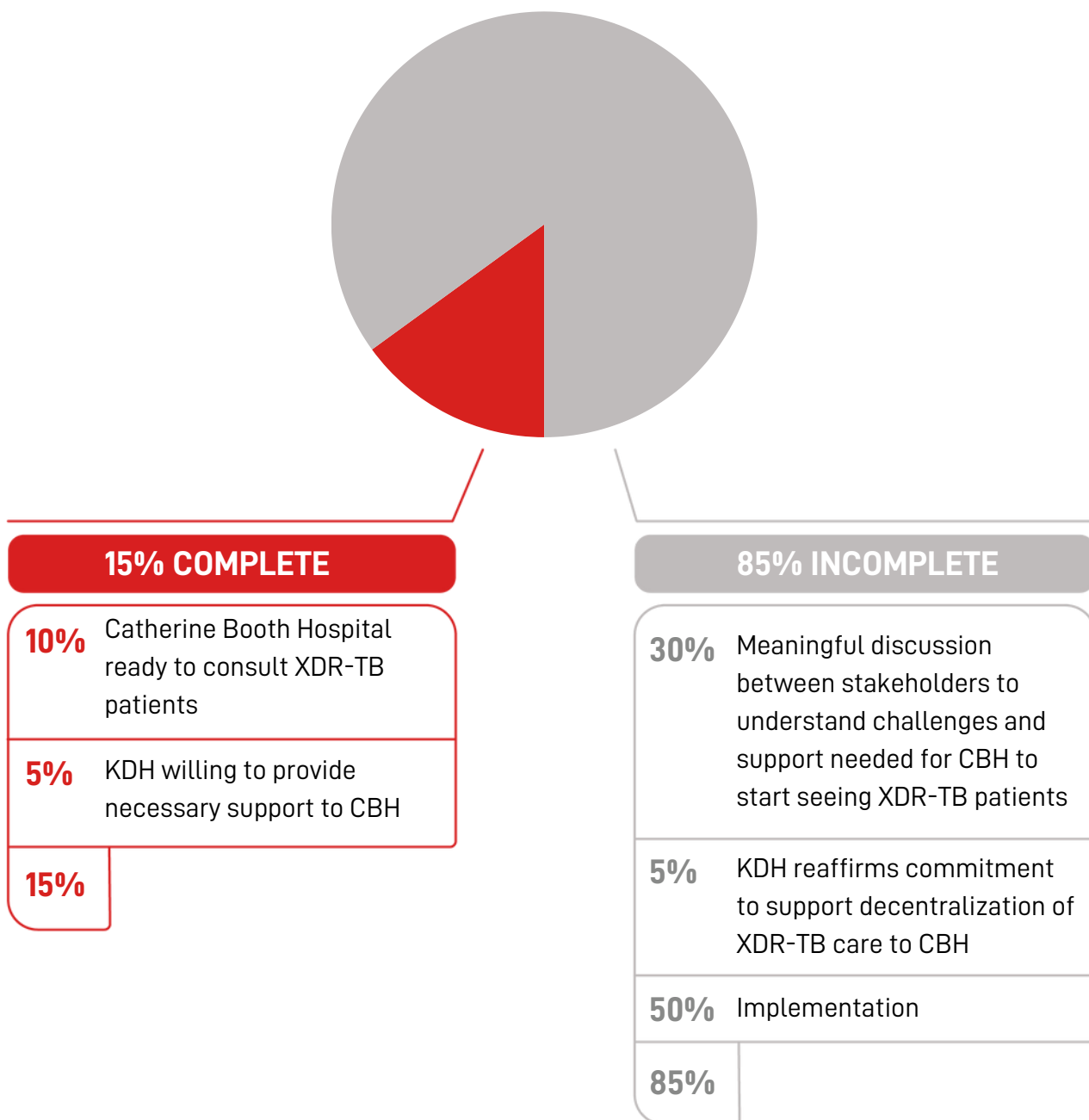


**THE DREAM OF DRUG-RESISTANT TB
DECENTRALISATION DEFERRED**
THE CASE OF KING CETSHWAYO DISTRICT

December 2023



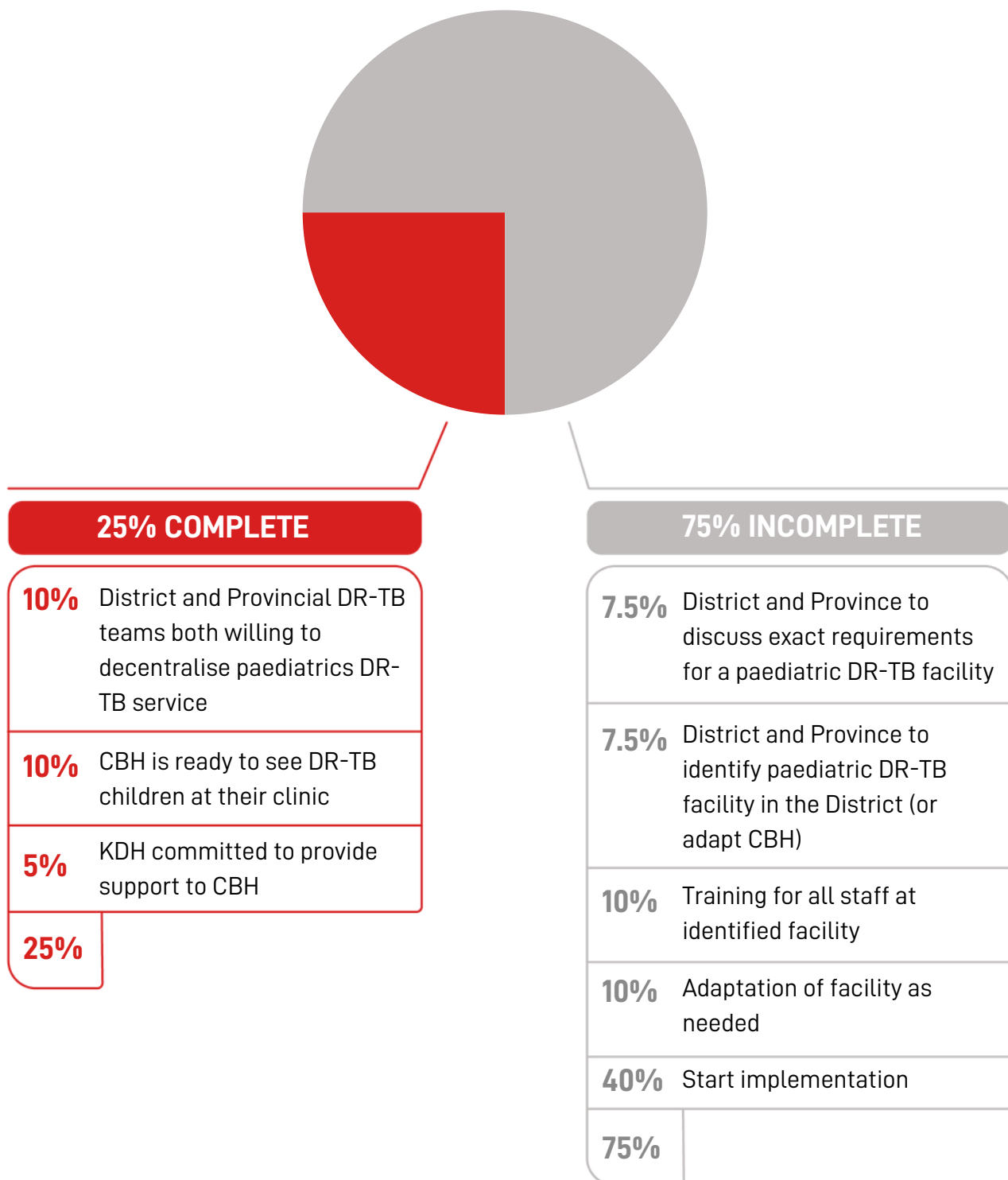
DECENTRALISATION OF SERVICES FOR XDR-TB PATIENTS



History

In 2022, Catherine Booth Hospital (CBH) nominated as XDR-TB decentralisation site but this plan is rejected by KZNDoh, citing poor patient outcomes at CBH.

DECENTRALISATION OF SERVICES FOR PAEDIATRIC DR-TB PATIENTS



History

In 2021, the favoured facility, Queen Nandi regional hospital (QNRH), opts to not take paediatric DR-TB patients. In 2022, CBH agrees to absorb paediatric patients but KZNDoh insists that the paediatric DR-TB unit be established at a mother-and-child facility.

DECENTRALISATION OF DR-TB SERVICES TO DISTRICT HOSPITALS



70% COMPLETE

- 12.5%** Decentralisation of MDR-TB to Eshowe Hospital
- 12.5%** Decentralisation of MDR-TB to Mbongolwane Hospital
- 12.5%** Decentralisation of MDR-TB to Ngwelezane Hospital
- 12.5%** Decentralisation of MDR-TB to Nseleni Hospital
- 10%** Decentralisation of MDR-TB to St. Mary's Hospital
- 10%** Decentralisation of MDR-TB to Nkandla Hospital

70%

30% INCOMPLETE

- 10%** CBH to ensure all sites are managing patients correctly and provide support if needed
- 10%** Nkandla to resume treatment initiation
- 10%** District ensures DR-TB performance appraisal meetings are organized with all facilities

30%

History

In 2023, Catherine Booth, Eshowe, Mbongolwane, St Mary's and Ngwelezane are all independently diagnosing, initiating and following up on DR-TB patients. However, Nkandla Hospital currently refers patients to CBH for treatment initiation. Instead of admitting DR-TB patients, Ngwelezane (a tertiary facility) refers them to CBH, which is highly problematic as the pathology that has to be treated is often beyond the capacity of CBH.

DECENTRALISATION OF DR-TB SERVICES TO CHC AND PHC CLINICS



70% COMPLETE

10% District and Province agree to decentralize to PHC level

10% Survey done among DR-TB patients confirms acceptability to decentralize to PHC level

10% Clinics identified, NIMDR-TB training done for staff

10% IPC check-ups done in 3 clinics, and all are approved to start DR-TB consultations

30% Three PHC clinics and one CHC clinic start seeing stable DR-TB patients

70%

30% INCOMPLETE

10% Ensure good support system is in place for these 3 clinics, to ensure sustainability

5% Regular data analysis to understand if more PHC clinics could bring added value

7.5% Training of PHC staff so they can start consulting DR-TB patients who are in intensive phase of treatment (Phase 2)

7.5% Training of PHC staff so they can initiate DR-TB patients on treatment (Phase 3)

30%

History

In 2022, a patient survey was conducted to determine interest in decentralisation to PHC level. Most patients indicated they would prefer to receive treatment and care at clinics. In 2023, Nseleni Community Health Centre, as well as Sappi, Umbonambi and Mvutshini clinics, are all independently diagnosing, initiating and following up on DR-TB patients.

THE POLICY

In 2011, the South African National TB program launched the DR-TB decentralization policy framework, which aimed to save lives and reduce illness by enabling clinically stable patients with DR-TB to be diagnosed and managed by clinicians in facilities closer to home, including at a primary health care (PHC) level.

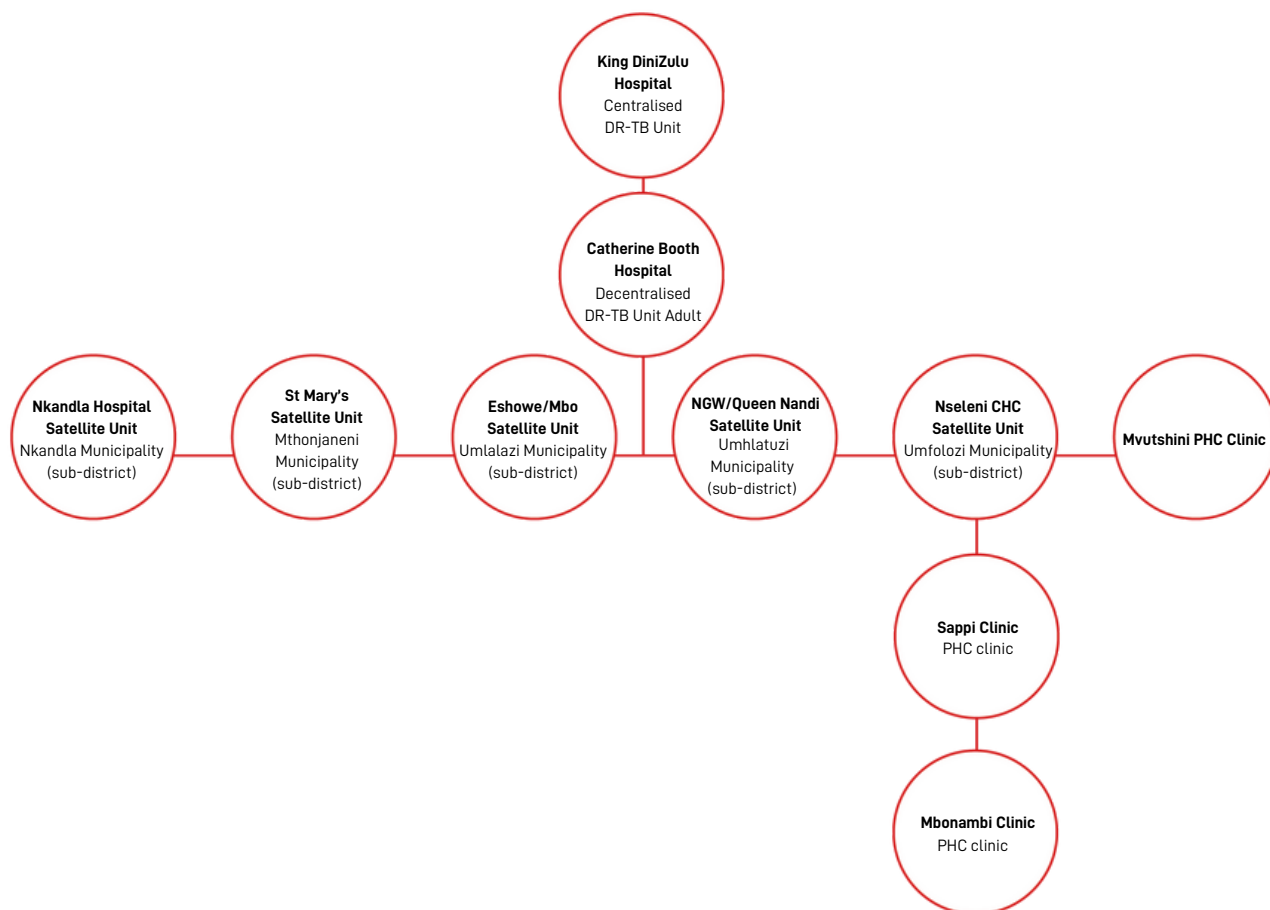
THE PROBLEM

By 2015, it was clear that the implementation of this protocol was proving a challenge in King Cetshwayo District (KCD). MSF set out to support the decentralisation process in KCD, in partnership with the DoH.

THE PLAN

A first step towards decentralising DR-TB services was taken in 2010, when the KZNDoH established a DR-TB unit at Catherine Booth Hospital in KCD, so that DR-TB patients would be able to receive treatment within the district instead of having to travel to the centralised DR-TB unit two hours away at King Dinizulu Hospital in Durban.

To deepen decentralisation of DR-TB services in the district, MSF and the District TB team came up with a plan to decentralise DR-TB services from Catherine Booth Hospital (CBH) to five additional hospitals, as well as several facilities at the primary health care level. Services for Pre-XDR and XDR-TB patients were to have been decentralised from KDH to CBH, and paediatric DR-TB services were to have been decentralised from KDH to a hospital in the area.




HOW IT'S GOING?



THE HOSPITALS

Decentralisation of DR-TB services to and from
CATHERINE BOOTH HOSPITAL



2010 40 bed DR-TB unit built by KZNDoH

2016 – 2018 Quality of care suboptimal

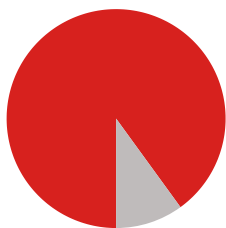
2019 – 2023 Quality of care improves + CBH decentralises to all surrounding municipalities

2022 KZNDoH rejects CBH as XDR-TB and paediatric DR-TB decentralisation site

Score:
75%

Decentralisation of DR-TB services to:

ESHOWE HOSPITAL



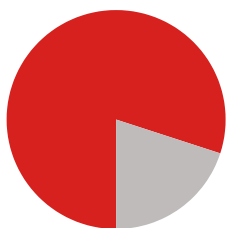
- 2015 - 2021** On-job training for staff by MSF
- 2017** GeneXpert machine donated by MSF
- 2018** 2-room park-home donated by MSF, dedicated to DR-TB patient care
- 2021** Good collaboration with CBH for patients in need of hospitalisation
- 2022** Ensure system is set up to receive ongoing support from CBH and district performance appraisal meetings are organised

Score:

90%

Decentralisation of DR-TB services to:

MBONGOLWANE HOSPITAL



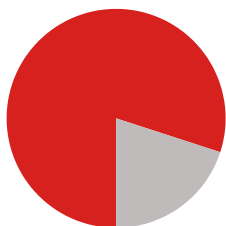
- 2015** MSF begins supporting DR-TB care
- 2018** MSF donates 4-room park-home, GeneXpert machine, ECG and audiometry machine
- 2018** Hospitalised DR-TB patients experience stigma
- 2020** MSF doctor in charge of hospitalised patients, but stigma from nurses towards hospitalised patients cleared
- 2022** Ensure system is set up to receive ongoing support from CBH and district performance appraisal meetings are organised

Score:

80%

Decentralisation of DR-TB services to:

NGWELEZANE HOSPITAL



- 2019** Ngwelezane team trained on all aspects of DRTB care
- 2019** Ngwelezane team independently manages DRTB patients (50%)
- ongoing** Hospital management team feels IPC too poor to allow hospitalisation of DR-TB patients, refers to CBH

Score:

70%

Decentralisation of DR-TB services to

ST. MARY'S HOSPITAL



- 2021** Staff trained in management of DRTB patients
- 2021** Nkandla ready to initiate DRTB patients on treatment at facility
- 2022** Ensure system is set up to receive ongoing support from CBH and district performance appraisal meetings are organised

Score:

75%

Decentralisation of DR-TB services to

NKANDLA HOSPITAL



- 2021** Staff trained in management of DR-TB patients
- 2021** Nkandla ready to initiate DR-TB patients on treatment at facility
- 2023** Patients are not being initiated at facility, instead referred to CBH

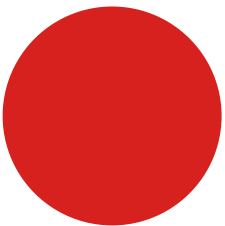
Score:

50%

THE CLINICS

Decentralisation of DR-TB services to:

NSELENI COMMUNITY CENTRE



- 2022** MSF donates 2-room parkhome, equipment and a coughing booth
- 2022** Training and mentoring of Nseleni staff by CBH team
- 2022** First DR-TB patient initiated

Score:

100%

Decentralisation of DR-TB services to

SAPPI CLINIC



- 2022** NIMDR-TB training provided by MSF
- 2023** First patients in continuation phase decanted to clinic
- 2023** Decentralisation of patients in intensive phase not yet happening
- 2023** Initiating patients on DR-TB treatment yet to start

Score:

60%

Decentralisation of DR-TB services to

MBONAMBI CLINIC



- 2022** NIMDR-TB training is provided by MSF
- 2023** First patients in continuation phase decanted to clinic
- 2023** Decentralisation of patients in intensive phase not yet happening
- 2023** Initiating patients on DRTB treatment didn't commence yet

Score:

60%

Decentralisation of DR-TB services to

MVUTSHINI CLINIC



- 2022** NIMDR-TB training is provided by MSF
- 2023** First patients in continuation phase decanted to clinic
- 2023** Decentralisation of patients in intensive phase not yet happening
- 2023** Initiating patients on DRTB treatment didn't commence yet

Score:

60%

OVERARCHING CHALLENGES

- ❖ Lack of medical resources such as ECGs and vital-sign monitors required for monitoring of patients with DR-TB, and lack of funding for equipment maintenance and repair. MSF has had to step in to provide park-homes, equipment and training to support DR-TB care.
- ❖ Lack of HR at DoH facilities. MSF has had to provide staff to gap fill.
- ❖ No available training is covered by the KZNDoH - MSF has had to spearhead multiple trainings and cover the costs of formal NIMDR-TB training for 10 KZNDoH staff members.
- ❖ Frequent absence of Management at facilities, including Mbongolwane Hospital, Catherine Booth Hospital, Ngwelezane Hospital and Nseleni CHC (either on leave or sick leave).
- ❖ Chronic challenges in organising meetings with the KZNDoH stakeholders.
- ❖ After initial enthusiasm there has been a loss of motivation, particularly at the facility and district level - MSF remained the predominant driving force behind getting these programs approved and implemented.
- ❖ Major delays in acceptance of material donations.
- ❖ Absence of knowledge - majority of doctors and nurses had very limited knowledge regarding DR-TB and its management principles. This made the decentralisation process difficult, as intensive training was required for all levels of healthcare professionals (dietitians, social workers, pharmacists, nurses, and doctors).
- ❖ Stigma and pre-conceived ideas around DR-TB - stigma and lack of knowledge associated with DR-TB contributed greatly to the reluctance of doctors and nurses to accept the decentralisation process.



RECOMMENDATIONS

- 🔴 Deal with stigma, fear and pre-conceived ideas that are still held by both healthcare providers (doctors, nurses) and the community regarding DR-TB, by training and educating staff members on the disease, the treatment principles, and what avenues of support there were available to them should they need it.
- 🔴 Improve the donation process between independent bodies and the DoH.
- 🔴 Monthly on-job training at KDH for staff working at decentralized sites, to ensure the full DR-TB teams are on board to provide comprehensive DR-TB care and to ensure people understood their role in the patient care.
- 🔴 Partnership – DoH cannot cope alone, should seek strategic partnerships with non-governmental actors.
- 🔴 Decentralise DR-TB care for children without delay.
- 🔴 Decentralise XDR-TB care without delay.

