Swaziland: a holistic approach to service delivery

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The Swaziland Stop TB Partnership

- The Swaziland Stop TB Partnership is a partnership between the public and private sector stakeholders including NGOs, CBOs, FBOs and persons affected by TB;

- Main purpose is to support the national response to TB, MDRTB and TB/HIV co-infection;

- Officially launched in 2009 and a Governing Board inaugurated on March 24th 2011 by the Prime Minister.
The driving factors for the partnering initiative

• The magnitude of the TB problem in the country;
• Inadequate programme funding
• Low DOTS coverage
• Inadequate National TB Programme Coordination
• Inadequate linkages with community-based structures; referrals etc;
• Non adherence to national TB guidelines;
• The existence of a number of willing partners;
The partnering process

**Partnership exploration:**
Stop TB Mission (Feb 2008) –

**Partnership building:**
Follow up mission (Dec 2008)
Resource mapping, negotiations

**Partnership building:**
Partnership endorsement and Launch – 2009

**Partnership building:**
Partnership Secretariat – 2010
Coordinating Board inaugurated: 24 March 2011

**Partnership maintenance:**
Support to partners;
Strengthen coordination
Monitor results
The holistic approach

**PARTNER’S CONTRIBUTIONS**
- TB Diagnosis, treatment and care
- DOT, defaulter tracing, adherence support
- Advocacy, Community dialogue, Social Mob
- Technical Assistance

**INTERMEDIATE RESULTS**
- Coverage
- Quality of TB care
- Efficiency
- Improved provider performance

**OVERALL TB CONTROL GOALS**
- Responsiveness
- Improved TB outcomes
- Reduced TB mortality

**Equity**

**COMMUNITY PARTICIPATION & OWNERSHIP**
Results of the partnership so far

Government commitment:
• Declaration of TB as a National Emergency in March 2011 by the Prime Minister
• 5-Year National TB Strategic plan

Service delivery
• Improved linkage and quality of TB/HIV Care including the private sector;
• Increased provision of culturally appropriate TB, TB/HIV and MDR-TB services;
• increased access and convenience when services are delivered closer to home and at flexible times,

Resource mobilization:
• Round 8 (Strengthen DOTS, TB/HIV; support for Partnering process)
• Round 10 (Strengthen DOTS, TB/HIV; MDR-TB and Support for Partnership and activities of partners.)
Community systems strengthening:
• improved TB control outcomes as services are delivered in contexts that build trust leading to consistent follow-up;
• Improved connections with community support networks to provide treatment, care and support services;
• Mapping of all MDR-TB patients and their treatment supporters on an electronic database system using a GIS platform.

Enhanced NTP Coordination and planning:
• Enhanced coordination role of National TB Programme. Time saved to enable NTP to perform core coordination role (plan, coordinate development of policy, guidelines & supervision of field activities).
Improved TB control outcomes

• Improved TB case detection;
• Improved TB treatment outcomes
• Increased decentralization of TB treatment and care including MDR-TB;

Enhanced uptake of TB/HIV interventions:

• Increased uptake of uptake of TB/HIV collaborative activities
Next steps

• To complete recruitment of Partnership Secretariat staff;
• Work with NTP to implement the current National TB Emergency Plan;
• Work with NTP towards review in 2012 of the current National TB Strategic Plan 2010 to 2014; and support further scale up plan;
• Support roll out of partners activities planned in the Global Fund R10 consolidated proposal;
• Continuous monitoring and support of partner activities;
• Plan and implement capacity building plans for partners;
• Support roll out of advocacy, communications and social mobilization activities;
• Support NTP in further resource mobilization.
Thank you!