

PROJECT FACT SHEET **SWAZILAND**



Health care staff in Swaziland are fitted for N-95 respirators as part of good infection control practice.

URC IN SWAZILAND

University Research Co., LLC (URC) has served as a key technical assistance partner to the Swaziland Ministry of Health, National TB Control Programme, National AIDS Programme, and the Swaziland Health Laboratory Services since 2006. Through the CDC/URC Laboratory Project, URC is working to strengthen laboratory services at all levels, implement quality management systems, and expand HIV/AIDS and TB diagnostic and laboratory monitoring services within the Swaziland health system. Through the USAID ASSIST Project, URC is supporting the NTCP to decentralize high quality and accessible TB services throughout the country. Through the CDC –funded Strengthening Local Capacity to Deliver Sustainable Quality-Assured Universal Coverage of Clinical HIV/TB Services, URC will build on and extend the ability of the MOH, SNAP and the Lubombo regional health management team to contribute to a reduction in new HIV and TB infections for adults and children, and to improve treatment and service availability among children, adults, and pregnant women living with HIV (especially those with TB co-infection) both at national level and in the Lubombo region.

Improving TB Infection Control

BACKGROUND

Swaziland currently faces the world's highest TB incidence rate, at 1,382 TB cases per 100,000 population (WHO 2014). This, coupled with an adult HIV prevalence rate of 31%, places a heavy burden on the Swaziland health care system, which struggles to provide access to high quality TB and HIV diagnosis, care, and treatment services, despite a lack of resources and qualified health care staff. The rapid emergence of multi-drug resistant (MDR) TB, and its association with hospital-based outbreaks, has highlighted the role that overcrowded health facilities may inadvertently play in continued TB transmission. A 2009 baseline assessment showed insufficient knowledge of health care workers in Swaziland as to how TB is transmitted and what the best infection prevention and control (IPC) standards and practices are to prevent transmission. The Swaziland National TB Control Programme (NTCP) has therefore made good TB infection control a priority for all health care facilities and health workers throughout the country.

URC INTERVENTIONS TO IMPROVE TB INFECTION CONTROL

University Research Co., LLC (URC) has served as a key technical assistance partner to the Swaziland Ministry of Health, National TB Control Programme, National AIDS Programme, and the Swaziland Health Laboratory Services since 2006. Through a number of its programs in country, URC works with health facilities and health care staff to improve TB IPC practices and reduce TB and MDR TB transmission. URC has facilitated quality assurance trainings in IPC, conducted facility risk assessments to ascertain facility compliance with national IPC standards, targeted at-risk groups, such as health care workers, with sensitization of IPC practices, and worked to strengthen the National IPC Technical Working Group. In partnership with this working group, national IPC guidelines were developed and distributed to health facilities.

CASE STUDY: FAST IMPLEMENTATION AT MANZINI TB CENTRE

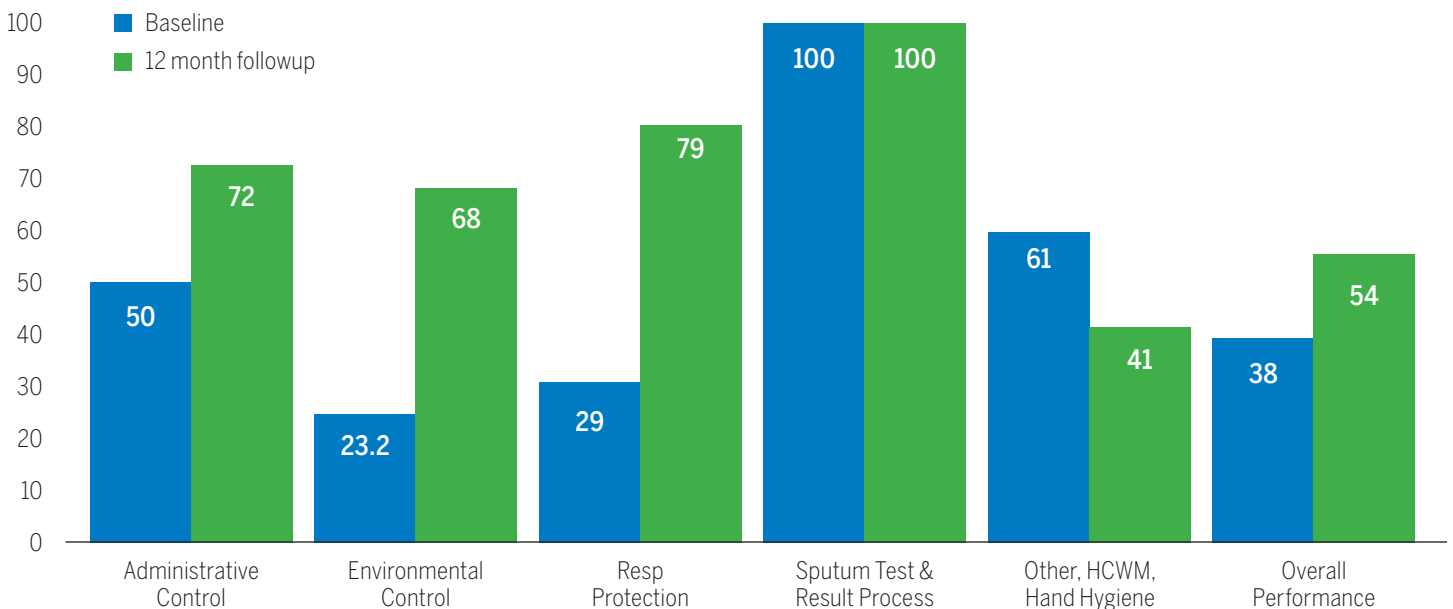
Through the USAID ASSIST Project, URC employed the FAST strategy as a quality improvement intervention at the TB Centre in Manzini in FY2014. In July 2013, a TB infection prevention and control (IPC) risk assessment

conducted at the facility revealed only 38% compliance with standard IPC best practices. The facility team, composed of seven nurses, one medical officer, three cough monitors, one adherence officer, one data clerk, two lab personnel, two welfare officers, two HIV counsellors, and two orderlies, decided to employ elements of the *FAST* strategy in order to improve the facility's overall infection control procedures.

Activities included: 1) redesigning the facility's patient flow; 2) separating and fast tracking all suspected MDR TB patients so that they were attended to before all other patients and not waiting in the general waiting area with other patients; 3) giving all patients visiting the center surgical masks to wear in communal areas; and 4) monitoring key IPC indicators on quarterly basis to assess performance improvements. As a result of the *FAST* intervention, the percentage of MDR TB patients not initiated onto treatment decreased from 14% in October-December 2013 to 7% in April-2014. Staff also reported that carefully monitoring IPC indicators and disseminating results each quarter made them more aware of existing IPC gaps and what to do to improve them. Overall, the facility was able to improve its IPC risk assessment score from 38% to 54%. Figure 1 compares facility performance at baseline and 12 months later in 2014.

The *FAST* strategy, which stands for Finding TB cases Actively, Separately safely, and Treating effectively, is an infection control strategy aimed at stopping the spread of TB in congregate settings. Studies have shown that actively looking for otherwise unsuspected TB patients through organized cough surveillance in general medical hospitals or clinics will reveal many TB suspects, some of which will have the disease. *FAST* can also be applied to a TB setting, such as a TB clinic or TB ward, where the goal is to identify MDR TB patients among those already diagnosed and assumed to have drug-susceptible TB.

Figure 1. TB Centre IPC Risk Assessment Results



Improving systems. Empowering communities.