CURRENT SITUATION

Tuberculosis (TB) is one of the leading causes of morbidity and mortality among adults in Swaziland.

- The country has the highest estimated TB incidence rate (1320 TB cases per 100 000 population in 2011).
- An estimated 16 000 people developed active TB in 2011, of these, around 47% are not detected or notified.
- Around 77% of TB patients are co-infected with HIV.
- The TB mortality rate remains high at 53 per hundred thousand (excluding HIV).

THE WHO-CIDA INITIATIVE IN SWAZILAND

- The initiative began in 2009, with the aim of addressing low case detection.
- The initiative implemented activities across the country.

“Swaziland has been successful in exceeding the target set by this Initiative of detecting 2500 additional TB cases which would have otherwise been undetected. The target was crossed in mid-2012 and more cases are currently being detected through key project interventions.”

Dr Themba Dlamini, National TB Control Programme Manager, Swaziland

INTERVENTIONS

1. Identify TB cases among persons living with HIV

- People living with HIV are not always screened for TB and TB cases are missed. This is a crucial intervention in Swaziland because of the high TB/HIV co-infection rate.

2. Intensified hospital engagement

- A large proportion of people with TB present themselves to hospitals. However, many TB cases are missed because of inadequate screening for TB; need for stronger links between hospitals and the national TB programme; and weak adherence to national diagnosis and treatment protocols.

3. Identify TB cases among household contacts of known TB patients

- Increased and early detection of TB cases especially among children, can be facilitated through systematic household contact investigation.

4. Systematic screening of people with diabetes

- Like HIV, diabetes increases the risk of getting TB and systematic screening of patients in diabetes clinics can yield additional TB cases.
IMPLEMENTATION STEPS

To launch the interventions the following steps were taken:
- Development of protocols and standard operating procedures for the interventions.
- Sensitization, orientation and training for staff.
- Setting up mechanisms for internal coordination among hospital departments and external networking with peripheral health centres.
- Frequent and supportive monitoring and supervision.

SUSTAINABILITY AND SCALABILITY

- This initiative has contributed to strengthening collaboration between the TB and HIV programmes.
- The TB screening tool and protocols developed for the initiative have been adopted and endorsed nationally for scaling up systematic screening of people living with HIV, hospital engagement and contact investigation.
- Based on experiences from the initiative, systematic TB screening has been made an integral part of HIV services across the country.
- The initiative has enabled the country to start reporting on the number of people living with HIV who are screened for TB.

INTERIM ACHIEVEMENTS

Around 13% of TB cases notified nationally in 2011 were contributed by the WHO-CIDA initiative.

- 3014 TB cases have been detected since the start of the WHO-CIDA initiative, this already exceeds the target for the whole period of the initiative.
- 10%-27% of persons screened for TB nationally were identified using the TB screening tool developed by the WHO-CIDA initiative.
- There was a considerable increase in number of people screened for TB, especially among people living with HIV. In 2009, 10 565 people suspected of having TB were screened, this increased ten times to 121 146 people screened for TB in 2011.