



**Together
we can
end TB**

South Africa's experience on self-assessment and planning for the introduction of shorter regimen

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Shorter regimen introduction progress

Preparation and planning	Early introduction	Nationwide scale up
<p>Achievements:</p> <ul style="list-style-type: none">• Implemented at national scale• More than 80% of eligible patients receiving BPAL-L in all districts, all provinces	<p>Required Support:</p> <ul style="list-style-type: none">• Ensuring supply security of key medicines, particularly Pretomanid• Performance of phenotypic DST for BDQ and LZD• Data incompleteness	

Facility assessment

# facilities initiating treatment on shorter regimen	# facilities preparing and planning to introduce the shorter regimen	# facilities not introducing the shorter regimen	3 main gaps affecting introduction (based on 6 facility assessments)
All DR-TB facilities registered on EDR Web (758) 10 facilities included in the assessments	None	N/A	<ul style="list-style-type: none">• Stock outs of certain drugs and paediatric formulations• Prolonged turnaround time from labs• Data management system

Stakeholder mapping

# stakeholders supporting the introduction of shorter regimens	Overlapping activities including geographical intervention areas (if any)	Coordination mechanism	3 main gaps affecting the stakeholder support/coordination
<ul style="list-style-type: none">• National Department of Health (Knowledge Hub)• National TB Programme• Provincial TB Programme• National Essential Medicines List Committee (NEMLC)• National Clinical Advisory Committee (NCAC)• Global Fund• Other Partners e.g. Aurum, CHAI, USAID, Genesis (TSU)	<ul style="list-style-type: none">• None	<p>Top-bottom approach, including (from NTP with involvement of all stakeholders):</p> <ul style="list-style-type: none">• Implementation plan developed• Guidelines updated & training material developed• Stationery and data systems updated• Phased-in approach – training done by NDoH• Pretomanid and bedaquiline purchased using Global Fund resources	<ul style="list-style-type: none">• Rapid transition timeline required considerable agility which was complex to achieve

National assessment and planning (1)

Standard	Achievements	Challenges / Gaps
Political engagement and buy-in	<ul style="list-style-type: none"> The 6-month treatment regimen for DR-TB was approved as part of the TB Recovery Plan submitted to the National Health Council made of National Health Minister and Provincial Health Ministers (MECs) 	<ul style="list-style-type: none"> Rapid decision making and implementation guideline required intense management
Advocacy and community engagement	<ul style="list-style-type: none"> Support by Civil Society Organizations Provincial dialogues: Provincial managers, HAST managers, Pharmaceutical managers Leveraged existing communication platforms to ensure early sensitization of practitioners and stakeholder forums 	<p>BPaL-L poster was only printed in ENGLISH. No posters on local languages about BPaL-L.</p>
Enabling environment, people-centred care	<ul style="list-style-type: none"> Strong diagnostic capability DR-TB Care well organized, decentralized NTP was able to respond rapidly and NCAC updated guidelines & assisted with the development of training material Previous research conducted in SA on 6-month DR-TB regimens 	<ul style="list-style-type: none"> Delayed GRADE review, although it was completed by March 2023

National assessment and planning (2)

Standard	Achievements	Challenges / Gaps
Drug forecasting, procurement and supply management	<ul style="list-style-type: none"> GF supported – donated stock Forecasting models for tender accommodated for regimen transition <ul style="list-style-type: none"> Assisted by CHAI, projecting from existing data 	<ul style="list-style-type: none"> Pretomanid supply security: <ul style="list-style-type: none"> Single supplier Delay in receiving pretomanid due to delayed orders and increasing global demand Challenge/ delay in receiving additional stock in the new year (2024) Medicines forecasting had anticipated a MFX-based scale-up but the need for LFX accelerated more than suppliers had planned, leading to LFX shortages
Diagnostics & laboratory infrastructure	<ul style="list-style-type: none"> TB NAAT implemented across country TB Reflex testing, XDR-TB cartridge rolled out across country (July 2023) Diagnostic algorithm updated 	<ul style="list-style-type: none"> Facilities not adhering to algorithm (2nd sputum not routinely collected)
Human resources	<ul style="list-style-type: none"> No additional HR required, given historical investments during previous regimen transitions NIMDR 	<ul style="list-style-type: none"> NA

National assessment and planning(3)

Standard	Achievements	Challenges / Gaps
Treatment and Care	<ul style="list-style-type: none"> Guidelines updated by NCAC early Training provided – including on electronic media(knowledge Hub) Availability of drugs & ancillary drugs <ul style="list-style-type: none"> Rapid response initiated when supply shortages detection Support systems/groups for clinicians 	<ul style="list-style-type: none"> Clinicians reverted to shortened-regimen when Pretomanid shortages began to occur in selected places (e.g. KZN)
aDSM	<ul style="list-style-type: none"> PCAC/ NCAC Monitoring system 	<ul style="list-style-type: none"> Not all ancillary drugs available at decentralized sites Not routinely recorded
Data management (recording and reporting)	<ul style="list-style-type: none"> Updated patient stationery/ record & electronic DR-TB website (EDRWeb) Development of BPAL-L.M dashboard 	<ul style="list-style-type: none"> Incompleteness of data

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