



# Integration of TB and HIV services: Swaziland's experience

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# Map 1: Map of southern Africa showing location of Swaziland



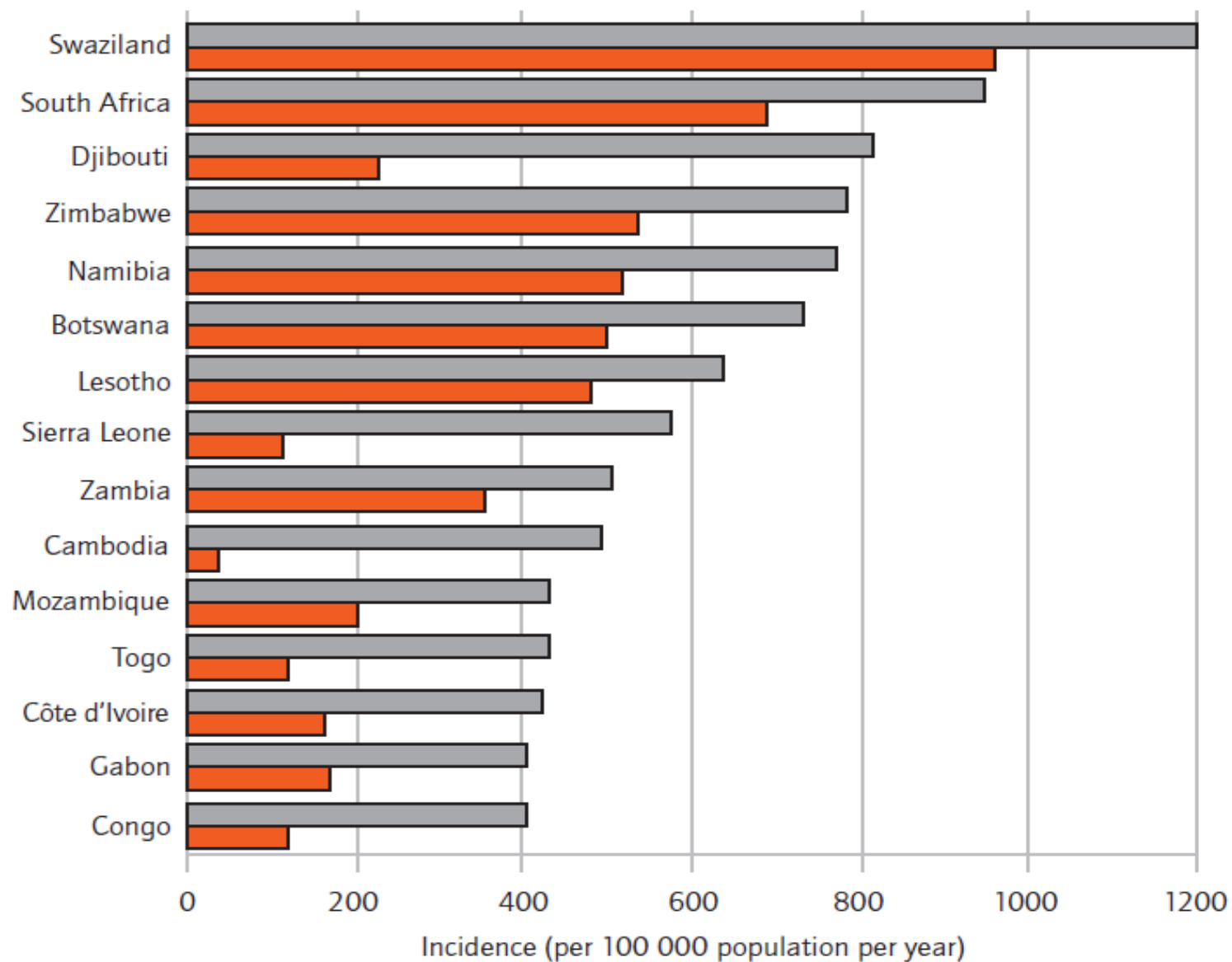


# Country overview

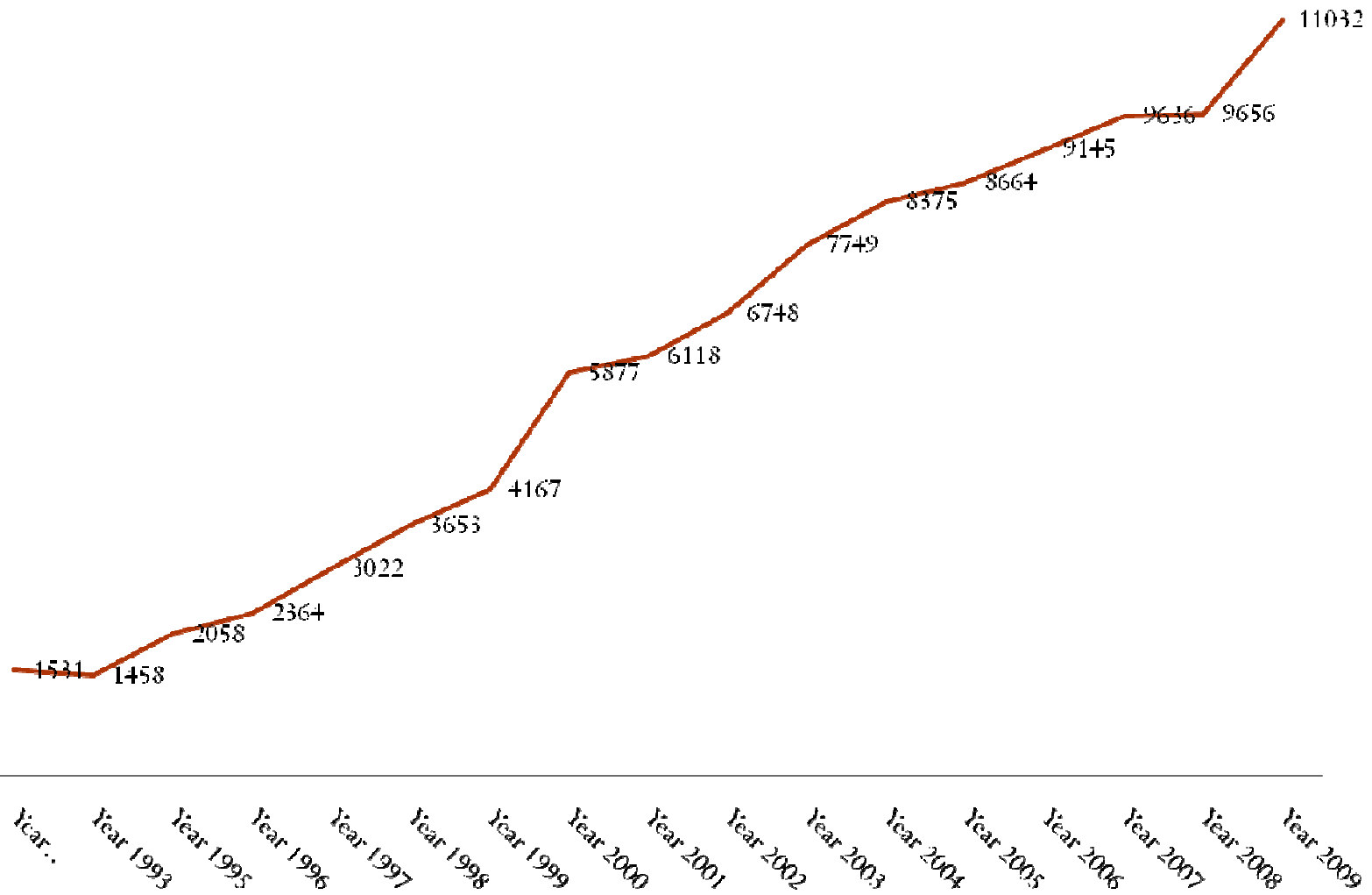
- Surface area:17400 Km<sup>2</sup>
- Population of 1,034,000 people of which >70% is rural
- TB Incidence: 1,257 per 100,000 population( NTP report, 2009)
- HIV prevalence - 26% (15-49 year age group, DHS 2008)
- HIV prevalence among ANC attendees - 42%(sentinel survey of 2008)
- HIV co-infection rate among TB patients - 84% (NTP report, 2009)

### ■ FIGURE 1.4

Fifteen countries with the highest estimated TB incidence rates per capita (all forms; grey bars) and corresponding incidence rates of HIV-positive TB cases (red bars), 2007

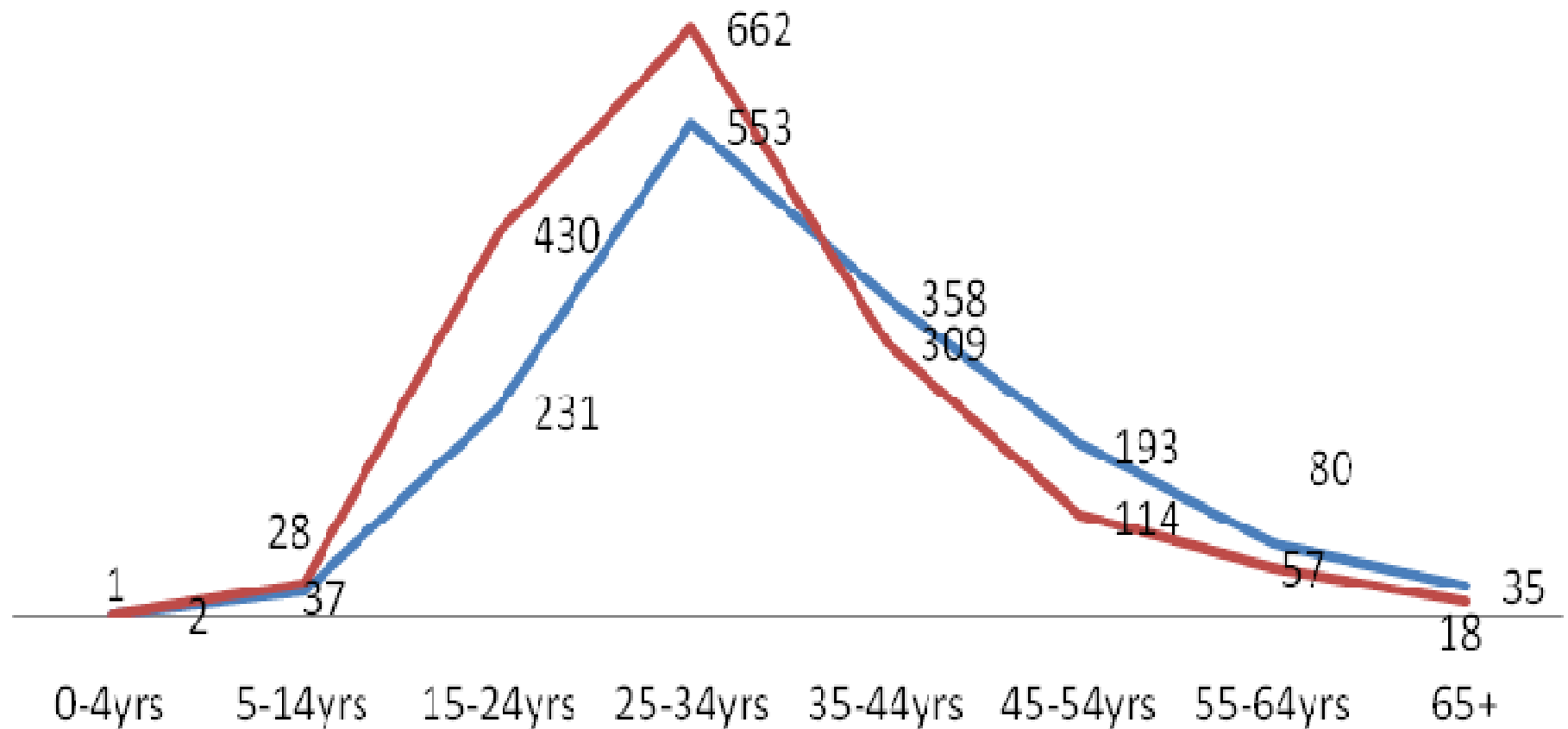


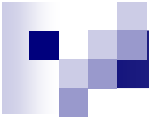
## Notified TB cases in Swaziland



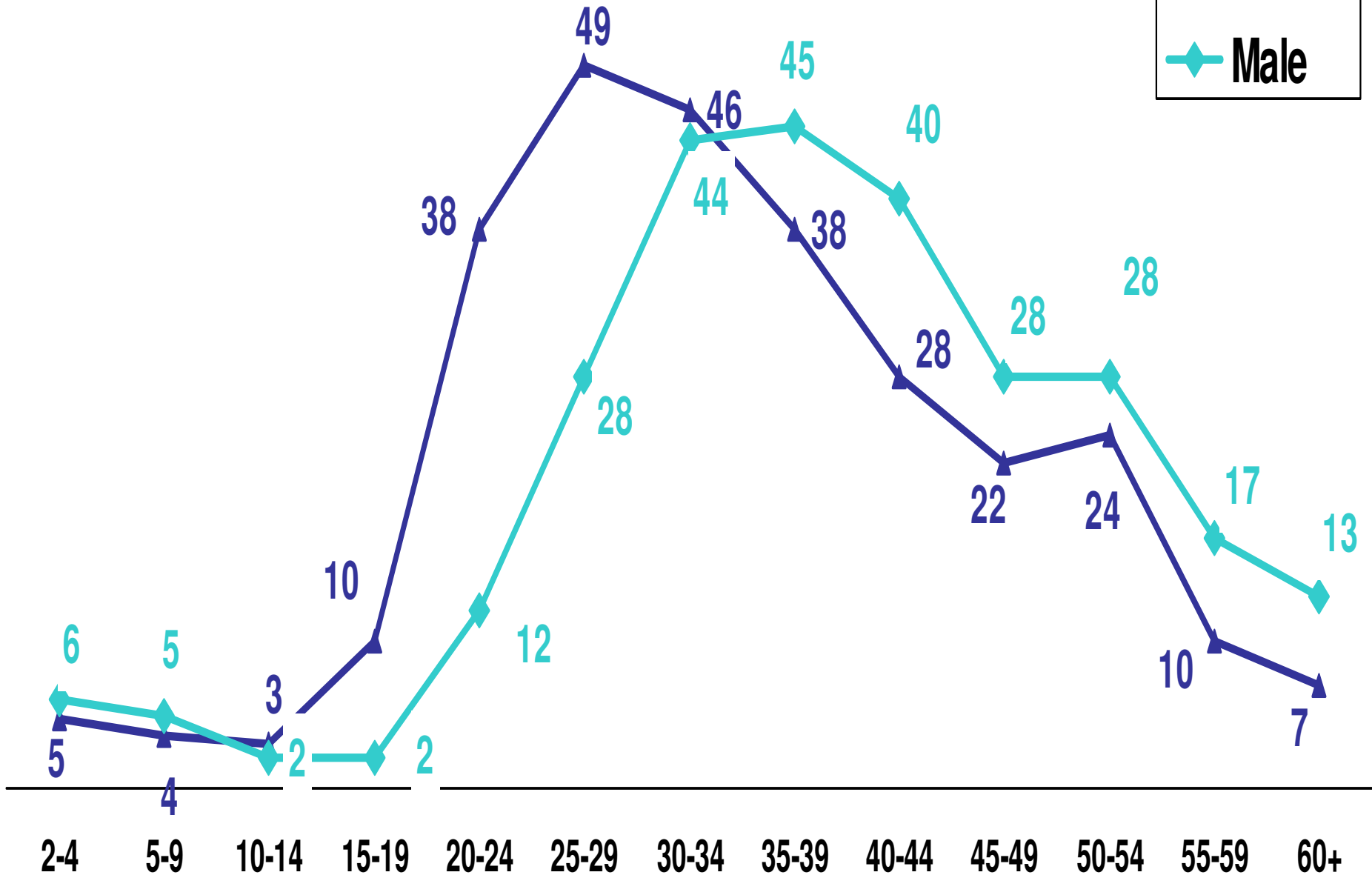
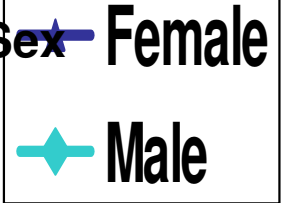
## NEW SMEAR POSITIVE CASES BY AGE AND GENDER- 2008

— Male — Female





# HIV Prevalence among Population Age 2 and Older by Age and Sex





# **Objectives of the TB/HIV Collaborative activities**

1. Establish the mechanisms for sharing information and collaboration
2. Decrease the burden of Tuberculosis in people living with HIV/AIDS
3. Decrease the burden of HIV in Tuberculosis patients





## **Establish mechanisms for sharing information & collaboration**

- TB/HIV NCC established in 2007
- Meets quarterly, co chaired by NTP and SNAP Managers
- Regional TB/HIV committees formed in 3 regions in 2010
- Facility Multi Disciplinary teams
- ART Guidelines reviewed and adopted in 2010
- Review TB/HIV Policy/ Guidelines and strategic framework
- HSRP developed jointly by the HIV and TB programmes (2009-2013)
- TB/HIV Decentralization Handbook in progress



## **Decrease the burden of TB among PLWHIV**

- ICF: Piloted in 2008 in 3 facilities
- Rolled out to all ART, VCT sites and some OPD sites and clinics ( 2009)
- ICF tools recently reviewed in line with new WHO guidelines (2010)
- Placement of cough officers at all ART sites to administer the screening tool (2008)
- Developed an ICF patient and data flow chart (2010) in consultation with clinicians



## **Decrease the burden of TB among PLWHIV**

- IPT: pilot study conducted 3 sites in 2009, concluded in 2010
- Results: IPT safe and feasible in the country
- Issues of procurement, storage and reporting on INH cleared in 2010
- IPT Guidelines finalized 2011
- INH forecasting and quantification concluded
- Roll out/Implementation plan in progress
- Roll out planned for July 2011



## **Decrease the burden of TB among PLWHIV**

- IPC: Recruitment of National IPC Coordinator - 2010
- TBIPC Guidelines finalized - 2010, awaiting peer review
- Assessments conducted in Health facilities and prisons- 2009, 2010
- Provision of Park Homes



## **Decrease the burden of HIV in TB patients**

- All TB diagnostic sites supported with a lay counselor
- HTC uptake among TB patients- 80% (NTP report, 2009)
- TB/HIV co-infection- 84% (NTP report, 2009)
- Promotion of HIV prevention methods through provision of HIV education and promoting condom use & distribution
- CPT uptake- 93% (NTP report, 2009)

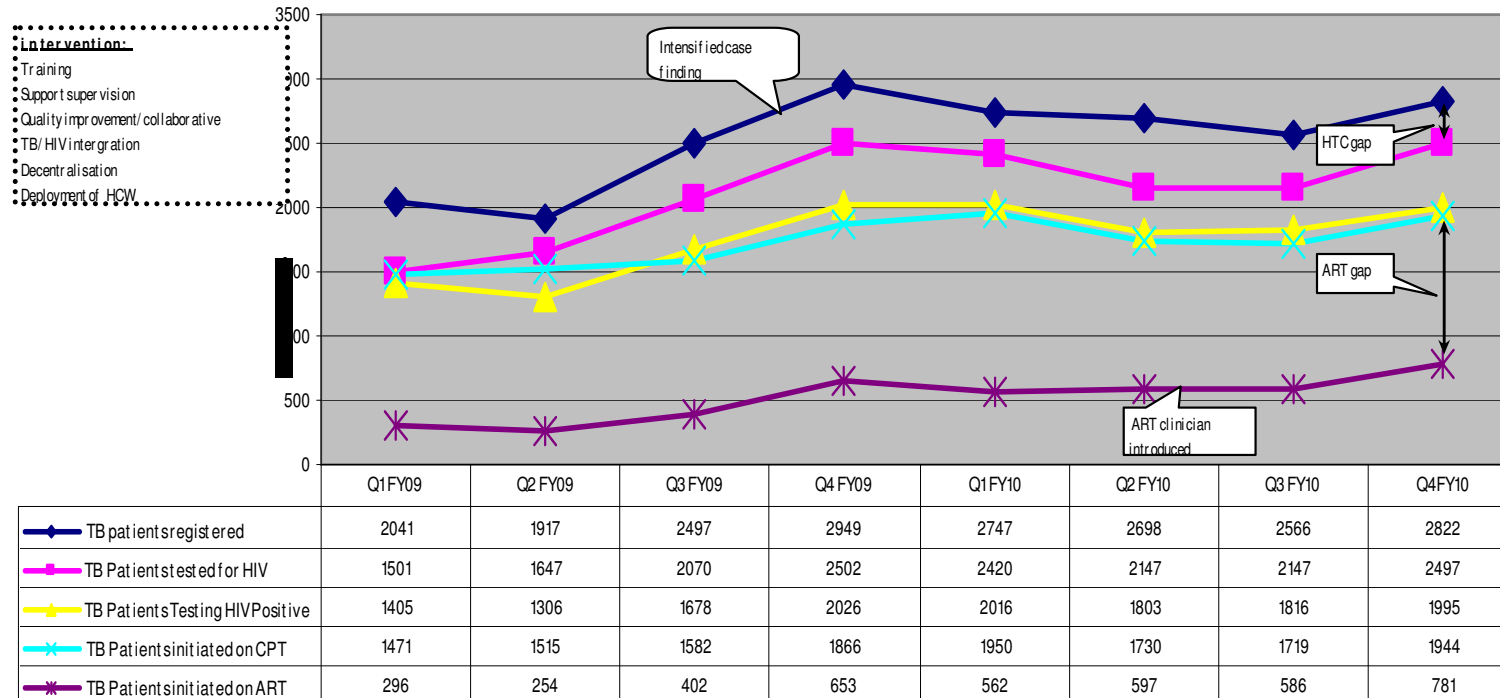


# Decrease the burden of HIV in TB patients

- Full ART/TB integration model adopted- 2010
- ART integrated to 90% of TB diagnostic sites
- NTP started reporting on ART in TB in 2010
- Decentralization of ART and TB services in progress
- 34 PHCs provide both ART and TB services
- ART/TB Patient flow chart developed- 2010
- ART uptake increased from 26% in 2009 - 37% in 2010

# A chart showing results of HIV testing and ART uptake for TB patients

HIV treatment enrollment into HIV care for TB patients coinfected with HIV (Q1 FY09 to Q4 FY10)  
in 26 HCI supported sites in Swaziland





## **Monitoring and Evaluation**

- Reviewed TB and ART data tools to incorporate TB/HIV variables
- Developed an electronic TB/HIV reporting tool
- Integration of electronic TB and ART databases in progress





## **Community linkages and defaulter tracing mechanisms**

- Rural Health Motivators (RHMs) and community treatment supporters
- Adherence officers introduced in all TB diagnostic sites to trace patients
- Joint community campaigns by the TB and HIV programmes



## **Challenges in implementation of TB/HIV integrated services**

- Infrastructure and Human resource constraints
- High TB/HIV co-infection rate
- Patient late presentations and unwillingness to go on ART/ATT co-treatment
- Monitoring and Evaluation- HR support
- Reporting on the 3Is
- TB Diagnosis a challenge
- Burgeoning cases of DR-TB



## **Targets for 2011/2014- HSRH plan (2009-2014)**

- To increase HTC uptake in TB patients to 90% in 2011 and 95% in 2014
- To increase CPT uptake to 95% in 2011 and 99% in 2014
- To increase ART uptake in TB patients to 50% in 2011 and 80% in 2014
- To increase TB screening for PLHIV to 50% in 2011 and 80% in 2014
- To provide IPT to 20% of PLHIV in 2011 and 50% in 2014



# Acknowledgements

- WHO
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THANK YOU  
SIYABONGA