

Project Fact Sheet | Swaziland



Project staff providing counseling on HIV and tuberculosis co-infection

USAID Health Care Improvement Project: Improving TB and TB/HIV Services 2006-2013

Who we are

Since 2006, University Research Co. LLC (URC) through the USAID Health Care Improvement (HCI) project has worked to reduce the incidence of tuberculosis (TB) and HIV in Swaziland, a country with rate for both diseases among the highest in the world.

In Swaziland, HCI seeks to contribute to:

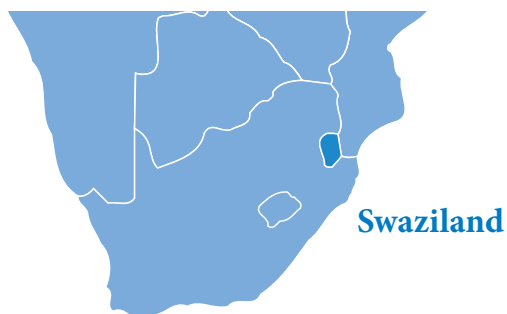
- Strengthened TB treatment and DOTS service through (TB Directly Observed Treatment, Short course) decentralization of TB services to primary health care (PHC) clinics and stronger linkages between communities and health facilities;
- Increased quality of TB/HIV services and increased integration of TB and HIV service at all levels;
- Improved case management for multi-drug resistant TB (MDR-TB) at facility and community levels; and
- Strengthen national capacity to lead and manage roll out of adequate HTC services.

Key HCI interventions include: advocacy and social mobilization; development and utilization of guidelines and standards; training, operational research, mentoring, human capacity and health infrastructure development; integration, decentralization and quality improvement. HCI's primary target populations include adults, children, and people at high risk of MDR-TB and people living with HIV and/or AIDS while the secondary targets are the health care workers, general public and policy makers. HCI provides technical assistance to all four regions in the country, namely: Manzini, Shiselweni, Hhohho and Lubombo.

How we work

URC works closely with the MOH National Tuberculosis Control Programme (NTCP), Swaziland National AIDS Programme (SNAP), and Clinical Laboratory Services (CLS). URC is assisting the NTCP in restructuring its operations, providing dedicated staff to work with MOH counterparts SNAP and CLS at national, regional, and health facility levels, and working closely with Regional Health Management Teams.

Where we work



Key achievements

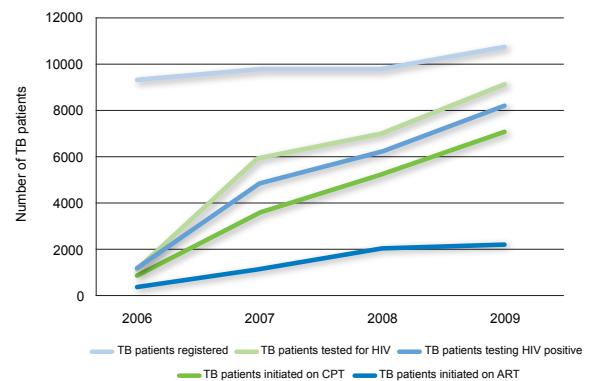
TB incidence peaked at 1,262/100,000 decreased to 1,198/100,000 in 2008. There are now 15 functional microscopy centers up from 6 in 2005 and average turn-around time for test results is 48-72 hours.

- **TB case detection** has improved from 38% in 2005 to 68% in 2009.
- **TB treatment success rates** have increased from 42% in 2006 to 73% in 2010.
- **Cotrimoxazole Prophylaxis** among TB/HIV co-infected patients increased from less than 5% in 2006 to 97% in 2010.

TB/HIV integration

URC assisted the NTCP to introduce provider-initiated HIV testing and counseling in TB clinics and strengthen referrals and linkages for ART treatment for co-infected patients, for example by increasing the number of TB clinics providing ART to TB patients in TB settings.

HIV testing and enrollment into care for TB patients coinfected with HIV from all HCI supported TB diagnostic units (2006-2009)



Building a sustained response to MDR TB

With the emerging MDR TB situation in Swaziland, HCI developed a strategy in 2008 with the MOH to improve case finding for MDR TB, MDR TB recording and reporting, MDR TB patient mapping and development of MDR TB guidelines. The strategy included:

- Operation Procedures for departments within the hospital;
- Providing assistance in second-line anti-TB drugs quantification, projections and supply chain management;
- Training health care workers on the management of MDR TB; and
- Working with the national referral laboratory to validate reported cases of MDR-TB including verification of results of MDR-TB patients diagnosed by culture and drug sensitivity testing.

HCI continues to provide technical assistance to the MDR TB hospital and support to the NTCP both at program level and at facility level to improve clinical management of drug resistant TB.

TB-HIV nurse with cough officer

Project staff also work closely with PHC clinics and communities to enable them to offer decentralized services, for example by introducing a TB service package for PHC which includes sputum collection and transportation, TB treatment follow up and TB treatment initiation.

URC uses the *improvement collaborative approach*, periodically bringing together all personnel within the area responsible for TB services to present the results of their work, discuss, compare, and interpret the results, identifying challenges and discussing solutions to problems encountered.

Innovation

Introducing a TB screening tool in HIV health care settings

TB screenings and prompt diagnosis and treatment of TB in people with HIV/AIDS increases chances of survival, improves quality of life, and reduces transmission of TB. When the project began, however, staff in HIV settings were reluctant to implement intensified case-finding of TB suspects because of the increase in workload required.

HCI, MOH, and partners tested whether a TB symptom screening tool was sensitive enough to consistently detect TB disease among HIV-positive clients and if the tool was easy to be administered even by lay counselors. The screening tool was pilot tested in three HIV care sites.

The validation exercise helped HCI and MOH make adjustments in patient flow, adding staff to supervise sputum collection (cough assistants) in busy centers, strengthen referral systems between HIV and TB services, boost advocacy for active case finding, and raise awareness of infection control strategies.

Based on the results, the tool was adopted by the MOH for use as the national TB screening tool in clinical and community settings.

Improving systems to empower communities