



# **TB Control in Swaziland**

## *Progress, challenges and opportunities*

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*Minister of Health, Swaziland*

*Stop TB Coordinating Board Meeting ,  
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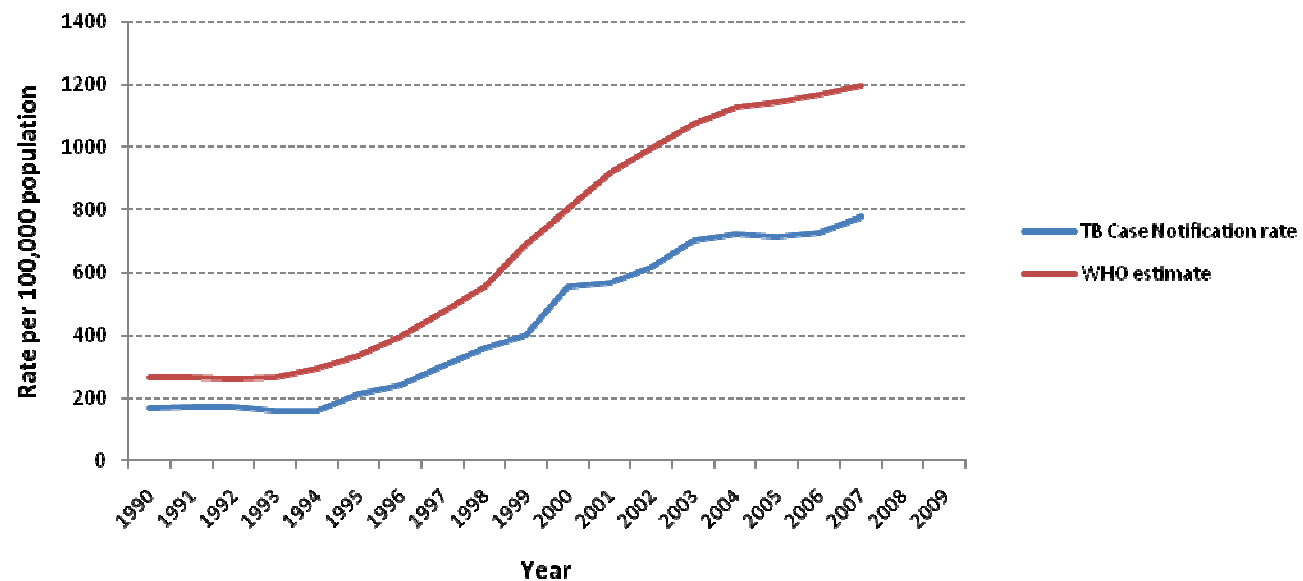
# Outline

- Situational Analysis of TB in Swaziland
- Political Commitment to TB Control
- Progress made in TB Control Activities
- Challenges in TB Control efforts in Swaziland
- Goal & Future Plan in DR-TB Control



# TB situation in Swaziland

Trend of TB case notifications 1990 to 2009

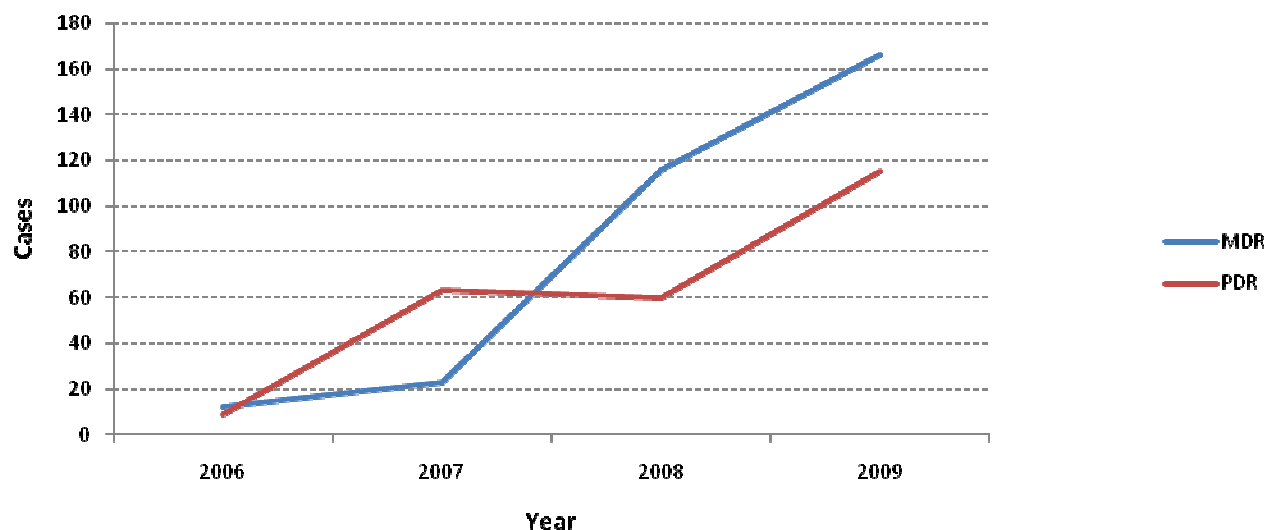


- TB remains a major public health problem;
- Consistent increase in incidence rates and notifications since 1990 as shown by WHO estimates (Red line) and the country's actual notifications data (Blue line);
- Current estimated incidence 1198/100,000 population
- Current estimated TB mortality 317/100,000 population
- 83% of incident TB cases are co-infected with HIV



# TB situation in Swaziland -2

Drug resistant TB cases registered 2006 to 2009



- MDR-TB constitute a major threat;
- 7.7% MDR rate among new case and 33.9% among previously treated;
- 20-30 cases diagnosed monthly, >500 cases diagnosed since 2008;
- >90% co-infection with HIV



# Progress in TB control

- **Political commitment**

- Prioritization of TB in MOH budgetary allocations (3<sup>rd</sup> in the overall priority list)
- Strengthen national response mechanism (enhanced National TB Control Programme capacity);
- Policy of free diagnosis and treatment of TB;
- Recognition of TB as a major government priority and plan to declare an emergency to leverage additional resources;
- Provision of a National TB Hospital to enhance quality of care for MDR-TB cases;
- Strengthening of national laboratory capacity for TB diagnosis;
- Establishment of direct procurement agreement for quality-assured anti-TB drugs through the GDF and GLC mechanisms;
- Galvanizing national partnership with non-state actors (Swaziland Stop TB Partnership, business coalition) to fight TB, HIV and MDR-TB;



# Progress in TB control -2

- **Programmatic issues**

- Development of relevant strategic TB control policies, plans and guidelines;
- Establishment of an effective patient monitoring system;
- Improved access to laboratory services through establishment of a sample transportation system;
- Deployment of additional human resource for enhanced TB management;
- Decentralization of integrated TB/HIV care;
- Steps taken to address TB/HIV in high risk groups e.g prisoners, PLHIV and diabetics;
- Steps taken to implement effective Infection Control in health care settings, communities and households;
- Strengthened TB surveillance system



# Progress in TB control -3

- **TB control outcomes**
  - Improved TB case detection rate from 36% in 2002 to 72% in 2009.
  - Improved TB treatment success rate from 47% in 2002 to 68% among 2008 cohorts;
- **TB/HIV collaborative activities**
  - 83% of registered TB cases tested for HIV in 2009;
  - 25% TB/HIV patients on ART
  - 79% of TB patients on CPT
- **MDR-TB management**
  - Commenced GLC enrolment for initial 50 patients;
  - GLC approved additional cohort of 300 for MSF to commence enrolment by January 2011.





# Challenges

- The overwhelming burden of HIV and MDR-TB;
- Challenges in implementing full range of Infection control measures due to constraints with the design of existing facilities;
- Inadequate HR to fully implement the integrated TB/HIV and MDR-TB prevention and control interventions at all levels;
- Inadequate resources to fully implement the national TB Strategic Plan 2010-2014;
  - Current Global fund grant R8 approved funding is US\$11m, representing <10% of the financial requirement for our 2010-2014 TB Strategic Plan;
  - Classification of Swaziland as Low-middle income country limits opportunities to access support from some donor support mechanisms e.g the recently introduced Stop Partnership TB REACH initiative (This is paradoxical given the fact that about 70% of the Swazi population live below the poverty line)
- Revitalization of community involvement is still at infancy;
- Inadequate social mobilization for TB;





# Opportunities for TB Control

- Strong commitment of government at the highest level for TB control;
- An evolving strong Swaziland Stop TB Partnership;
- Established partnership with GDF and GLC mechanisms for sustainable drug supply;
- Availability of willing implementing and technical partners for improved and rapid TB and MDR-TB diagnosis (WHO Global Laboratory Initiative – Expand TB);
- The potential to obtain additional resources through the round 10 Global Fund proposal;



# Future plan

- Declaration of TB as a national emergency;
- Maintain sustainable first and second line anti-TB drugs supply;
- The country has applied for the Round 10 Global fund for TB with the aim to:
  - Strengthen regional capacity for decentralized management of TB, TB/HIV and MDR-TB;
  - Strengthen community systems to adequately respond to TB, TB/HIV and MDR-TB;
  - Strengthen national laboratory capacity for TB diagnosis including molecular techniques for rapid MDR-TB detection;
  - Scale up implementation of collaborative TB/HIV activities particularly intensified TB case finding among PLHIV and provision of ART;
  - Ensure universal access to quality integrated TB, TB/HIV and MDR-TB services through innovative approaches;
  - Increase HR capacity for TB/HIV and MDR-TB management;
  - Develop and implement appropriate Infection Control policy and plan;



# Future plan

- Strengthen public-private partnership for TB/HIV
- Collaborate with colleagues in the SADC region to address cross-border issues relating to TB control:
  - Harmonization of TB treatment protocols and guidelines;
  - Strengthening TB, TB/HIV and MDR-TB referrals
  - Strengthening regional surveillance information management systems.



**Thank you**

