

TB-HIV-ART care Swaziland

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Hospital, Health Centre & Community care



The King

Woman
with AIDS

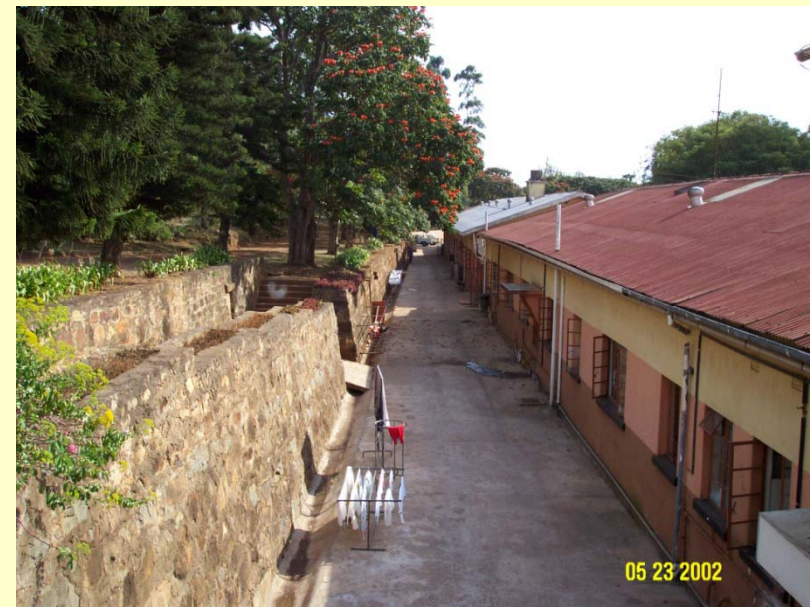
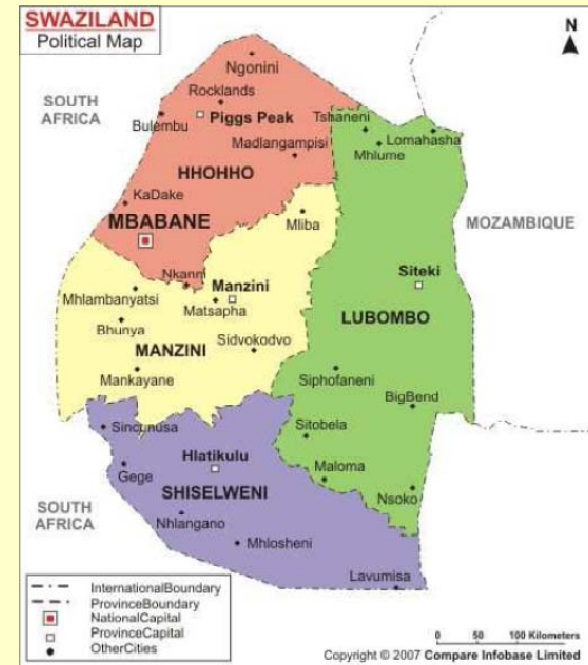


The main diseases

GSH district hospital, Lubombo – ,
a rural a district of 250,000

The main problems include

- Most patients HIV related
- Plus the usual MCH,
malnutrition, epilepsy etc.



The hospital then & now

Previously - not tested HIV,

- TB patients - 2 months in hospital
- Wards full, patients on floor beds
- Transmission TB to HIV+ve
- Discharged
- Often defaulted
- Drug resistance
- Many died.

Now HCT all in patients
Chronic cough – sputum
TB screening

The community TB, HIV-ART team

- Elija, middle, TB
- Sweetness, bottom right, ART care.
- Initiate treatment
- Refer follow up care at H Centre



Comm-based TB, & HIV-ART epilepsy Hospital, now in H Centres

- Identify TB etc. chronic cough screening
- Educate patient, start Treatment
- Register, supervise, follow-up care
 - at local H Centre
- If late attendance, tracing
 - by “Adherence officer” on a motorcycle

Epilepsy, similar to above.

The health centre role

- Monthly review TB etc. patient.
- Record TB (HIV-ART, chronic care card).
- Link with community health workers and family supporter

Community Health Worker role

- TB Treatment Supporter
- CHW or family members.
 - yellow home TB card

Trial - Adherence to TB & HIV/ART Hosp vs. HC

1. Trial - effective community based TB care either community/family treatment support.
 2. ART Trial – compared H.Centre HIV/ ART care with the usual hospital ART care
 - Health centre better satisfaction, adherence, and lower death rates
- Makes possible to start more patients at hospital TB HIV-ART

3 I's R & D

In hospital

In H Centres

- **I**ncreased case finding TB,
- **I**nfection control and
- **I**soniazid preventative therapy.

TB- HIV Integration

- TB half, HIV half of building
- Infection control guidelines
- TB screen of HIV
- HCT for TB patients
- PMTCT

Old waiting room

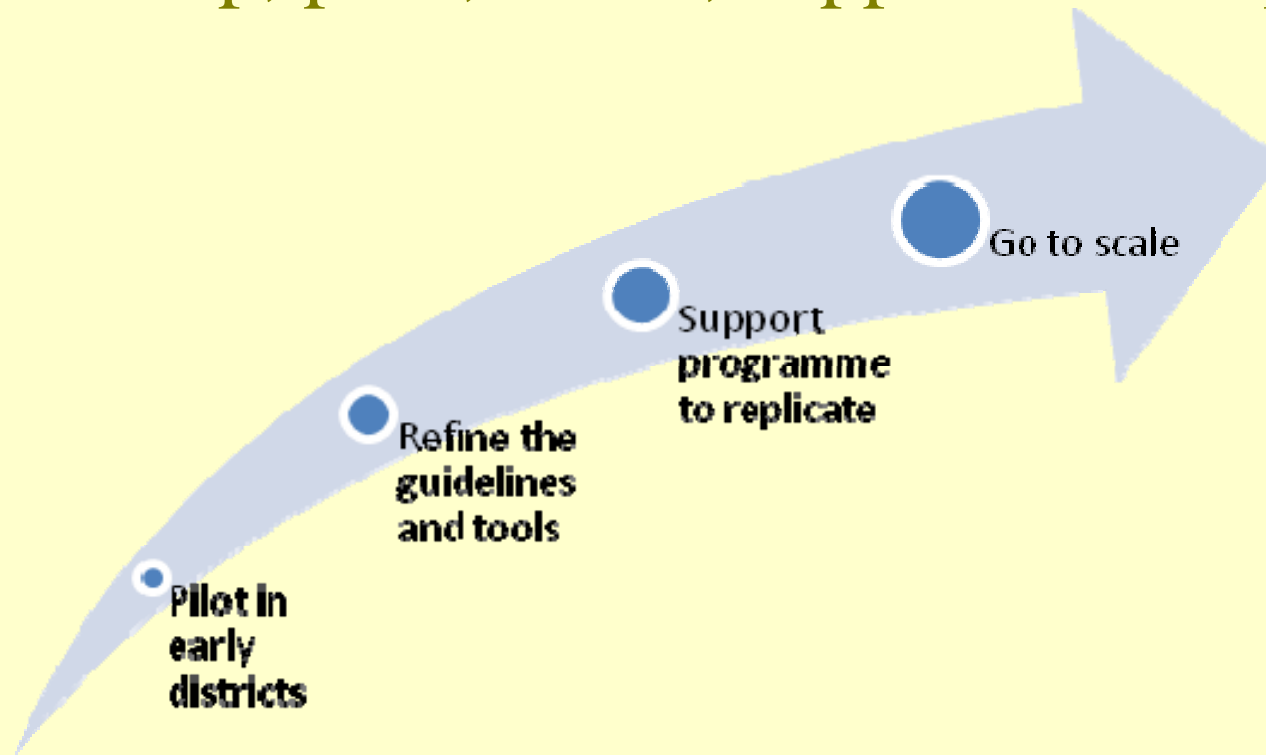
New TB-HIV unit

MDR, XDR

- MDR, XDR present
- Shelter box tent
- Implementing MDR project
 - Also Pakistan as Comm-based model



COMDIS R & D approach
Complex interventions (MRC)
Develop, pilot, refine, support scale-up



Design to be sustainable and replicable within the system