

**To: Editors & Health Journalists**

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### **A NEW STUDY SHOWS CASH AND COUNSELLING CAN IMPROVE TB OUTCOMES BY 50%**

A groundbreaking study conducted by the National Institute for Communicable Diseases (NICD) in partnership with Wits University revealed that tuberculosis patients who receive cash incentives and counselling have a 52% lower relative risk of having an unsuccessful treatment outcome.

This study's findings are critical as economic and behavioural factors lead to poor outcomes in patients with tuberculosis. The study, which was published last week in the *Lancet Infectious Diseases* journal, was led by Professor Nazir Ismail from Wits University (former Head of the NICD Centre for TB), Johannesburg.

"Combining tuberculosis pre-test and post-test counselling with conditional cash transfers significantly reduced the risk of unsuccessful patient outcomes and improved the overall treatment success rate from 66.9% to 82.0%, bringing one of the 90-90-90 targets within reach," stated the authors in the *Lancet Infectious Diseases* journal.

The reduction of pretreatment loss to follow-up is expected to reduce community transmission of tuberculosis, leading to lower incidence over time, a key goal of the End TB strategy. Loss to follow-up refers to persons diagnosed with TB who either do not start treatment or who stop treatment during care.

Cash transfers were conditional upon participants attending their appointments within the prespecified window period, which included returning for their results and starting treatment and the monthly follow-up visits until the end of treatment.

The Head of the TB Centre at the NICD, Dr Shaheed Vally Omar, also the study's senior author, commended the researchers, adding that the findings showed counselling and incentives were critical in the fight against TB. "This study's findings reinforce the urgent need for patient-centred approaches that address both medical and socio-economic barriers to care."

These sentiments were echoed by Prof. Adrian Puren, the NICD Executive Director, who said: "Efforts have been intensified to manage the TB epidemic in South Africa. The incorporation of the study findings to ensure the success of these efforts is an important consideration."

The study, a randomised controlled trial conducted across nine clinics in Johannesburg, evaluated the effects of a patient-centred intervention combining pre-test and post-test TB counselling with financial incentives on treatment adherence and outcomes.

### **Key Findings**

- TB patients who received counselling and conditional cash transfers were significantly more likely to complete treatment successfully (82.0% vs. 65.6% in the control group).
- The intervention showed a substantial reduction in the relative risk (0.52) of unsuccessful patient outcomes, which included not starting treatment, not completing treatment, treatment failure, drug-resistance development, or death.
- Pretreatment loss to follow-up, that is, individuals who did not return and start treatment, was reduced from 15.8% to 3.9%, indicating improved engagement in care.

The study was a collaboration between the University of the Witwatersrand, Johannesburg, South Africa's National Institute for Communicable Diseases, the South African Human Sciences Research Council, and University College London.

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**For enquiries and interview requests, please contact:** [Media@nicd.ac.za](mailto:Media@nicd.ac.za)

Kind regards,

**Mr Vuyo Sabani**

Senior Communications Manager

National Institute for Communicable Diseases



