

## **MDR AND XDR-TB: REVOLUTIONISING OUR APPROACH TO FACILITY DESIGN FOR LONG-TERM CARE FACILITIES**

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The KwaZulu-Natal MEC for Health, Dr Sibongiseni Dhlomo, has officially opened a Manguzi Multi and extreme drug resistant tuberculosis (MDR- & XDR-TB) facility and a clinic in the rural uMkhanyakude District near the South Africa – Mozambique boarder.

Kwazulu-Natal has a high and increasing burden of tuberculosis, both drug-susceptible and drug resistant strains. In 2005 at the WHO-AFRO Regional Committee meeting held in Maputo, 46 Ministers of Health unanimously declared TB an emergency in Africa. A resolution at this meeting declared that unless “urgent extraordinary actions” are in place, the situation will worsen and the 2015 Millennium Development Goals will not be met.

The emergence of drug resistant strains of the disease has exacerbated the situation through posing a serious risk to public health. To effectively address this public health crisis, the Department of Health has determined that all confirmed XDR and MDR-TB patients are to be hospitalized at specialized MDR-TB units for a period of six months. The existing long-term care facilities for the treatment of TB patients are frequently poorly designed to address needs of MDR and XDR-TB sufferers and the healthcare workers who take care of them. Low floor to ceiling height (2,4m) and inadequate thermal performance of the building design - windows closed when cold. Design for long stay patients in certain healthcare settings needed attention.

Controlling TB infections in health settings is particularly important because so few hospitals have infection-control ventilation systems. Without these systems, everyone in the hospital, from health workers to visitors, is at risk. “Virtually every health care facility is in need of drastic improvement in airborne infection control,” Dr Dhlomo said. “It is a serious risk just to go into a hospital. It almost brings you back to the palace of diseases of Florence Nightingale at Scutari.”

There is strong evidence from research studies conducted by CSIR (Council for Scientific and Industrial Research) as to the importance of health facility design as a means to improve health outcomes. Environmental factors such as large windows with high levels of daylight, views of nature and low noise levels all reduce stress and depression and promote healing. While a lower than normal capital cost is expected due to the use of a lightweight steel frame system building, the selection of finishing materials were carefully considered to ensure an optimised life-cycle cost.

Two key initiatives were introduced to fast-track project delivery: reviewing current contracting strategies and fast-tracking the construction process. This would link to the use of a lightweight steel frame and cast in-situ lightweight concrete infill system as opposed to the standard brick and mortar process normally used.

There are only two so far of these facilities in the province; the one in Manguzi (opened today by the MEC) and another at Catherine Booth Hospitals funded by the Global Fund. The Mngobokazi clinic was also opened by the MEC and is one of 26 clinics that received additional counselling rooms to accommodate the VCT Lay Counsellors. The project was carried out with funding from the German Government – Kreditanstalt für Wiederaufbau (KfW) that was made available to the Development Bank of South Africa for the improvement of VCT facilities in KwaZulu-Natal.

“Unless urgent and effective action is taken however, the epidemic will undoubtedly worsen. Investment in safe and appropriate building infrastructure that will support necessary infection control measures where needed, and in a timely manner, is essential for supporting all service delivery endeavours: be they prevention or treatment” the MEC concluded.

ENDS!

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