

Establishing a service delivery model for multi-drug resistance diagnosis, treatment and care in Swaziland

PROJECT BRIEF

This study aims to develop a regional, decentralised and integrated multi-drug resistant TB (MDR-TB) service delivery model across Lubombo region.

Background

Swaziland has the highest national incidence of TB in the world at 1,257 per 100,000, with rates increasing 5-fold over the past 10 years (Kingdom of Swaziland, 2011). The TB incidence is fuelled by poverty, poor housing, overcrowding, malnutrition and poor healthcare infrastructure, but is mainly related to the country's HIV burden, which, with a prevalence of 26% of the adult population, is also the highest in the world. Currently 84% of new TB cases are co-infected with HIV (Kingdom of Swaziland, 2011).

Treatment of TB is inadequate, with difficulties in diagnosing cases and high default rates (Kingdom of Swaziland, 2008). Drug resistance is also a growing concern. A recent national survey reported a prevalence of multi-drug resistance TB (MDR-TB) of 8% and 34% in new and in re-treated patients respectively.

The Ministry of Health have a National MDR-TB Response Plan until 2015. This strategy focuses on standardising MDR-TB treatment as a core part of a programme of decentralisation and integration with TB and HIV programmes.

Objectives

- Develop an integrated MDR-TB service for Lubombo region
- Implement Swaziland-specific guidelines and training on MDR-TB management and control to local stakeholders
- Evaluate the effectiveness of this integrated model in achieving disease control, compared with the previous centralised model of care
- Establish Good Shepherd Hospital as a regional hospital site for MDR-TB management

Study outcomes

- Establishing a regional MDR-TB Centre by ensuring it meets the minimum required standards by the Ministry of Health
- Ensuring appropriate referral mechanisms with the National MDR-TB Hospital, the Central Medical Stores and the National Reference Laboratory
- Developing an integrated MDR-TB follow-up care service involving current outreach workers

- Develop a system to test and improve diagnosis of all TB suspects
- Establish a system of home visits and follow up
- Establish a community level structure that will provide different types of support

Types of community support

- ⇒ oral medication adherence
- ⇒ providing daily injections
- ⇒ Identifying side effects
- ⇒ food supplements and oral rehydration
- ⇒ psychosocial support
- ⇒ infection prevention and control
- ⇒ TB education
- ⇒ contact tracing

Potential scale up of research findings

The findings could be used to improve decentralised MDR-TB care to patients living in Lubombo region.

For more information, email bongekilen8@gmail.com

