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-A RT, 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

• Increased case finding TB,
• Infection control and
• Isoniazid 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