Overcoming Barriers to National IC policy development

18th Core group of the Global TB/HIV Working Group and Workshop to Scale Up the Implementation of Collaborative TB/HIV activities in Anglophone Africa,

Maputo, Mozambique
10 to 12 April 2013
TB/HIV Policy Environment...

- TB/HIV collaborative activities policy guideline (2007)
- TB/HIV 3I’s guidelines (2011)
- TB/HIV decentralization guidance document (2012): implementation of one stop shop model in all the primary health clinics
- TB Infection prevention and control guidelines (2012)
TB Screening Among HIV+ Patients in ART sites and OPDs disaggregated by Age

Intensified case finding
ISONIAZID PREVENTIVE THERAPY

Isoniazid Preventive Therapy among HIV+ clients attending HIV clinics

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<tbody>
<tr>
<td>Number of patients on IPT at end of reporting period</td>
<td>670</td>
<td>1050</td>
<td>833</td>
<td>910</td>
<td>756</td>
<td>865</td>
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<tr>
<td>Number of new Initiations during reporting period</td>
<td>670</td>
<td>380</td>
<td>450</td>
<td>350</td>
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- Number of patients on IPT at end of reporting period
- Number of new Initiations during reporting period
ART Uptake among TB/HIV coinfected patients

ART and CPT uptake among TB/HIV co-infected patients in Swaziland

ART and CPT uptake from 2008 to 2012:
- ART: 0%, 22%, 35%, 52%, 68%, 98%
- CPT: 66%, 89%, 96%, 95%, 98%
Motivation for IC Policy Development

» High MDR-TB prevalence rates *(7.3% New and 33.9% Retreatments)*

» Lack of institutionalized standard IPC practices in health facilities *(Only 1 facility had IC committee)*

» Weak surveillance system for TB among HCWs *(periodic screenings amongst HCWs not institutionalized)*

» Weak capacity of health and other congregate institutions to implement appropriate infection control measures. *(infrastructure not built according to IC standards)*
Steps for policy development

IC Baseline Assessment in 2009 by External Evaluators

Recommendations: Policy Guidelines, TOT, Ongoing risk Assessments

Draft TB IC Guidelines Developed in 2010

Sharing of Draft Guidelines with Stakeholders including External Evaluators Jan-April 2011

Finalization of the Draft in August 2011

Final Draft Endorsed by MOH Feb 2012

Sent to Editors for Final Input May 2012

With Printers May 2012-Feb 2013
Barriers to IC Policy development

» Inadequate in-country capacity to lead the process

» Different funding streams for IPC Activities...leading to delays in document development, printing and distribution

» General lack of TB IPC Knowledge among Stakeholders...new concept

» Uncoordinated feedback/ inputs from Stakeholders
Address to barriers to IC policy development

» Country Ownership
  > Advocacy for political commitment
  > Designated National IPC officer
  > Built capacity through training of trainers
  > Strengthened the IPC TWG
  > Implementation framework developed
Address to barriers to IC policy development

» Resource Mobilization
  > Pooling of resources from various partners for specific IC activities.

» Improving Stakeholder knowledge base
  > Training of HCWs on TB IPC
  > Introduction of facility IPC committees
TB IPC ToTs have been conducting TB IPC trainings (780 HCWs trained from January 2011 to September 2011)

TB infection control risk assessments conducted in 11 facilities (TB centre, Matsapha correctional services, Horo clinic, Nkhaba, Lobamba, Ezulwini satellite, Mahwalala, Motshane, Ngowane, Entfonjeni, GSH)

All eight hospitals and five health centres have appointed IPC focal persons, TB screening at out patients departments, three to twenty four hours TAT for sputum results.

Base line IPC facility assessments conducted in seven hospitals and two health centres
Health care worker surveillance for tuberculosis

- Program started 2012
- Incorporated under National Infection Control office
- Engagement of NGO to conduct screening for confidentiality and maximum participation from HCWs.
Plans for strengthening IPC

- Ongoing facility IC risk assessments
- Training of facility staff
- Scale up of the FAST strategy to all hospitals and health centres
- Strengthen regional capacity to oversee IPC activities in each region *(Regional IC Coordinators have been recruited)*
- Scale-up of infection control activities to all primary health clinics
- Engagement of community to implement community IC
THANK YOU...