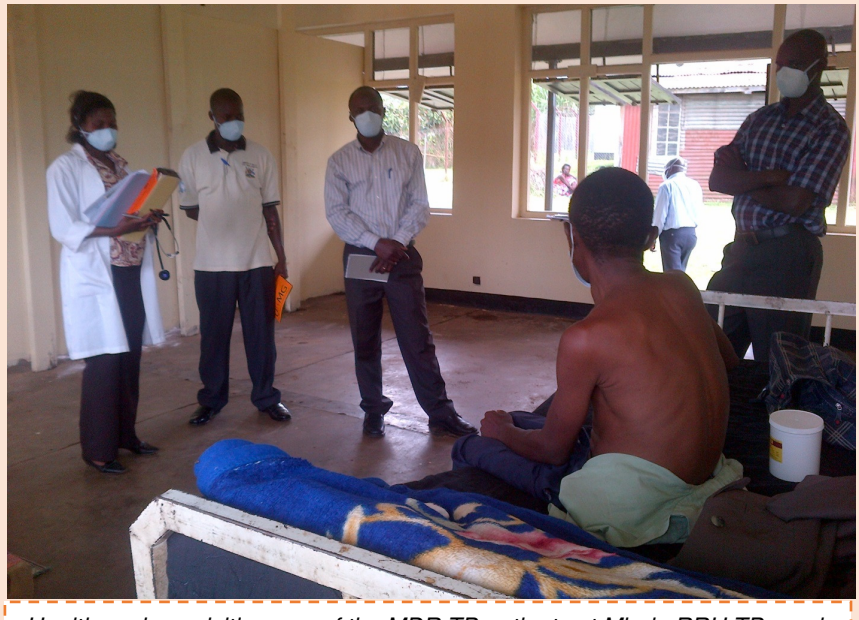
New treatment sites for drug-resistant tuberculosis bring services closer to people

According to 2013 WHO report, there are inadequacies in TB case management for multi-drug resistant TB (MDR-TB)—notably, gaps between the number of cases detected and the number of patients started on second-line TB treatment. In Uganda, a survey conducted in 2010 estimated the prevalence of MDR-TB at 12.1% among previously treated patients and a 1.3% among new patients. But why are there emerging cases of DR-TB?



Health workers visiting one of the MDR TB patients at Mbale RRH TB ward; June 2013

John (not real name) is a 46-year-old who was diagnosed with drug-resistant tuberculosis (DR-TB) in June 2014 at Masaka regional referral hospital. He was previously treated for TB in 2013. However, he defaulted on treatment. He is bed-ridden now and has bilateral knee joint stiffness. There are seven members living in John's one-room house, which is also only partially roofed. The family has no secure source of income. After contact screening, John's family members showed no symptoms of TB, probably due to the unfinished roof that increased airflow and minimized the spread of the infection. To ensure that John's family members don't contract the disease, the TB care team from Masaka RRH, advised members to minimize contact with John and ensure the patient uses a facemask always. The team also encouraged them to keep their windows open during the day until John's sputum tests are confirmed free of the infection or have turned negative. John is receiving treatment for DR-TB and a member of the TB care team from Masaka hospital makes daily visits to his home to observe and ensure his adherence to treatment.

John's story is a snapshot into what DR-TB patients experience in developing countries; poor and overcrowded housing conditions and poverty which reduce an individual's capacity to look after themselves and their family, increasing the risk of family members contracting the disease. Even though treatment for DR-TB is free in Uganda, financial challenges still remain. Existing infrastructure is inadequate to provide in-ward care for DR-TB patients at facilities and the poor socio-economic status of patients often contributes to poor nutrition and can even lead to treatment default due to lack of transport to the healthcare facilities.

In April 2013, the USAID Strengthening Uganda's Systems for Treating AIDS Nationally (USAID/SUSTAIN) project joined the Ministry of Health's National Tuberculosis and Leprosy Program

led to establishment of more six MDR-TB treatment centres at Fort Portal, Gulu, Kabale, Masaka, Mbale and Mubende Regional Referral Hospitals (RRHs) and assuming support for the Arua RRH DR-TB site from MSF-France. Until July 2013, there was limited access to treatment with only three treatment facilities in the entire country. Today, there are 14 MDR-TB treatment centres, 7 of which are supported by USAID/SUSTAIN.

The treatment centres now provide lifesaving services to 98 patients who were initiated on treatment and are active in care. The project also supports other healthcare facilities to conduct routine DR-TB surveillance and case detection activities, and to collect and refer sputum samples to treatment centres or the National TB Reference Laboratory. Initially, patients had to travel long distances to access such services.

By end of 2014, 89 service providers had been trained on how to identify, train and supervise teams at lower level healthcare facilities to effectively provide daily directly observed treatment (DOT), monitor and manage adverse events among DR-TB patients at 54 supported peripheral sites.

USAID/SUSTAIN project Supports 14 healthcare facilities to implement joint TB-HIV care in line with MOH policy by establishing TB-HIV coordination structures, improving access to HIV testing and prevention services for TB patients and routine TB assessment for HIV patients, and establishing effective linkages to treatment.