



# Summary Report on Decentralised and Deinstitutionalised Management of Multidrug Resistant Tuberculosis Services in South Africa



**health**

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



November 2025

## DOCUMENT REFERENCE

### Summary Report on Decentralized and Deinstitutionalised Management of Multidrug Resistant Tuberculosis Services in South Africa

#### DATE

November 2025

#### AUTHORS

Norbert Ndjeka      Renay Weiner  
Yulene Kock        Mpho Silima  
Qhama Mahlulo     Lucy Connel  
Waasila Jassat

In design collaboration with

**RBS Design Studio** (Reneé Bollen-Smith)  
**Beetroot Design** (Gerda Lombaard)

[www.genesis-analytics.com](http://www.genesis-analytics.com)

---

## ACKNOWLEDGEMENTS

The review of the Decentralisation of DR-TB Services was made possible through the collaboration between the South African National Department of Health TB Programme and TB Technical Support Unit (Genesis Analytics) funded by The Gates Foundation. The review was conducted by Renay Weiner, Mpho Silima and Lucy Connell from Research and Training for Health and Development (RTHD).

We thank the Department of Health TB Programme staff at national and provincial level for their participation in the survey, for facilitating access to their records, and responding to numerous follow up questions. This assessment would not have been possible without their commitment to providing transparent, complete data and their insights into the review and interpretation of the findings.

# Table of Contents

Acronyms and Abbreviations	7
<b>Executive Summary</b>	<b>8</b>
<b>1 Background</b>	<b>11</b>
1.1. Current epidemiology of drug-resistant TB	11
1.2. Drug-resistant TB treatment outcomes	11
1.3. The history of decentralised and deinstitutionalised models of DR-TB Care	13
1.4. Essential elements of decentralisation	14
<b>2 Methodology</b>	<b>15</b>
2.1. Study design	15
2.2. Data sources and collection	15
2.2.1. Provincial data collection tool	15
2.2.2. Previous decentralisation reports	15
2.2.3. Data extraction from routine health information systems	16
2.3. Data analysis	16
<b>3 Status of Decentralisation in 2025</b>	<b>17</b>
3.1. National	17
3.1.1. Sub-district coverage of DR-TB initiating facilities	17
3.1.2. DR-TB treatment initiation rate	18
3.2. Provincial trends	19
3.2.1. Eastern Cape	19
3.2.2. Free State	22
3.2.3. Gauteng	24
3.2.4. KwaZulu-Natal	27
3.2.5. Limpopo	30
3.2.6. Mpumalanga	33
3.2.7. Northern Cape	35
3.2.8. North West	37
3.2.9. Western Cape	40
<b>4 Conclusions</b>	<b>42</b>
<b>5 Limitations</b>	<b>43</b>
<b>6 Recommendations</b>	<b>43</b>
<b>7 Appendices</b>	<b>45</b>
7.1. Data collection tool	45
7.2. Trends in sub-district coverage and treatment initiation rates	46
7.3. List of decentralised DR-TB initiation sites per sub-district in each province	49

## Tables

<b>Table 1:</b>	Sub-district coverage of decentralised DR-TB initiating sites, at national and provincial level in 2025	18
<b>Table 2:</b>	DR-TB Treatment initiation rate at national and provincial level in 2024	19
<b>Table 3:</b>	DR-TB treatment initiation rates and sub-district coverage of decentralised DR-TB initiation sites in Eastern Cape	21
<b>Table 4:</b>	Essential elements at facilities that initiate DR-TB treatment in Eastern Cape (N=56)	22
<b>Table 5:</b>	DR-TB treatment initiation rates and sub-district coverage of decentralised DR-TB initiation sites in Free State	23
<b>Table 6:</b>	DR-TB treatment initiation rates and sub-district coverage of decentralised DR-TB initiation sites in Gauteng	26
<b>Table 7:</b>	Essential elements at facilities that initiate DR-TB treatment in Gauteng (N=70)	27
<b>Table 8:</b>	DR-TB treatment initiation rates and sub-district coverage of decentralised DR-TB initiation sites in KwaZulu-Natal	29
<b>Table 9:</b>	Essential elements at facilities that initiate DR-TB treatment in KwaZulu-Natal (N=64)	30
<b>Table 10:</b>	DR-TB treatment initiation rates and sub-district coverage of decentralised DR-TB initiation sites in Limpopo	31
<b>Table 11:</b>	Essential elements at facilities that initiate DR-TB treatment in Limpopo (N=34)	32
<b>Table 12:</b>	DR-TB treatment initiation rates and sub-district coverage of decentralised DR-TB initiation sites in Mpumalanga	34
<b>Table 13:</b>	Essential elements at facilities initiate DR-TB treatment in Mpumalanga (N=25)	35
<b>Table 14:</b>	DR-TB treatment initiation rates and sub-district coverage of decentralised DR-TB initiation sites in Northern Cape	36
<b>Table 15:</b>	DR-TB treatment initiation rates and sub-district coverage of decentralised DR-TB initiation sites in North West Province	38
<b>Table 16:</b>	Essential elements at facilities that initiate DR-TB treatment in North West Province (N=18)	39
<b>Table 17:</b>	DR-TB treatment initiation rates and sub-district coverage of decentralised DR-TB initiation sites in Western Cape	41
<b>Table 18:</b>	The sixteen sub-districts across eight districts and four provinces that did not have a decentralised DR-TB initiation site in 2025	42
<b>Table 19:</b>	Trends in the number of decentralised DR-TB initiation sites and sub-district coverage at national and provincial levels from 2016 to 2025 (Source: Summary reports on DR-TB Services decentralisation for 2016, 2019 and 2021, and the current review of 2025)	46
<b>Table 20:</b>	Trends in the number of DR-TB patients diagnosed, the number treated and treatment initiation rates at national and provincial levels from 2018 to 2024	46
<b>Table 21:</b>	List of decentralised DR-TB initiation facilities and facility contact details in Eastern Cape	49
<b>Table 22:</b>	List of decentralised DR-TB initiation facilities and facility contact details in Free State	51
<b>Table 23:</b>	List of decentralised DR-TB initiation facilities and facility contact details in Gauteng	52
<b>Table 24:</b>	List of decentralised DR-TB initiation facilities and facility contact details in KwaZulu-Natal	54
<b>Table 25:</b>	List of decentralised DR-TB initiation facilities and facility contact details in Mpumalanga	56
<b>Table 26:</b>	List of decentralised DR-TB initiation facilities and facility contact details in Limpopo	57
<b>Table 27:</b>	List of decentralised DR-TB initiation facilities and facility contact details in Northern Cape	58
<b>Table 28:</b>	List of decentralised DR-TB initiation facilities and facility contact details in North West	60
<b>Table 29:</b>	List of decentralised DR-TB initiation facilities and facility contact details in Western Cape	61

---

# Figures

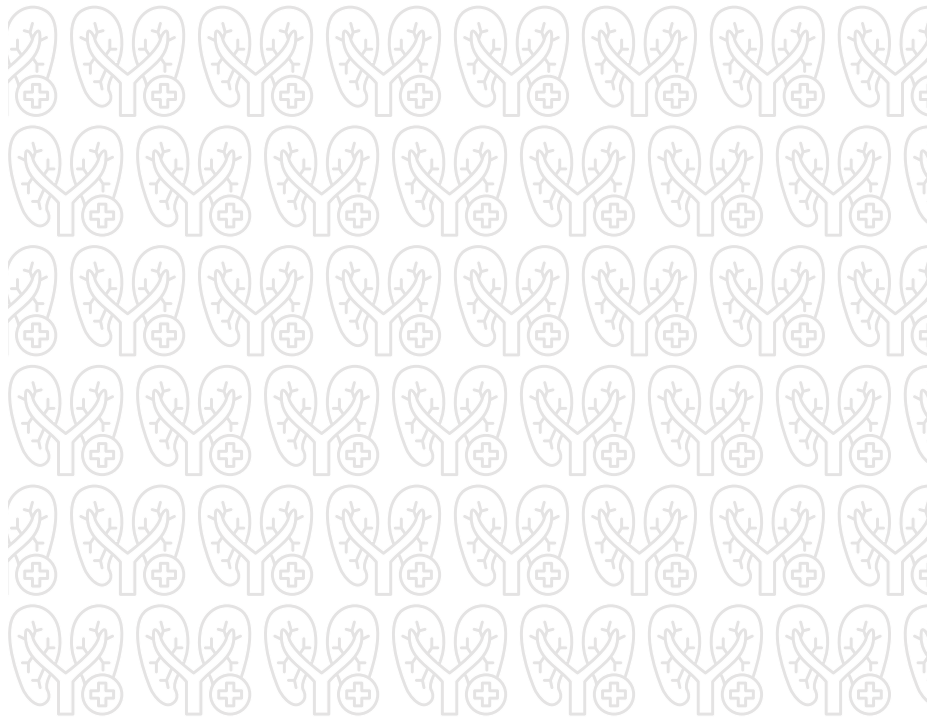
<b>Figure 1:</b> DR-TB Treatment Outcome Coverage by regimen type, 2017 – 2023. (Source: EDRWeb. Data extracted 22 September 2025)	12
<b>Figure 2:</b> DR-TB treatment outcomes by regimen type (6-month short regimen and the 9-to-11-month short regimen), South Africa, September 2023 to March 2024 (Source: EDRWeb. Data extracted 22 September 2025)	12
<b>Figure 3:</b> Key milestones in the DR-TB decentralisation policy process	14
<b>Figure 4:</b> The distribution and number of decentralised DR-TB initiating facilities per sub-district in South Africa in 2025	17
<b>Figure 5:</b> National trends in the number of DR-TB initiating facilities and sub-district coverage of initiation sites from 2016 to 2025	18
<b>Figure 6:</b> Trends in the number of all types of DR-TB diagnosed, the number of patients initiated on DR-TB treatment and the treatment initiation rate between 2018 and 2024 in South Africa	19
<b>Figure 7:</b> The distribution and number of decentralised DR-TB initiating facilities per sub-district in 2025 - Eastern Cape	20
<b>Figure 8:</b> Trends in the number of DR-TB initiating facilities and sub-district coverage of initiation sites from 2016 to 2025 - Eastern Cape	20
<b>Figure 9:</b> Trends in the number of all types of DR-TB diagnosed, the number of patients initiated on DR-TB treatment and the treatment initiation rate between 2018 and 2024 - Eastern Cape	21
<b>Figure 10:</b> Services that have NIMDR-TB nurses, Eastern Cape	22
<b>Figure 11:</b> The distribution and number of decentralised DR-TB initiating facilities per sub-district in 2025 - Free State	22
<b>Figure 12:</b> Trends in the number of DR-TB initiating facilities and sub-district coverage of initiation sites from 2016 to 2025, Free State	23
<b>Figure 13:</b> Trends in the number of all types of DR-TB diagnosed, the number of patients initiated on DR-TB treatment and the treatment initiation rate between 2018 and 2024, Free State	24
<b>Figure 14:</b> Services that have NIMDR-TB nurses, Free State	24
<b>Figure 15:</b> The distribution and number of decentralised DR-TB initiating facilities per sub-district in 2025 - Gauteng	25
<b>Figure 16:</b> Trends in the number of DR-TB initiating facilities and sub-district coverage of initiation sites from 2016 to 2025, Gauteng	25
<b>Figure 17:</b> Trends in the number of all types of DR-TB diagnosed, the number of patients initiated on DR-TB treatment and the treatment initiation rate between 2018 and 2024, Gauteng	26
<b>Figure 18:</b> Services that have NIMDR-TB nurses, Gauteng	27
<b>Figure 19:</b> The distribution and number of decentralised DR-TB initiating facilities per sub-district in 2025 - KwaZulu-Natal	27
<b>Figure 20:</b> Trends in the number of DR-TB initiating facilities and sub-district coverage of initiation sites from 2016 to 2025, KwaZulu-Natal	28
<b>Figure 21:</b> Trends in the number of all types of DR-TB diagnosed, the number of patients initiated on DR-TB treatment and the treatment initiation rate between 2018 and 2024, KwaZulu-Natal	29
<b>Figure 22:</b> Services that have NIMDR-TB nurses, KwaZulu-Natal	30
<b>Figure 23:</b> The distribution and number of decentralised DR-TB initiating facilities per sub-district in 2025 - Limpopo	30
<b>Figure 24:</b> Trends in the number of DR-TB initiating facilities and sub-district coverage of initiation sites from 2016 to 2025 - Limpopo	31
<b>Figure 25:</b> Trends in the number of all types of DR-TB diagnosed, the number of patients initiated on DR-TB treatment and the treatment initiation rate between 2018 and 2024, Limpopo	32
<b>Figure 26:</b> Services that have NIMDR-TB nurses, Limpopo	32
<b>Figure 27:</b> The distribution and number of decentralised DR-TB initiating facilities per sub-district in 2025 - Mpumalanga	33

<b>Figure 28:</b> Trends in the number of DR-TB initiating facilities and sub-district coverage of initiation sites from 2016 to 2025 - Mpumalanga	33
<b>Figure 29:</b> Trends in the number of all types of DR-TB diagnosed, the number of patients initiated on DR-TB treatment and the treatment initiation rate between 2018 and 2024 - Mpumalanga	34
<b>Figure 30:</b> Services that have NIMDR-TB nurses, Mpumalanga	34
<b>Figure 31:</b> The distribution and number of decentralised DR-TB initiating facilities per sub-district in 2025 - Northern Cape	35
<b>Figure 32:</b> Trends in the number of DR-TB initiating facilities and sub-district coverage of initiation sites from 2016 to 2025, Northern Cape	36
<b>Figure 33:</b> Trends in the number of all types of DR-TB diagnosed, the number of patients initiated on DR-TB treatment and the treatment initiation rate between 2018 and 2024, Northern Cape	37
<b>Figure 34:</b> The distribution and number of decentralised DR-TB initiating facilities per sub-district in 2025 - North West	37
<b>Figure 35:</b> Trends in the number of DR-TB initiating facilities and sub-district coverage of initiation sites from 2016 to 2025, North West	38
<b>Figure 36:</b> Trends in the number of all types of DR-TB diagnosed, the number of patients initiated on DR-TB treatment and the treatment initiation rate between 2018 and 2024 - North West Province	39
<b>Figure 37:</b> Services that have NIMDR-TB nurses, North West	39
<b>Figure 38:</b> The distribution and number of decentralised DR-TB initiating facilities per sub-district in 2025 - Western Cape	40
<b>Figure 39:</b> Trends in the number of DR-TB initiating facilities and sub-district coverage of initiation sites from 2016 to 2025, Western Cape	40
<b>Figure 40:</b> Trends in the number of all types of DR-TB diagnosed, the number of patients initiated on DR-TB treatment and the treatment initiation rate between 2018 and 2024, Western Cape	41

---

## Acronyms and Abbreviations

<b>CHWs</b>	Community Health Care Workers
<b>DR-TB</b>	Drug-Resistant Tuberculosis
<b>EC</b>	Eastern Cape Province
<b>EDRWeb</b>	Electronic Drug-Resistant Tuberculosis Register
<b>FS</b>	Free State Province
<b>GP</b>	Gauteng Province
<b>HIV</b>	Human Immunodeficiency Virus
<b>KZN</b>	KwaZulu-Natal Province
<b>LP</b>	Limpopo Province
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MDR-TB</b>	Multidrug resistant Tuberculosis
<b>MP</b>	Mpumalanga Province
<b>NC</b>	Northern Cape Province
<b>NICD</b>	National Institute for Communicable Diseases
<b>NDoH</b>	National Department of Health
<b>NHLS</b>	National Health Laboratory Service
<b>NIMDR-TB</b>	Nurse-Initiated Management of Drug-Resistant TB
<b>NSP</b>	National Strategic Plan on HIV, STIs and TB, 2012-2016
<b>NTP</b>	National Tuberculosis Control Programme
<b>NW</b>	North West Province
<b>PHC</b>	Primary Health Care
<b>PTB</b>	Pulmonary Tuberculosis
<b>RR-TB</b>	Rifampicin Resistant Tuberculosis
<b>TB</b>	Tuberculosis
<b>WBPHCOT</b>	Ward Based Primary Health Care Outreach Team
<b>WC</b>	Western Cape Province
<b>XDR-TB</b>	Extensively Drug-Resistant Tuberculosis



# Executive Summary

## Background

South Africa remains among the highest-burden countries for tuberculosis (TB), including drug-resistant TB (DR-TB) and TB/HIV co-infection. While substantial progress has been made—evidenced by a 61% reduction in TB incidence and an 71% treatment initiation rate by 2024—critical challenges persist in timely diagnosis, treatment initiation, and patient retention in care.

South Africa has led globally in DR-TB innovation, being one of the earliest countries to adopt advanced molecular diagnostics (such as GeneXpert Ultra and other NAAT platforms) and to explore alternative sample collection methods. The introduction of shorter, highly effective DR-TB treatment regimens, including the 6-month BPaL-L regimen introduced in 2023, has accelerated treatment success. By early 2025, 85% of DR-TB patients were initiated on this regimen, with early data showing a 79% treatment success rate.

The country's DR-TB model of care has evolved from mandatory hospitalisation to a fully decentralised, patient-centred approach. The 2011 national policy framework first enabled ambulatory and community-based treatment, while the 2019 update expanded eligibility for outpatient management, placing clinical need—rather than smear status—at the centre of decision-making. This progressive shift towards decentralised, integrated, and community-based care continues to guide national efforts to end TB.

Regular national reviews, including this assessment, enable the National Department of Health (NDoH) to monitor progress, identify bottlenecks, and adapt implementation strategies. Previous reviews (2016, 2018, 2021) have informed policy refinement and investment decisions, contributing to continuous system strengthening for DR-TB care.

## Methodology

This review employed a cross-sectional mixed-methods design to assess the status of DR-TB services across South Africa in 2025. The assessment focused on three domains:

- Service coverage at sub-district level;
- Facility readiness to provide DR-TB care; and
- Treatment initiation rates at national, provincial, and district levels.

Treatment initiation rate was calculated as the proportion of DR-TB patients diagnosed in 2024 who were started on treatment within the same year.

Data were collected through a structured facility-level reporting tool completed by provincial DR-TB managers and from routine surveillance systems. Diagnosis data were drawn from the NICD PTB Surveillance Report, while treatment initiation data were extracted from EDRWeb. Data were cleaned, compiled, and analysed descriptively in Microsoft Excel, and results were compared with findings from the 2016, 2018, and 2021 national reviews to assess progress over time.

---

## Findings

The decentralisation of DR-TB care has expanded steadily since the first national review in 2016. By the end of 2025, there were 815 decentralised DR-TB initiation sites, covering 95% (229/242) of all sub-districts. This represents an increase of 51 sites since the 2021 review and a rise from ~690 sites in 2016, reflecting consistent progress over nearly a decade. Four provinces remain below full coverage—Eastern Cape (86%), KwaZulu-Natal (89%), Mpumalanga (94%), and Free State (95%)—highlighting areas requiring targeted expansion. Provinces such as Gauteng, Limpopo, Northern Cape, North West, and Western Cape have maintained near-complete coverage since previous reviews.

Nationally, 83% of diagnosed DR-TB patients were initiated on treatment in 2024, representing a recovery from the COVID-19 disruption in 2020–2021, when rates dipped to around 71%, but showing little net change compared to 2018. Several provinces experienced notable improvements in initiation rates over the last review period, including Eastern Cape (from 85% to 89%) and Northern Cape (from 87% to 90%), while other provinces, such as Free State, KwaZulu-Natal, Limpopo, Mpumalanga, and Western Cape, experienced slight declines relative to previous years.

Significant variation persists in the distribution of trained NIMDR-TB nurses across provinces. Limpopo approaches full coverage of NIMDR-TB nurses at decentralised sites, whereas several other provinces have fewer than half of sites staffed by trained nurses, affecting consistency and quality of care.

These trends indicate that while geographic expansion has largely been achieved, improvements in treatment initiation rates have been uneven, with certain provinces lagging despite the overall increase in service coverage. Strengthening human resources, referral pathways, and service readiness remains essential to translate expanded coverage into improved patient outcomes.

---

## Conclusions

South Africa has made remarkable progress in expanding access to DR-TB services since the 2011 decentralisation policy. By 2025, national sub-district coverage reached 95%, with only 16 sub-districts remaining to achieve universal access. Nonetheless, treatment initiation rates remain below optimal levels, with one in five diagnosed patients not started on treatment within the same year. Provincial performance is uneven—some areas have improved markedly, while others show declining initiation rates.

To achieve the End TB targets, renewed focus is needed on strengthening linkage to care, maintaining quality and readiness at existing sites, and ensuring equitable human resource distribution.

## Recommendations

Five key recommendations have been identified to consolidate gains and address persistent gaps:

### Expand and sustain sub-district coverage

Achieve 100% sub-district coverage for DR-TB initiation sites, prioritising underserved provinces (Eastern Cape, KwaZulu-Natal, Mpumalanga, Free State). Maintain and monitor progress in provinces with near-complete coverage through routine oversight and quality assurance mechanisms.

### Explore and address low treatment initiation rates

Strengthen and formalise referral pathways between diagnosing and initiating facilities. Implement systematic patient tracing and re-engagement strategies, particularly in districts with initiation rates below 70%, to reduce loss to follow-up and improve outcomes.

### Increase NIMDR-TB nurse coverage

Intensify training and deployment of NIMDR-TB-trained nurses to ensure equitable staffing across all decentralised sites, while acknowledging provincial variations in policy implementation (e.g., Western Cape's alternative model).

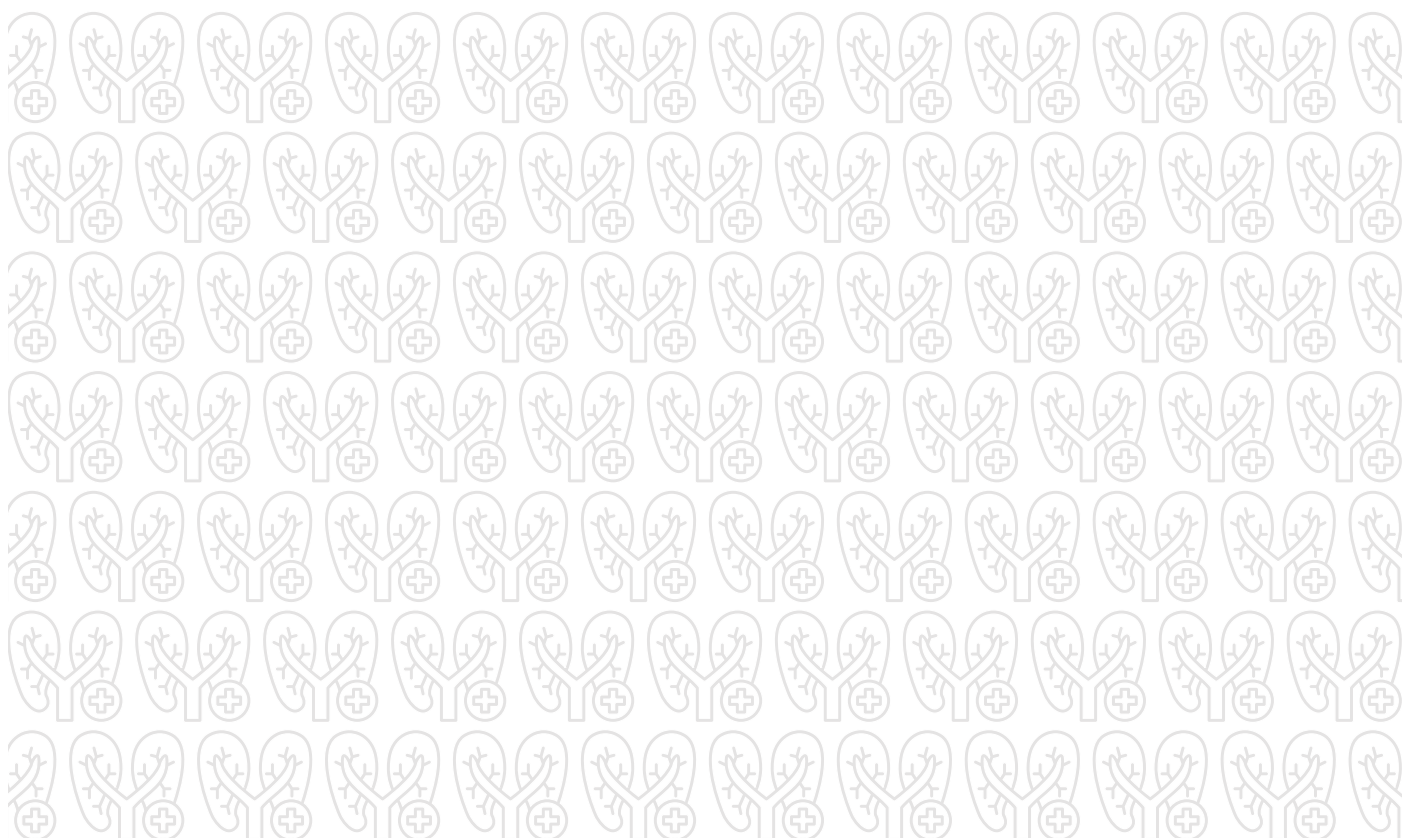
### Intensify community and outpatient service models

Expand ambulatory and community-based service models—including home-based and mobile outreach services—to improve access and patient acceptability. Strengthen integration of TB with HIV and primary health care services to streamline care and improve retention.

### Address service and infrastructure gaps

Equip all initiation sites with essential clinical tools and diagnostic infrastructure (e.g., EDRWeb access, ECG machines, X-ray facilities, haemoglobin meters, allied health support). Strengthen supply chain systems to prevent stockouts of second-line TB drugs and ancillary medicines.

Collectively, these actions will strengthen TB decentralisation, enhance equity and service quality, and accelerate South Africa's progress toward ending DR-TB as a public health threat.





# 1. Background

## 1.1. Current epidemiology of drug-resistant TB

South Africa is a high burden country for Tuberculosis (TB), HIV-associated TB (TB/HIV), and drug-resistant TB (DR-TB) and accounts for a significant share of the global TB epidemic. South Africa has made notable progress in controlling TB with the incidence of all types of TB having decreased by 61% between 2015 and 2024.<sup>1</sup> A large part of this decrease may be attributed to South Africa's extensive antiretroviral (ART) programme, and improved prevention, active case finding, and retention in TB care.

Regarding DR-TB specifically, South Africa has been a leader in the clinical TB research, operational testing and early adoption of many innovations that have improved DR-TB outcomes.

In the field of diagnostics, molecular testing for TB (*Gene Xpert*), replacing smear microscopy as the first TB test, was rolled out to all facilities nationwide in 2013, enabling the rapid diagnosis of TB and rifampicin-resistant TB. The initial Gene Xpert test was then replaced by the more accurate Gene Xpert Ultra. The diversification of TB NAAT led to the availability of additional TB test, e.g. BD Max and Roche. More recent diagnostic innovations which are being tested include the use of tongue swabs as an easier and more acceptable alternative to sputum collection for TB testing, and exploration of the use of stool samples in children.

Since 2017, South Africa has introduced shorter, safer and highly effective DR-TB regimens which have led to an increase in treatment success over time. Establishing decentralised DR-TB services in all 52 districts and in almost every sub-district nationwide has improved access to DR-TB services closer to people's homes, making it more convenient and acceptable to patients.

Despite the remarkable gains in TB control over the years however, the TB-related mortality has only decreased by a modest 17% between 2015 and 2024.<sup>2</sup> Furthermore, 56% of TB patients surveyed in 2020 suffered catastrophic costs associated with accessing TB treatment.<sup>3</sup> One of the key reasons for these poor outcomes is that every year, there is a decreasing but nevertheless substantial number of people living with TB who are not diagnosed or not started on treatment.

---

## 1.2. Drug-resistant TB treatment outcomes

The introduction of novel, highly effective, shorter DR-TB regimens has expanded treatment initiation rate and led to an increase in treatment success over time. In 2022, patients on short regimens (9-11 months) achieved a 71% treatment success rate, compared to just 51% among those on other regimens.<sup>4</sup> Shorter regimens were also associated with lower loss to follow-up (13% vs. 19%) and lower mortality (13% vs. 18%), underscoring their programmatic value (Figure 1).

---

1 Global Tuberculosis Report. 2025. WHO: Geneva

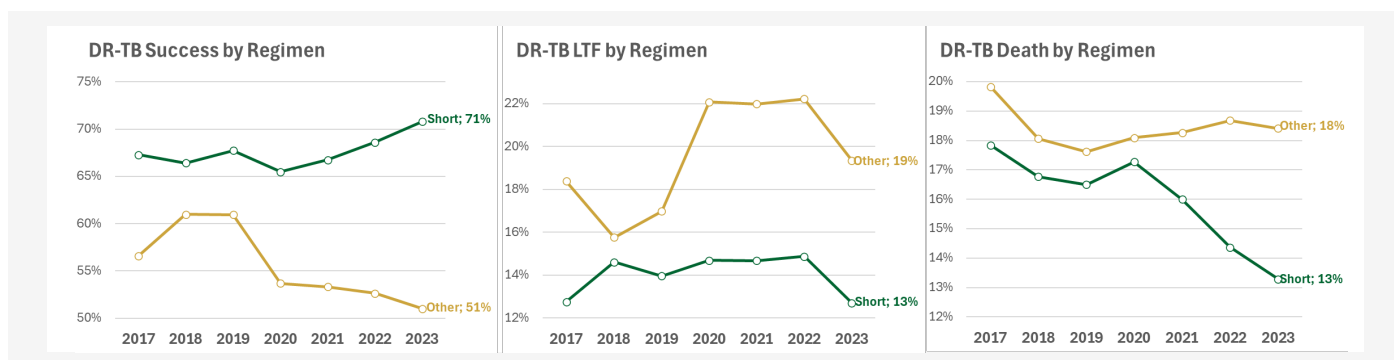
2 ibid

3 First National TB Patient Cost Survey, South Africa. 2020-2021. NDoH

4 National Department of Health. National TB Recovery Plan 4.0. April 2025 - March 2026.

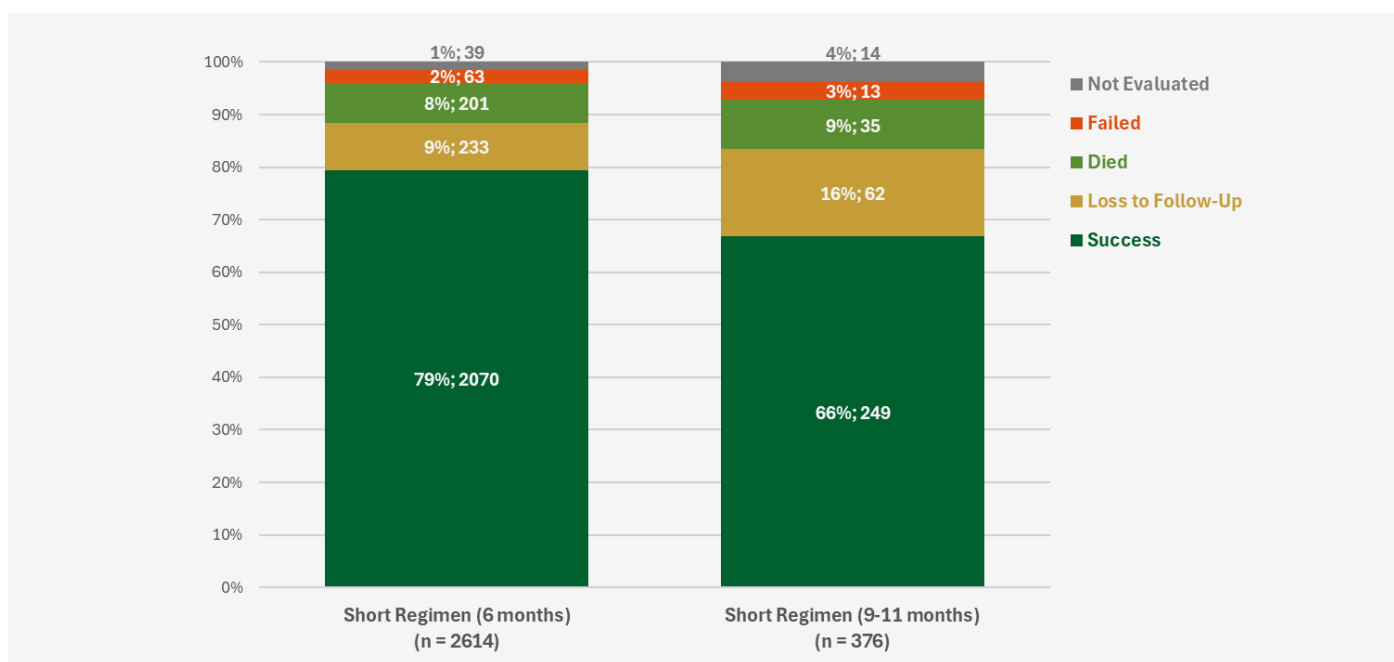
**Figure 1: DR-TB Treatment Outcome Coverage by regimen type, 2017 – 2023**

(Source: EDRWeb. Data extracted 22 September 2025)



South Africa introduced a new 6-month regimen for treating RR-TB in September 2023. This innovative regimen, called BPAL-L, comprises bedaquiline, pretomanid, linezolid and levofloxacin. The uptake of BPAL-L regimen has been rapid since its introduction. In the first 3 months of implementation (September to November 2023), nearly half (45%) of all DR-TB patients received the BPAL-L regimen. This proportion has risen steadily every quarter to reach 86% in the second quarter of 2025. Initial treatment outcomes associated with the all-oral, 6-month BPAL-L regimen are very encouraging. Among the 2,614 patients who started on a 6-month regimen between September 2023 and March 2024, 79% achieved treatment success compared to 66% for the old 9 to 11-month regimen, treated during the same period (Figure 2). This signals the potential of BPAL-L to dramatically improve treatment outcomes and reduce the burden of DR-TB in South Africa.<sup>4</sup>

**Figure 2: DR-TB treatment outcomes by regimen type (6-month short regimen and the 9-to-11-month short regimen), South Africa, September 2023 to March 2024** (Source: EDRWeb. Data extracted 22 September 2025)



### 1.3. The history of decentralised and deinstitutionalised models of DR-TB Care

The South African National Department of Health (NDoH) has implemented a DR-TB management programme since early 2000. Previous DR-TB treatment guidelines dictated that all DR-TB patients be admitted to specialised TB hospitals for prolonged periods for at least six months. However, in the face of rising numbers of DR-TB patients this became unfeasible. Moreover, treatment initiation rates were unacceptably low and treatment outcomes were extremely poor. Thus, in 2008, SA began to explore decentralised and ambulatory models of DR-TB care in Kwazulu-Natal (KZN) and Western Cape (WC). Following the successful implementation of these pilot projects, in 2011 the South African National TB Programme (NTP) introduced a policy framework for decentralised and deinstitutionalised management of MDR-TB in South Africa.<sup>5</sup>

The policy framework on decentralised and deinstitutionalised management of MDR-TB was first published in August 2011 after an endorsement by the National Health Council. This policy framework recommended community/ambulatory treatment for smear negative MDR-TB individuals, who were estimated to comprise one third of all MDR-TB patients prior to 2011. This policy also stipulated that smear positive individuals who were unwilling to be admitted should be offered community treatment. Furthermore, the main criteria for discharge from hospital for stable, smear positive MDR-TB patients without extensive disease became two consecutive negative smear microscopy results, rather than two negative culture results which was the standard prior to August 2011. All XDR-TB patients were to be admitted at Centres of Excellence.

Over time, implementation of this policy led to increased coverage of decentralised DR-TB services to all 52 districts and to 86% of sub-districts by 2016.<sup>6</sup> This made it possible for patients to be treated closer to their homes, shortening the number of days between diagnosis and treatment initiation and increasing the social acceptability of treatment, which led to more favourable treatment outcomes.

Policy governing the decentralised and deinstitutionalised management of DR-TB changed in 2018 and a new framework document was published in 2019.<sup>7</sup>

**The revised policy outlines the main modalities of DR-TB care, all of which have a place depending on the patient's clinical and social condition:**

- Admission
- Ambulatory care
- Home-based/ community care

In the 2019 framework, it is the severity of the patient's clinical condition, and not the smear positivity, that determines the need for hospital admission. Very sick patients (RR/MDR-TB and XDR-TB) require admission while those who are not very sick are treated in an outpatient or ambulatory setting. For those requiring in-patient care, the average duration for admission should vary from 2 weeks to 2 months depending on the patient's condition unless there are rare and exceptional circumstances that make it necessary to keep a patient in hospital until a negative culture is obtained.

The updated policy framework places a strong emphasis on two types of DR-TB services - treatment initiation facilities and other facilities that do not initiate treatment but do provide regular clinical follow up, medicine refills and collect laboratory specimens for patient evaluation. These are often at primary health care facilities that are convenient for the patient to access.

The aim expressed in the updated policy framework was to establish **at least one decentralised DR-TB treatment initiation site per sub-district** and to strengthen referral pathways so that other non-initiating sites can play their role meaningfully and refer most patients within the sub-district. Figure 3 outlines the key milestones in the DR-TB policy process since 2011.

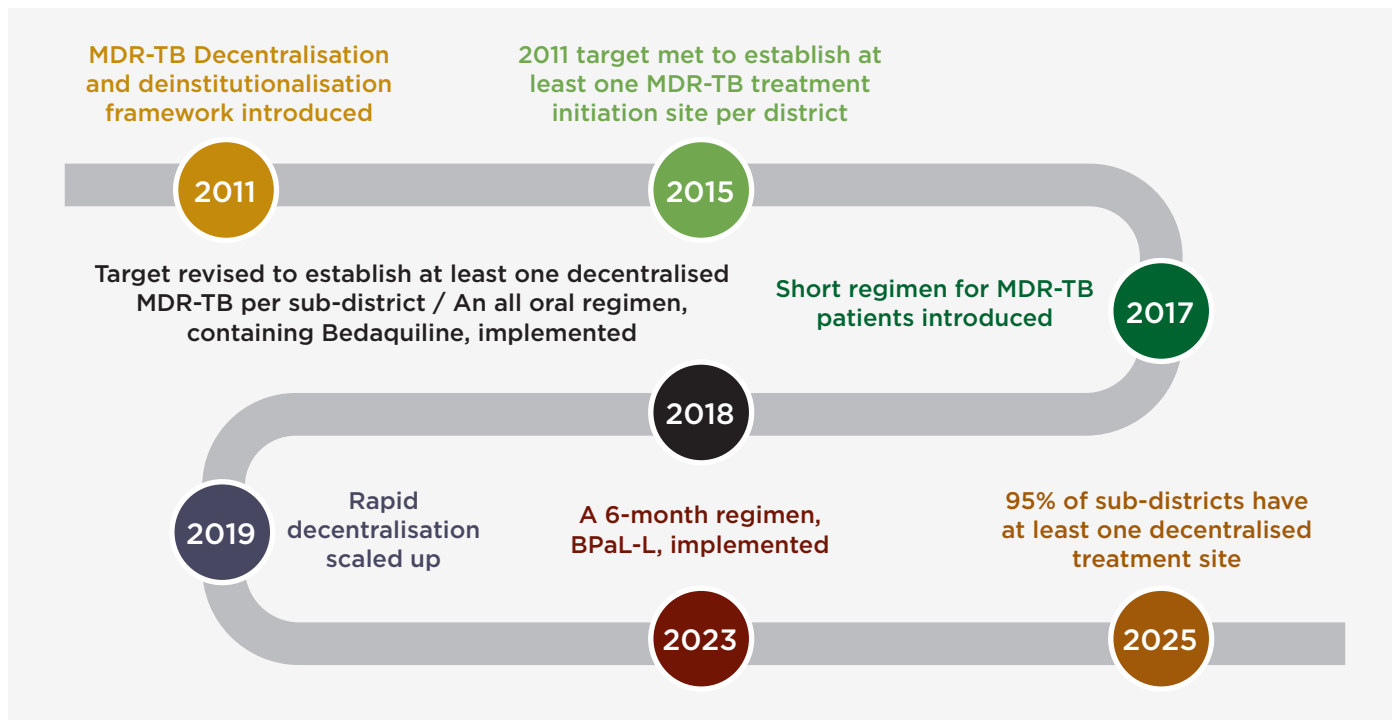
---

<sup>5</sup> NDoH. Multidrug-resistant tuberculosis: A policy framework on decentralised and deinstitutionalised management for South Africa. 2011

<sup>6</sup> NDoH. Summary report on decentralised and deinstitutionalised management of multidrug-resistant tuberculosis service in South Africa, October 2017.

<sup>7</sup> NDoH. Multidrug-resistant tuberculosis: A policy framework on decentralised and deinstitutionalised management for South Africa. May 2019

Figure 3: Key milestones in the DR-TB decentralisation policy process



#### 1.4. Essential elements of Decentralisation

The 2019 framework outlines the essential elements for a successful decentralised and deinstitutionalised DR-TB programme:

- Prompt and accurate MDR-TB diagnosis;
- Prompt initiation on appropriate Second Line (SL) medicines;
- Trained multidisciplinary teams with adequate and effective mentorship and supervision;
- Availability of medical practitioners, clinical associates or Nurse Initiated Management DR-TB (NIMDR-TB) nurses to lead the teams;
- Updated guidelines/protocols for clinical management;
- Uninterrupted supplies of second-line anti-TB drugs and ancillary drugs for managing side effects;
- Availability of ECG machines at all treatment initiation sites;
- Adequate infection control measures;
- Integration with local TB programme activities, HIV services and PHC services;
- Careful selection of patients who will receive treatment in the community;
- Functional loss to follow-up tracing mechanisms;
- Communication among the different levels of the health care system;
- Effective TB and DR-TB advocacy, communication and social mobilisation at a community level;
- Access to the electronic DR-TB data system, EDRWeb;
- Rigorous monitoring and evaluation.

The last of these essential elements, rigorous monitoring and evaluation, speaks to the ability of district health managers and health workers to regularly appraise the progress of framework implementation and the DR-TB treatment cascade so that they can identify gaps and ameliorate these swiftly. Similarly, provincial managers contribute to regular review and action.

This report is part of the regular national appraisal of DR-TB decentralisation across the country. The aim is to update the status of decentralisation of DR-TB services across the country. To date, the NDoH has released three reports entitled “Summary report on decentralised and deinstitutionalised management of multidrug-resistant tuberculosis services in South Africa” for the years 2016, 2018 and 2021, published in the years 2018, 2019 and 2022.



## 2. Methodology

### 2.1. Study Design

The data were collected using a cross-sectional quantitative study design to assess the status of DR-TB services across South Africa in 2025. The study focused on measuring service coverage at sub-district level, facility readiness to provide DR-TB care, aligned with the national decentralisation policy, and treatment initiation rate.

---

### 2.2. Data Sources and Collection

#### 2.2.1. Provincial Data Collection Tool

**A structured facility-level reporting tool was developed and distributed to provincial TB programme managers. The tool was designed to capture:**

- Number of diagnosed and initiated DR-TB patients per sub-district (for cross-reference and completeness).
- Names and locations of facilities initiating DR-TB treatment. DR-TB initiation sites included hospitals, community health centres, clinics, as well as roving DR-TB outreach teams.
- Models of MDR-TB care implemented, namely:
  - In-patient
  - Ambulatory and/outreach
- Human resources: The availability of clinicians and allied healthcare workers.
  - Clinician options included medical officers (doctors), clinical associates and professional nurses certified in NIMDR-TB.
  - Allied health care workers included dietitians, social workers and pharmacists.
- Access to services that are essential for comprehensive and safe DR-TB management as outlined in the 2019 Decentralisation framework. These included
  - ECG machines
  - Chest X-ray equipment
  - Haemoglobin meters
  - Lactate monitors
  - Snellen charts
  - Ward Based Primary Health Care Outreach Teams / Community Health Worker support
  - Functional access to EDRWeb for site-level reporting

Provinces completed the tool, based on local records and facility-level knowledge. Data were verified following review and queries sent to the provinces for verification.

#### 2.2.2. Previous decentralisation reports

In order to demonstrate trends over time, sub-district coverage data was lifted from the 2016, 2018 and 2021 reports.

### 2.2.3. Data extraction from routine health information systems

Data on the number of patients started on DR-TB treatment for each year between 2018 and 2025 were extracted from EDRWeb. Data on the number of patients diagnosed with all types of DR-TB for each year between 2018 and 2025 were extracted from the National Institute for Communicable Diseases (NICD) pulmonary tuberculosis (PTB) surveillance reports.

These data were used to calculate the treatment initiation rate each year at national, provincial, and district level according to the formula:

$$\text{Treatment initiation rate} = \frac{\text{All DR-TB Patients initiated (EDRWeb)}}{\text{All DR-TB Patients diagnosed (NICD PTB Surveillance reports)}}$$

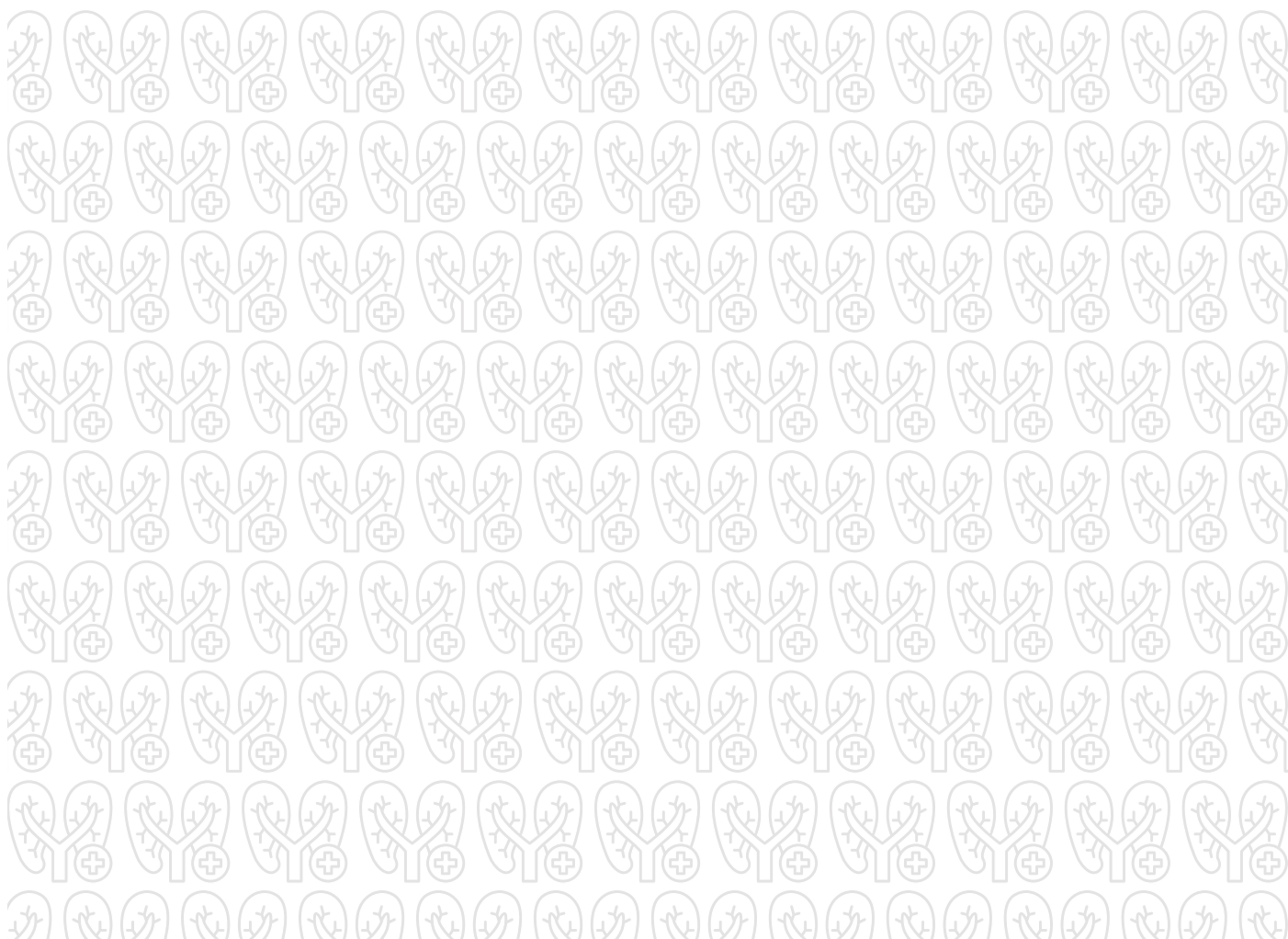
### 2.3. Data Analysis

Data from EDRWeb and the provincial tools were compiled and cleaned using Microsoft Excel, and descriptive analysis was conducted in Excel.

#### The analysis involved:

- Frequency tables summarising diagnosed and initiated cases by province and district
- Calculation of treatment initiation rates at national, province and district levels
- Sub-district coverage of DR-TB initiating sites (proportion of sub-districts with at least one initiating site)
- Assessment of service readiness based on availability of key inputs (staff, equipment, systems)
- Graphs and visualisations to highlight trends, gaps, and geographic disparities in access to DR-TB care

Findings were interpreted in the context of the national decentralisation policy and compared, where possible, with earlier review data from the 2016, 2018 and 2021 reports to assess progress.

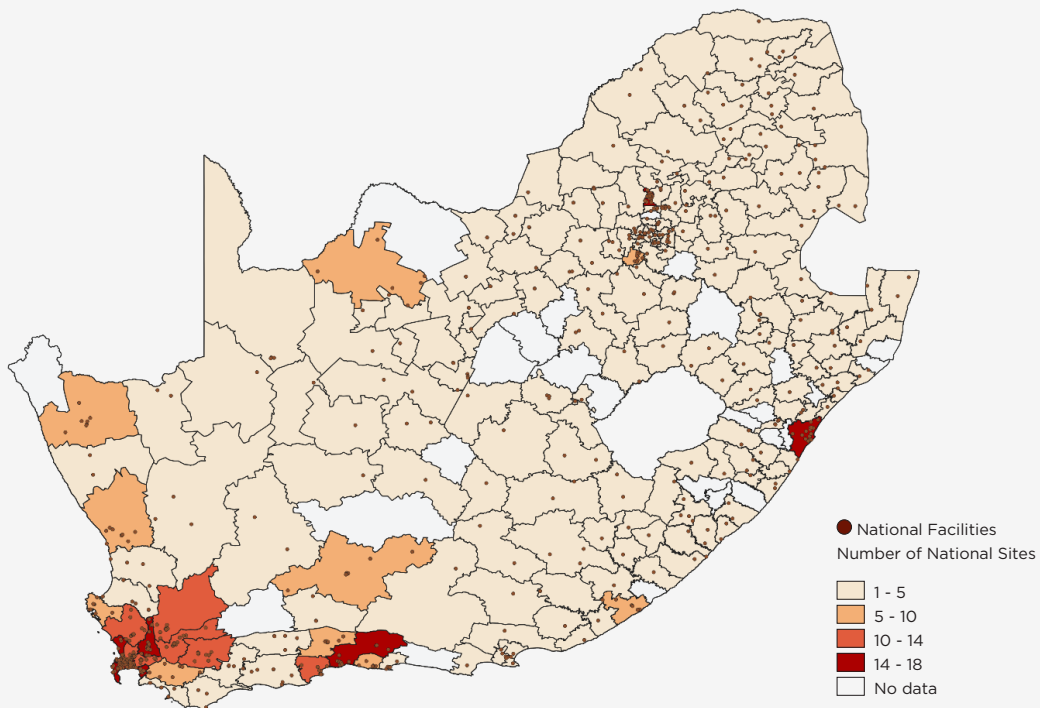




## 3. Status of Decentralisation in 2025

### 3.1. National

*Figure 4: The distribution and number of decentralised DR-TB initiating facilities per sub-district in South Africa in 2025*



#### 3.1.1. Sub-district coverage of DR-TB initiating facilities

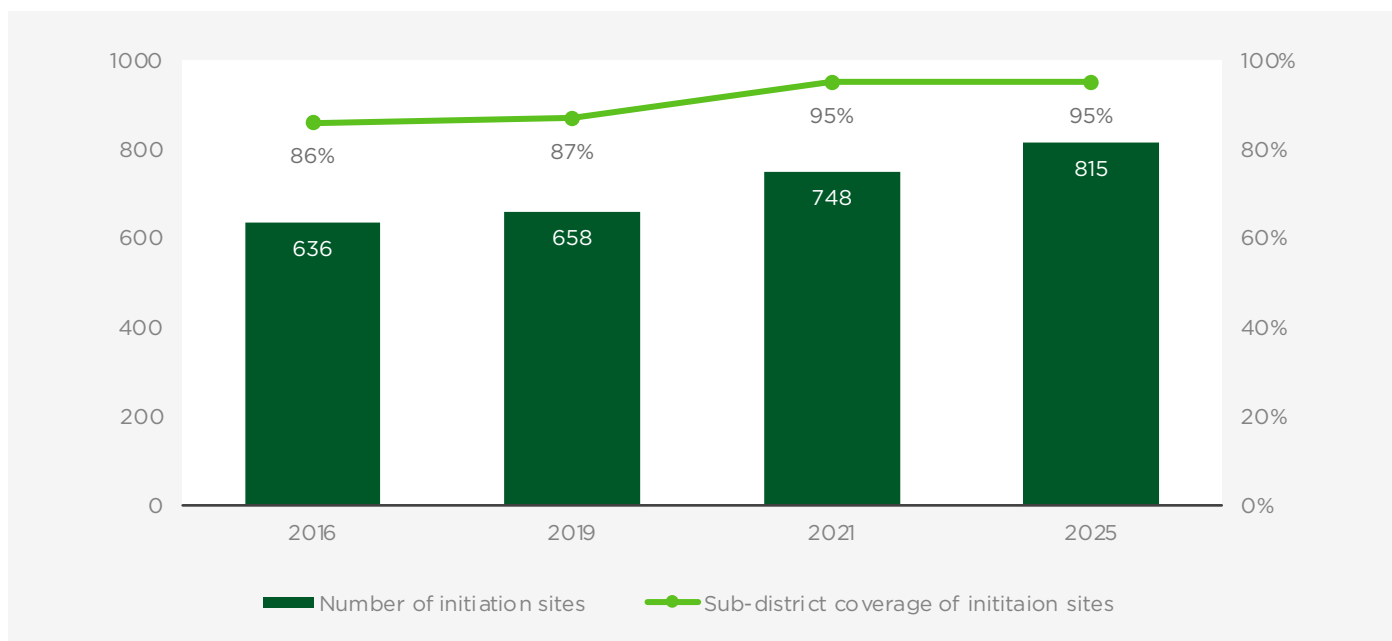
Table 1 describes the sub-district coverage of DR-TB initiating sites and the number of sites, at provincial and national level. Nationally there are 815 initiating sites with a sub-district coverage of 93%. Five provinces have achieved 100% coverage, viz., Gauteng, Limpopo, Northern Cape, North West and Western Cape. Four provinces fall below 100% coverage, viz., Eastern Cape and KwaZulu-Natal at 86% and 89% respectively, and Mpumalanga and Free State at 94% and 95% respectively.

**Table 1: Sub-district coverage of decentralised DR-TB initiating sites, at national and provincial level in 2025**

Province	Number of decentralised initiation sites per province	Number of sub-districts	Number of sub-districts with at least one decentralised initiation site	Sub-district coverage
Eastern Cape	56	35	30	86%
Free State	36	22	21	95%
Gauteng	78	26	26	100
KwaZulu-Natal	64	44	39	89%
Limpopo	70	22	21	100%
Mpumalanga	25	17	16	94%
Northern Cape	52	26	26	100%
North West	18	18	18	100%
Western Cape	416	32	32	100%
<b>South Africa</b>	<b>815</b>	<b>242</b>	<b>229</b>	<b>95%</b>

Figure 5 shows a substantial increase in the number of decentralised DR-TB initiation sites since 2016, even amidst the COVID-19 disruption of health services in 2021. The number of initiation sites has increased from 748 in 2021 to 815 in 2025. Sub-district coverage remained 95% for 2021 and 2025. Details about the sub-districts that still do not have a DR-TB initiation site will be included in each provincial section alongside.

**Figure 5: National trends in the number of DR-TB initiating facilities and sub-district coverage of initiation sites from 2016 to 2025**



### 3.1.2. DR-TB treatment initiation rate

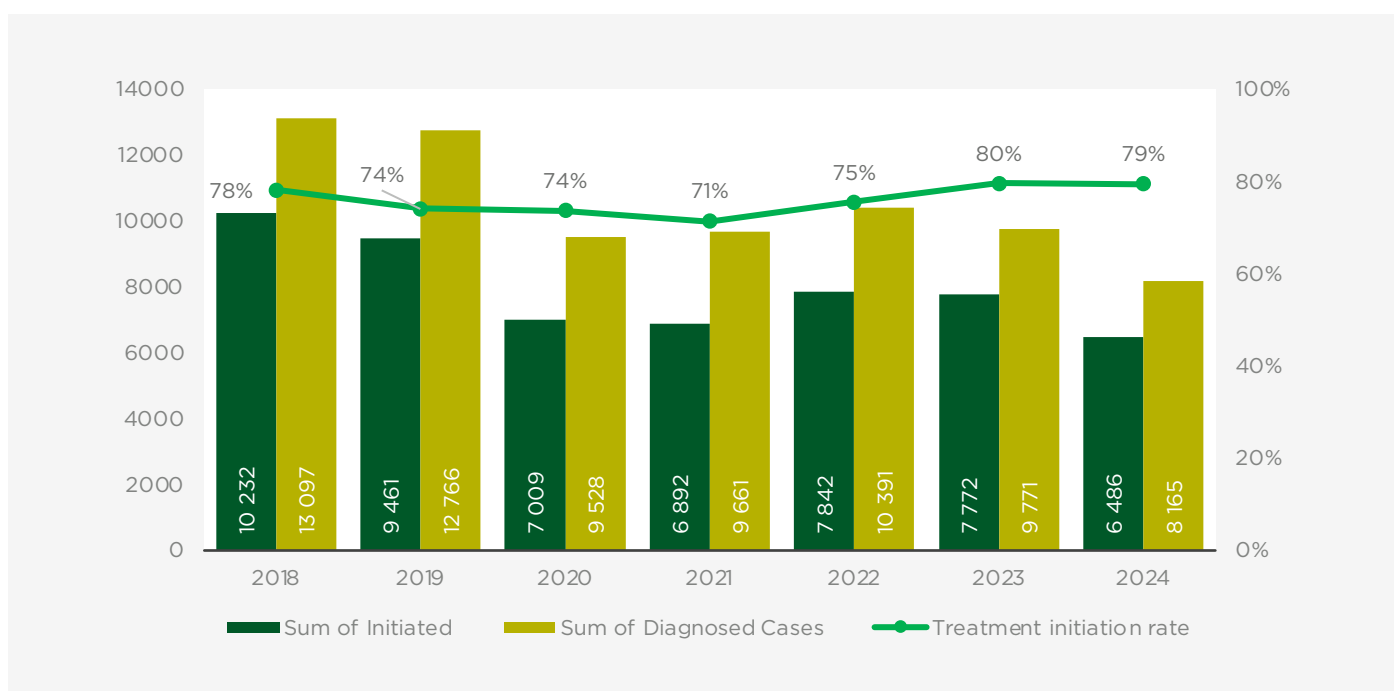
Table 2 represents the DR-TB treatment initiation rate across South African provinces in 2024. The national treatment initiation rate was 83% in 2024. Provincial initiation rates ranged from 61% in the Free State to 90% in the Northern Cape, with most provinces achieving initiation rate above 70%. The Northern Cape (90%), Western Cape (88%) and Eastern Cape (89%) demonstrated the strongest performance, with initiation numbers exceeding or nearly matching the number of diagnosed cases. Conversely, provinces such as Mpumalanga (69%), Limpopo (63%) and Free State (61%), reported lower initiation rates, highlighting persistent challenges in patient linkage to care.

**Table 2: DR-TB Treatment initiation rate at national and provincial level in 2024**

District	Number of DR-TB patients diagnosed (2024) (NICD)	Number of DR-TB patients initiated on treatment (2024) (EDRWeb)	Treatment initiation rate
Eastern Cape	1801	1 596	89%
Free State	320	196	61%
Gauteng	952	685	72%
KwaZulu-Natal	1895	1389	73%
Limpopo	321	201	63%
Mpumalanga	460	319	69%
Northern Cape	266	240	90%
Northwest	314	244	78%
Western Cape	1836	1616	88%
<b>South Africa</b>	<b>8165</b>	<b>6846</b>	<b>83%</b>

Figure 6 shows that over time, the national DR-TB treatment initiation rate fell during the COVID-19 era, with widespread disruption of routine health services, to a nadir of 71% in 2021, down from 78% in 2018. However, there was a recovery to 79% in 2024.

**Figure 6: Trends in the number of all types of DR-TB diagnosed, the number of patients initiated on DR-TB treatment and the treatment initiation rate between 2018 and 2024 in South Africa**



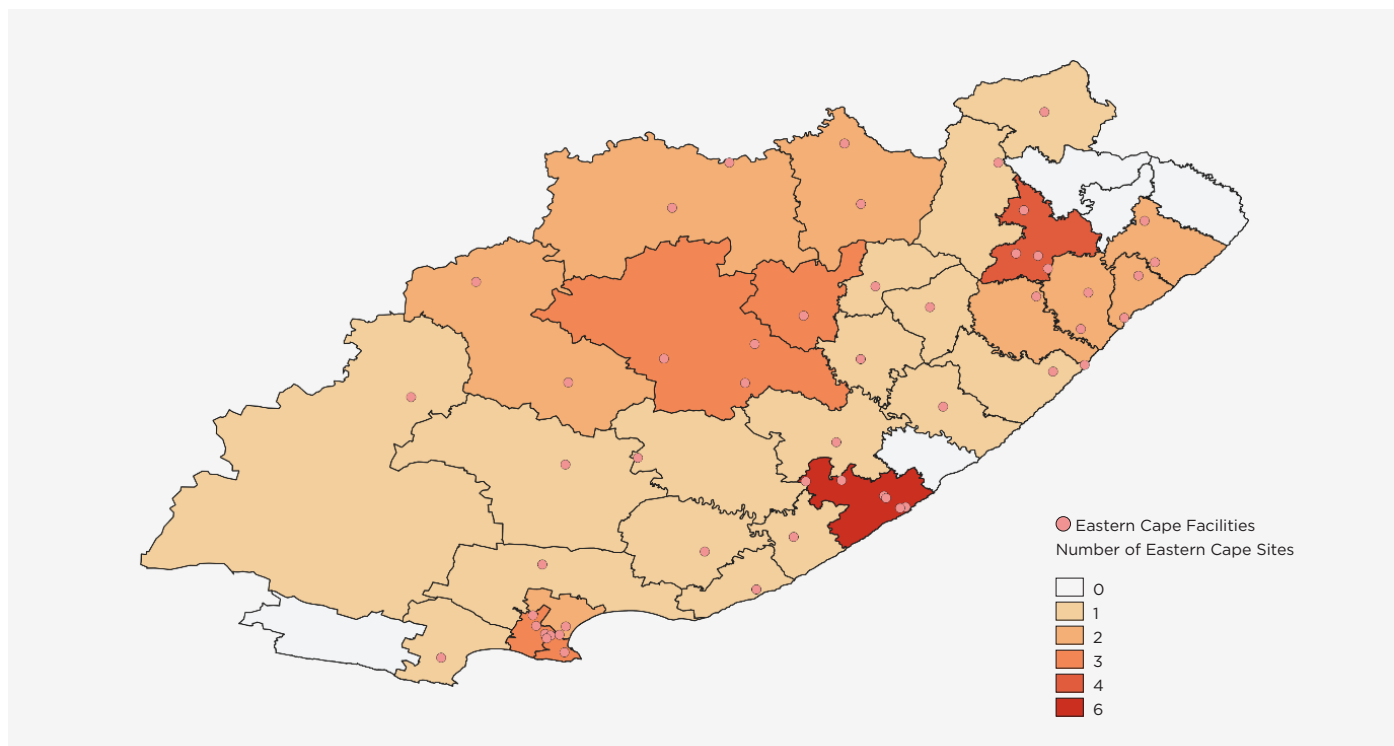
## 3.2. Provincial trends

For the detailed breakdown of decentralisation sites at sub-district and district levels, please see Appendix 2.

### 3.2.1. Eastern Cape

Eastern Cape is a largely rural province with an estimated population of 6 709 060.<sup>8</sup> The province is divided into two municipalities and eight districts, with a further 32 sub-districts. In 2024, there were 1801 new cases of drug-resistant TB, a rate of 26,8 per 100 000.

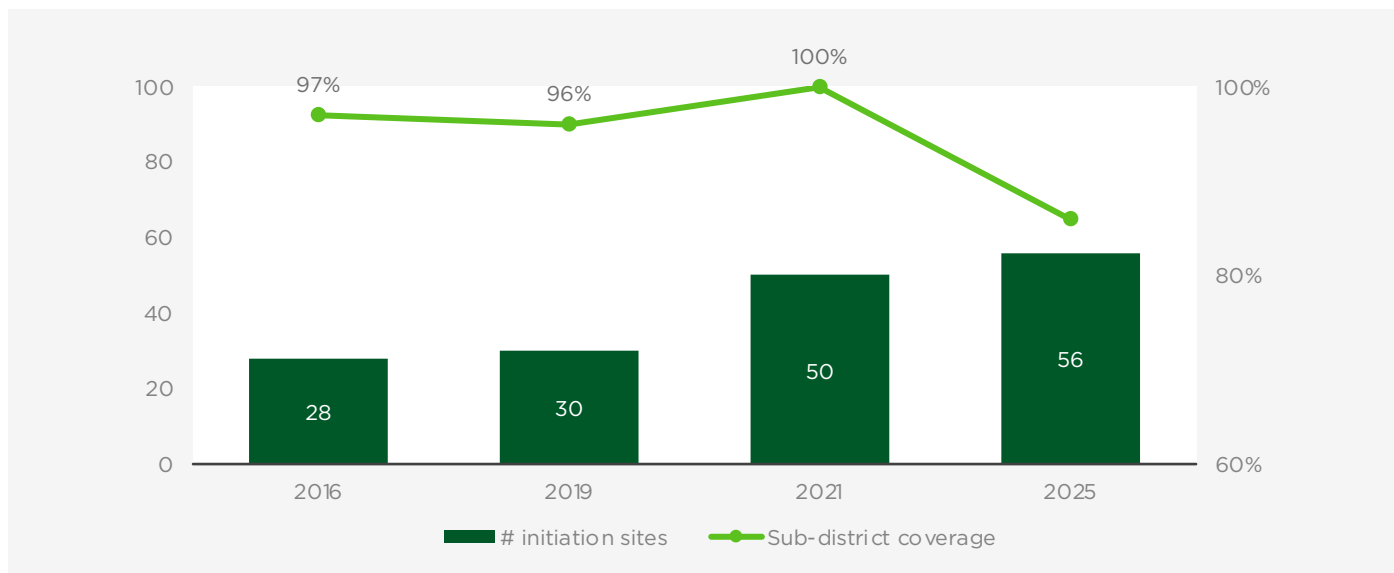
**Figure 7: The distribution and number of decentralised DR-TB initiating facilities per sub-district in 2025 - Eastern Cape**



### 3.2.1.1. Decentralisation of DR-TB services from 2016 to 2025

There are 56 sites that initiate DR-TB treatment in Eastern Cape. This is double the number of decentralised DR-TB initiating facilities (n=28) in 2016, and the number has grown steadily to 50 sites by 2021 with 56 in 2025. While the province achieved 100% sub-district coverage in 2021, this dropped to 86% in 2025. This suggests that the increase in the number of initiation sites has not been consistent across all sub-districts.

**Figure 8: Trends in the number of DR-TB initiating facilities and sub-district coverage of initiation sites from 2016 to 2025 - Eastern Cape**



Complicated DR-TB cases are referred to either Jose Pearson TB Hospital or to Nkqubela Hospital - the centres of excellence in the province.

### 3.2.1.2. Decentralisation of DR-TB services at district level

Table 3 shows that the Eastern Cape achieved 86% sub-district coverage, with 30 out of 35 sub-districts having at least one DR-TB initiation site. A total of 56 initiation sites is active across the province, averaging more than one site per sub-district in areas with coverage. Site distribution is strongest in O.R. Tambo District, which has 12 initiation sites

across its 5 sub-districts. In Nelson Mandela Bay Metro’s Sub-District C, although Osmond TB Hospital has closed, DR-TB patients continue to be initiated and managed there under the supervision of Jose Pearson TB Hospital (JPTBH), which also provides outreach services in the area.

The six sub-districts without initiation sites are Umzimvubu, Winnie Madikizela Mandela and Ntabankulu (Alfred Nzo District), Great Kei and Ngqushwa (Amathole District), and Blue Crane (Sara Baartman District).

### 3.2.1.3. Treatment initiation rate at district level

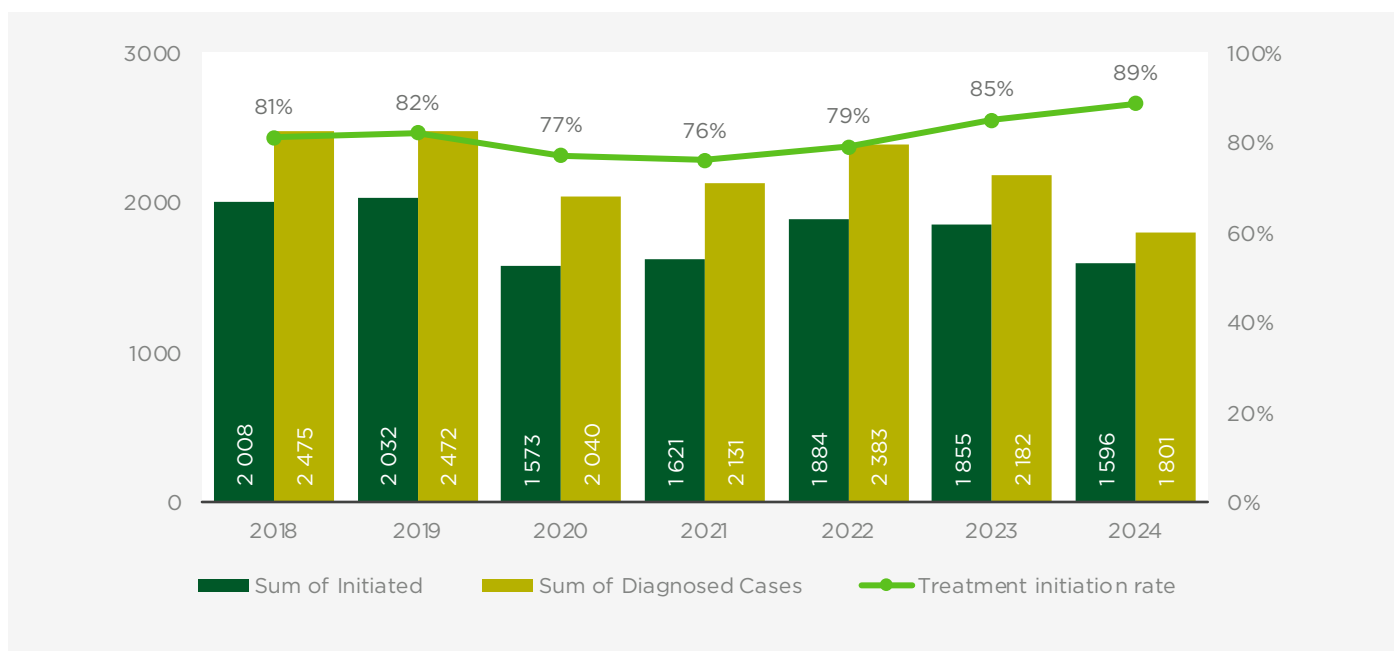
Table 3 reflects that in 2024, Eastern Cape recorded an overall treatment initiation rate of 89%, with substantial variation across districts. The highest initiation rate was observed in Buffalo City Metro at 135%, likely due to referrals from surrounding districts or delayed initiations from previous periods. In contrast, Chris Hani District reported the lowest initiation rate at 49%.

**Table 3: DR-TB treatment initiation rates and sub-district coverage of decentralised DR-TB initiation sites in Eastern Cape**

District	Number of DR-TB patients diagnosed (NICD)	Number of DR-TB patients initiated on treatment (EDRWeb)	Treatment initiation rate	Number of initiation sites by district	Number of sub-districts	Number of sub-districts with at least one initiation site	Sub-district coverage
Alfred Nzo District	111	80	72%	1	4	1	25%
Amathole District	190	113	59%	8	6	4	67%
Buffalo City Metro	308	416	135%	6	1	1	100%
Chris Hani District	150	73	49%	10	6	6	100%
Joe Gqabi	62	54	87%	5	3	3	100%
Nelson Mandela Bay Metro	507	477	94%	8	3	3	100%
O R Tambo District	293	230	78%	12	5	5	100%
Sara Baartman	180	153	85%	6	7	6	86%
<b>TOTAL</b>	<b>1801</b>	<b>1596</b>	<b>89%</b>	<b>56</b>	<b>35</b>	<b>30</b>	<b>86%</b>

Figure 9 shows that over time, the DR-TB treatment initiation rate in the Eastern Cape fell during the COVID-19 era, with widespread disruption of routine health services, to a nadir of 76% in 2021, down from 81% in 2018. However, there was a recovery to 89% in 2024.

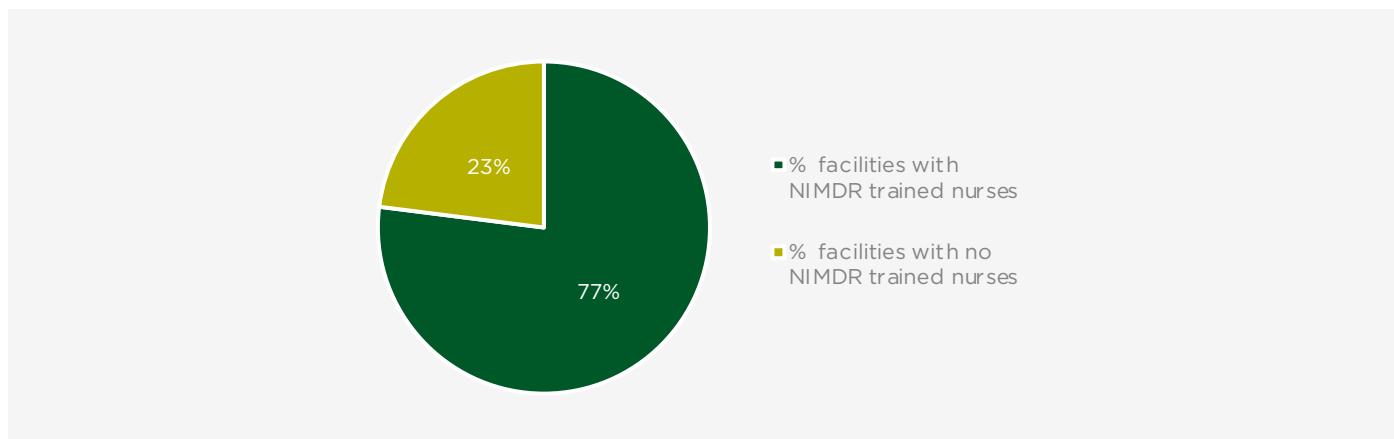
**Figure 9: Trends in the number of all types of DR-TB diagnosed, the number of patients initiated on DR-TB treatment and the treatment initiation rate between 2018 and 2024 - Eastern Cape**



### 3.2.1.4. Level of care and clinician type

In the Eastern Cape all initiation sites offer either ambulatory or outreach services, the majority being ambulatory. The majority (77%) of sites have NIMDR-TB nurses who offer care, with 23% of initiation sites without trained nurses (Figure 10).

Figure 10: Services that have NIMDR-TB nurses, Eastern Cape



### 3.2.1.5. Essential elements for DR-TB initiating sites

It was not possible to ascertain facilities with all essential elements since the data was not consistently collected. While all sites had allied health care workers, the categories were not always specified. Every site has access to a social worker through the Department of Social Development.

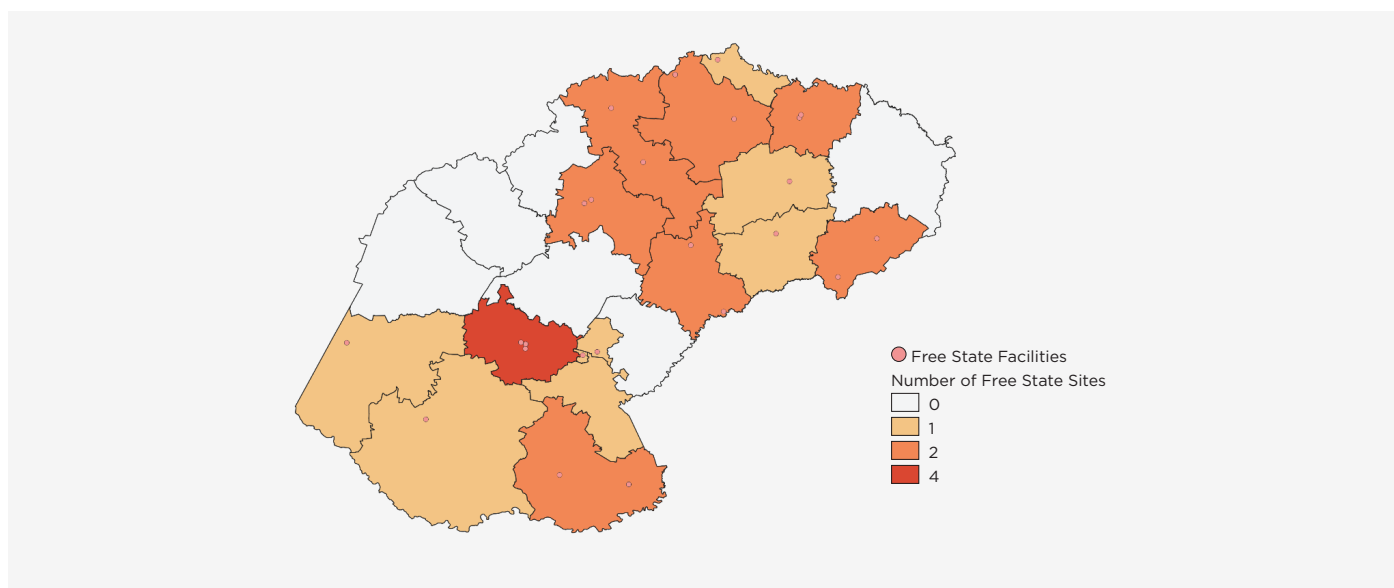
Table 4: Essential elements at facilities that initiate DR-TB treatment in Eastern Cape (N=56)

Proportion of facilities with essential element	n	%
% facilities with social workers	56	100%
% facilities with an Allied Health Care worker (unspecified)	56	100%

## 3.2.2. Free State

The Free State province is a semi-rural province located in the centre of the country with an estimated population of 2 930 982.<sup>9</sup> The province has one metro municipality (Mangaung), four districts, and 22 sub-districts across the province. In 2024 there were 320 cases of drug-resistant TB diagnosed, a rate of 10,9 per 100 000.

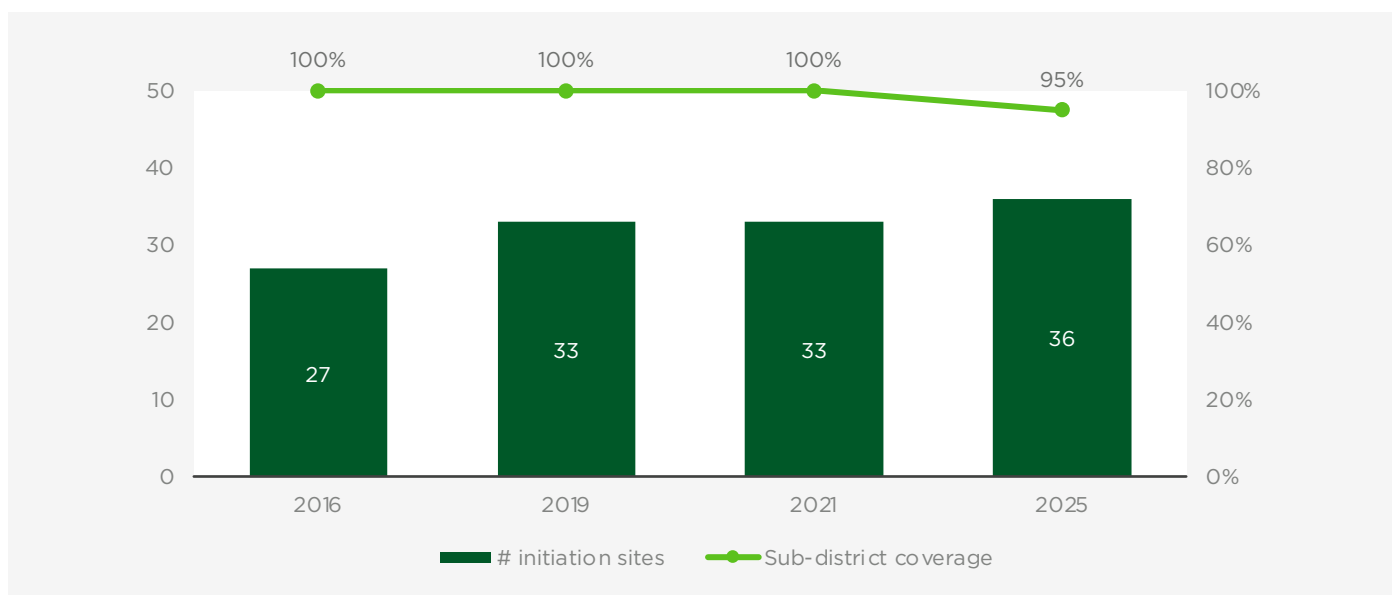
Figure 11: The distribution and number of decentralised DR-TB initiating facilities per sub-district in 2025 - Free State



### 3.2.2.1. Decentralisation of DR-TB services from 2016 to 2025

Figure 12 shows that the number of decentralised DR-TB initiating sites in Free State was 36 in 2025, up from 27 in 2016, and 33 in 2019 and 2021. Despite the number of sites increasing to 36 in 2025, the sub-district coverage dropped to 95%, suggesting an uneven increase in new sites.

**Figure 12: Trends in the number of DR-TB initiating facilities and sub-district coverage of initiation sites from 2016 to 2025, Free State**



Complicated DR-TB cases are referred to Pelonomi Hospital, the province's centre of excellence.

### 3.2.2.2. Decentralisation of DR-TB services at district level

Table 5 reflects that in 2025, Free State achieved 95% sub-district coverage, with 21 out of 22 sub-districts having at least one DR-TB initiation site. A total of 36 initiation sites are active across the province, averaging more than one site per sub-district in areas with coverage. Thabo Mofutsanyane District has 13 decentralised initiation sites across 5 of its 6 sub-districts. Phumelela in Thabo Mofutsanyane is the only sub-district without a decentralised initiation site.

### 3.2.2.3. Treatment initiation rate at district level

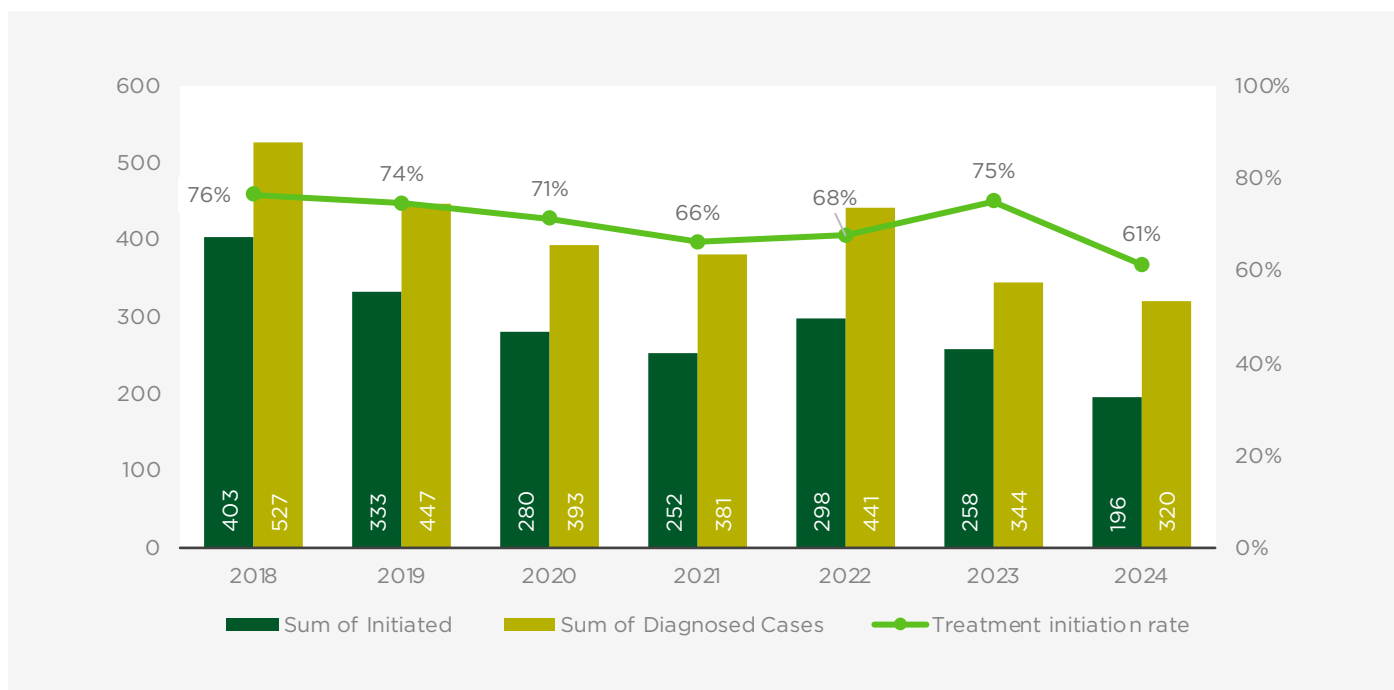
Table 5 reflects that in 2024, Free State recorded an overall treatment initiation rate of 61%, with performance varying across districts. The highest initiation coverage was observed in Mangaung Metro at 81%, while the lowest was in Xhariep at 45%. These differences point to uneven linkage-to-care across the province, despite achieving 95% sub-district coverage of DR-TB treatment initiation sites.

**Table 5: DR-TB treatment initiation rates and sub-district coverage of decentralised DR-TB initiation sites in Free State**

District	Number of DR-TB patients diagnosed (NICD)	Number of DR-TB patients initiated (EDRWeb)	Treatment initiation rate	Number of initiation sites by district	Number of sub-districts	Number of sub-districts with at least one initiation site	Sub-district coverage
Mangaung Metro	102	83	81%	7	4	4	100%
Fezile Dabi	86	42	49%	6	4	4	100%
Lejweleputswa	60	33	55%	5	5	5	100%
Thabo Mofutsanyane	52	29	56%	13	6	5	83%
Xhariep	20	9	45%	5	3	3	100%
<b>TOTAL</b>	<b>320</b>	<b>196</b>	<b>61%</b>	<b>36</b>	<b>22</b>	<b>21</b>	<b>95%</b>

Figure 13 shows that over time, the DR-TB treatment initiation rate in the Free State fell during the COVID-19 era, with widespread disruption of routine health services, to a nadir of 66%, down from 76% in 2018. However, there was a recovery to 75% in 2023, although this was followed by a drop to 61% in 2024. This drop may signal incomplete initiation data for 2024, rather than a true drop.

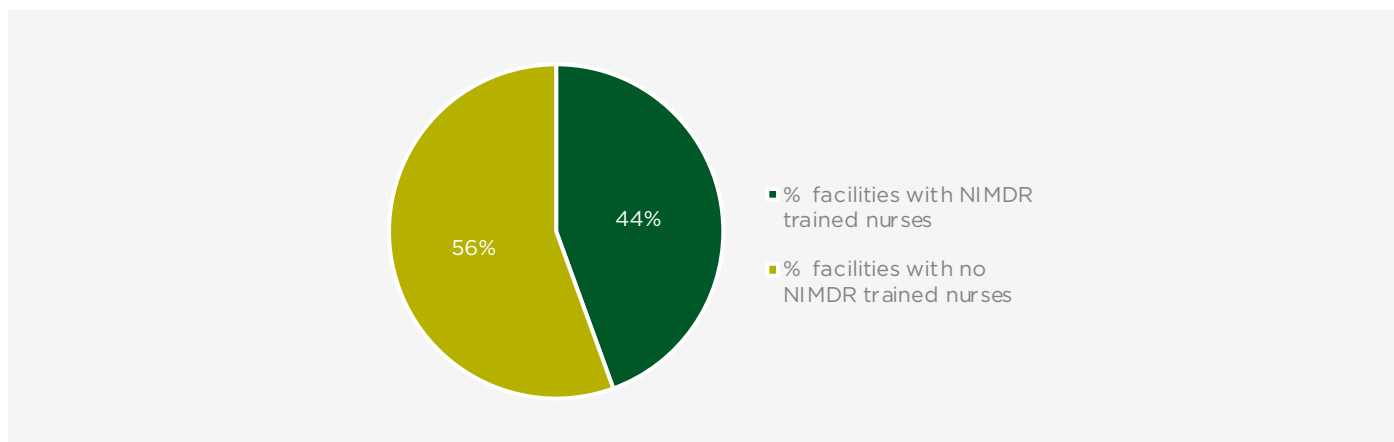
**Figure 13: Trends in the number of all types of DR-TB diagnosed, the number of patients initiated on DR-TB treatment and the treatment initiation rate between 2018 and 2024, Free State**



### 3.2.2.4. Level of care and clinician type

As in 2021, most initiation facilities (86%) in 2024 had ambulatory and/outreach services, with 14% only offering in-patient care. Forty four percent of initiation sites were staffed by NIMDR-TB nurses, the remainder (56%) by medical officers and/or clinical associates (Figure 14).

**Figure 14: Services that have NIMDR-TB nurses, Free State**



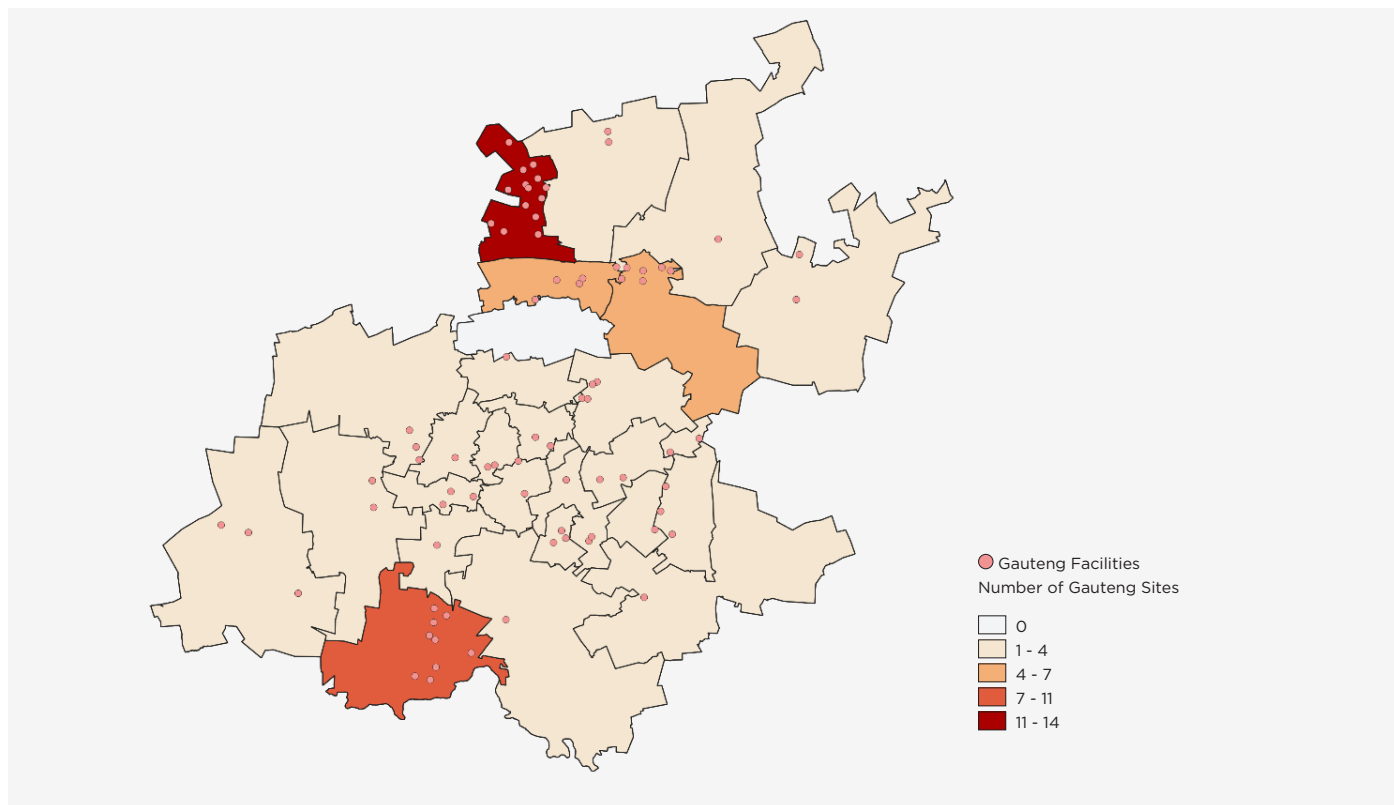
### 3.2.2.5. Essential elements for DR-TB initiating sites

The essential element data for Free State province were incomplete and hence have not been included.

### 3.2.3. Gauteng

Gauteng province has the smallest geographical area of the provinces but as the economic hub of the country is highly populated with an estimated 16 723 636 population size. It is divided into five districts, namely City of Johannesburg, City of Tshwane, Sedibeng, West Rand and Ekurhuleni (which include three metropolitan municipalities). There are a further 26 sub-districts in the province. In 2024 there were 952 cases of drug-resistant TB diagnosed, a rate of 5,7 per 100 000.

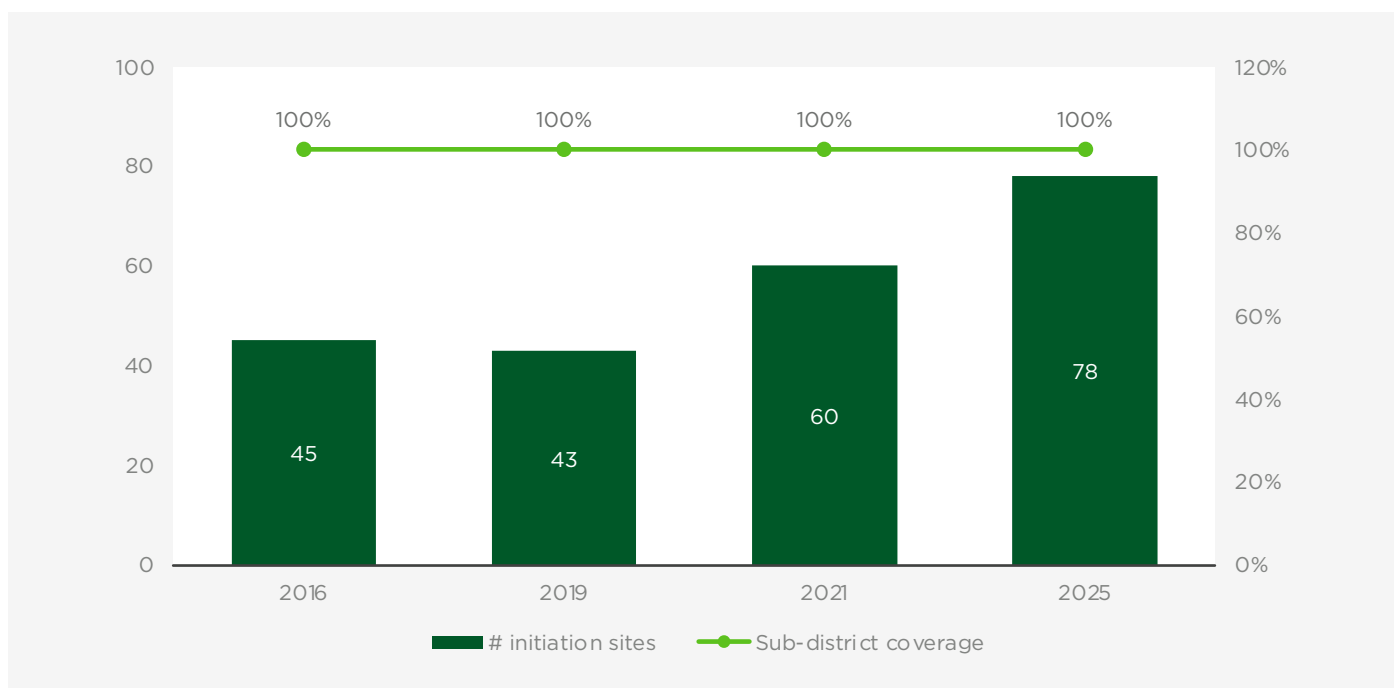
Figure 15: The distribution and number of decentralised DR-TB initiating facilities per sub-district in 2025 – Gauteng



### 3.2.3.1. Decentralisation of DR-TB services from 2016 to 2025

There are currently 78 initiation sites in Gauteng reflecting steady and substantial progress in decentralising DR-TB services over time since it started with 20 sites in 2011 (Figure 16). By 2016, Gauteng had 45 decentralised DR-TB Initiating facilities and had achieved 100% sub-district coverage which has been maintained up to 2025. The number of sites increased to 60 in 2021 and 78 in 2025.

Figure 16: Trends in the number of DR-TB initiating facilities and sub-district coverage of initiation sites from 2016 to 2025, Gauteng



In Gauteng complicated cases are referred to Sizwe Tropical Disease Hospital, the province's centre of excellence.

### 3.2.3.2. Decentralisation of DR-TB services at district level

Table 6 reflects that in 2025, Gauteng achieved 100% sub-district coverage, with all 26 sub-districts having at least one DR-TB initiation site. In total, 78 initiation sites are active across the province, averaging more than one site per sub-district. Site distribution is strongest in Tshwane, which has 20 initiation sites across its 7 sub-districts.

### 3.2.3.3. Treatment initiation rate at district level

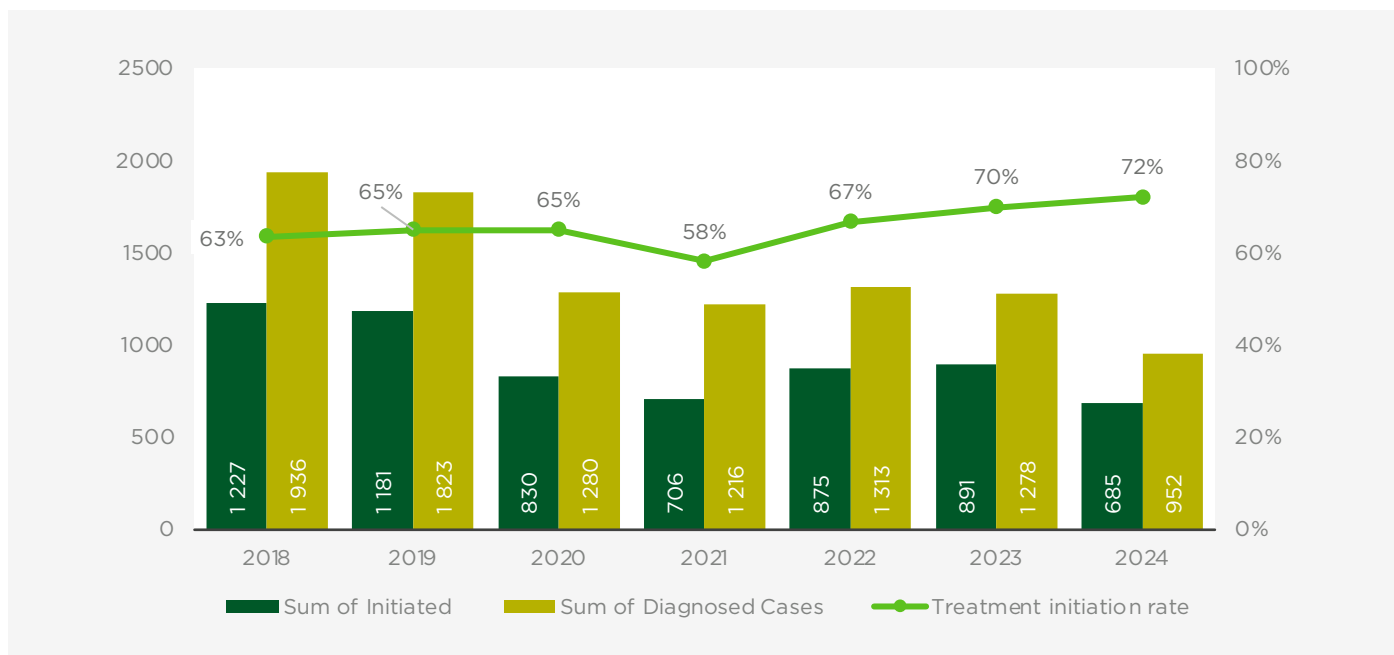
In 2024, Gauteng recorded an overall treatment initiation rate of 72%, with notable variation across districts (Table 6). The highest rate was observed in Tshwane at 117%, likely due to cross-district referrals or delayed treatment of previously diagnosed cases. The lowest rate was in Sedibeng at 40%, indicating significant challenges in patient linkage to care. While all 26 sub-districts have initiation site coverage (100%), the treatment initiation rate disparities highlight the need to strengthen treatment uptake and follow-up, particularly in lower-performing districts.

**Table 6: DR-TB treatment initiation rates and sub-district coverage of decentralised DR-TB initiation sites in Gauteng**

District	Number of DR-TB patients diagnosed (NICD)	Number of DR-TB patients initiated (EDRWeb)	Treatment initiation rate	Number of initiation sites by district	Number of sub-districts	Number of sub-districts with at least one initiation site	Sub-district coverage
Ekurhuleni	271	176	64%	18	6	6	100%
Johannesburg	358	292	82%	12	7	7	100%
Tshwane	90	106	117%	26	7	7	100%
Sedibeng	157	63	40%	14	3	3	100%
West Rand	76	48	63%	8	3	3	100%
<b>TOTAL</b>	<b>952</b>	<b>685</b>	<b>72%</b>	<b>78</b>	<b>26</b>	<b>26</b>	<b>100%</b>

Figure 17 shows that over time, the DR-TB treatment initiation rate in Gauteng fell during the COVID-19 era, with widespread disruption of routine health services, to a nadir of 58%, down from 63% in 2018. However, there was a recovery to 72% in 2024, the highest level since 2016.

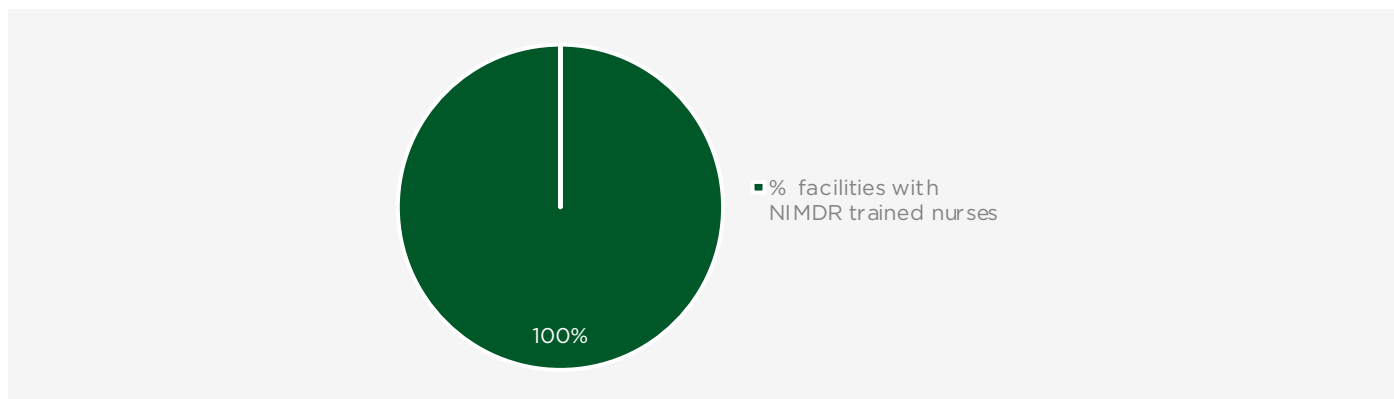
**Figure 17: Trends in the number of all types of DR-TB diagnosed, the number of patients initiated on DR-TB treatment and the treatment initiation rate between 2018 and 2024, Gauteng**



### 3.2.3.4. Level of care and clinician type

Gauteng has a substantial health systems orientation toward decentralisation with 94% of facilities offering ambulatory care, some of which also have outreach services. There are NIMDR-TB nurses at all facilities (Figure 18).

Figure 18: Services that have NIMDR-TB nurses, Gauteng



### 3.2.3.5. Essential elements for DR-TB initiating sites

As per Table 7, in Gauteng, no initiating facilities had all essential elements in place, and none had lactate monitors. Only 13% had seven elements excluding a lactate monitor. For the remainder, the lacking elements were Community Health Workers /Ward Based Outreach team and/or CXR facilities or both. All sites have social worker access with less than 40% having other allied health care workers, namely dietitians and pharmacists.

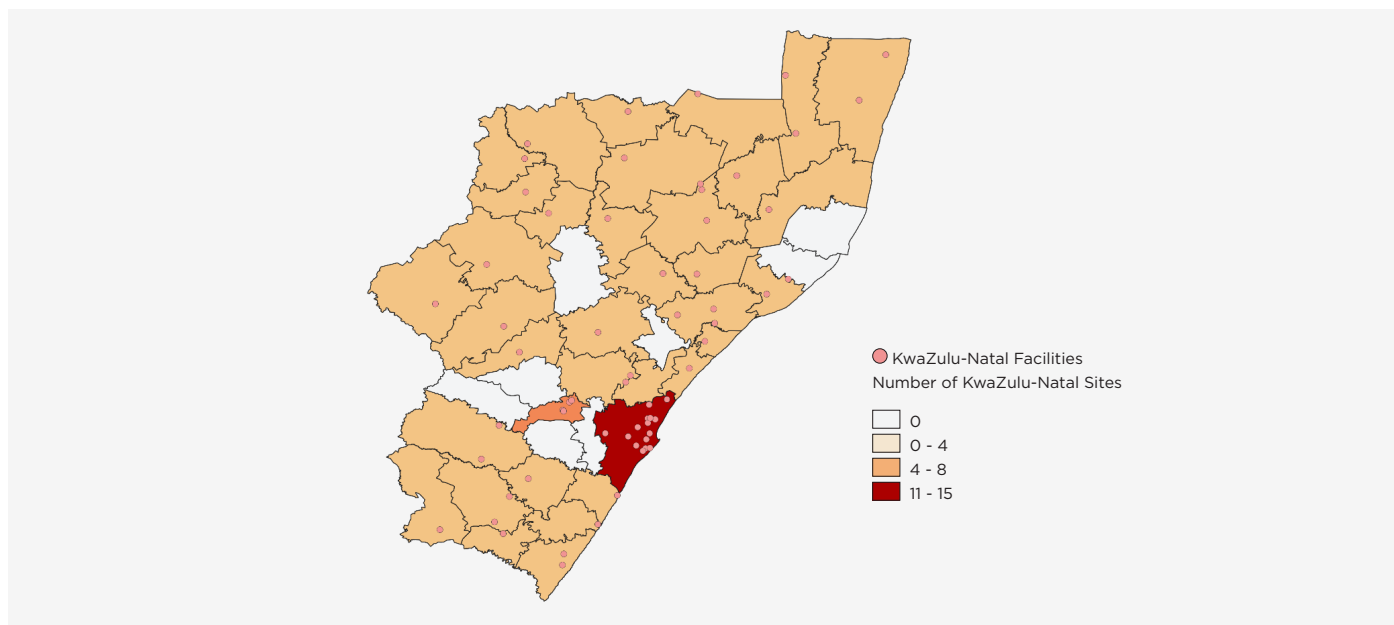
Table 7: Essential elements at facilities that initiate DR-TB treatment in Gauteng (N=70)

Proportion of facilities with essential element	N	%
% facilities with all eight essential elements*	0	0%
% facilities with all essential elements except a lactate monitor	9	13%
% facilities with dietitian	26	37%
% facilities with social workers	70	100%
% facilities with a pharmacist	27	39%
% facilities with three Allied Health Care workers	24	34%

### 3.2.4. KwaZulu-Natal

KwaZulu-Natal is a coastal province in the southeast of the country. It has 11 districts and 46 sub-districts. It is a highly populated province of 11 801 471, the second most populous province in the country. In 2024 there were 1895 cases of drug-resistant TB diagnosed, a rate of 16,1 per 100 000 population.

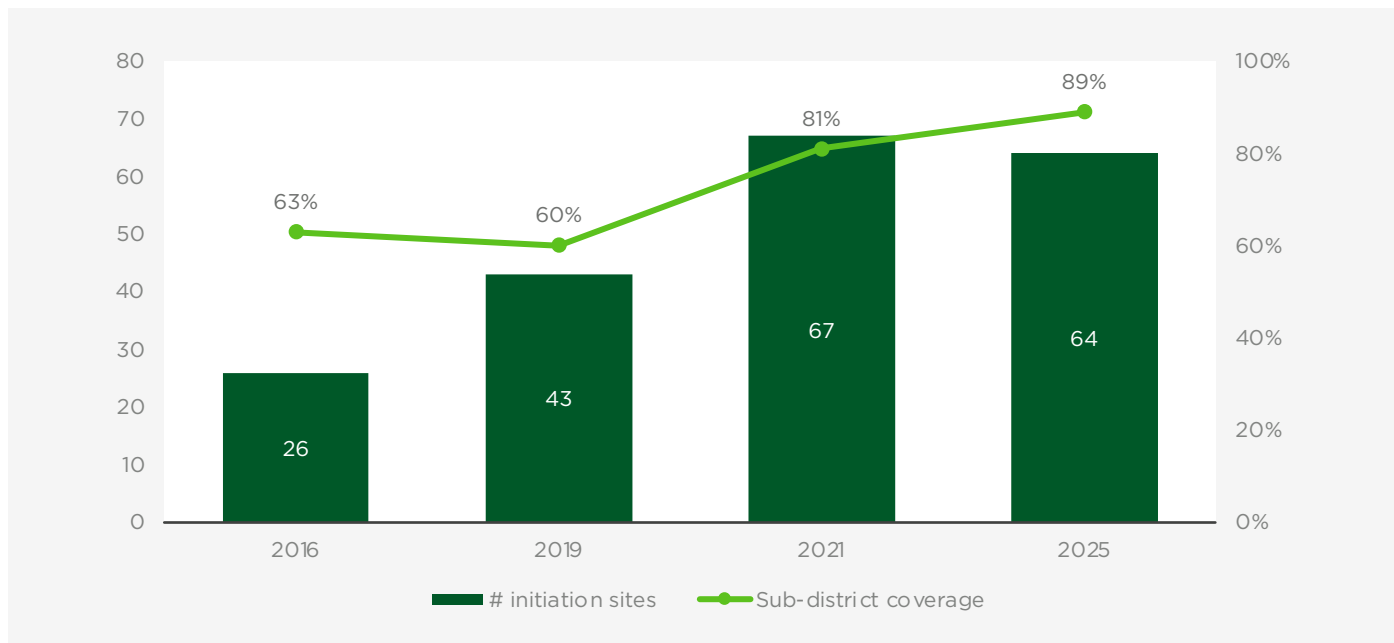
Figure 19: The distribution and number of decentralised DR-TB initiating facilities per sub-district in 2025 - KwaZulu-Natal



### 3.2.4.1. Decentralisation of DR-TB services from 2016 to 2025

There are 64 initiating sites in KZN, and an 89% sub-district coverage. Figure 20 shows that in 2016, the vast KwaZulu-Natal province had only 26 decentralised DR-TB treatment initiating facilities and 63% of sub-districts had at least one such site. By 2021 the number of sites had increased to 67 and the sub-district coverage had increased to 81%. By 2025, although the number of sites dropped to 64, the sub-district coverage rose to 89%.

**Figure 20: Trends in the number of DR-TB initiating facilities and sub-district coverage of initiation sites from 2016 to 2025, KwaZulu-Natal**



Complicated DR-TB cases are referred to King DiniZulu Hospital which is the province's centre of excellence.

### 3.2.4.2. Decentralisation of DR-TB services at district level

Table 8 reflects that in 2025, KwaZulu-Natal achieved 89% sub-district coverage, with 39 out of 44 sub-districts having at least one DR-TB initiation site. A total of 64 initiation facilities is active across the province, averaging more than one site per sub-district in areas with coverage. Site distribution is strongest in eThekweni, which has 15 initiation facilities across its 3 sub-districts. Sub-districts without initiation facilities include Impendle, Mkhambathini, Richmond, and uMngeni (uMgungundlovu District), Mtubatuba (uMkhanyakude District), uMfolozi (King Cetshwayo District), and Maphumulo (ILembe District).

### 3.2.4.3. Treatment initiation rate at district level

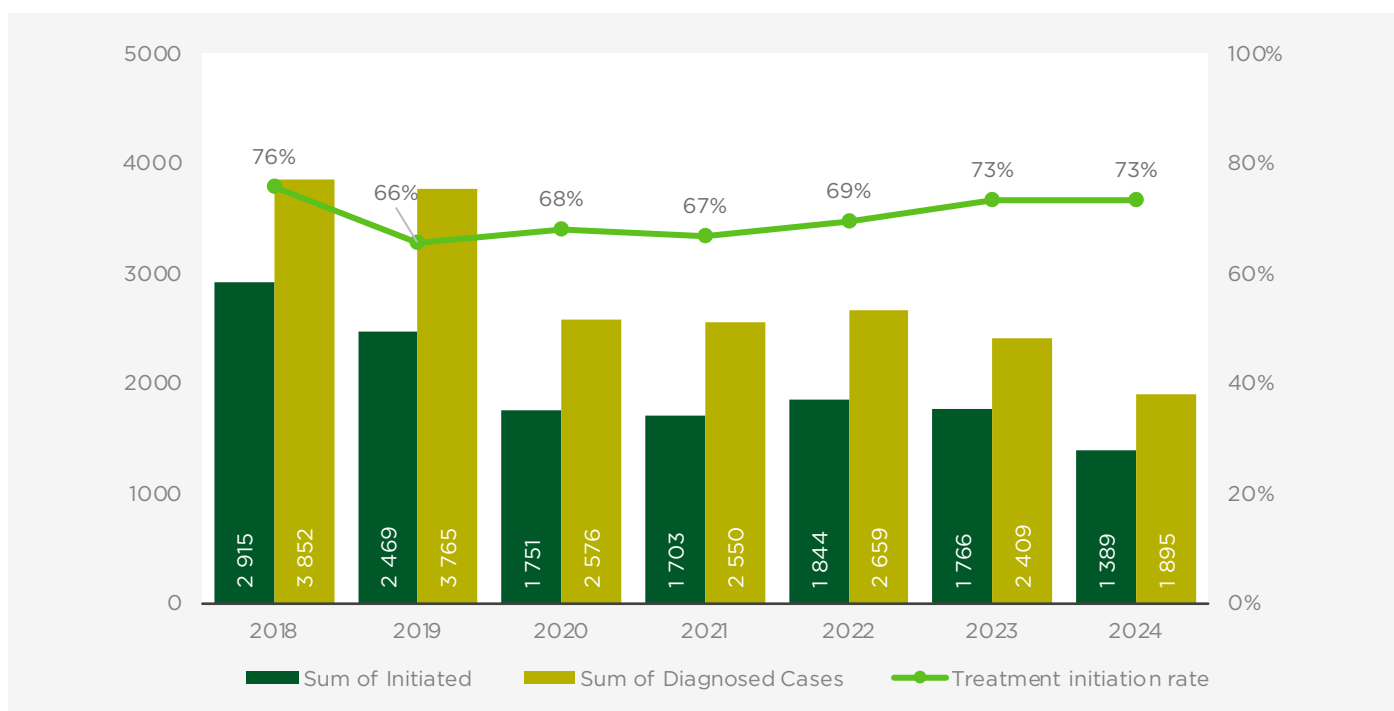
Table 8 reflects that in 2024, KwaZulu-Natal recorded an overall treatment initiation rate of 73%, with variation across districts. The highest initiation rate was observed in King Cetshwayo at 173%, while the lowest was in uMzinyathi at 19%. These differences point to uneven linkage-to-care across the province, with possible cross district referral for initiations, despite achieving 85% sub-district coverage of treatment initiation sites. Continued efforts are needed to support underperforming districts to ensure all diagnosed patients are initiated on treatment in a timely manner.

**Table 8: DR-TB treatment initiation rates and sub-district coverage of decentralised DR-TB initiation sites in KwaZulu-Natal**

District	Number of DR-TB patients diagnosed (NICD)	Number of DR-TB patients initiated (EDRWeb)	Treatment initiation rate	Number of initiation sites by district	Number of sub-districts	Number of sub-districts with at least one initiation site	Sub-district coverage
Ugu	155	105	68%	5	4	4	100%
uMgungundlovu	163	94	58%	6	7	3	43%
uThukela	36	43	76%	3	3	3	100%
uMzinyathi	134	25	19%	4	4	4	100%
Amajuba	56	44	79%	3	3	3	100%
uMkhanyakude	140	82	59%	5	4	3	75%
King Cetshwayo	64	111	173%	7	5	4	80%
ILembe	127	68	54%	3	4	3	75%
Harry Gwala	54	36	67%	6	4	4	100%
eThekwini	869	722	83%	15	1	1	100%
Zululand	97	59	61%	7	5	5	100%
<b>TOTAL</b>	<b>1895</b>	<b>1389</b>	<b>73%</b>	<b>64</b>	<b>44</b>	<b>39</b>	<b>89%</b>

Figure 21 shows that over time, the national DR-TB treatment initiation rate fell during the COVID-19 era, with widespread disruption of routine health services, to a nadir of 67%, down from 76% in 2018. However, there was a recovery to 73% in 2023 and 2024.

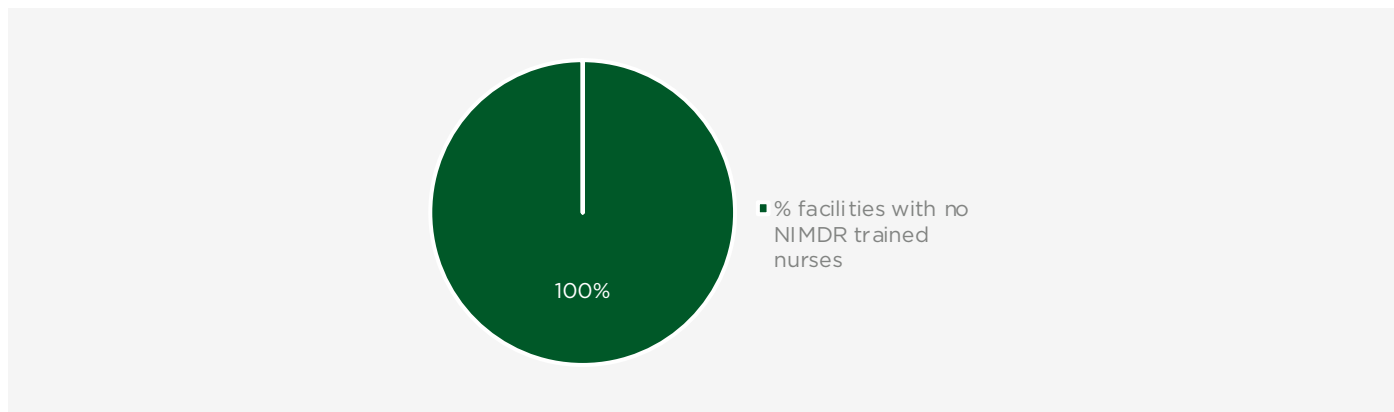
**Figure 21: Trends in the number of all types of DR-TB diagnosed, the number of patients initiated on DR-TB treatment and the treatment initiation rate between 2018 and 2024, KwaZulu-Natal**



### 3.2.4.4. Level of care and clinician type

As in 2025, the majority (95%) of DR-TB initiation facilities offer ambulatory services, with the remaining 5% of facilities providing in-patient care only. There were no NIMDR-TB nurses at the DR-TB initiation facilities. All facilities were staffed by medical officers (Figure 22).

Figure 22: Services that have NIMDR-TB nurses, KwaZulu-Natal



### 3.2.4.5. Essential elements for DR-TB initiating sites

All eight essential elements were available in all facilities that initiate NIMDR-TB services (Table 9). Eighty percent reported having a dietitian, while 84% reported having a social worker. No pharmacists were reportedly present at any of the facilities.

Table 9: Essential elements at facilities that initiate DR-TB treatment in KwaZulu-Natal (N=64)

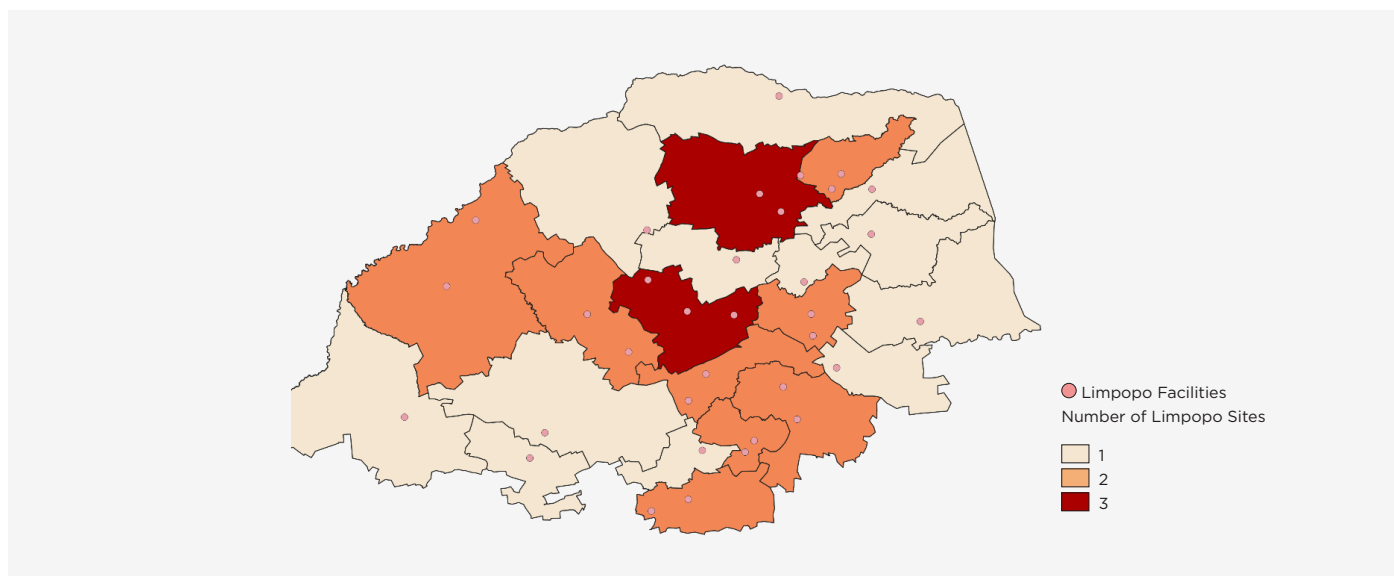
Proportion of facilities with essential element	N	%
% facilities with all eight essential elements*	64	100%
% facilities with dietitian	51	80%
% facilities with social workers	54	84%

\*These are: EDRWeb, WBPHCOT/CHW, Allied Health Care Worker, ECG machine, CXR, Hb meter, lactate monitor, Snellen chart.

### 3.2.5. Limpopo

Limpopo province in the north borders Mozambique, Botswana and Zimbabwe and comprises five local municipalities and 22 sub-districts. It is a largely rural province with a population of 6,165,877. In 2024 there were 321 cases of drug-resistant TB diagnosed, a rate of 5,2 per 100 000.

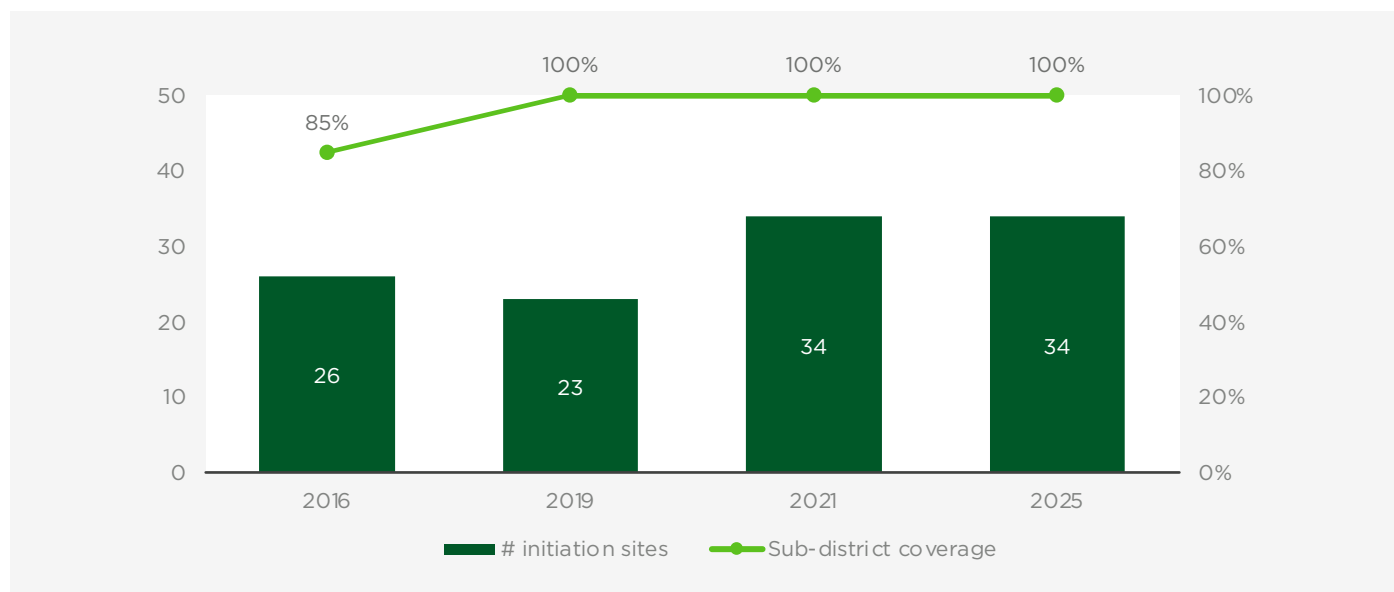
Figure 23: The distribution and number of decentralised DR-TB initiating facilities per sub-district in 2025 – Limpopo



#### 3.2.5.1. Decentralisation of DR-TB services from 2016 to 2025

Figure 24 shows that in 2016, Limpopo had 26 decentralised DR-TB initiating sites and 85% of sub-districts had at least one such site. The province achieved and has maintained 100% sub-district coverage since 2019. By 2021, and again in 2025, there were 34 decentralised DR-TB initiating sites in Limpopo.

**Figure 24: Trends in the number of DR-TB initiating facilities and sub-district coverage of initiation sites from 2016 to 2025 - Limpopo**



Complicated DR-TB cases are referred to Modimolle MDR TB Unit which is the province’s centre of excellence.

### 3.2.5.2. Decentralisation of DR-TB services at district level

Table 10 reflects that in 2025, Limpopo achieved 100% sub-district coverage, with all 22 sub-districts having at least one DR-TB initiation site. A total of 34 initiation facilities are active across the province, averaging more than one site per sub-district. Site distribution is relatively even across all five districts: Capricorn, Mopani, Sekhukhune, Vhembe, and Waterberg, each hosting between 6 and 7 facilities. This reflects full geographic coverage and steady progress in the decentralisation of DR-TB services across the province.

### 3.2.5.3. Treatment initiation rate at district level

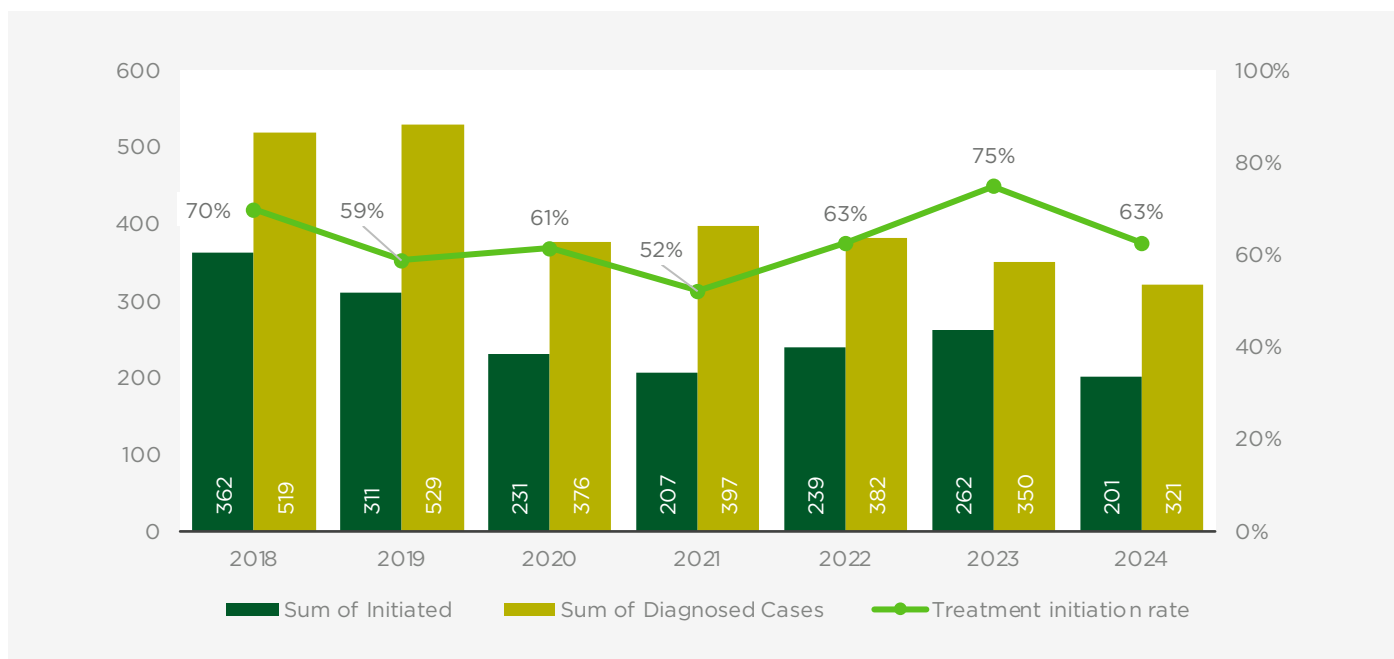
Table 10 reflects that in 2024, Limpopo recorded an overall treatment initiation rate of 63%, with variation across districts. The highest initiation rate was observed in Mopani at 77%, while the lowest was in Capricorn at 53%. These differences point to uneven linkage-to-care outcomes across the province, despite achieving 100% sub-district coverage.

**Table 10: DR-TB treatment initiation rates and sub-district coverage of decentralised DR-TB initiation sites in Limpopo**

District	Number of DR-TB patients diagnosed (NICD)	Number of DR-TB patients initiated (EDRWeb)	Treatment initiation rate	Number of initiation sites by district	Number of sub-districts	Number of sub-districts with at least one initiation site	Sub-district coverage
Capricorn	64	34	53%	7	4	4	100%
Mopani	56	43	77%	6	5	5	100%
Sekhukhune	75	42	56%	7	4	4	100%
Vhembe	53	34	64%	7	4	4	100%
Waterberg	73	48	66%	7	5	5	100%
<b>TOTAL</b>	<b>321</b>	<b>201</b>	<b>63%</b>	<b>34</b>	<b>22</b>	<b>22</b>	<b>100%</b>

Figure 25 shows that over time, the DR-TB treatment initiation rate in Limpopo fell during the COVID-19 era, with widespread disruption of routine health services, to a nadir of 52%, down from 70% in 2018. However, there was a recovery to 75% in 2023, although it fell to 63% in 2024. This drop may signal incomplete initiation data for 2024, rather than a true drop.

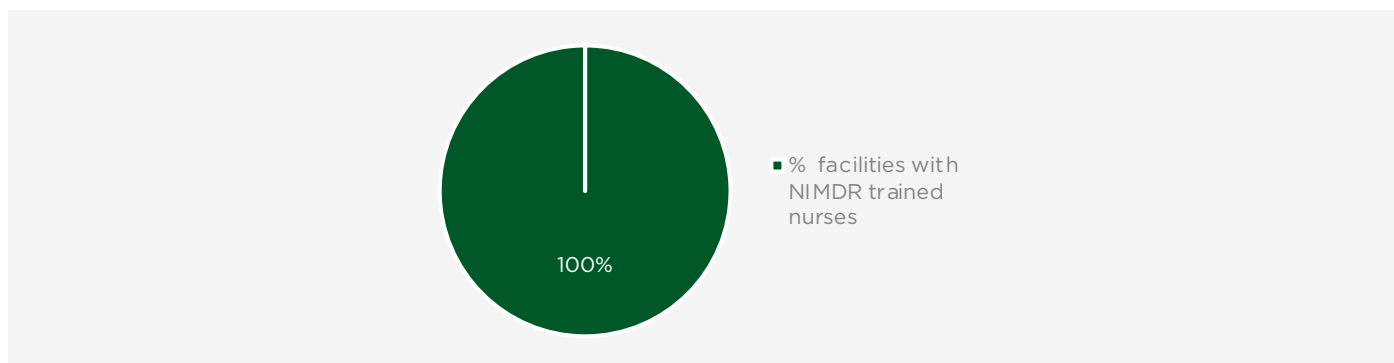
**Figure 25: Trends in the number of all types of DR-TB diagnosed, the number of patients initiated on DR-TB treatment and the treatment initiation rate between 2018 and 2024, Limpopo**



### 3.2.5.4. Level of care and clinician type

The vast majority (97%) of initiation sites provide ambulatory services, with the remaining facility providing in-patients care only. There are NIMDR-TB nurses at all DR-TB initiation sites in the province (Figure 26).

**Figure 26: Services that have NIMDR-TB nurses, Limpopo**



### 3.2.5.5. Essential elements for DR-TB initiating sites

All initiation sites have seven of the eight essential elements, with no site having a lactate monitor. While all sites have allied health professionals, data on the categories of these personnel are not available.

**Table 11: Essential elements at facilities that initiate DR-TB treatment in Limpopo (N=34)**

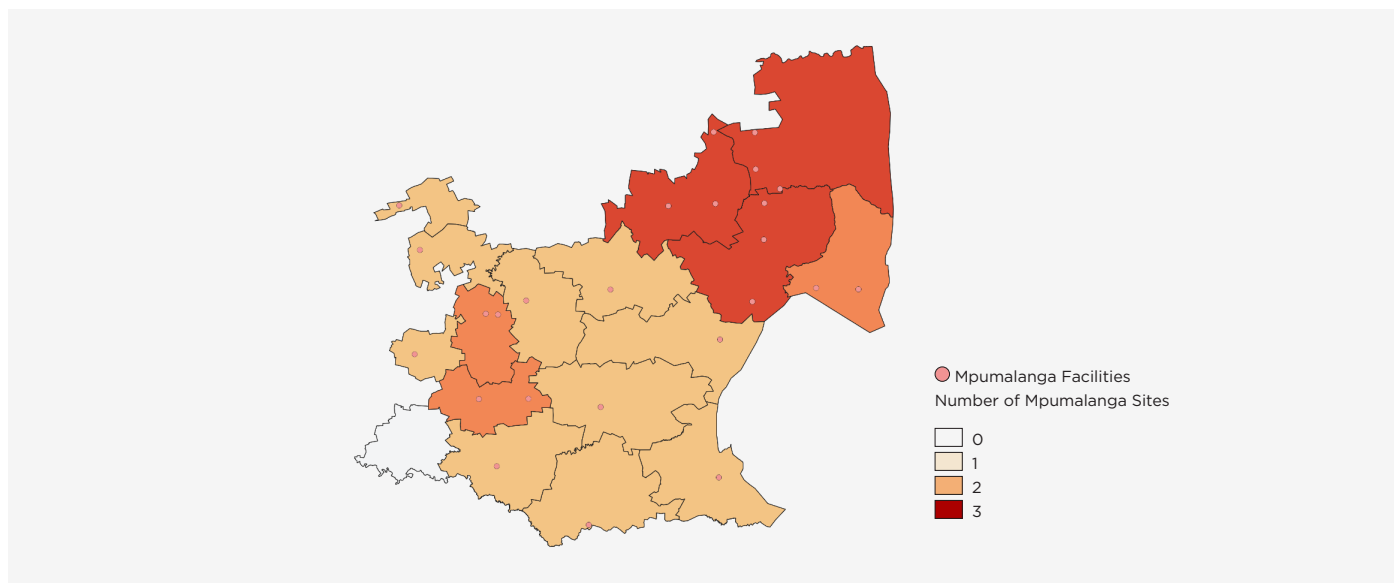
Proportion of facilities with essential element	N	%
% sites with all eight essential elements*	0	0%
% sites with all essential elements except a lactate monitor	34	100%

\*These are: EDR Web, WBPHCOT/CHW. Allied Health Care Worker, ECG machine, CXR, Hb meter, lactate monitor, Snellen chart.

### 3.2.6. Mpumalanga

Mpumalanga province is in the east of the country and borders Eswatini and Mozambique. The province has three districts and 17 sub-districts, with a population size of 4 880 047. In 2024 there were 460 cases of drug-resistant TB diagnosed, a rate of 9,4 per 100 000.

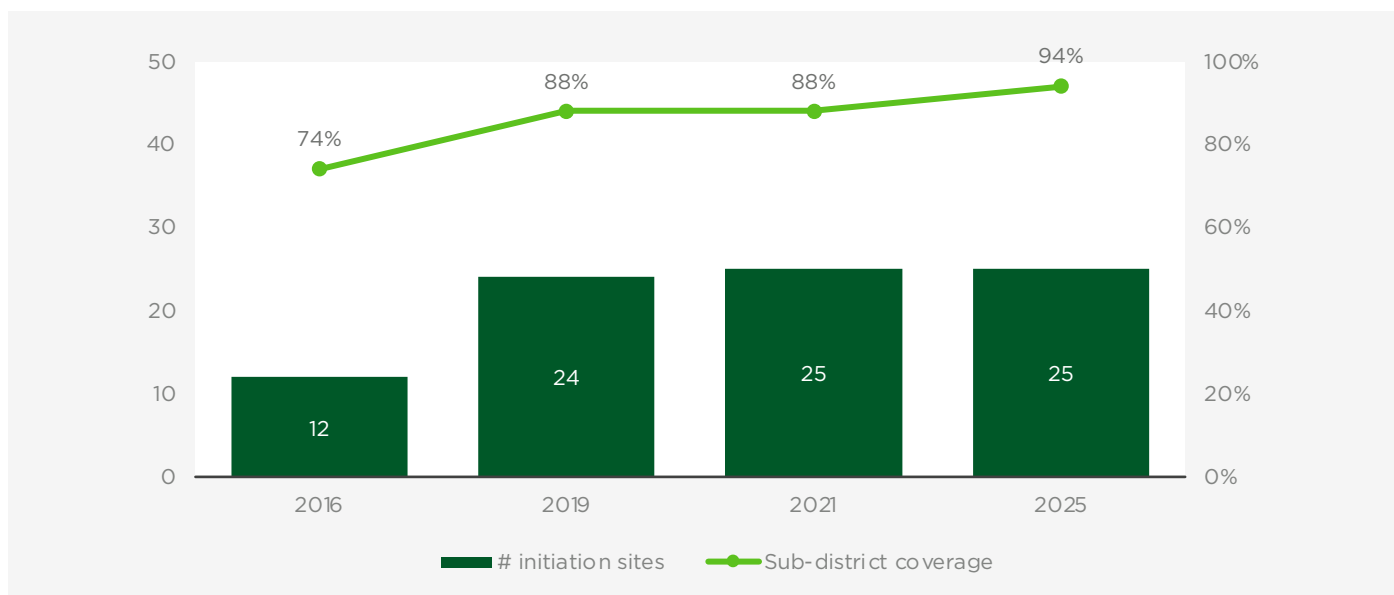
**Figure 27: The distribution and number of decentralised DR-TB initiating facilities per sub-district in 2025 - Mpumalanga**



#### 3.2.6.1. Decentralisation of DR-TB services from 2016 to 2025

Figure 28 shows that by 2016, Mpumalanga province had just 12 decentralised initiating sites, and the sub-district coverage was 74%. The number of sites increased to 24 in 2019 and 25 in 2021, achieving a sub-district coverage of 88% in both years. By 2025, there were 25 decentralised initiating sites, and the sub-district coverage had risen to 94%.

**Figure 28: Trends in the number of DR-TB initiating facilities and sub-district coverage of initiation sites from 2016 to 2025 - Mpumalanga**



Complicated DR-TB cases are referred to Bongani TB Specialised Hospital which is the province’s centre of excellence.

#### 3.2.6.2. Decentralisation of DR-TB services at district level

In 2025, Mpumalanga achieved 94% sub-district coverage, with 16 out of 17 sub-districts having at least one DR-TB initiation site. Site distribution is strongest in Ehlanzeni, which has 11 initiation sites across its 4 sub-districts. The only sub-district without an initiation site is Dipaleseng in Gert Sibande District. In Nkangala, while Witbank TB Hospital in Lekwa has been repurposed, DR-TB patients continue to be managed at Impungwe Hospital, maintaining access to services in that sub-district (Table 12).

### 3.2.6.3. Treatment initiation rate at district level

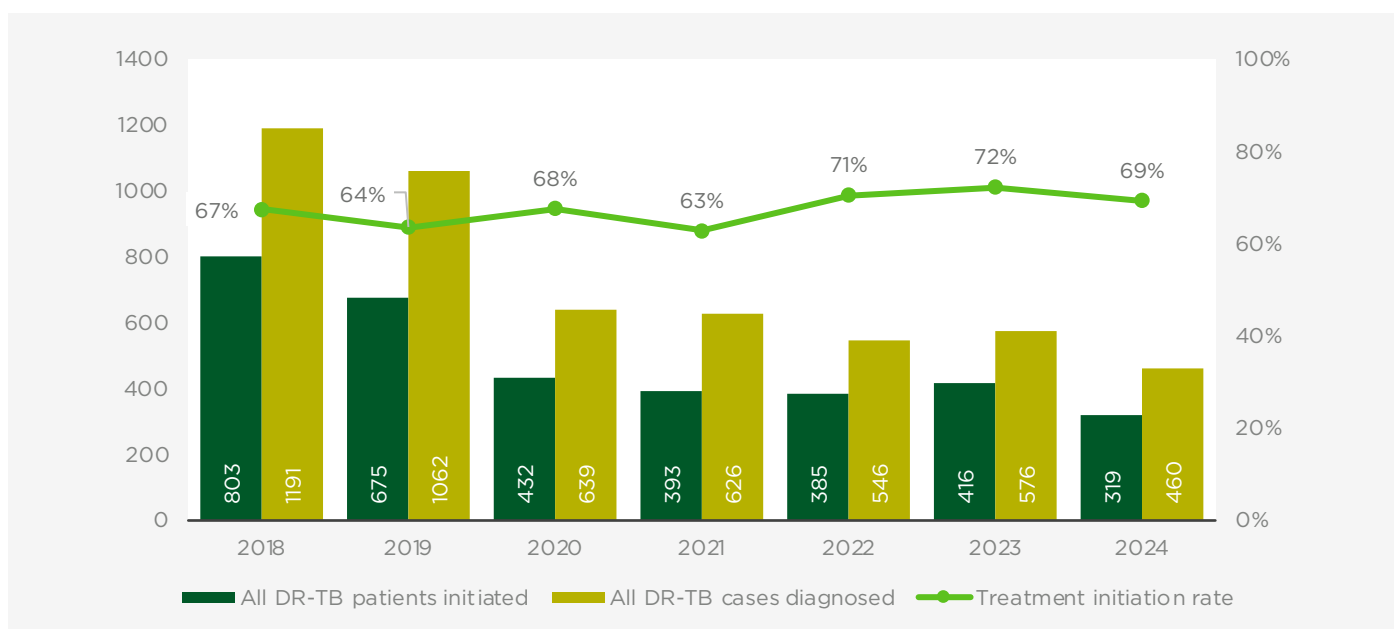
The treatment initiation rate in 2024 was 69% with district variation from 52% in Nkangala to 77% in Ehlanzeni (Table 12).

**Table 12: DR-TB treatment initiation rates and sub-district coverage of decentralised DR-TB initiation sites in Mpumalanga**

District	Number of DR-TB patients diagnosed (NICD)	Number of DR-TB patients initiated (EDRWeb)	Treatment initiation rate	Number of initiation sites by district	Number of sub-districts	Number of sub-districts with at least one initiation site	Sub-district coverage
Ehlanzeni	257	198	77%	11	4	4	100%
Gert Sibande	98	66	67%	7	7	6	85%
Nkangala	105	55	52%	6	6	6	100%
<b>TOTAL</b>	<b>460</b>	<b>319</b>	<b>69%</b>	<b>25</b>	<b>17</b>	<b>16</b>	<b>94%</b>

Figure 29 shows that over time, the DR-TB treatment initiation rate in Mpumalanga fell during the COVID-19 era, with widespread disruption of routine health services, to a nadir of 63%, down from 67% in 2018. However, there was a recovery to 72% in 2023, although it fell to 69% in 2024. This drop may signal incomplete initiation data for 2024, rather than a true drop.

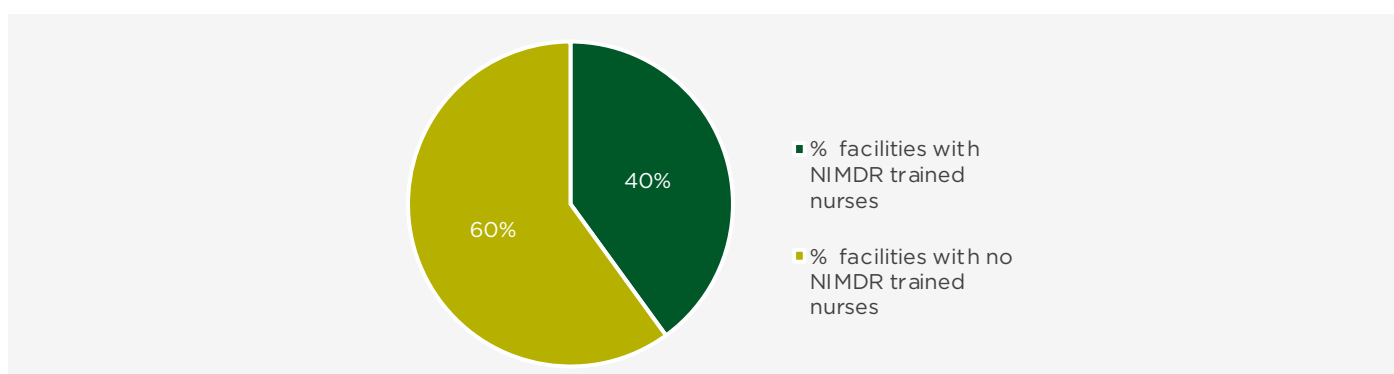
**Figure 29: Trends in the number of all types of DR-TB diagnosed, the number of patients initiated on DR-TB treatment and the treatment initiation rate between 2018 and 2024 - Mpumalanga**



### 3.2.6.4. Level of care and clinician type

The majority of sites (84%) provide ambulatory care and hospital care with 16% offering only in-patient care. Forty percent of initiation sites are staffed by NIMDR-TB nurses, while at the remaining 60% medical officers and/or clinical associates initiate treatment (Figure 30).

**Figure 30: Services that have NIMDR-TB nurses, Mpumalanga**



### 3.2.6.5. Essential elements for DR-TB initiating sites

None of the initiating sites had all eight essential elements, however at all sites that initiate DR-TB treatment, seven of the eight essential elements were present. No lactate monitors are available at the sites. All sites have allied health care workers including dietitians, social workers and pharmacists.

**Table 13: Essential elements at facilities initiate DR-TB treatment in Mpumalanga (N=25)**

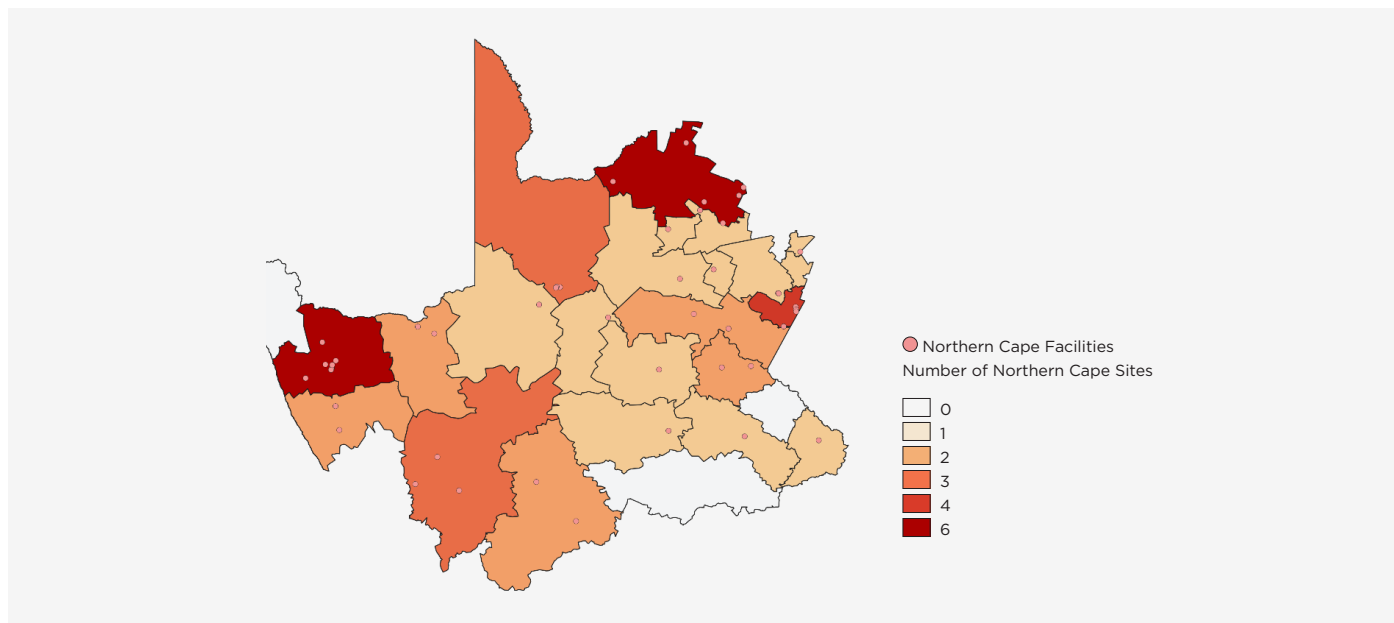
Proportion of facilities with essential element	N	%
% sites with all eight essential elements*	0	0%
% sites with all essential elements except a lactate monitor	25	100%
% sites with dietitian, social worker and pharmacist	25	100%

\*These are: EDR Web, WBPHCOT/CHW. Allied Health Care Worker, ECG machine, CXR, Hb meter, lactate monitor, Snellen chart.

### 3.2.7. Northern Cape

Northern Cape province has a large geographic area and is sparsely populated with an estimated population of 1 324 275 people. It is bordered by Namibia and Botswana and has five district municipalities and 26 sub-districts. In 2024 there were 266 cases of drug-resistant TB diagnosed, a rate of 6,2 per 100 000.

**Figure 31: The distribution and number of decentralised DR-TB initiating facilities per sub-district in 2025 – Northern Cape**



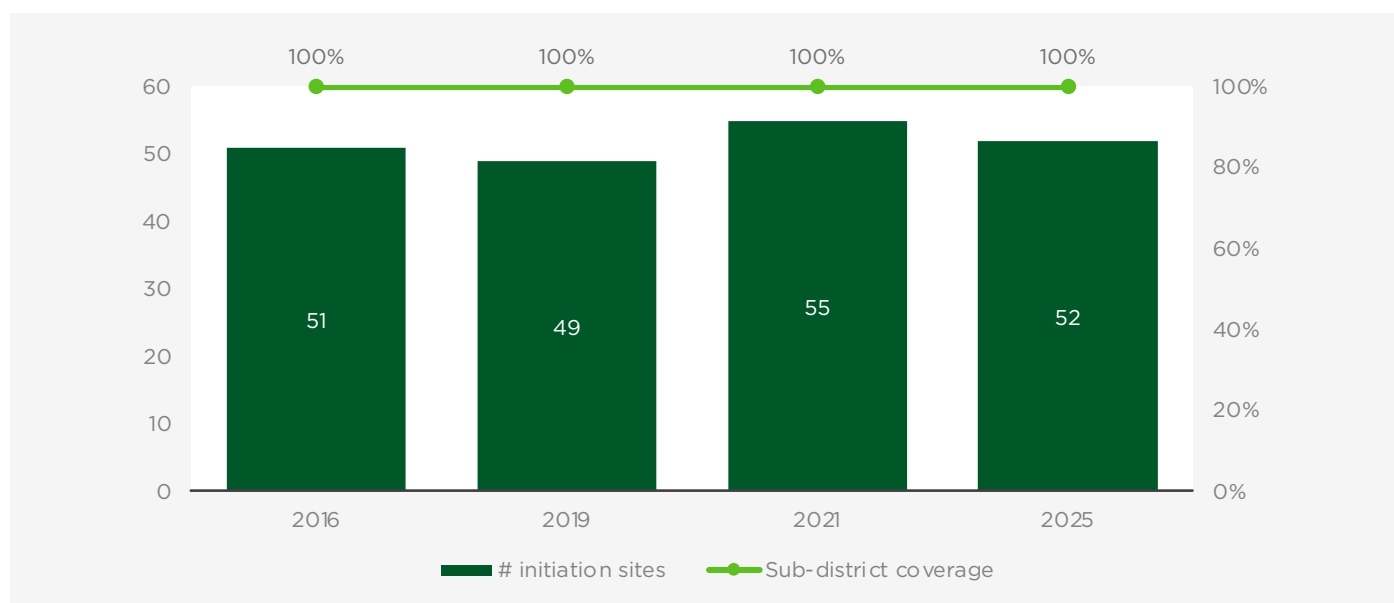
#### 3.2.7.1. Decentralisation of DR-TB services from 2016 to 2025

A total of 52 decentralised sites is currently operational across the province. Site density varies by district, with Namakwa hosting 17 sites and Pixley Ka Seme and John Taolo Gaetsewe each hosting 10.

Northern Cape province has sustained 100% sub-district coverage of decentralised DR-TB treatment initiating sites despite a decrease in the number of such sites between 2021 (55) and 2025 (52).

Figure 32 shows that the province achieved 100% sub-district coverage of at least one such site per sub-district since 2016 and maintained this coverage despite the number of sites falling from 55 in 2021 to 52 in 2025.

**Figure 32: Trends in the number of DR-TB initiating facilities and sub-district coverage of initiation sites from 2016 to 2025, Northern Cape**



Complicated DR-TB cases are referred to West End TB Hospital which is the province’s centre of excellence

### 3.2.7.2. Decentralisation of DR-TB services at district level

Table 14 reflects that in 2025, Northern Cape achieved 100% sub-district coverage, with all 26 sub-districts having at least one DR-TB initiation site. A total of 53 initiation sites is active across the province, averaging more than one site per sub-district. Site distribution is strongest in Pixley Ka Seme and Namakwa, which each host 10 and 17 initiation sites respectively across their sub-districts. All five districts—Frances Baard, John Taolo Gaetsewe, Pixley Ka Seme, Namakwa, and ZF Mgcawu—have full sub-district coverage, reflecting a well-established and geographically accessible decentralised DR-TB service platform across the province.

### 3.2.7.3. Treatment initiation rate at district level

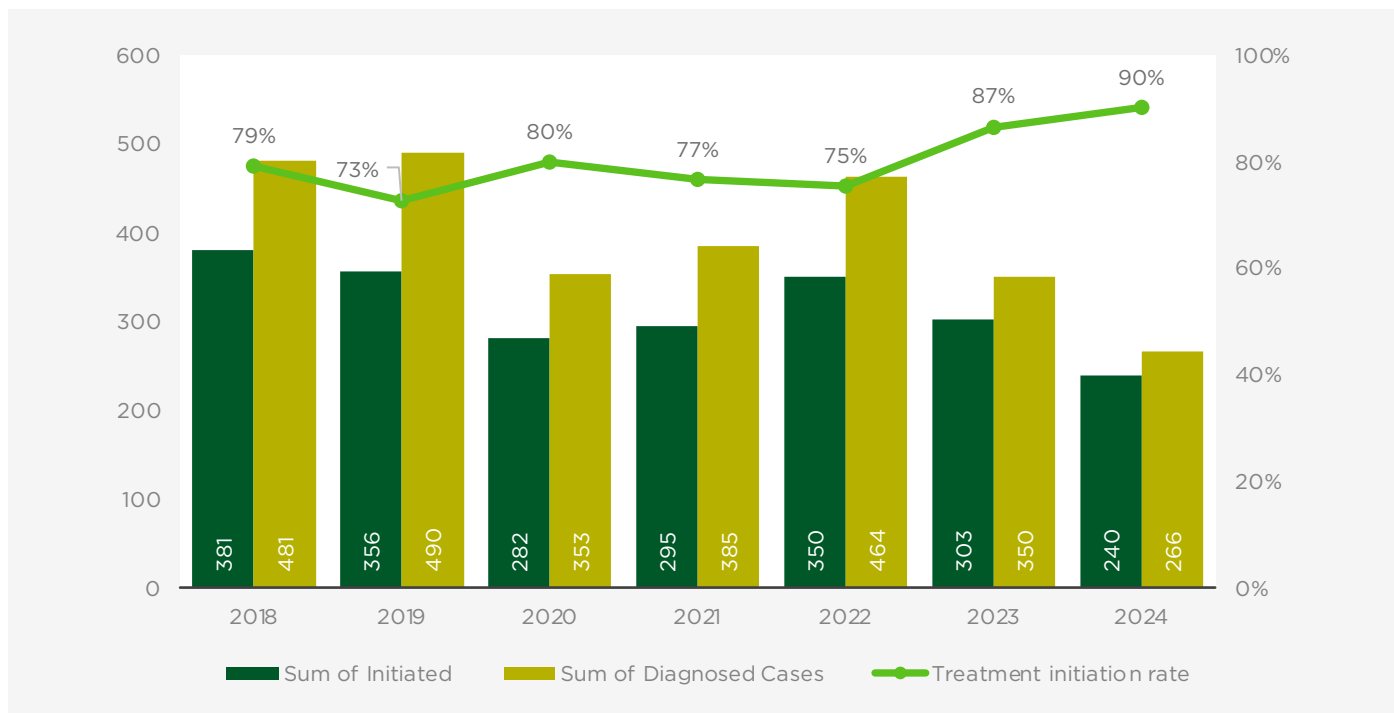
The treatment initiation rate for the province was 90%-with some districts having over 100% suggesting initiating referrals from other districts. ZF Mgcawu had the lowest treatment initiation rate of 77% but may be referring to adjacent districts.

**Table 14: DR-TB treatment initiation rates and sub-district coverage of decentralised DR-TB initiation sites in Northern Cape**

District	Number of DR-TB patients diagnosed (NICD)	Number of DR-TB patients initiated (EDRWeb)	Treatment initiation rate	Number of initiation sites by district	Number of sub-districts	Number of sub-districts with at least one initiation site	Sub-district coverage
Frances Baard	93	88	95%	8	4	4	100%
John Taolo Gaetsewe	16	19	119%	10	3	3	100%
Pixley Ka Seme	51	44	86%	10	8	8	100%
Namakwa	29	30	103%	17	6	6	100%
ZF Mgcawu	77	59	77%	7	5	5	100%
<b>TOTAL</b>	<b>266</b>	<b>240</b>	<b>90%</b>	<b>53</b>	<b>26</b>	<b>26</b>	<b>100%</b>

Figure 33 shows that over time, the DR-TB treatment initiation rate in the Northern Cape fell during the COVID-19 era, with widespread disruption of routine health services, to a nadir of 75% in 2022, down from 79% in 2018. However, there was a recovery in 2023, culminating in 90% achieved in 2024.

**Figure 33: Trends in the number of all types of DR-TB diagnosed, the number of patients initiated on DR-TB treatment and the treatment initiation rate between 2018 and 2024, Northern Cape**



### 3.2.7.4. Level of care and clinician type

There are many ambulatory and/or outreach DR-TB services in the province, with 79% of sites offering these services. The remainder of sites were offered in-patient care, or the data were missing. No data were provided on clinicians who provide services at the initiating sites.

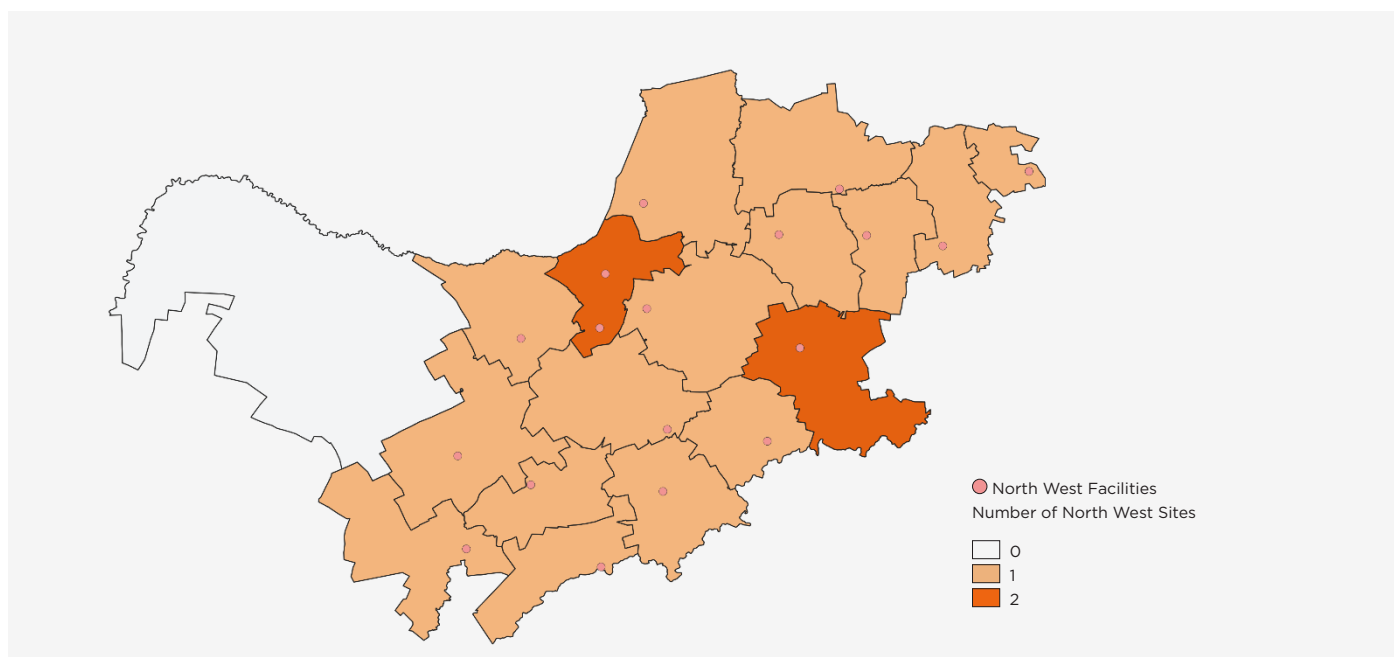
### 3.2.7.5. Essential elements for DR-initiating sites

No data were provided on access by initiating sites to essential elements.

### 3.2.8. North West

North West province is a rural province that borders with Botswana. The estimated population is 4 293 016. The province has four districts and 18 sub-districts. In 2024 there were 314 cases of drug-resistant TB diagnosed, a rate of 23,7 per 100 000.

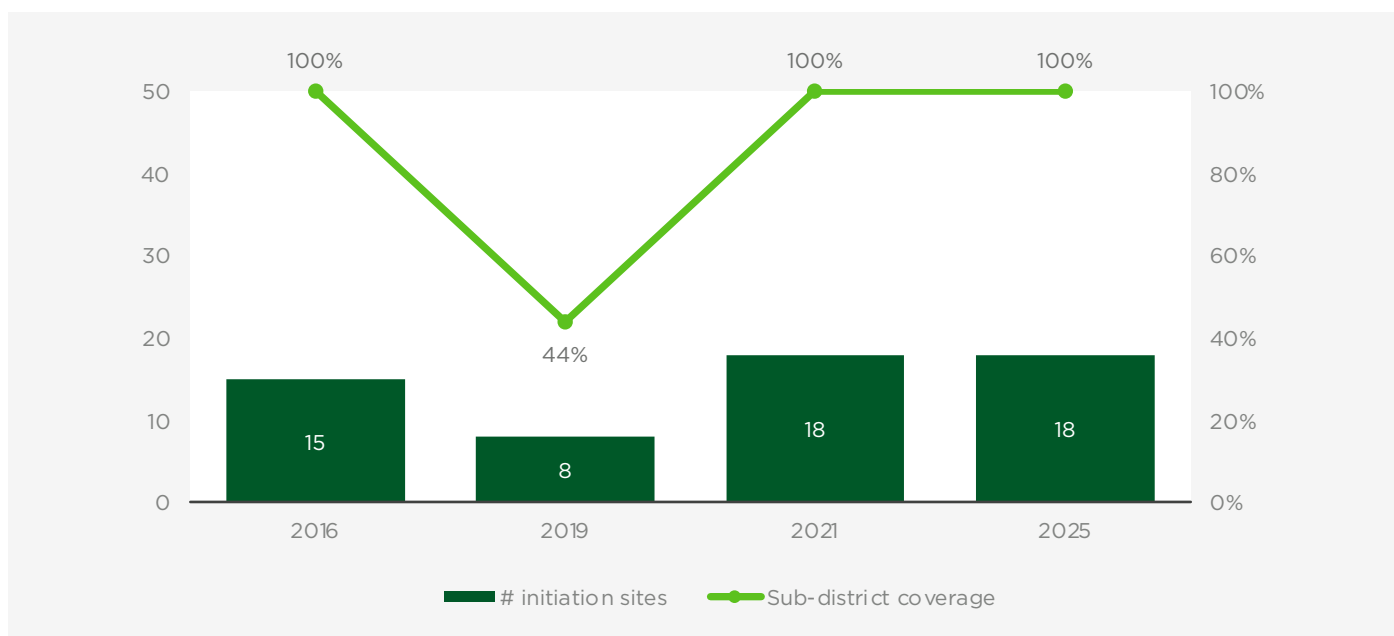
**Figure 34: The distribution and number of decentralised DR-TB initiating facilities per sub-district in 2025 - North West**



### 3.2.8.1. Decentralisation of DR-TB services from 2016 to 2025

In 2025, North West had 18 DR-TB initiating sites and 100% sub-district coverage. Figure 35 shows that in 2016 the North West province had only 15 decentralised DR-TB initiating facilities and that every sub-district had a least one such facility, achieving a sub-district coverage of 100%. In 2019, the number of decentralised DR-TB initiating facilities dropped to only 8 and the sub-district coverage dropped to 44%. However, by 2021, the province recovered and there were 18 decentralised sites and the sub-district coverage returned to 100%. The North West maintained this performance in 2025.

**Figure 35: Trends in the number of DR-TB initiating facilities and sub-district coverage of initiation sites from 2016 to 2025, North West**



Complicated DR-TB cases are referred to Tshepong TB Hospital which is the province's centre of excellence.

### 3.2.8.2. Decentralisation of DR-TB services at district level

Table 15 reflects that in 2025, North West achieved 100% sub-district coverage, with 18 out of 18 sub-districts having at least one DR-TB initiation site. A total of 18 initiation sites are active across the province, with one site per sub-district.

### 3.2.8.3. Treatment initiation rate at district level

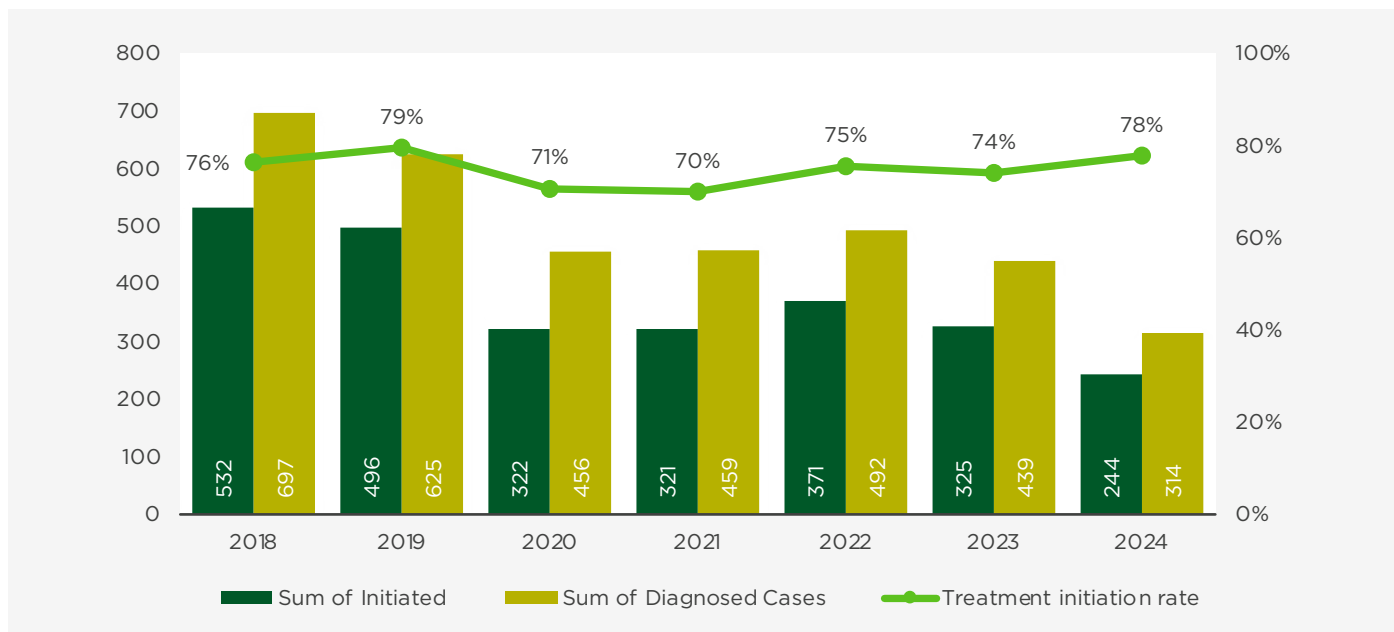
Table 15 further reflects that in 2024, North West recorded an overall treatment initiation rate of 78%, with variation across districts. The highest initiation rate was observed in Dr. Kenneth Kaunda District at 104%, while the lowest was in Dr. Ruth Segomotsi Mompoti District at 57%. These differences point to uneven linkage-to-care outcomes across the province, despite achieving 94% sub-district coverage.

**Table 15: DR-TB treatment initiation rates and sub-district coverage of decentralised DR-TB initiation sites in North West Province**

District	Number of DR-TB patients diagnosed (NICD)	Number of DR-TB patients initiated (EDRWeb)	Treatment initiation rate	Number of initiation sites by district	Number of sub-districts	Number of sub-districts with at least one initiation site	Sub-district coverage
Bojanala	80	50	63%	5	5	5	100%
Dr. Kenneth Kaunda	104	108	104%	3	3	3	100%
Dr. Ruth Segomotsi Mompoti	54	31	57%	4	4	4	100%
Ngaka Modiri Molema	76	55	72%	6	6	6	100%
<b>TOTAL</b>	<b>314</b>	<b>244</b>	<b>78%</b>	<b>18</b>	<b>18</b>	<b>18</b>	<b>100%</b>

Figure 36 shows that over time, the DR-TB treatment initiation rate in the North West fell during the COVID-19 era, with widespread disruption of routine health services, to a nadir of 70% in 2021, down from 76% in 2018. However, there was a recovery by 2022, culminating in 78% achieved in 2024.

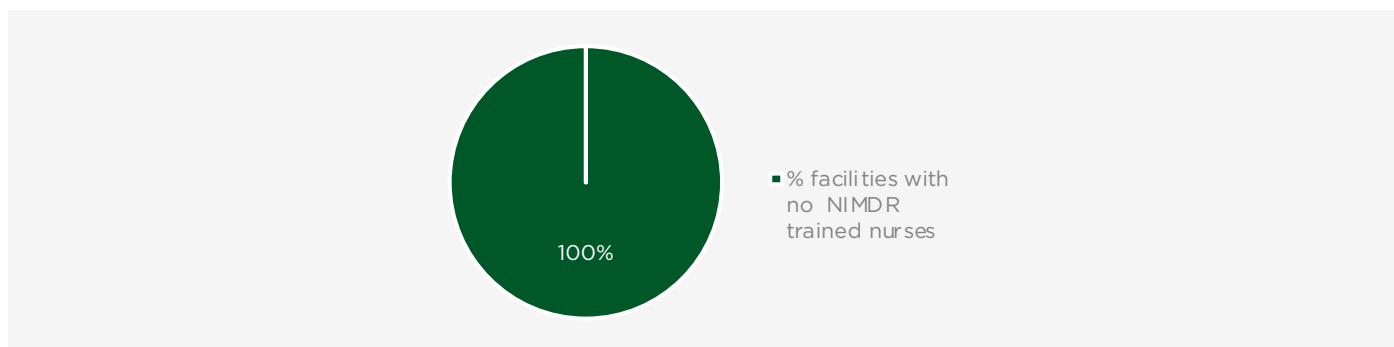
**Figure 36: Trends in the number of all types of DR-TB diagnosed, the number of patients initiated on DR-TB treatment and the treatment initiation rate between 2018 and 2024 - North West Province**



### 3.2.8.4. Level of care and clinician type

The majority (89%) of initiating sites offer ambulatory services, with 11% providing in-patient care only. There are no NIMDR-TB nurses providing services at DR-TB initiation sites in the North West province, with all sites staffed by medical offices and clinical associates (Figure 37).

**Figure 37: Services that have NIMDR-TB nurses, North West**



### 3.2.8.5. Essential elements for DR-TB initiating sites

In the North West Province, no DR-TB initiation sites have a lactate monitor. However, 16/18 sites have all other seven essential elements, and the same 16 sites have a dietician, social worker and pharmacist.

**Table 16: Essential elements at facilities that initiate DR-TB treatment in North West Province (N=18)**

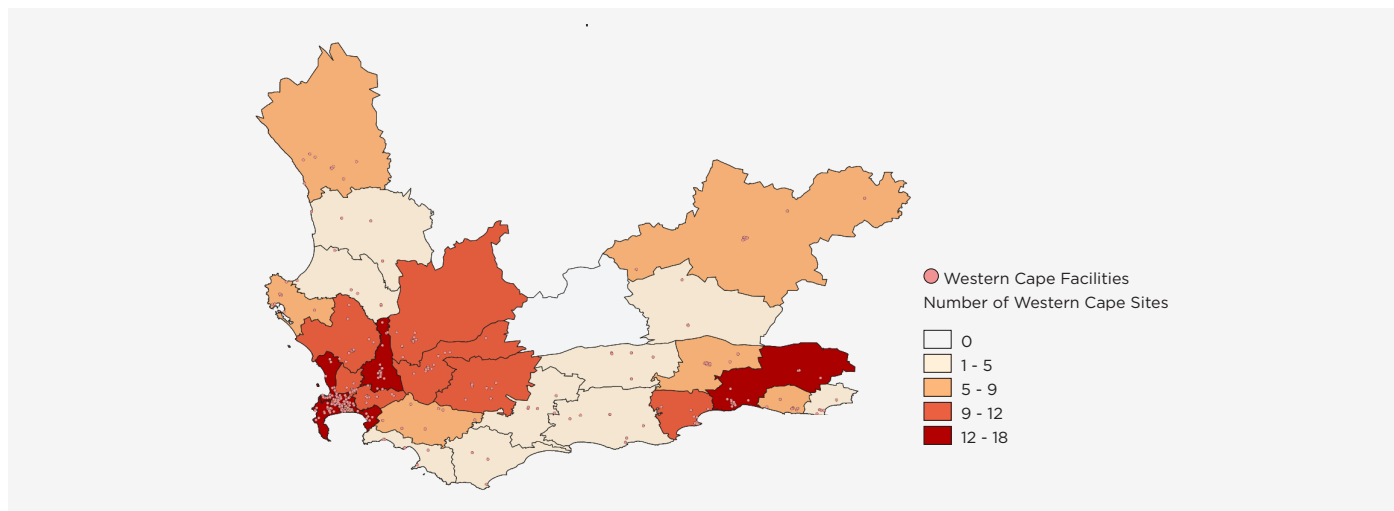
Proportion of facilities with essential element	N	%
% sites with all eight essential elements*	0	0%
% sites with all essential elements except a lactate monitor	16	89%
% sites with three Allied Health Care workers	16	89%

\*These are: EDR Web, WBPHCOT/CHW. Allied Health Care Worker, ECG machine, CXR, Hb meter, lactate monitor, Snellen chart.

### 3.2.9. Western Cape

The Western Cape is a coastal province and borders Northern and Eastern Cape provinces. There are an estimated 7 369 569 people living in the province. The province has one metropolitan municipality (City of Cape Town) and five district municipalities, with 32 sub-districts. In 2024 there were 1836 cases of drug-resistant TB diagnosed, a rate of 24,9 per 100 000.

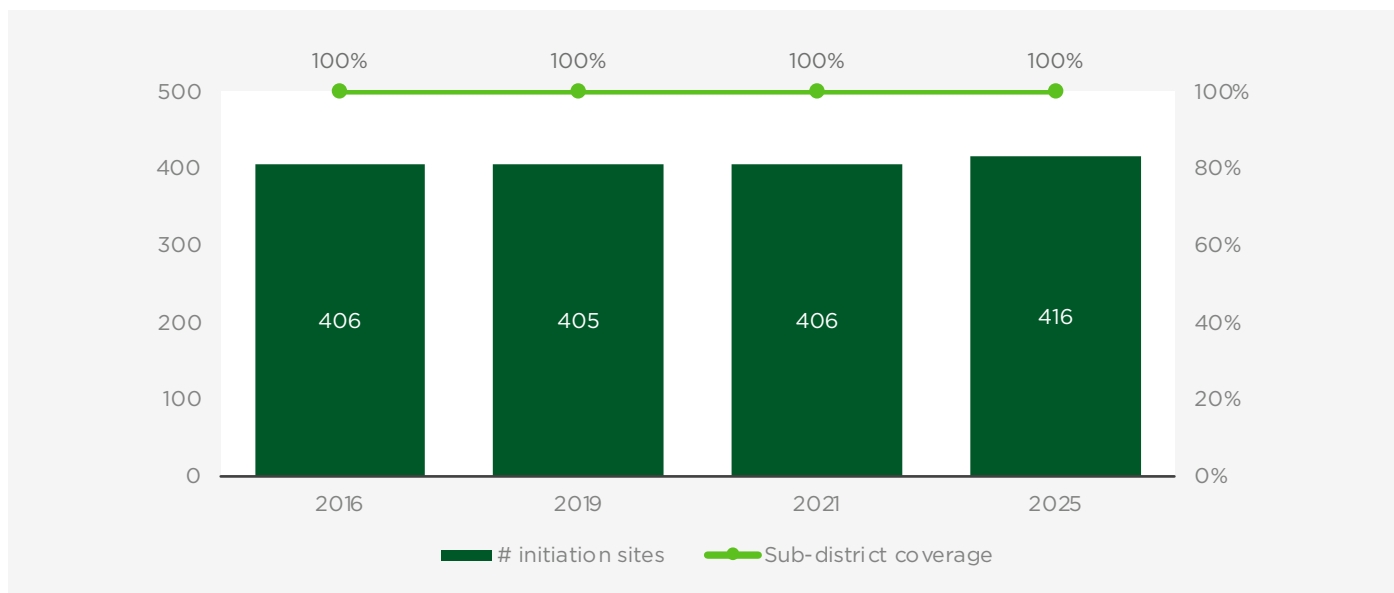
**Figure 38: The distribution and number of decentralised DR-TB initiating facilities per sub-district in 2025 - Western Cape**



#### 3.2.9.1. Decentralisation of DR-TB services from 2016 to 2025

Figure 39 shows that by 2016, there were 406 decentralised DR-TB initiating facilities in the Western Cape province, and all sub-districts had at least one such site. The province has maintained 100% sub-district coverage since then. By 2025, the number of decentralised DR-TB initiation facilities had increased to 416.

**Figure 39: Trends in the number of DR-TB initiating facilities and sub-district coverage of initiation sites from 2016 to 2025, Western Cape province**



Complicated DR-TB cases are referred to Brooklyn TB Hospital which is the province's centre of excellence.

#### 3.2.9.2. Decentralisation of DR-TB services at district level

Table 17 reflects that in 2025, Western Cape achieved 100% sub-district coverage, with all 32 sub-districts having at least one DR-TB initiation site. A total of 416 initiation sites are active across the province, averaging more than one site per sub-district, with particularly high site density across all districts. Site distribution is strongest in Cape Town, which hosts 121 initiation sites across its 8 sub-districts.

### 3.2.9.3. Treatment initiation rate at district level

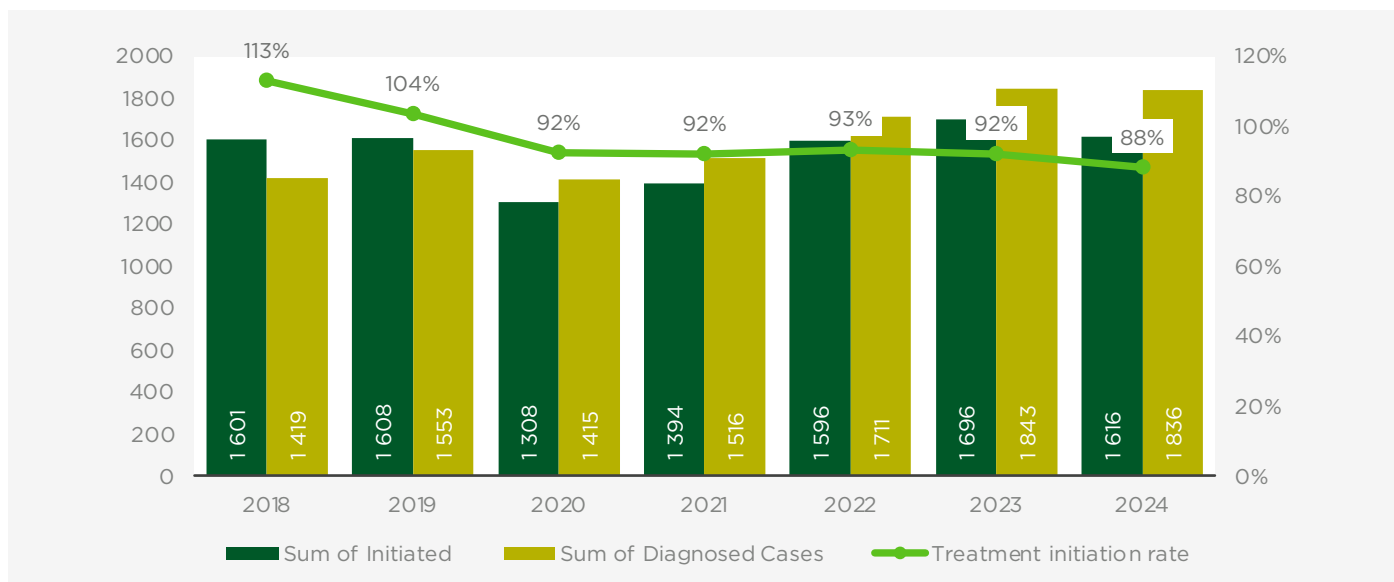
Table 17 reflects that in 2024, Western Cape recorded an overall treatment initiation rate of 88%, the highest among all provinces. While initiation rate varied across districts, the highest was observed in Central Karoo at 119%, and the lowest in West Coast at 62%. These differences point to uneven linkage-to-care within the province, despite achieving 100% sub-district coverage. Continued efforts are needed to support lower-performing districts to ensure consistent treatment initiation for all diagnosed patients.

**Table 17: DR-TB treatment initiation rates and sub-district coverage of decentralised DR-TB initiation sites in Western Cape**

District	Number of DR-TB patients diagnosed (NICD)	Number of DR-TB patients initiated (EDRWeb)	Treatment initiation rate	Number of initiation sites by district	Number of sub-districts	Number of sub-districts with at least one initiation site	Sub-district coverage
West Coast	164	101	62%	60	5	5	100%
Overberg	79	60	76%	43	4	4	100%
Central Karoo	26	31	119%	18	3	3	100%
Cape Winelands	272	191	70%	87	5	5	100%
Eden/Garden Route District	155	155	100%	87	7	7	100%
Cape Town	1140	1078	94%	121	8	8	100%
<b>TOTAL</b>	<b>1836</b>	<b>1616</b>	<b>88%</b>	<b>416</b>	<b>32</b>	<b>32</b>	<b>100%</b>

Figure 40 shows that over time, the DR-TB treatment initiation rate in the Western Cape was over 100% in 2018 and 2019. This may signal that the province was initiating treatment in patients from neighbouring provinces or there was a backlog in treatment initiation from patients diagnosed in previous years. During the COVID-19 era, with widespread disruption of routine health services, the treatment initiation rate fell to a nadir of 92% in 2022. However, there was a recovery in 2023 to 93% with a drop in 2024 to 88%. This drop may signal incomplete initiation data for 2024, rather than a true drop.

**Figure 40: Trends in the number of all types of DR-TB diagnosed, the number of patients initiated on DR-TB treatment and the treatment initiation rate between 2018 and 2024, Western Cape**

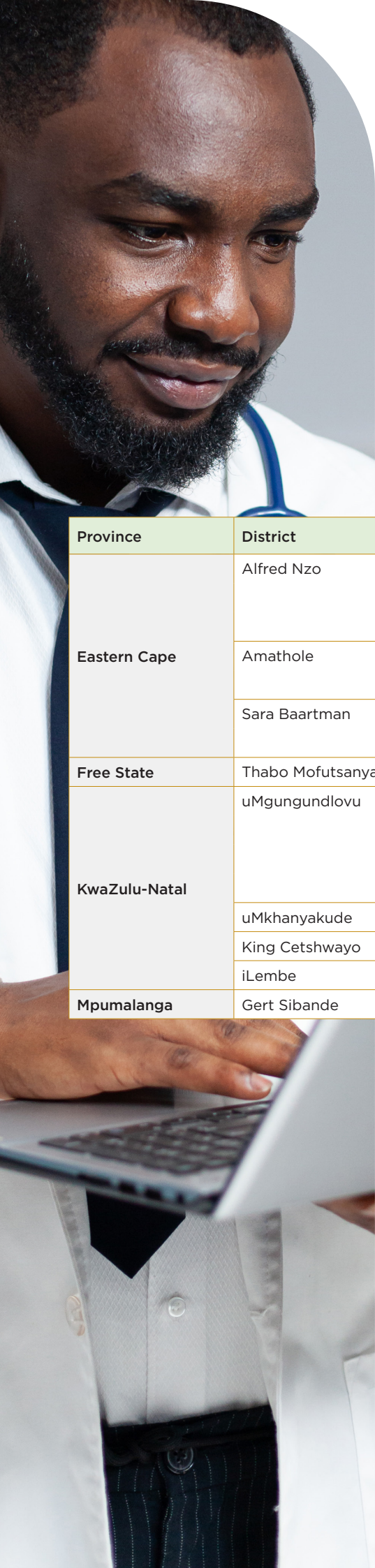


### 3.2.9.4. Level of care and clinician type

Ninety percent of sites offer ambulatory care, with several sites having outreach services as well). Outreach services are common in the districts of Eden, Cape Winelands, Central Karoo and West Coast. Ten percent of sites provide in-hospital care only. Western Cape does not employ NIMDR-TB nurses.

### 3.2.9.5. Essential elements for DR-TB initiating sites

There are no available data on the essential elements for DR-TB initiating sites for the Western Cape.



## 4. Conclusions

There has been clear progress in decentralisation nationally since 2011. By 2025, there were 815 decentralised DR-TB initiation sites countrywide which represents 51 additional sites since the last review in 2021. The national sub-district coverage is 95%. Five provinces have achieved 100% coverage viz., Gauteng, Limpopo, Northern Cape, North West and Western Cape. Two provinces, Mpumalanga and Free State are close to 100%, at 94% and 95% respectively. The Eastern Cape and KwaZulu-Natal at 81% and 85% respectively, have further to go.

Two hundred and thirty (229) out of 242 sub-districts (95%) in South Africa have at least one decentralised DR-TB initiating site. The sub-districts without a decentralised DR-TB initiating sites are outlined in Table 18 below.

**Table 18: The sixteen sub-districts across eight districts and four provinces that did not have a decentralised DR-TB initiation site in 2025**

Province	District	Sub-district
Eastern Cape	Alfred Nzo	Umzimvubu
		Winnie Madikizela Mandela
		Ntabankulu
	Amathole	Great Kei
		Ngqushwa
	Sara Baartman	Blue Crane
Koukamma		
Free State	Thabo Mofutsanyane	Phumelela
KwaZulu-Natal	uMgungundlovu	Impendle
		Mkhambathini
		Richmond
		uMngeni
	uMkhanyakude	Mtubatuba
	King Cetshwayo	uMfolozi
Mpumalanga	iLembe	Masphumulo
		Gert Sibande

Despite the expanding sub-district coverage and number of facilities, the treatment initiation rate at national level has not changed much since 2018, at 79% in 2024, although it did recover from 71% following the years of maximal COVID-19 disruption of routine health services. It is concerning that 20% of people diagnosed with any type of DR-TB are not initiated on DR-TB treatment within the same year as diagnosis. Some provinces, however, are notable for their increases in treatment initiation rate, including the Eastern Cape (89% in 2024), and Northern Cape (90% in 2024). Gauteng and the North West have seen modest increases to 72% and 78% in 2024, respectively. The Free state, KwaZulu-Natal, Limpopo, Mpumalanga, and Western Cape Provinces saw reductions in treatment initiation rate in 2024 relative to previous years.

Where data is available, there is marked variation in the number of NIMDR-TB nurses placed at decentralised districts across the provinces. Some provinces such as Limpopo have close to full coverage, while others have less than 50% of sites with suitably trained NIMDR-TB nurses.

## 5. Limitations

The design of the tool used to collect data for this periodic review did not facilitate accurate and standardised data entry. As a result, provinces were contacted to supply missing data and clarify confusing responses. Some data remained missing despite repeated attempts to follow-up.

---

## 6. Recommendations

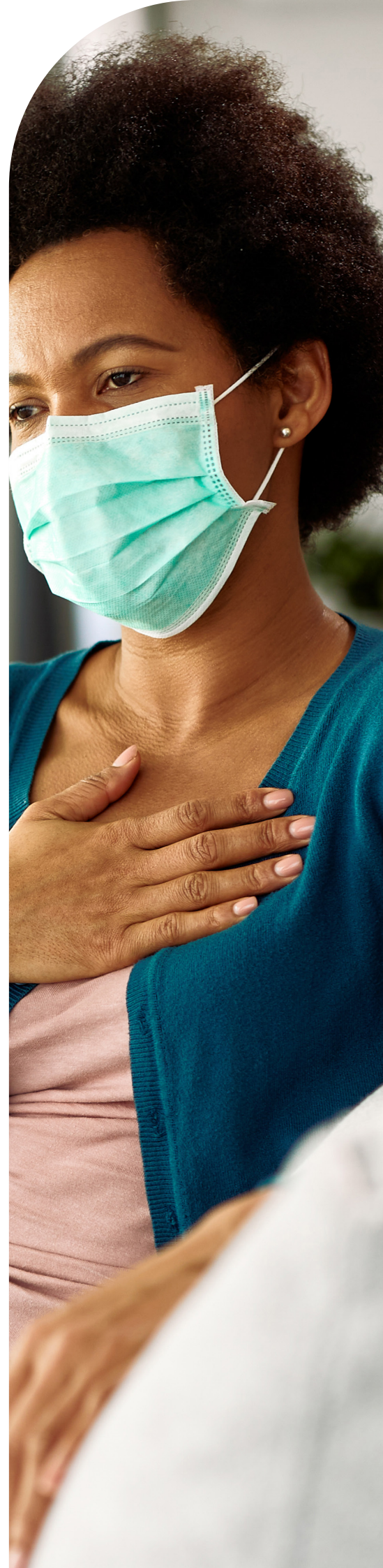
South Africa has made major progress in decentralising DR-TB care, achieving 95% sub-district coverage nationally by 2025. To consolidate gains and address persistent gaps, the following recommendations are proposed to guide programme planning, provincial implementation, and future reviews.

### 6.1. Expand and Sustain Sub-District Coverage

- Achieving 100% sub-district coverage remains a top priority for equitable access to DR-TB care.
  - **Expand:** Focus efforts on underserved areas, particularly in the Eastern Cape, KwaZulu-Natal, and Mpumalanga, where several sub-districts still lack DR-TB initiation sites.
  - **Sustain:** Maintain the hard-won gains in provinces such as the Western Cape, Northern Cape, Limpopo, and North West, where coverage is already near or at full implementation.
  - **Monitor:** Establish oversight and quality assurance mechanisms to prevent backlogs, ensure continued functionality of existing sites, and detect early warning signs of service disruptions.
- 

### 6.2. Strengthen Linkage from Diagnosis to Treatment

- Persistent gaps in treatment initiation remain a concern, with one in five diagnosed patients not starting treatment in the same year.
  - **Referral pathways:** Strengthen and formalise referral systems between diagnosing and initiating facilities to eliminate delays in patient handover.
  - **Tracing and re-engagement:** Institutionalise systematic tracing mechanisms, supported by data officers or WBOTs/CHWs, to follow up patients who are diagnosed but not initiated or who interrupt treatment.
  - **Data use:** Introduce a diagnosis-to-treatment linkage dashboard integrating EDRWeb and NICD data to track provincial and district performance in real time.
  - **Targeted support:** Prioritise technical support for districts with treatment initiation rates below 70%.
- 



### 6.3. Strengthen the NIMDR-TB Nursing Workforce

- Human resource capacity remains uneven across provinces, with marked disparities in the number of NIMDR-TB-trained nurses.
- **Training and deployment:** Scale up NIMDR-TB training to ensure that each decentralised initiation site has at least one certified nurse or clinical lead.
- **Equity in coverage:** Prioritise provinces where less than 50% of sites have trained staff.
- **Policy alignment:** Recognise and accommodate variations such as the Western Cape's alternative staffing policy, ensuring provincial models still achieve clinical competency standards.
- **Mentorship:** Strengthen ongoing mentorship and supportive supervision to maintain quality and confidence in decentralised clinical decision-making.

---

### 6.4. Intensify Community and Outpatient Service Models

- To enhance accessibility, acceptability, and retention in care:
- **Expand ambulatory and home-based care:** Scale up mobile and outreach models to bring DR-TB services closer to communities, particularly in rural and high-burden districts.
- **Integrate services:** Deepen integration of TB and DR-TB care with HIV, PHC, and community-based services, enabling holistic management of co-infected patients.
- **Community engagement:** Strengthen partnerships with community health workers, TB survivors, and local organisations to improve awareness, adherence support, and stigma reduction.
- **Patient-centred models:** Use differentiated service delivery approaches to match care intensity to patient needs.

---

### 6.5. Address Service and Infrastructure Gaps

- Quality decentralised care depends on well-equipped and functional initiation sites.
- **Essential equipment:** Ensure all sites have access to ECG machines, chest X-ray facilities, haemoglobin and lactate monitors, Snellen charts, and functional EDRWeb connectivity.
- **Human resources:** Secure placement of allied health workers—pharmacists, dietitians, and social workers—at decentralised sites.
- **Supply chain:** Guarantee uninterrupted availability of second-line TB drugs and ancillary medicines through robust procurement and stock monitoring systems.
- **Maintenance:** Establish provincial mechanisms for preventive maintenance and rapid repair of clinical equipment to minimise service interruptions.

---

### 6.6. Strengthen Monitoring, Evaluation, and Accountability

- **Annual reviews:** Institutionalise annual provincial and district-level decentralisation reviews, using agreed indicators to track coverage, readiness, and linkage to care.
- **Data integration:** Use EDRWeb for real-time dashboards that support proactive decision-making.
- **Alignment:** Ensure M&E frameworks for decentralisation align with the National TB Strategic Plan (2023–2028) and WHO End TB targets, to maintain coherence across national and global reporting.



# 7. Appendices

## 7.1. Data collection tool

Symbols	Meaning
IT Infrastructure	EDRWeb
MO	Medical Officer
WBOT	Ward Based Outreach Teams
CHW	Community Health Worker

**NOTE:**

- **Models of Care:** 1: In-Patient Care; 2: Ambulatory Care; 3: Outreach
- **Clinicians:** 1: MO; 2: Clinical Associate; 3: NIMDR/Prof Nurses
- **Allied HCW:** 1: Dietician; 2: Social Worker, 3: Pharmacist

**Province:**

Metro/ Districts	Referral Hospital	Sub- Districts	Number of DR-TB Diagnosed (2023)	Total number of patients initiated at site (2023)	Facilities that Initiate Treatment	Facilities Contact Details	Models of MDR-TB Care (1, 2, 3)	Clinicians (1, 2, 3)	Essential/access to elements for these facilities to initiate DR-TB services						
									EDRWeb	Allied Hcw (1, 2, 3)	ECG Machine	Chest X-Ray	Haemoglobin (HB) Meter	Lactate Monitor	Snellen Chart

## 7.2 Trends in sub-district coverage and treatment initiation rates

**Table 19: Trends in the number of decentralised DR-TB initiation sites and sub-district coverage at national and provincial levels from 2016 to 2025** (Source: Summary reports on DR-TB Services decentralisation for 2016, 2019 and 2021, and the current review of 2025)

Indicator	Province	2016	2019	2021	2025
Number of initiation sites	Eastern Cape	28	30	50	48
	Free State	27	33	33	36
	Gauteng	45	43	60	78
	KwaZulu-Natal	26	43	67	64
	Limpopo	26	23	34	70
	Mpumalanga	12	24	25	25
	Northern Cape	51	49	55	52
	North West	15	8	18	18
	Western Cape	406	405	406	416
	<b>South Africa</b>	<b>636</b>	<b>658</b>	<b>748</b>	<b>799</b>
Sub-district coverage of decentralised DR-TB initiation sites	Eastern Cape	97%	96%	100%	84%
	Free State	100%	100%	100%	95%
	Gauteng	100%	100%	100%	100%
	KwaZulu-Natal	63%	60%	81%	85%
	Limpopo	85%	100%	100%	100%
	Mpumalanga	74%	88%	88%	94%
	Northern Cape	100%	100%	100%	100%
	North West	100%	44%	100%	100%
	Western Cape	100%	100%	100%	100%
	<b>South Africa</b>	<b>86%</b>	<b>87%</b>	<b>95%</b>	<b>95%</b>

**Table 20: Trends in the number of DR-TB patients diagnosed, the number treated and treatment initiation rates at national and provincial levels from 2018 to 2024**

Province	Year	Number of DR-TB patients initiated on DR-TB treatment (EDRWeb)	Number of DR-TB patients diagnosed (NICD)	Treatment initiation rate
Eastern Cape	2018	2008	2475	81%
	2019	2032	2472	82%
	2020	1573	2040	77%
	2021	1621	2131	76%
	2022	1884	2383	79%
	2023	1855	2182	85%
	2024	1596	1801	89%
Free State	2018	403	527	76%
	2019	333	447	74%
	2020	280	393	71%
	2021	252	381	66%
	2022	298	441	68%
	2023	258	344	75%
	2024	196	320	61%

Province	Year	Number of DR-TB patients initiated on DR-TB treatment (EDRWeb)	Number of DR-TB patients diagnosed (NICD)	Treatment initiation rate
Gauteng	2018	1227	1936	63%
	2019	1181	1823	65%
	2020	830	1280	65%
	2021	706	1216	58%
	2022	875	1313	67%
	2023	891	1278	70%
	2024	685	952	72%
KwaZulu-Natal	2018	2915	3852	76%
	2019	2469	3765	66%
	2020	1751	2576	68%
	2021	1703	2550	67%
	2022	1844	2659	69%
	2023	1766	2409	73%
	2024	1389	1895	73%
Limpopo	2018	362	519	70%
	2019	311	529	59%
	2020	231	376	61%
	2021	207	397	52%
	2022	239	382	63%
	2023	262	350	75%
	2024	201	321	63%

Province	Year	Number initiated on DR-TB treatment	Number of diagnosed cases	Treatment initiation rate
Mpumalanga	2018	803	1191	67%
	2019	675	1062	64%
	2020	432	639	68%
	2021	393	626	63%
	2022	385	546	71%
	2023	416	576	72%
	2024	319	460	69%
Northern Cape	2018	381	481	79%
	2019	356	490	73%
	2020	282	353	80%
	2021	295	385	77%
	2022	350	464	75%
	2023	303	350	87%
	2024	240	266	90%

Province	Year	Number initiated on DR-TB treatment	Number of diagnosed cases	Treatment initiation rate
North West	2018	532	697	76%
	2019	496	625	79%
	2020	322	456	71%
	2021	321	459	70%
	2022	371	492	75%
	2023	325	439	74%
	2024	244	314	78%
Western Cape	2018	1601	1419	113%
	2019	1608	1553	104%
	2020	1308	1415	92%
	2021	1394	1516	92%
	2022	1596	1711	93%
	2023	1696	1843	92%
	2024	1616	1836	88%
South Africa	2018	10232	13097	78%
	2019	9461	12766	74%
	2020	7009	9528	74%
	2021	6892	9661	71%
	2022	7842	10391	75%
	2023	7772	9771	80%
	2024	6486	8165	79%

### 7.3. List of decentralised DR-TB initiation sites per sub-district in each province

*Table 21: List of decentralised DR-TB initiation facilities and facility contact details in Eastern Cape*

Province	District	Sub-districts	DR-TB Treatment initiation sites	Facility Contact Details
Eastern Cape	Alfred Nzo	Matatiele (Maluti)	Khotsong Hospital	039 737 3801
		Ntankulu		
		Umzimvubu		
		Winnie Madikizela Mandela		
	Amathole	Amahlathi	Shutterheim Hospital	
			Nompumelelo Hospital	
		Great Kei		
		Mbashe	Madwaleni Hospital	
			Dutywa CHC	047 489 1449
		Mnquma	Butterworth Gateway	
		Nqushwa		
		Raymond Mhlaba	Winterberg Hospital	
			Fort Beaufort Hospital	
	Victoria Hospital			
	Buffalo City Metro	Mdantsane	Nkqubela Hospital	043 761 2131
			Nontyatyambo CHC	043 760 0420
		East London	Duncan Village Day Hospital	043 742 4762
			Empilweni Gompo CHC	
			Dimbaza CHC	
	Bisho/King Williams Town	Bisho Hospital		
	Chris Hani	Emalahleni	Glen Grey Hospital	047 878 2800
		Enoch Mgijima	Hewu Hospital	040 841 0133
			Philani PHC Queenstown	
			Martjie Venter Hospital	
		Intsika Yethu	Cofimvaba Hospital	047 874 8000
		Sakhisizwe	Cala Hospital	047 877 0129
		Engcobo	All Saints Hospital	047 548 1115
		Inxuba Yethemba	Cradock Hospital	048 881 2123
			Philani Clinic	
	Wilhelm Stahl Hospital			
	Joe Gqabi	Elundini	Taylor Bequest (Mt Fletcher)	039 2570 053
		Walter Sisulu	St Francis Hospital	051 633 2741
			Burgersdop Hospital	051 653 1881
Umlamli Hospital			051 611 0079	
Senqu		Cloete Joubert	045 971 0091	

<b>Eastern Cape</b>	<b>O R Tambo</b>	Ingquza Hill	Holy Cross Hospital	039 252 3002
			St Elizabeth Hospital	039 253 1111
		King Sabata Dalindyebo	Zithulele Hospital	047 575 0037
			Mthatha Gateway	
		Mhlontlo	Mhlakulo CHC	
			Dr. Malizo Mpehle Memorial Hospital	047 542 6300
			Nessie Knight Hospital	047 553 6007
			St Lucy's Hospital	047 532 6259
		Nyandeni	St Barnabas Hospital	047 568 6005
			Canzibe Hospital	047 568 8111
		Port St Johns	Isilimela Hospital	047 568 6005
			Bambisana Hospital	039 253 7298
	<b>Sara Baartman</b>	Dr. Beyers Naudé		
		Blue Crane	Margery Parks TB Hospital	049 893 0031
			Andries Vosloo Hospital	042 243 1311
		Kouga	PZ Meyer TB	042 291 2064
		Sunday's River Valley	Sunday's River Valley Hospital	042 230 0406
		Koukamma		
		Makana	Settlers' Day Hospital	046 602 5000
	Ndlambe	Marjorie Parrish TB Hospital	046 624 5306	
	<b>Nelson Mandela Bay Metro</b>	Sub-district B	Jose Pearson Hospital	041 372 8000
		Sub-district B	Rosedale CHC	041 988 7233
		Sub-district B	Leticia Bam CHC	041 978 0711
		Sub district A	Zwide Clinic	041 459 5128
		Sub district A	Motherwell CHC	041 469 2199
		Sub-district C	Gqeberha CHC	041 587 5088
		Sub-district C	Chatty Clinic	
		Sub-district C	Booyens Park Clinic	

**Table 22: List of decentralised DR-TB initiation facilities and facility contact details in Free State**

Province	District	Sub-districts	DR-TB Treatment initiation sites	Facility Contact Details
Free State	Mangaung Metro	Bloemfontein	Pelonomi Hospital	051 405 1911
			MUCPP	
			National Hospital	051 405 2911
			Heidedal	
		Botshabelo	Botshabelo Hospital	051 533 0111
		Thaba Nchu	Dr. J. S. Moroka Hospital	051 873 9867
	Naledi	One Stop Clinic		
	Fezile Dabi	Mafube	Mafube Hospital	
		Moqhaka	Boitumelo Hospital	058 481 4172
			PAX CHC	
		Metsimaholo	Fezi Ngobentumbi	058 852 3039
		Ngwathe	Tokollo Hospital	
	Thabang Society Clinic			
	Lejweleputswa	Masilonyana	Roving NIMDR nurse	
		Matjhabeng	*Kopano/Bongani MDR-TB Unit	057 352 6413
		Nala	Roving NIMDR nurse	
		Tokologo	Roving NIMDR nurse	
		Tswelopele	Roving NIMDR nurse	
	Thabo Mofutsanyana	Dihlabeng	Bethlehem Clinic	058 303 8113
			Bohlokong Clinic	058 303 8356
			Bakenpark Clinic	058 304 3188
			Mphohadi Clinic	058 304 3159
			Itumeleng Clinic	058 256 1476
			Fateng Tse Ntsho	058 471 0537
		Maluti-A-Phofung	Elizabeth Ross Hospital	058 789 1213
			Thebe Hospital	058 622 1111
		Nketoana	Nketoana Hospital	058 863 2806
		Setsoto	SoetWater Clinic	051 933 2281
			O R Tambo Clinic	058 481 2713
			Senekal Clinic	058 481 4232
		Mantsopa	Roving NIMDR nurse	
	Xhariep	Kopanong	Diamant District Hospital	051 7240 079
		Letsemeng	Jacobsdal Clinic	535 910 100
			Ethembeni Clinic	532 050 977
Mohokare		Matlakeng Clinic		
	Stoffel Coetzee Dist. Hospital	535 740 341		

**Table 23: List of decentralised DR-TB initiation facilities and facility contact details in Gauteng**

Province	District	Sub-districts	DR-TB Treatment initiation sites	Facility Contact Details
Gauteng	Ekurhuleni Metro	N1	Tembisa Hospital	011 999 4423
			Ethafeni CHC	
			Winnie Mandela CHC	
		N2	Tambo Memorial Hospital	
			Mary Moodley CDC	011 422 5764
			Esangweni Clinic	
		E1	Pholosong Hospital	011 812 5000
			Nokuthela Ngwenya	011 737 9700
			Kwa-Thema CHC	
		E2	Far East Rand Hospital	011 812 8300
			Daveyton Main CDC	
			Phillip Moyo Memorial CHC	
		S1	Bertha Gxowa Hospital	011 089 8500
		S2	Thelle Mogoerane Hospital	011 489 086
			J Dumane CHC	
	Goba CDC			
	Ramokonopi CHC			
	Phola Park CHC			
	Johannesburg Metro	F	South Rand Hospital	011 470 9086
			Charlotte Maxeke Hospital	011 321 6146
		A	O R Tambo CHC	011 488 3564
		C	Alexander CHC	011 850 4578
		G	Lenasia District Hospital/CHC	011 213 9700
		B	Helen Joseph Hospital	011 470 9320
			Rahima Moosa Hospital	
		C	Discoverers CHC	
		D	Chris Hani Baragwanath Hospital	
Chiawelo CHC				
Mofolo CHC				
E		Sizwe Tropical Disease Hospital		

<b>Gauteng</b>	<b>Tshwane Metro</b>	1	Odi Hospital	012 702 4206	
			Phedisong 1 Clinic	012 703 3978	
			Phedisong 4 CHC	012 314 1843	
			Kgabo CHC	012 704 8900	
			Boekenhout Clinic		
			KT Motubatse Clinic		
			Maria Rantho Clinic		
			Soshanguve 3 CHC	012 790 3304	
			Dr. George Mukhari Hospital		
		2	Jubilee Hosp	012 717 9348	
			Themba CHC	012 717 3357	
			Refentse CHC	012 715 5178	
		3	Tshwane District Hospital	072 7460 616	
			Saulsville Clinic	0123754946	
			Laudium CHC	0123742399	
			Pretoria West Hospital	012 380 1297	
		4	Olivenhout CHC	012 652 1449	
		5	Refilwe Clinic	012 732 0671	
		6	Mamelodi Hospital	082 453 2143	
			Stanza Bopape	083 747 9485	
			Silverton Clinic		
	Nellmapius Clinic				
	Eersterust Clinic		076 525 9577		
	7	Bronkxpruit Hospital	079 528 9840		
		Zithobeni Clinic			
		Dark City CHC	013 930 0525		
	<b>Sedibeng District</b>	Emfuleni	Kopanong Hospital	016 451 2777	
			Johan Heyns CHC	016 950 6000	
			Empilisweni CHC	016 593 3212	
			Sebei Motsoeneng Clinic		
			Levai Mbatha CHC		
			Boipatong CHC		
			Bophelong CDC		
			Sharpeville CHC		
			Sebokeng Hospital		
			Zone 17 Clinic		
		Lesedi	Ratanda Clinic	016 581 0812	
			Heidelberg Hospital	016 341 1201	
			Usizolwethu Clinic		
		Midvaal	Midvaal CDC	016 598 8653	
		<b>West Rand District</b>	Merafong	Carletonville Hospital	018 788 1700
				Greenspark Clinic	
Khutsong CHC				018 783 4366	
Mogale			Thusong Community Clinic		
	Dr. Yusuf Dadoo Hospital		073 315 9975		
	Leratong Hospital		011 410 8421		
Rand West	Mohlakeng CHC		082 326 5330		
	Bekkersdal West CHC		011 755 1589		

**Table 24: List of decentralised DR-TB initiation facilities and facility contact details in KwaZulu-Natal**

Province	District	Sub-districts	DR-TB Treatment initiation sites	Facility Contact Details
KwaZulu-Natal	Ugu	Ray Nkonyeni	Murchison	039 688 2182
			Gamalakhe CHC	039 312 8382
		Umdoni	G. J.Crookes Hospital	039 978 7000
		Umuziwabantu	St. Andrews Hospital	039 433 1955
		Umzumbe	Mfundo Arnold Lushaba CHC	039 684 9210
		Mpofana	Bruntville CHC	033 263 1545
		Msunduzi	Doris Goodwin Hospital	033 897 3000
			Northdale Hospital	033 387 9000/9042
			Eastboom CHC	033 264 4900/3200
			Imbalenhle CHC	033 3271111
	uMshwathi	Appelsbosch Hospital	032 294 0022	
	uThukela	Alfred Duma	Ladysmith Hospital	036 342 7000
		Inkosi Langalibalele	Estcourt Hospital	036 342 7000
		Okhahlamba	Emmaus Hospital	036 637 2111
	uMzinyathi	Endumeni	Dundee Hospital	034 212 1111
		Msinga	Church Of Scotland Hospital	033 493 0420
		Nquthu	CJM Hospital	034 271 6400
		Umvoti	Greytown TB Hospital	033 413 9463
	Amajuba	Dannhauser	Danhauser CHC	034 621 6100
		eMadlangeni	Niemeyer Hospital	034 331 3011
		Newcastle	Madadeni Hospital	034 328 8000
	uMkhanyakude	Big 5 Hlabisa	Hlabisa Hospital	035 572 5590
		Jozini	Bethesda Hospital	035 5951004
			Mosvold Hospital	035 591 0122
		uMhlabuyalingana	Manguzi Hospital	035 5731082
	King Cetshwayo	uMlalazi	Cathrine Booth Hospital	035 337 0198
			Mbongolwane Hospital Satellite	035 792 8596
			Eshowe Hospital	035 473 4500
	iLembe	KwaDukuza	General Justice Gizenga Mpanza Hospital	032 437 6000
		Mandeni	Sundumbili CHC	032 454 7500
		Ndwedwe	Montobello Hospital	033 506 7000
	Harry Gwala	Dr. Nkosazana Dlamini Zuma	St. Apollinaris Hospital	039 833 9001
			Pholela CHC	039 832 9491
		Greater Kokstad	East Griqualand & Usher Memorial Hospital	039 797 8100
		Ubuhlebezwe	Christ the King Hospital	039 834 8500
		uMzimkhulu	St. Margaret's	039 259 9222
			Rietvlei Hospital	082 535 4487

<b>KwaZulu-Natal</b>	<b>eThekwini</b>	South Central Service Area	King Dinuzulu Hospital	031 242 6241
			Wentworth	031 460 5000
			Clairwood	031 451 5000
			R.K.Khan Hospital	031 541 9200
			Prince Mshiyeni Hospital	031 907 8111
			Cato Manor	031 2614260
		North Service Area	Tongaat CHC	032 944 5054
			KwaMashu CHC	031 504 8170
			Phoenix	031 538 0800
			Inanda CHC	031 519 0455
			Mahatma Gandhi	031 502 1719
			Osindisweni	031 541 9200
		West Service Area	Hlengisizwe CHC	031 774 0085
			KwaDabeka CHC	031 714 3700
			St. Mary's Hospital	031 717 1001
	<b>Zululand</b>	Abaqulusi	Vryheid Hospital	034 982 2111
		eDumbe	EDumbe CHC	034 995 8500
		Nongoma	Benedictine Hospital	035 831 7000
		Ulundi	Thulasizwe Hospital	035 832 6000
			Nkonjeni Hospital	035 873 0013
			Ceza Hospital	035 832 5000
uPhongolo	Itshelejuba	039 688 2182		

**Table 25: List of decentralised DR-TB initiation facilities and facility contact details in Mpumalanga**

Province	District	Sub-districts	DR-TB Treatment initiation sites	Facility Contact Details	
Mpumalanga	Ehlanzeni	Bushbuckridge	Tintswalo Hospital	013 717 4056	
			Mapulaneng Hospital	013 799 0214	
			Matikwane Hospital	013 708 6024	
		City of Mbombela	Bongani TB Hospital	013 717 4000	
			Barberton General Hospital	013 712 3011	
			Themba Hospital	013 796 9400	
		Nkomazi	Tonga Hospital	013 780 0222	
			Shongwe Hospital	013 781 3000	
		Thaba Chweu	Sabie Hospital	013 764 1222	
			Lydenburg Hospital	013 235 2236	
			Matibidi Hospital	013 769 8092	
		Gert Sibande	Chief Albert Luthuli	Embhuleni Hospital	017 811 2119
				Dipaleseng	
			Dr. Pixley Ka	Amajuba Hospital	017 735 1103
			Govan Mbeki	Evander Hospital	017 632 2212
	Bethal Hospital			017 647 6341	
	Lekwa		Standerton General Hospital	017 712 2323	
	Mkhondo		Piet Retief Hospital	017 883 0264	
	Msukaligwa		Ermelo Hospital	017 811 2031	
	Nkangala	Dr. JS Moroka	Mmametlhake Hospital	012 721 2391	
		Emakhazeni	HA Grove Hospital	013 947 9189	
		Emalahleni	Impungwe Hospital	013 685 5121	
		Steve Tshwete	Middelburg Hospital	013 243 0999	
		Thembisile Hani	KwaMhlanga Hospital	013 947 9100	
		Victor Khanye	Bernice Hospital	013 665 2086	

**Table 26: List of decentralised DR-TB initiation facilities and facility contact details in Limpopo**

Province	District	Sub-districts	DR-TB Treatment initiation sites	Facility Contact Details
Limpopo	Capricorn	Blouberg	Helena Franz Hospital	015 5050 750
		Molemole	Botlokwa Hospital	015 5278 000
			WF Knobel Hospital	015 221 1500
		Polokwane	Seshego Hospital	015 223 5141
			Mankweng Hospital	015 2861 000
		Lepelle-Nkumpi	Lebowakgomo Hospital	015 286 1000
			Zebediela Hospital	
		Mopani	Greater Letaba	CN Phathudi Hospital
	Letaba Hospital			015 512 3251
	Greater Tzaneen		Kgapane Hospital	015 328 7800
	Ba-Phalaborwa		Maphutha Malatji Hospital	015 769 2015
	Maruleng		Sekororo Hospital	015 383 9400
	Greater Giyani		Nkhensani Hospital	015 383 9400
	Sekhukhune	Greater Tubatse	Mecklenburg Hospital	015 615 0208
			Dilokong Hospital	013 2147 265
		Ephriam Mogale	Matlala Hospital	015 851 0026
		Makhuduthamaga	Jane Furse Hospital	013 265 9400
			St. Rita's Hospital	
		Elias Motsoaledi	Philadelphia Hospital	013 983 0112
			Groblersdal Hospital	013 262 3024
	Vhembe	Makhado	Elim Hospital	015 556 4152
			Siloam Hospital	015 973 0004
			Louis Trichardt Hospital	015 516 0148
		Thulamela	Donald Fraser Hospital	015 963 9200
			Tshilidzini Hospital	015 964 1061
		Collins Chabane	Malamulele Hospital	015 851 0026
		Musina	Musina Hospital	015 534 0446
	Waterberg	Modimolle	Modimolle MDR Specialised Hospital	014 718 7200
		Thabazimbi	Thabazimbi Hospital	014 777 1599
		Lephalale	Ellisras Hospital	014 763 2227
			Seleka Clinic	014 764 1000
		Mogalakwena	George Masebe Hospital	015 423 6000
			Mahwelereng Clinic Zone 1	015 483 0116
Bela-Bela		Warmbath Hospital	014 736 2125	

**Table 27: List of decentralised DR-TB initiation facilities and facility contact details in Northern Cape**

Province	District	Sub-districts	DR-TB Treatment initiation sites	Facility Contact Details
Northern Cape	Frances Baard	Dikgatlong	Mataleng Clinic	083 633 5811
			Prof.Z.K Matthews	053 531 9400
		Magareng	Outreach services by West End Hospital	
		Phokwane	Jankempdorpc CHC	053 456 0126
			Greenpoint PHC	
			Betty Gaetsewe PHC	
		Sol Plaatjie	Ritchie PHC	
			West End Hospital	053 861 3911
		Gasegonyana	Dithakong	
			Logobate	060 983 1669
			Tswaragano	
		Gamagara	Vanzylsrus	053 781 0481
		Joe Morolong	Jan Witbooi	053 7910 540
			Heuningvlei	
			Dithakong Clinic	
			Manyeding	
			Legobate Clinic	
			Cassel PHC	
		Pixley ka Seme	Emthanjeni	Central Karoo Hospital
	Kareeberg		Vosburg	053 675 0035
	Renosterberg		Outreach services by New De Aar Hospital	
	Thembelihle		Hopetown	053 203 0038
			Strydenberg	053 683 0264
	Siyancuma		Hester Malan CHC	053 298 1818
			Griekwastad	053 343 0011
	Siyathemba		Bill Pickard Hospital	053 353 3156
	Ubuntu		Outreach services by Vosburg	
Umsobomvu	Kuyasa PHC	049 843 2647		

<b>Northern Cape</b>	<b>Namakwa</b>	Rictersveld	Port Nolloth CHC	027 851 8758	
		Namakwa	Concordia	027 731 6730	
			Okiep	027 744 1660	
			Nababeep	027 713 8360	
			Matjieskloof	027 712 1072	
			Steinkopf	027 721 1072	
			Kommagas	027 821 1004	
			Bergsig	027 712 2565	
			Khai Ma	Poffader CHC	054 931 0098
		Pella		054 971 0004	
		Karoo Hoogland	Williston	053 391 3343	
			Fraserburg		
		Hantam	Calvinia	027 341 1868	
			Loeriersfontei	027 662 1194	
			Niewoudsville	027 218 1349	
		Kamiesberg	Garries	027 652 1025	
			Kammieskroon	027 672 1619	
		<b>ZF Mgcawu</b>	Tsantsabane	Boichoko PHC	053 313 0663
			Kgatelopele	Danielskuil PHC	
	Dawid Kruiper		Dr. Harry Surtie	054 332 9121	
			Sarah Strauss PHC	054 741 0024	
			Lingelethu PHC	054 334 0281	
	Kai Gariep		Keimoes	0544 61 6413	
	Kheis		Groblaarshoop	054 833 0231	

**Table 28: List of decentralised DR-TB initiation facilities and facility contact details in North West**

Province	District	Sub-districts	DR-TB Treatment initiation sites	Facility Contact Details
North West Province	Bojanala	Kgetleng	Swartruggens CHC	014 544 0573
		Moretele	Thulwe Clinic	082 857 1380
		Madibeng	Bapong CHC	066 303 7641
		Moses Kotane	Moses Kotane Hospital	061 595 3821
		Rustenburg	Tlhabane CHC	066 308 8558
	Dr. Kenneth Kaunda District	JB Marks	JB Marks CHC	068 257 4288
		JB Marks	Klerksdorp-Tshepong Tertiary Hospital	072 127 1352
		Maquassi Hills	Nic Bodenstein Hospital	018 596 1100
	Dr. Ruth Segomotsi Mompoti District	Lekwa Teemane	Bloemhof CHC	078 274 0568
		Mamusa	Mamusa CHC	053 963 7155
		Greater Taung LM	Taung Hospital	
		Naledi	Huhudi CHC	053 927 0571/5
	Ngaka Modiri Molema District	Ditsobotla	Itsoseng CHC	076 691 1588
		Mahikeng	Montshioa Stadt CHC	076 231 3624
		Ramotshere Moiloa	Dinokana CHC	063 119 2990
		Ratlou	Ratlou CHC	084 924 6100
		Mahikeng LM	Gelukspan Hospital	
		Tswaing	Ottosdal CHC	018 571 0026

**Table 29: List of decentralised DR-TB initiation facilities and facility contact details in Western Cape**

Province	District	Sub-districts	DR-TB Treatment initiation sites	Facility Contact Details		
Western Cape	West Coast	Cederberg	Citrusdal Clinic	022 921 2734		
			Clanwilliam Clinic	02 7482 1693		
			Graafwater Clinic	027 422 1309		
			Elandsbaai Clinic	022 972 1680		
			Lamberts Bay Clinic	027 432 2068		
			Wupperthal Clinic			
	West Coast	Bergrivier	Eendekuil Satellite Clinic	022 942 1562		
			Aurora Satellite Clinic			
			Goedverwacht Satellite Clinic	022 921 4322		
			Piketberg Clinic	022 913 1660		
			Porterville Clinic	022 913 2711		
			Redelingshuys Satellite Clinic	022 962 1810		
			Velddrif Clinic	022 783 0971		
			Voorberg Correctional Services			
			Wittewater Satellite Clinic	022 912 4040		
	West Coast	Matzikama	Bitterfontein Satellite Clinic	027 642 7000		
			Doringbaai Satellite Clinic	027 215 1841		
			Ebenhaezer Satellite Clinic	027 217 1733		
			Klawer Clinic	027 216 1216		
			Kliprand Satellite Clinic	027 501 1009		
			Koekenaap Satellite Clinic	027 217 2896		
			Lutzville Clinic	027 217 1671		
			Molsvlei Satellite Clinic	027 632 5010		
			Nuwerus Satellite Clinic	027 642 7000		
			Rietpoort Satellite Clinic	027 642 5147		
			Stofkraal Satellite Clinic	027 642 113		
			Van Rhynsdorp Clinic	027 219 1733		
			Vredendal Central Clinic	027 213 1004		
			Vredendal Hospital	027 213 3706		
			Vredendal North Clinic	02 7213 5064		
			Vanrhynsdorp Correctional Services	027 219 8100		
			West Coast	Saldanha	Diazville Clinic	022 714 2896 / 2948
					Hanna Coetzee Clinic	022 713 1146 / 1176
	Lalie Cleophas Clinic	022 723 1879				
	Langebaan Clinic	022 772 0017				
	Laingville Clinic	022 736 2033				
	Louwville Clinic	022 713 1805				
	Paternoster Satellite Clinic	022 752 2195				
	Piketberg Mobile 4	022 723 0160				
	Saldanha Clinic	022 714 4669				
	Sandy Point Clinic	022 73 61026				
	Vredenburg Clinic	022 713 4136 / 4142				

Province	District	Sub-districts	DR-TB Treatment initiation sites	Facility Contact Details
Western Cape	West Coast	Swartland	Abbotsdale Satellite Clinic	022 485 7830
			Chatsworth Satellite Clinic	022 481 3288
			Darling Clinic	022 492 2626
			Darling Mobile	022 492 2626
			Kalbaskraal Satellite Clinic	022 481 3495
			Koringberg Satellite Clinic	022 423 8351
			Malmesbury CDC	022 486 8000
			Malmesbury Mobile	022 486 8000
			Malmesbury Correctional Facility	022 482 7709
			Moorreesburg Clinic	022 433 1666
			Moorreesburg Mobile	022 433 1666
			Riebeeck Kasteel Clinic	022 448 1348
			Riebeeck West Clinic	022 461 2385
			Riebeeck West Correctional Facility	022 448 1362
			Riverlands Satellite Clinic	022 481 3316
			Swartland Hospital	022 487 9203
			Yzerfontein Satellite Clinic	022 492 2626
			Sonstraal TB Hospital	022 713 7600
			Overberg	Cape Aghullas
	Bredasdorp Mobile 1	028 425 1193		
	Bredasdorp Mobile 2	028 425 1193		
	Elim Clinic	028 482 1850		
	Napier Clinic	028 423 3008		
	Otto Du Plessis Hospital	028 424 1167		
	Struisbaai Clinic	028 435 7548		
	Waenhuiskrans Clinic	028 445 9237		
	Overberg	Overstrand	Calendon/ H/S Mob 4	028 341 0933
			Gansbaai Clinic	029 384 1917
			Hawston Clinic	028 312 1913
			Hermanus CDC	028 312 1917
			Hermanus Hospital	028 313 5200 / 3046
			Kleinmond/Betty's Bay Clinic	028 271 3310 / 4951
			Stanford Clinic	028 341 0933
	Overberg	Swellendam	Barrydale Clinic	028572 1459
			Barrydale Mobile 3	028 572 1459
			Buffeljagsrivier Correctional Services	028 512 3665
			Buffeljagsrivier Clinic	028 512 3453
			Railton Clinic	028 514 2995
			Ruens Mobile 5	028 514 2995
			Suurbraak Clinic	028 522 1640
			Swellendam PHC	028 514 8450
			Swellendam Hospitaal	028 514 1142
			Swellendam Mob 4	028 514 8450

Province	District	Sub-districts	DR-TB Treatment initiation sites	Facility Contact Details
Western Cape	Overberg	Theewaterskloof	Botrivier Clinic	028 284 9913
			Caledon Clinic	028 212 1572
			Caledon Correctional Services	028 214 3740
			Caledon Hospital	028 212 1070
			Caledon Mobile 1	028 212 1070
			Caledon Mobile 2	028 212 1070
			Caledon Mobile 3	028 212 1070
			Genadendal CHC	028 251 8160
			Grabouw CHC	021 859 1330
			Grabouw 3	021 840 1460
			Grabouw Mobile 1	021 8591330
			Grabouw Mobile 2	021 8591330
			Greyton	020 825 49887
			Helderstroom Correctional Services	028 215 1000
			Riviersonderend Clinic	028 261 1784
			Villiersdorp Mobile 1	028 840 1460
			Villiersdorp Mobile 2	028 840 1460
			Villiersdorp Clinic	028 840 1460
	Central Karoo	Beaufort West	Constitution Street Clinic	023 414 3984
			Beaufort West CDC	023 414 8200
			KwaMandlenkosi Clinic	023 414 2030
			Nieuvelddorp Clinic	023 414 2110
			Merweville Satellite Clinic	023 501 4026
			Murraysburg Clinic	049 88 40021
			Murraysburg Hospital	049 844 0053
			Nelspoort Hospital	023 416 1600
			Nelspoort Clinic	023 416 1706
			Hillside Clinic	
			Beaufort West Hospital	023 414 8200
			Central Karoo	Laingsburg
	Laingsburg Hospital	023 551 1237		
	Matjiesfontein Satellite Clinic	023 551 1390		
	Central Karoo	Prince Albert	Klaarstroom Satellite Clinic	083 276 8065
			Leeu Gamka Clinic	023 521 2124
			Prince Albert Clinic	023 541 1730
			Prince Albert Hospital	023 541 1301

Province	District	Sub-districts	DR-TB Treatment initiation sites	Facility Contact Details
Western Cape	Cape Winelands	Witzenberg	Annie Brown Clinic	023 316 1142
			Bella Vista Clinic	023 315 5980
			Breërivier Clinic	023 355 1739
			Ceres Hospital	023 316 9600
			Ceres CDC	023 312 3981
			Koue Bokkeveld Mobile 1	023 317 0380
			Nduli Clinic	023 3122 926
			Op die Berg Clinic	023 317 0380
			Prince Alfred Hamlet Clinic	023 313 3556
			Skurweberg Mobile 1	023 313 3556
			Tulbagh Clinic	023 230 8020
			Tulbagh Mobile 1	023 230 8020
			Warm Bokkeveld Mobile 1	023 312 2926
			Wolseley Clinic	023 23 11320
			Wolseley Mobile 1	023 231 1320
			Dwarsrivier Correctional Services	023 231 1011
			Obiqua Correction Service	023 230 1070
			Warm Bokkeveld Correctional Services	023 312 3170
			Cape Winelands	Stellenbosch
	Cloetesville CDC	021 887 0310		
	Devon Valley Mobile 1	021 888 5826		
	Dirkie Uys Satellite Clinic	021 876 2172		
	Don and Pat Bilton Clinic	021 880 0357		
	Franschhoek Mobile 1	021 876 2172		
	Groendal Clinic	021 876 3714		
	Groot Drakenstein Mobile 1	021 88 85826		
	Idas Valley Clinic	021 887 2016		
	Kayamandi Clinic	021 889 5061		
	Klapmuts Clinic	021 875 5206		
	Koelenhof Mobile 1	021 888 5832		
	Kylemore Clinic	021 885 2504		
	Rhodes Fruit Farms Satellite Clinic	021 874 1112		
	Strand Road Mobile 1	021 888 5832		
Stellenbosch Correctional Services	021 88 76864			

Province	District	Sub-districts	DR-TB Treatment initiation sites	Facility Contact Details
Western Cape	Cape Winelands	Breedevalley	Avian Park Clinic	
			Bossieveld Mobile 1	023 347 1954
			Botha Brandwacht Mobile 1	023 347 1954
			Brewelskloof Hospital	023 348 1307
			de Wet Satellite Clinic	023 341 2664
			de Doorns Clinic	023 341 2664
			Empilisweni (Worcester) Clinic	023 345 1442
			Orchard Clinic	023 354 8156
			Overhex Satellite Clinic	023 342 1230
			Rawsonville Clinic	023 349 1042
			Sandhills Clinic	073 924 0555
			Slanghoek Mobile 1	023 347 1954
			Touwsrivier Clinic	023 358 1189
			Worcester CDC	023 348 4145
			Worcester Hospital	023 348 1100
			Worcester Correctional Services	023 348 7793
			Brandvlei Correctional Services	023 340 8000
	Cape Winelands	Langeberg	Bergsig Clinic	023 626 1035
			Bonnievale Mobile 1	023 616 3239
			Cogmanskloof Clinic	023 615 2252
			Happy Valley Clinic	023 616 3239
			McGregor Clinic	023 6251932
			Montagu Mobile 1	023 614 8200
			Montagu Mobile 2	023 614 8200
			Montagu Clinic	023 614 8200
			Nkqubela Clinic	023 626 6612 / 3
			Robertson Mobile 1	023 62 68309
Robertson Mobile 2	023 626 8309			
Zolani Clinic	023 615 3288			
Robertson Correctional Services	023 348 793			

Province	District	Sub-districts	DR-TB Treatment initiation sites	Facility Contact Details
Western Cape	Cape Winelands	Drakenstein	Paarl Hospital	021 860 2500
			Dal/E de Waal Mobile 1	021 862 3600
			Dalevale Clinic	021 868 1086 / 7
			Gouda Clinic	023 232 0510
			Hexberg Mobile	021 873 0980
			Huis McCrone Clinic	021 873 0980
			Klein Nedurburg Clinic	
			Klein Drakenstein Clinic	021 862 3600
			Mbekweni CDC	021 868 3682
			Nieuwedrift Clinic	021 872 9794
			Patriot Plein Clinic	021 870 1107
			Phola Park Clinic	021 868 3093
			Saron Clinic	023 240 0078
			Simondium Clinic	021 874 3387
			Soetendal Clinic	021 873 5082
			Sonstraal Hospital	021 862 3176
			TC Newman CDC	021 860 2500
			Wellington CDC	021 864 9700
			Windmeul Clinic	021 869 8836
			Allandale CS	021 877 5720
	Drakenstein Correctional Services	021 864 8000		
	Hawequa Correctional Services	021 864 5800		
	Paardeberg Correction Services	021 869 8115		
	Eden	Bitou	Crags Clinic	044 534 8737
			Kranshoek Clinic	044 533 9333
			Kwanokathula Clinic	044 501 5700
			New Horizon Clinic	044 533 6438
Plettenberg Bay CHC			044 501 3700	
Plettenberg Bay Mobile 1			044 535 9061	
Wittedrift Satellite Clinic			044 535 9061	

Province	District	Sub-districts	DR-TB Treatment initiation sites	Facility Contact Details
Western Cape	Eden	George	Blanco Clinic	044 870 7780
			Haarlem Clinic	044 763 1098
			Conville CHC	044 875 8070
			George Central CDC	
			George Mobile 1	044 803 9000
			George Correctional Centre	044 802 7485
			Harry Comay Hospital	044 803 9073
			Herold Satelite Clinic	044 888 1619
			Herold Mobile 1	044 888 1619
			Kuyasa Clinic	
			Lawaaikamp Clinic	044 875 0432
			Pacaltsdorp CHC	044 875 2340
			Parkdene Clinic	044 875 0177
			Rosemoor Clinic	044 875 0469
			Thembaletu CHC	044 88 01181
			Uniondale Mobile 1	044 752 1138
			Uniondale Clinic	028 752 1138
			Uniondale Correctional Services	
	Uniondale Hospital	044 752 1068		
	Touwsranteen Clinic	044 850 1366		
	Eden	Hessequa	Albertinia Clinic	028 735 1045
			Albertinia Mobile 1	028 735 1045
			Heidelberg CHC	028 722 1441
			Heidelberg Mobile	028 722 1441
			Riversdale Clinic	028 713 8600
			Riversdale Hospital	028 713 2445
			Riversdale Mobile	028 713 4425
			Slangrivier Clinic	028 754 1009
			Still Bay Satelite Clinic	028 7541009
			Melkhoutfontein Clinic	028 754 3406
			Eden	Kannaland
	Calitzdorp Mobile	044 213 3623		
	Ladismith (Nissenville) Clinic	028 551 1388		
	Ladismith Mobile	028 55 11388		
	Ladismith Correctional Centre			
	Amalienstein Clinic	028 561 1369		
	Alan Blyth Hospital	028 551 1010		
	van Wyksdorp Satelite Clinic	028 581 2304		
	Van Wyksdorp Mobile	028 581 2304		
	Zoar Clinic	028 561 1305		
	Zoar Mobile	028 561 1305		

Province	District	Sub-districts	DR-TB Treatment initiation sites	Facility Contact Details
Western Cape	Eden	Knysna	Hornlee Clinic	044 385 0579
			Karatarata Satelite Clinic	044 356 2612
			Keurhoek Clinic	044 389 0212
			Khayeletu Clinic	044375 0207
			Knysna CDC	044 382 3935
			Knysna Town Clinic	044 382 0836
			Knysna Mobile	044 384 1135
			Knysna Hospital	044 302 8400
			Sedgefield Clinic	044 343 1117
			Wit Lokasie Clinic	044 382 3935
	Eden	Mosselbaai	Alma Clinic	044 693 0732
			Asla Clinic	
			Brandwacht Clinic	044 694 0108
			D'Almeida Clinic	044 693 0003 / 2780
			Dana Bay Mobile	044 6930003
			Eyethu Clinic	044 693 4193
			Friemersheim Clinic	044 696 6819
			George Road Clinic	044 691 0028 / 4914
			Great Brak River Clinic	044 620 2288
			Hartenbos Satelite Clinic	044 695 0415
			Herbertsdale Satelite Clinic	044 6511640
			Sonskyn Vallei Street	044 692 0591
			Mossel Bay Mobile 1	044 693 0003 / 2780
			Mossel Bay Mobile 2	044 693 0003 / 0108
			Mossel Bay Mobile 3	044 693 0003
			Mossel Bay Mobile 4	044 693 0003
			Mossel Bay Correctional Centre	
			Mossel Bay Hospital	044 691 2011
	Eden	Oudtshoorn	Bongolethu CHC	044 274 0929
			Bridgeton CHC	044 272 2508
			De Rust (Blommenek) Clinic	044 241 2057
			De Rust Mobile	044 241 2057
			Dysselsdorp CHC	044 251 6013
			Oudtshoorn Mobile 1	044 272 2241
			Oudtshoorn Mobile 3	044 272 2241
			Oudtshoorn Civic Centre Clinic	044 272 8288
Oudtshoorn Correctional Centre				
Oudtshoorn Hospital			044 203 7200	
Toekoms Clinic			044 274 1590	

Province	District	Sub-districts	DR-TB Treatment initiation sites	Facility Contact Details		
Western Cape	Metro	Tygerberg	Adriaanse Street Clinic	021 933 3680		
			Belville South CDC			
			Bishop Lavis Clinic	021 934 1018		
			Delft CHC	021 954 2235		
			Delft South Clinic	021 955 9200		
			Dirkie Uys CHC/Clinic	021 592 5207		
			Elsies River Clinic	021 936 8885		
			Kasselsvlei Clinic	021 951 2326		
			Netreg Clinic	021 694 1733 / 4		
			Parow CHC	021 938 8253		
			Ravensmead CHC	021 936 8758		
			Reed street CDC			
			Ruyterwacht CHC			
			Symphony Way CDC			
			St Vincent CHC	021 953 8028 / 9		
			Uitsig Clinic	021 936 8847		
			Valhalla Park Clinic	021 934 0101 / 2		
			Goodwood Correctional Services			
			Metro	Eastern	Blue Down Clinic	021 909 9900
					Dr. Ivan Toms Clinic	021 909 0520 / 04
	Eerste River Clinic	021 444 7144				
	Gordon's Bay Clinic	021 856 8038				
	Gustrouw CHC	021 845 8383 / 4				
	Ikwezi Clinic	021 845 2121 / 2				
	Kleinvlei Clinic					
	Kuilsriver Clinic	021 900 1620/4				
	Macassar CHC	021 857 2330				
	Mfuleni CHC	021 909 2755/58				
	Nonzamo CHC					
	Sarepta Clinic	021 900 1625				
	Sir Lowry's Pass Clinic	021 858 1493				
	Somerset West Clinic	021 850 4534				
	Wesbank Clinic	021 908 9900				
	Metro	Khayelitsha	Kuyasa Clinic	021 363 0271 / 2 / 3		
			Luvuyo Clinic	021 367 1104 / 5		
			Matthew Goniwe Clinic	021 362 6100 / 1		
			Mayenzeke Clinic	021 362 1112 / 3		
			Michael Mapongwana CHC	021 361 3353		
			Nolungile CDC			
			Nolungile Clinic	021 387 1107		
			Male Site B Clinic			
			Site B Clinic	021 364 8134 / 5		
Site B Youth Centre			021 361 4862			
Site C Youth Clinic						
Town Two Clinic			021 360 4000 / 4041			
Zakhele Clinic	021 361 1113					

Province	District	Sub-districts	DR-TB Treatment initiation sites	Facility Contact Details
Western Cape	Metro	Klipfontein	Dr. Abdurahman CHC	
			Guguletu CHC	021 637 1280
			Guguletu Clinic	021 637 1280 / 1
			Hanover Park Clinic	0216921250
			Heideveld Clinic	021 637 8033
			Lansdowne Clinic	021 797 4217
			Manenberg Clinic	021 691 6409
			Masinedane Clinic	021 386 1717
			Nyanga CHC	021 380 8000
			Silvertown Clinic	021 637 1293
			Vuyani Clinic	021 637 9016
	Metro	Mitchell's Plain	Crossroads 1 Clinic	021 374 1144
			Crossroads 2 Clinic	021 386 1113
			Crossroads CDC	
			Eastridge Clinic	021 392 7125 / 6 / 7
			Lentegeur Clinic	021 371 2126
			Mzomomhle Clinic	021 374 1173 / 4
			Phumlani Clinic	021 374 7170 / 81
			Rocklands Clinic	021 392 5121 / 2
			Tafelsig CHC	021 397 8195 / 8906
			Weltevreden Valley Clinic	021 372 4469 / 7253
			Westridge Clinic	021 392 4124
	Metro	Northern	Bloekombos Clinic	021 988 0072
			Bothasig Clinic	021 558 5010
			Brackenfell Clinic	021 980 1285
			Brighton Clinic	021 980 6127
			Durbanville Clinic	021 975 2087
			Goodwood Correctional Centre	
			Fisantekraal Clinic	021 979 5452
			Harmonie Clinic	021 98 06187
			Kraaifontein CHC	
			Northpine Clinic	021 981 4319
			Scottsdene Clinic	021 980 6243
Wallacedene Clinic	021 987 8433			

Province	District	Sub-districts	DR-TB Treatment initiation sites	Facility Contact Details
Western Cape	Metro	Southern	Alphen Satellite Clinic	021 794 6870
			Claremont Clinic	021 671 7102
			Diep River Clinic	021 712 9598 / 8579
			Fish Hoek Clinic	021 782 3847 / 6490
			Grassy Park CHC	021 705 3814
			Hout Bay Harbour Clinic	021 790 1050
			Hout Bay Main Road Clinic	021 790 1720 / 2393
			Klip Road Clinic	021 705 1947 / 1983
			Lady Michealis Clinic	
			Lavender Hill Clinic	021 701 9005 / 6
			Lotus River Clinic	021 703 6990 / 9330
			Masiphumelele Clinic	021 795 3556
			Muizenberg Clinic	021 788 8940 / 9441
			Ocean View CHC/Clinic	021 783 1688
			Parkwood Clinic	021 705 0103 / 4
			Pelican Park Satellite Clinic	
			Philippi Clinic	021 692 1161
			Retreat Clinic	021 712 0310 / 1 / 2
			Retreat CHC	
			Seawind Clinic	021 701 1348 / 9
			Strandfontein Clinic	021 393 6226 / 6236
	Westlake Satellite Clinic	021 701 1964		
	Wynberg Clinic	021 797 5190 / 1		
	DP Marais Hospital	021 713 7645		
	Pollsmoor Correctional Services			
	Metro	Western	Albow Gardens Clinic	021 514 6530
			Chapel Street Clinic	021 465 2793
			Du Noon	021 521 2820
			District Six CDC	021 593 3060
			Factreton Clinic	021 293 9858
			Green Point CHC	021 421 0288
			Langa Clinic	021 694 1740 / 1
			Maitland CHC	021 511 2523
			Mamre CHC	
Melkbos Clinic			021 553 2499 / 6	
Protea Park Clinic			021 572 4696 / 4706	
Saxon Sea Clinic			021 572 5380 / 1664	
Spencer Road Clinic			021 447 9031 / 8	
Table View Clinic	021 557 1065 / 6			
Vanguard Drive. CHC	021 694 5540 / 1			
Brookly Chest Hospital	021 508 8314			



health

---

Department:  
Health  
REPUBLIC OF SOUTH AFRICA

