

Finding and treating people with TB in

Uganda

- Focus on community outreach services brings TB care closer to rural communities
- Number of health centers with diagnostic capability has increased from 67 to 82
- Patients provided with treatment support once diagnosed



Luwero - In Luwero, Uganda, health services are weak and most people do not have the means to travel to clinics elsewhere in the country to seek help. Forty-three year old Eriab Nakabale is one of those people and as increasing sickness with cough and a fever made it impossible for him to leave his bed; his family of nine was struggling to get by. Eriab had tuberculosis (TB) but, as is true for many others in his area, there were multiple barriers to accessing diagnosis and treatment.

Luwero is one of two areas - the other is Kiboga - where a project developed by AMREF has begun to improve health outcomes. Through a programme called "Two Day - integrated community outreach", trained health workers identify TB suspects during a community outreach day. An initial sputum sample is procured on day one, with each suspect assigned a health worker to obtain a second sample the following day. This dedicated worker also will provide basic health education and support should the sample prove positive. Linked to this program is the concept

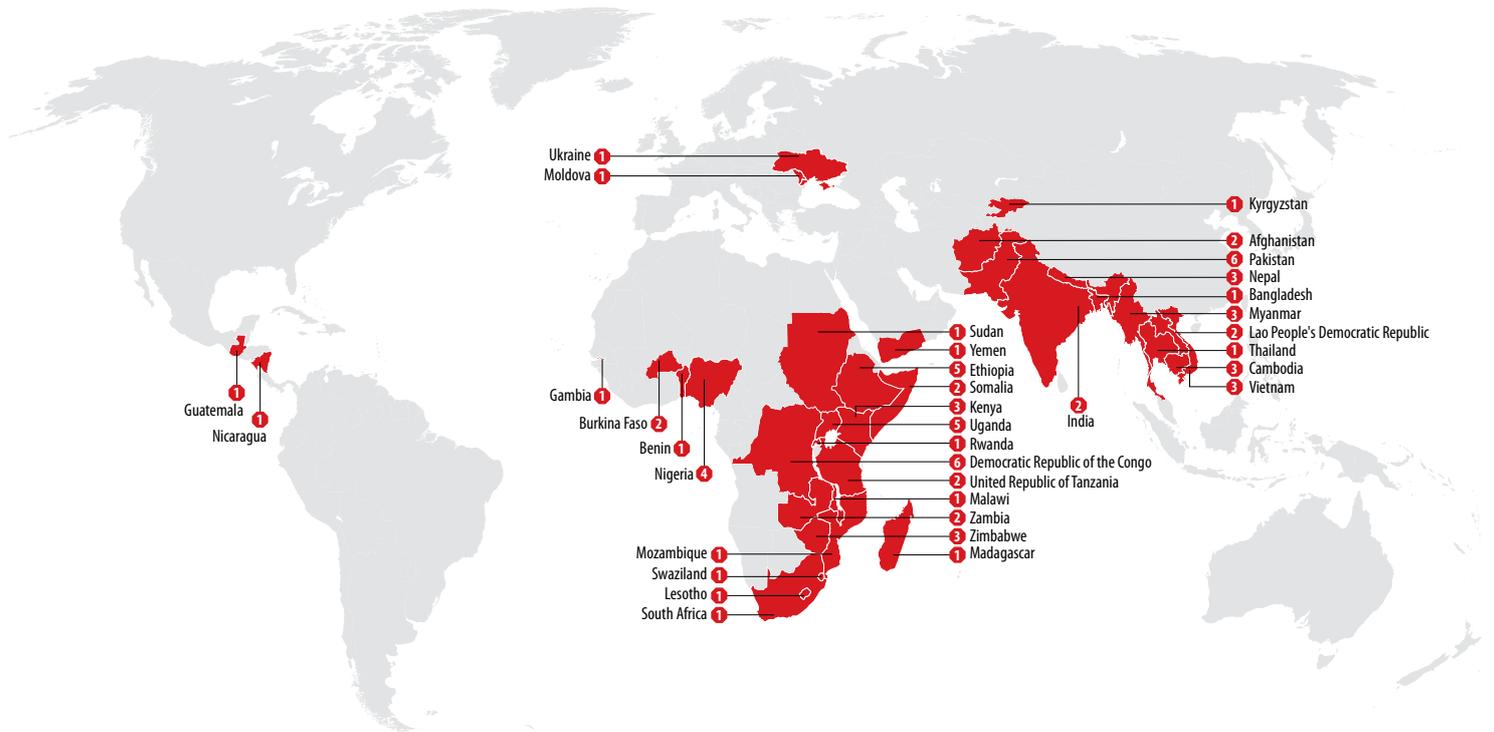
of transporting locally obtained sputum samples to a diagnostic unit, making it unnecessary for patients themselves to make a journey which is often long and prohibitively expensive. Furthermore, the project has increased the number of centers where people can get diagnosed from 67 to 82. As a result of these interventions, the number of TB suspects screened has doubled and in the first three months of 2011 and detection of the most infectious cases jumped 33%.

Eriab Nakabale is one of the beneficiaries of the AMREF program. With the help of an AMREF health team member he was diagnosed with TB and has just completed eight months of treatment. Like other members of his community, he and his family have been educated by health workers about the importance of hygiene and good nutrition. He has been encouraged to plant a vegetable garden. Eriab explains, "I have greatly improved. I no longer get fevers or cough. I am able to carry out the day to day activities that keep my family happy and comfortable."



TB REACH

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



Finding 140,000 new cases means saving 70,000 lives and preventing 1.4 million new infections.

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. 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 projects with a very short turnaround time.
- In its first 18 months, TB REACH committed nearly **\$50 million to 75 projects in 36 countries** aiming to find and treat more than **140,000** people with TB who would otherwise have gone undiagnosed.
- Finding 140,000 new cases means saving 70,000 lives and preventing 1.4 million new infections. Scaling up successful TB REACH projects would multiply these figures.

Stop TB Partnership

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