

Uganda

Infectious Diseases Institute (IDI)

In Uganda's rural health centers, medical officers are rarely present, so the majority of the work of identifying TB suspects with their subsequent diagnosis and treatment falls to mid-level practitioners – nurses and clinical officers. Since traditional capacity building training in Uganda is carried out in the capital city of Kampala – as much as twelve hours travel from many rural health centers – these frontline healthcare workers are often unable to obtain necessary training.

The TB REACH Project at the Infectious Diseases Institute (IDI) sought to address this problem through an innovative approach: instead of healthcare workers having to travel to the training center, bring the training to the workers. In ten health facilities situated in nine rural districts along the Ugandan border with the Democratic Republic of Congo, this approach to improving TB case detection and management has now been implemented in the form of onsite multidisciplinary team training with continuous quality improvement sessions (Onsite Support Services). These onsite support services target entire multidisciplinary teams and aim to equip healthcare workers with clinical and laboratory skills in TB care, in addition to learning to use data generated at the sites to improve healthcare delivery. Olive, a nurse at Karugutu health center acknowledges "I now understand the importance of routinely screening all HIV positive patients for TB."

In addition to empowering healthcare workers with clinical skills, the project has provided solar power to all ten health centers, most of which are off the national electrical grid. This has enabled the introduction of more efficient, time saving technology such as fluorescence microscopy (FM) and GeneXpert testing. Healthcare workers trained to use the new technology report that GeneXpert testing has helped them make definite diagnoses for sputum negative, HIV positive TB suspects, thus reducing the number of patients unnecessarily placed on anti-TB treatment.

The IDI also equipped each of the health centers with a data management system that uses electronic versions of Ministry of Health (MOH) tools. Project Data Entry Assistants work with the sites' records personnel and healthcare workers to ensure that all medical forms are completely filled out and that high quality data is collected. This system has had benefits beyond the project, generating monthly reports for the MOH in a fraction of the time previously required through tallying.

In just six months, the project has increased the percentage of TB suspects who receive a sputum smear exam from 3% to 72% for the ten facilities taken together, while the percentage of diagnosed TB cases started on treatment has increased from 31% to 85%.



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Stop TB Partnership
TB REACH



FINDING AND TREATING PEOPLE WITH TB IN THE WORLD'S POOREST COMMUNITIES

TB REACH

The first wave of projects
increased case detection
by an average of 26%
compared to
the previous year

More than nine million people around the world become ill with tuberculosis (TB) each year. About one-third of them fail to get an accurate diagnosis or effective treatment and are more likely to die from this curable disease.

By supporting the many partners working in the field, TB REACH offers a lifeline to people among this missing 3 million by finding and treating people in the poorest, most vulnerable communities in the world. In areas with limited or non-existent TB care, TB REACH supports innovative and effective techniques to find people with TB quickly, avert deaths, stop TB from spreading, and halt the development of drug resistant strains.

- TB REACH was launched in 2010 and will run until 2016, thanks to a CAD\$ 120 million grant from the Canadian International Development Agency.
- TB REACH is committed to getting funds to our partners with a very short turnaround time.
- TB REACH has committed nearly \$50 million to partners working on 75 projects in 36 countries covering a wide range of interventions.
- Preliminary analysis from Wave 1 shows that efforts of partners led to an increase of 26% in TB case detection over an area of 100 million people, while some areas saw increases of more than 100%. The average cost per person covered is US \$0.15.

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