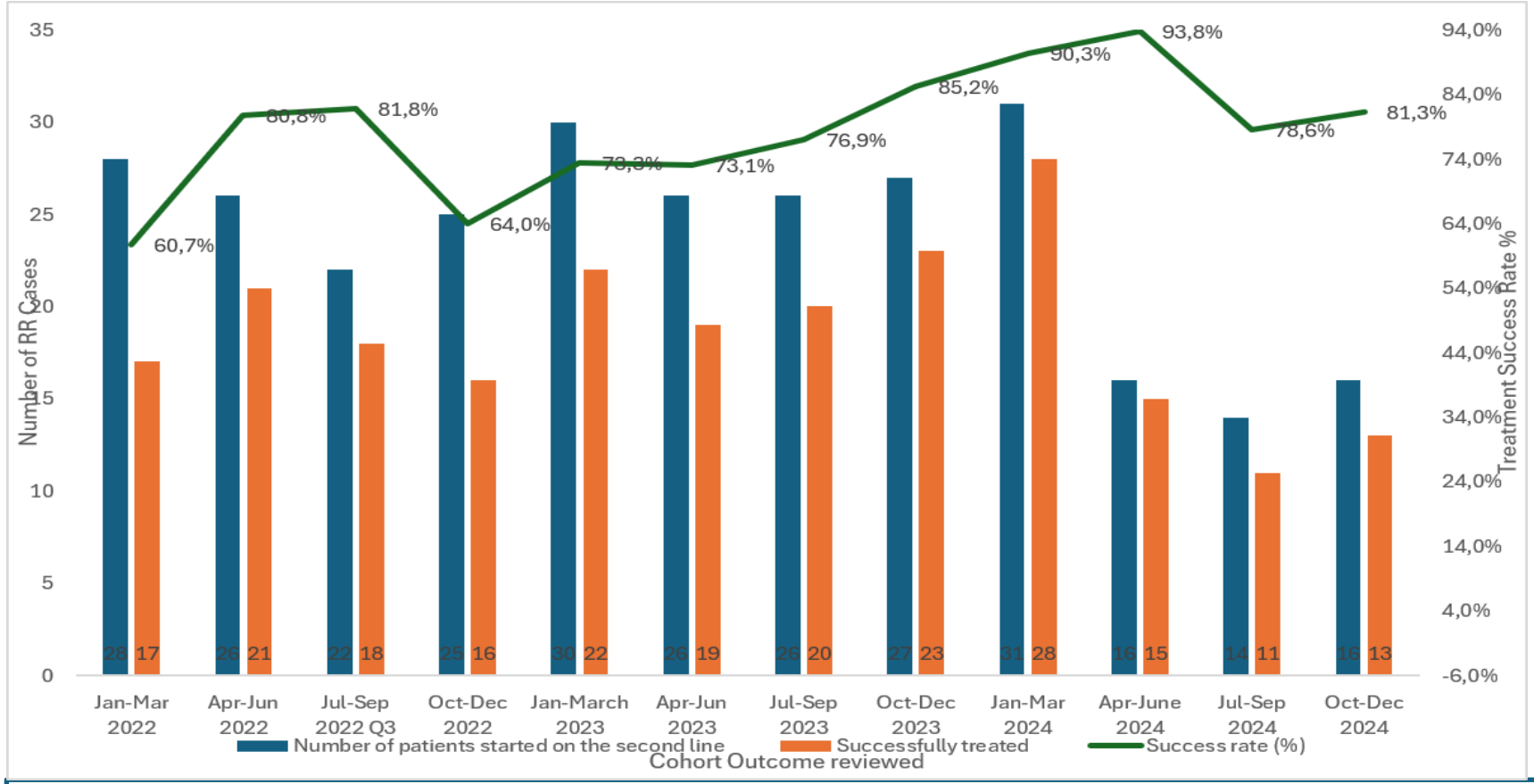
2nd line treatment Coverage 67% (Jan-Mar 2023) to 142% (Jul-Sep 2025)

Key message

Second line treatment initiation rate increased following decentralisation.

The rate exceeding 100% reflects the successful linkage of both newly diagnosed patients, a backlog of previously diagnosed patients who had experienced delays in treatment initiation, and patients diagnosed outside the district.

RESULTS: Treatments success outcome cohorts (Jan 2022-Dec 2024)



Cohort Treatment Success

- Jan-March 2022 **60.7%**
- Apr-Jun 2024 **93.8%**
- Oct-Dec 2024 **81.3%**

Key message

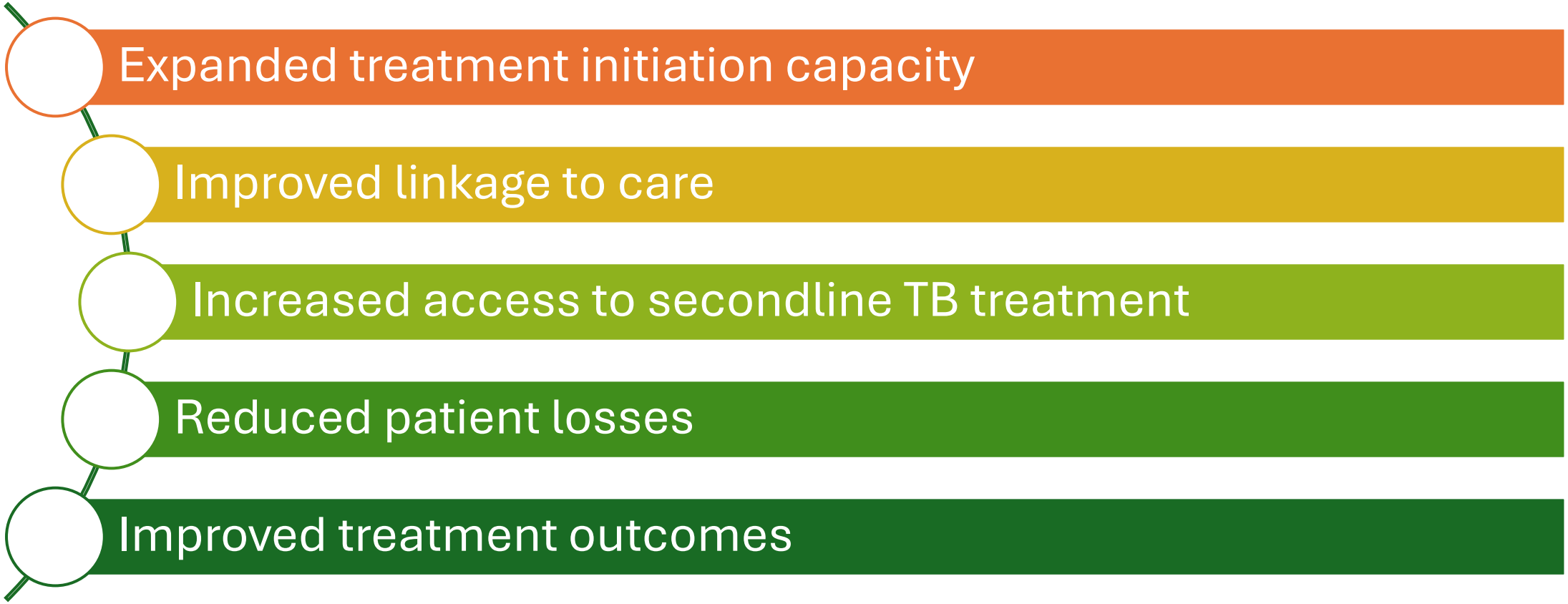
Treatment success improved substantially following the implementation of decentralised services. Although treatment success declined slightly after the peak observed in Q2 2024 cohort, outcomes remained substantially higher than baseline performance.

RESULTS: Analysis

Decentralisation Of DR-TB Services

- ✓ Three autonomous district-level DR-TB initiation sites were successfully established.
- ✓ Treatment initiation improved from 67% to 142%.
- ✓ Treatment success improved from 60.7% to peak level of 93.8%.
- ✓ Decentralisation improved access, continuity of care and treatment outcomes, however the confonding effect of the new BPaL-L regimen could not be excluded

Lessons learned



Key Message

Decentralisation improved the entire DR-TB treatment cascade

Conclusion

The findings demonstrate that district-level decentralisation can:

- Reduce dependence on specialised centres
- Improve treatment access across subdistricts
- Improve continuity of care
- Improve programme performance

National Relevance

These findings support South Africa's National TB Programme goal of expanding patient-centred and community-centred DR-TB services.

Scalability

The model is feasible and can be replicated in similar districts

Recommendations

1. Sustain decentralised DR-TB services in Dr Kenneth Kaunda District.
2. Continue to implement the model in additional districts.
3. Continue clinical mentorship and supportive supervision.
4. Strengthen routine monitoring through EDRWeb and NHLS surveillance data.
5. Strengthen Institutionalisation of decentralised DR-TB services within district health systems.

Thank You

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