



The Kingdom of Swaziland

Building from Common Values: Joint Mission and Planning to address HIV/TB Epidemics in Swaziland

Report given at UNAIDS P.C.B. Meeting
Chiang Mai, Thailand, 23 April 2008
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WHO Consultation
*Towards Primary Health Care: Renewing Partnerships
with the Faith-Based Communities and Services*
Geneva – December 2007

Major Findings

- FBOs cover approximately **40% of healthcare** and services in Africa alone.
- They often operate **outside governmental planning** exercises and are, therefore, generally unrecognized.
- New **global initiatives** and funding mechanisms (GAVI, GFATM) advocate their engagement in design, plan and implementation of national health programmes (e.g. GFATM Round Eight).
- Engaging FBOs will bring challenges, but **all parties stand to gain** by this new approach.

The experience of WHO Stop TB Dept: from collaboration to partnership



- FBOs could become significant **partners** in the new primary healthcare approach to **strengthening health systems**, especially in contributing to **achieve the goal of universal access** and the MDGs.
- FBOs are present in the most disadvantaged areas and often operate within complex humanitarian emergencies.
- FBOs are strong partners because of their values and motivation (dignity of the human person, solidarity, common good, subsidiarity).
- **Effective partnerships** are already in place, at local or at national level, in Ethiopia, Rwanda, Uganda and Zambia.
- A step further: the National Stop TB Partnership in Uganda includes FBOs and NGOs working with Govt mandate to provide support and supervision in several districts.



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Joint Mission to Swaziland



- Tuberculosis is the leading cause of morbidity and mortality among adults in Swaziland.
 - It is estimated that TB is the cause of death among 50% of HIV infected patients
 - TB accounts for more than 25% of all hospital admissions (MOH Annual Health Statistics Reports).
- In 2007, the total number of TB cases notified were **9 659**
- TB case notification rate = **1008/100,000** population
- Case detection rate for smear positive cases = **57.7%**
- Treatment success rate among new pulmonary smear positive cases = **42%**
- TB/HIV co-infection rate = **79.6%**

Joint Mission to Swaziland - Objectives



- To identify issues, challenges and opportunities for partnership between CBOs, NGOs, FBOs and the National TB Programme in the context of the national priorities and strategic direction for TB prevention and control

Outcomes of the Mission

- Mapped out the role of the different CBOs, NGOs and FBOs in TB and TB/HIV prevention and control.
- Began a national process to develop a joint plan of action
- Proposed a framework for coordination of the partnership

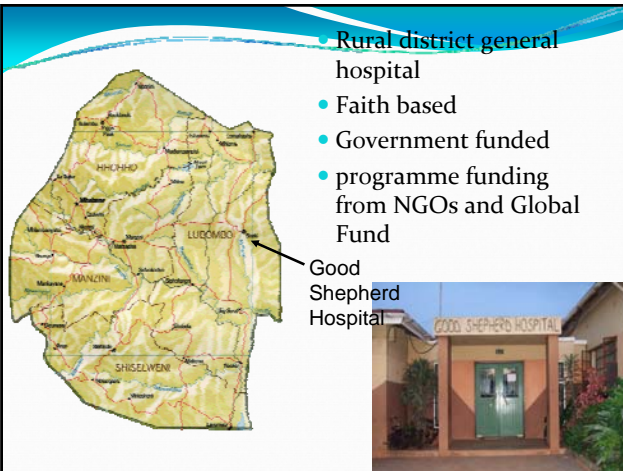
Mission – at least partially!

“Govt to declare TB a national disaster” –

WEEKEND OBSERVER (SWAZILAND) : By Musa Ndlangamandla Wednesday, April 16, 2008

- Rural district general hospital
- Faith based
- Government funded
- programme funding from NGOs and Global Fund

Good Shepherd Hospital



Treating MDR-TB/HIV in the bush of Swaziland – St Philip's, 8-2007



Global Fund –FBO Relationships

(study results reported at Dar-es-Salaam meeting – 16-18 April 2008)

- Since its creation, **11** different FBOs have served as Principal Recipients (PRs) of Global Fund grants
- 2006 PR Survey: FBOs receiving GF funds in 2006:
 - 9 FBOs serving as PRs and
 - an additional 488 FBOs Secondary Recip. → **5.4% of GF resources distributed worldwide**
 - 94 out of 120 CCMs (**78.3%**) with active Global Fund grants had at least **one** faith-based representative
 - Faith-based representatives comprised **6%** of total CCM membership worldwide
 - FBO-identified challenges:
 - Lengthy and demanding procedures
 - High performance does not guarantee continued funding
 - Fragmentation of grants and vertical funding streams problematic
 - Delays in fund disbursement
 - Capacity issues with governments
 - Capacity issues with FBOs themselves

