



EXPERIENCES FROM THE FIELD

HOME-BASED CARE: TACKLING TUBERCULOSIS IN UGANDA

Based on a swift assessment of the heightened risk of patient abandonment of TB treatment during Uganda's lockdown, we implemented an intervention to provide the population with a monitoring service and home-based care, and had an unexpected success in times of Covid-19: a rise in completed treatments and lower drop-out rates.

TEXT BY / SIMONE CADORIN / DOCTORS WITH AFRICA CUAMM

Tuberculosis (TB) is one of the leading communicable diseases today, with some 10,000,000 cases worldwide yearly. Although epidemiological studies show that the numbers are slowly falling, thanks to the efforts of the international community and affected countries, the disease remains widespread, particularly in the Global South, where it usually strikes those who are already the most marginalized and vulnerable.

A quarter of all new TB cases worldwide are in Africa, most of them in lower- and middle-income nations in the sub-Saharan region, whose national health systems – given their deficiencies in terms of preventive, diagnostic, and therapeutic treatment services – do not yet have the capacity to cope with the epidemic.

In Karamoja, in northeastern Uganda, where CUAMM began carrying out a program to tackle TB in 2018, some 6,176 new TB patients are expected every year, weighing heavily on an already fragile regional health system that has few resources to ensure the implementation and monitoring of services. The situation has been aggravated by a high rate of non-compliance with treatment, which is mainly due to the local population's semi-nomadic culture and the low disposition of patients for long-term therapies.

The onset of the Covid-19 pandemic has made matters even worse, negatively impacting access to health services, including that of TB patients. In fact, the restrictive measures imposed by the Ugandan government – including the suspension of public transport, a curfew, and a travel ban – have seriously jeopardized people's ability to access medicines and monthly clinical visits.

As a solution to these difficulties, CUAMM personnel, together with Uganda's Ministry of Health and district authorities, decided to create a home-based care service to enable the distribution of medicines and clinical review of TB patients in their own homes. This measure helped to ease some of the negative effects of the pandemic, and to improve patient compliance with treatment.

Thanks to the intervention, we were able to continue to treat the patients and recorded no significant negative changes in their treatment completion trends; indeed, the percentage that successfully completed treatment rose sharply, from 39% in April 2019 to 82% in September 2020. Moreover, drop-out rates also fell, from an average of 42% in 2019 to 11% in 2020.

FIGURE 1 / TB TREATMENT SUCCESS RATE IN KARAMOJA IN 2020

