SWAZILAND INTEGRATING TUBERCULOSIS into NCDs
National plans

Two National Programs

- Two separate NSPs both have the independent integration
- Programs willing to integrate
- Positive experience with HIV/NCDs integration pilots
  - 4 hospitals (Improved patient outcomes, 1 stop shop preferred by client).
  - 20 Primary health clinics for 24 months.
- TB/HIV integration successfully done
Service delivery

- Food based dietary guidelines underdevelopment (TB included)
- Holistic patient management process ongoing
- Client Management Information system- Electronic patient level data
- TB screening done at all entry points in health facilities
  - Patients are Triaged
- Primary Health care facilities have integrated treatment rooms
Cont’d

- TB Prevalence survey
  - Successfully included NCD and their risk factors within the prevalence survey.
  - Advocacy ongoing to include the CA lung included into the TB Prevalence
- TB Drug Resistant/NCD Integrated clinical patient management (not in Drug Sensitive-TB)
- Lung health integrated with NCDs & Mining project
- Prevention: Support groups for smokers with TB to NCDs (COPD, CA Lung) to smoking cessation programmes
Community

- Community Health care workers- screen for both Communicable & NCDs
  - Work with clinics (given Glucometers, BP machines )
- Community Treatment supporters assist with adherence to medications
- Identify symptomatic patients and refer (for both TB & NCDs)
Prospects

- Share Resources
- Look for opportunities for integration during resource mobilisation.
- Integrated trainings for HCWs & Community lay cadres.
- One stop clinics to encourage adherence & follow-ups.
- Analyse Client Management Information System data to inform planning and programming.
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