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### Over half of the population of Kampala

– Uganda's largest city – live in slum areas where the most accessible health care is provided by private clinics. Although many people turn first to this extensive network for medical care, the TB services offered by the clinics are very poor, and the need is great.

Therefore, improving TB services at the clinics represents an opportunity to increase TB case detection, reduce transmission, prevent the development of drug-resistant TB and ultimately reduce TB-related deaths.

**The Union's SPARK-TB** (Slum Partnerships to Actively Respond to Tuberculosis in Kampala) project, funded through TB REACH, aimed to improve access to quality TB diagnosis and treatment within private health facilities for the urban poor in the slums of Kampala district by fostering Public-Private partnerships (PPP).

A total of 100 private for profit (PFP) clinics in the slums were brought on board in the partnership and branded with the National TB Leprosy Programme (NTLP) logo. The Union worked with the PFP clinics to build their capacity by training the health workers and laboratory personnel, providing support supervision, disseminating national TB guidelines and providing tools for recording and reporting data. The capacity of the clinic's laboratories was further strengthened by enrolling them in the national External Quality Assurance (EQA) scheme to improve the accuracy of smear microscopy.



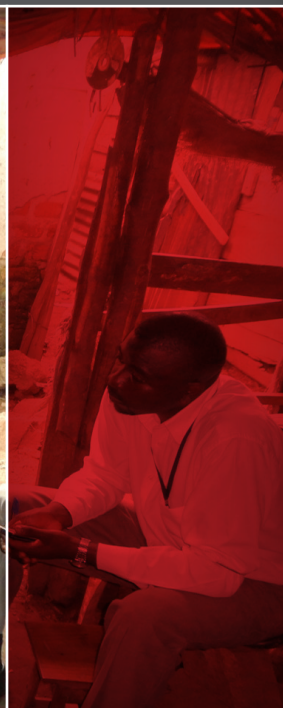
In order to increase demand for the services offered by the private clinics, advocacy, communication and social mobilisation (ACSM) activities were implemented in the community through health camps, school health talks, and peer educators in salons and barber shops. The health camps provided a platform to not only sensitise the community but also to offer free TB screening and diagnosis, free HIV testing services and referrals to care and treatment at the PFP's.

The intervention has been a great success in its first nine months of operation, with 467 new TB cases detected. All the patients identified are either on community-based directly observed treatment (DOT) where they are supported by community health workers, or health facility-based DOT, where they are supported by health workers at the private clinics. These steps are expected to improve treatment outcomes.

As part of the public-private partnership (PPP), the NTLP has recommended that anti-TB medicines should be supplied directly to the PFP clinics and has supported the laboratories through the national EQA scheme. These links between public and private sectors are major strides forward that will ensure the sustainability of the improvements made and have significantly SPARKed access to TB services in Kampala.

# Uganda

## Union's SPARK-TB



**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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