PROVIDING TB SERVICES TO HEALTH CARE WORKERS IN SWAZILAND THROUGH WELLNESS SCREENING

Background

Health care workers (HCWs) are the health care delivery system’s most valuable asset, and no hospital or clinic can guarantee the highest quality of care to its patients if the health and safety of its staff are at risk. It is estimated that HCWs are two to three times more likely to develop TB (Menzies et al., 2007) and five to six times more likely to develop MDR-TB than the general population worldwide (O’Donnell et al., 2010). In Swaziland, there is a paucity of information regarding this. Swaziland has the world’s highest HIV prevalence rate of 31% among adults, ages 18-49 years. In addition, HIV is the main driver for TB transmission and mortality in the country. It is estimated that 80% of incident TB cases are co-infected with HIV (Swaziland Global AIDS Response Progress Reporting, 2014). The MDR-TB prevalence is 8% among new cases and 34% among retreatment cases (WHO, 2014).

With the country facing such a huge epidemic in HIV and TB, TB infection among health workers can strain an already limited workforce, and fear of infection can reduce HCWs’ willingness to provide the highest quality of patient care. The risk of TB among health care workers is heightened by low awareness among care providers of the disease, including how it is transmitted and how it can be prevented, as well as lack of services targeting healthcare workers to support them to get screened and treated.

In response to these human resources challenges, the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project supported the Wellness Centre in Swaziland—a non-profit organization founded by the Swaziland Nurses Association—and the Swaziland Ministry of Health (MOH) National Tuberculosis Control Programme (NTCP) to conduct a pilot project on TB screening, diagnosis, and referrals for HCWs.

Pilot project

The TB wellness project was developed with technical and financial support from ASSIST’s predecessor the Health Care Improvement Project (HCI) project in 2012 and then subsequently by USAID ASSIST from 2012 to 2014. Additional funding was provided from the International Council of Nurses (ICN). The pilot project was undertaken in coordination with The Wellness Centre, the MOH, the NTCP, and the facility managers at the selected health facilities.
The project was conducted in 14 facilities from October 2012 to September 2013 in each of the four regions of Swaziland and thereafter was planned to be rolled out to other health facilities in the same regions. The 14 sites were chosen to facilitate the sharing of lessons and expertise in running wellness centres with other facilities in each region.

The objectives for the pilot project were:
1) Build awareness and sensitisation among HCWs on TB (TB, TB/HIV, MDR-TB, and infection prevention and control);
2) Conduct facility-based trainings for Wellness Corner Focal Persons (nurses and doctors) from the 14 sites;
3) Conduct systematic TB screening services among 75% of HCWs in the 14 sites; and
4) Establish a monitoring, evaluation, and surveillance system for TB screening and management.

At the time of implementing the pilot project, MOH policies and guidelines for screening HCWs did not exist. Additionally, the wellness clinics and corners that were in existence were not fully functional in some facilities. The wellness clinics/corners were set up by the MOH staff wellness unit and the Swaziland Wellness Centre to ensure that health care workers and their immediate families had access to health services while maintaining confidentiality and taking account of their special needs. Wellness centres provide non-communicable disease screening, HIV testing, TB screening and provision of anti-retroviral therapy for those who need it. The centres/corners also provide psychosocial support for healthcare workers who need it.

To ensure institutionalisation of TB screening among HCWs, a number of structures were strengthened by the MOH, the Swaziland Wellness Centre and USAID ASSIST during the course of 2013. For instance, the deployment of focal persons at wellness corners and clinics in health facilities, training them on health care worker wellness and emphasis placed on TB screening and treatment, conducting clinical mentoring at least once a month, and quarterly learning sessions.

Interventions

Raising awareness and sensitisation among HCWs on TB

In every facility, ASSIST, the Swaziland Wellness Centre, and TB program staff conducted TB education sessions for the health care workers, distributed information about TB, lobbied for facility management support for routine TB screening in the workplace, and set screening dates for HCWs.

Facility-based trainings for wellness corner focal persons (nurses from the 14 sites)

In September 2012, thirteen wellness focal persons were trained by the Wellness Centre, the NTOP, and ASSIST on how to conduct TB screening using the national TB screening tools, collection of sputum, TB treatment initiation and management, and recording and reporting in the tools. Infection prevention and control (IPC) measures, barriers to access, and stigma. The Wellness Centre principles of equity, confidentiality, and accessibility, and staff welfare were also reinforced during the training.

Results

The project provided TB screening to at least 75% of health workers in the 14 wellness clinics/corners. Out of the 3107 health care workers in all departments in the 14 facilities, 2315 were screened for TB (74.5%) (not all HCW agreed to be screened for TB), and 746 had symptoms suggestive of TB (31%) requiring further investigation. One percent (31/2315) had a positive GeneXpert result and were referred to and enrolled into treatment, including two with Rifampicin resistance (Figure 1).

Additional achievements of the pilot project included the following:
- TB screening was well accessed, and presumptive TB cases were identified early leading to diagnosis through sputum examination at laboratory and treatment of TB at the facility TB clinic.
- The project created awareness and strengthened the wellness clinics, which were in existence but not fully functional in some facilities. In other facilities, there was no designated focal person, but after sensitisation of facility management, a focal person was nominated to run the wellness clinic.
- Staff members were seen to be taking responsibility of their own health after realising the seriousness and dangers of TB. This initiative also strengthened the annual medical examination of health care workers, which included TB screening.
- The project also introduced the national TB screening tool and intensified TB case finding reporting tool in the pilot facilities. These tools were used to screen HCWs and report to the Wellness Centre on a quarterly basis.

Figure 1. Number of health care workers screened for TB and diagnosed with TB, 14 pilot facilities in the four regions of Swaziland (Oct. 2012 – Sept. 2013)
• To inform and plan for improvements, quarterly review meetings were conducted where the wellness focal persons came together to present their performance on the implementation of TB screening and share experiences. This was an ingenious way to spread lessons learned and best practices as well as provide a forum for the healthcare workers from the wellness corners to share and find solutions to challenges they are facing in providing these services.

Challenges
• The pilot clinics experienced frequent transfers of HCWs and the focal persons which affected the learning curve, as re-trainings had to be carried out. The high rate of transferring focal persons delayed the reporting process, as new focal persons took time to learn the reporting process.
• Some clinics did have dedicated focal persons which affected the service delivery for healthcare workers when the focal persons had to cover another department.
• There are still no policies in place requiring HCWs to be screened regularly or guidelines outlining the means, timing, and responsibilities for ensuring that HCW screening takes place.
• Some wellness clinics do screen dependents but the reporting tool does not capture this data, which leads to inconsistencies in reporting.

Lessons Learned
• HCWs need to be regularly sensitised on TB infection and treatment and should be encouraged to be screened for TB annually, so as to monitor their well-being.
• The wellness clinics are much appreciated by health care workers; they provide privacy and allow health care workers to be seen without having to queue with their patients.
• Integration of TB screening in the routine wellness services increases sustainability.
• In-service education within each department is key in getting health care workers to come for TB screening.
• The presence of the wellness clinic is vital in early detection of TB and allows for follow-up to ensure that treatment is taken to avoid MDR-TB cases. It also prevents further spread of TB unknowingly by HCWs.
• There is need for a full-time focal person (nurse) to run the wellness clinic and a general practitioner physician to support the clinic.

Activities at the wellness clinics after the pilot project
TB screening services are continuing at the wellness clinics following the pilot study. ASSIST has continued providing clinical mentoring and technical support to the pilot facilities.

Recommendations
• Create conducive environments for TB screening in those facilities that have wellness corners and not fully structured wellness clinics. This is important as it acts as an enabler for TB screening among HCWs.
• Develop and implement government policies that require HCWs to be screened for TB regularly, particularly those who are exposed to TB. National policies and guidelines on TB screening among HCWs do not yet exist in Swaziland.
• Encourage pre-employment screening to improve infection prevention and control.
• Conduct continuous TB education and awareness among HCWs. In addition, wellness focal persons at health facilities need to be well capacitated and motivated to support TB screening among HCWs.
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