Last year, 1.3 million people around the world died from tuberculosis (TB) with Uganda among the 22 most affected countries. TB has touched all sections of the population in this country, but poor communities are the most vulnerable. Uganda also has a very high HIV burden, with a national prevalence of 7.3%, and over half of the TB patients also infected with HIV. The Central region, which includes the capital city of Kampala, has the highest HIV prevalence (10.6%). The Kasese region near the Democratic Republic of Congo and Rwanda borders, where access to medical care is limited, has an HIV prevalence of 8.2%. To date, TB is still the primary cause of death among people living with HIV/AIDS. In 2012, two thirds of all TB deaths within the country were people with HIV.

The Foundation for Innovative New Diagnostics (FIND) has partnered with the National TB and Leprosy Program (NTLP) to increase the number of TB cases detected and treated. Together, they have successfully completed a TB REACH Wave 2 project, where Xpert MTB/RIF was rolled out as an add-on diagnostic test to microscopy for HIV positive smear negative patients in 24 districts in the country, detecting 1,043 new cases out of a targeted 1,904.

A wave 3 TB REACH project with the additional collaboration of The Union aims to improve TB case detection among HIV positive people in the regions of Kampala and Kasese. In Kampala, TB care must deal with issues of stigma, poverty, high population density, poor sanitation and overcrowding of health facilities. Inadequate follow-up of TB patients on treatment can lead to incomplete treatment and development of resistance. In Kasese, migrant populations from neighbouring countries are particularly vulnerable to TB.

Uganda



FIND

Until recently, the national testing algorithm recommended that only HIV-positive patients with a negative microscopy result undergo Xpert MTB/RIF (along with microscopy-positive re-treatment cases and all children less than 14 years, regardless of HIV status). Now the project is introducing Xpert MTB/RIF as an initial test for the diagnosis of TB among HIV-positive patients in accordance with WHO recommendations. The NTLP has received Xpert equipment and cartridges at seven HIV-TB care facilities (six in Kampala district, one in Kasese regional hospital). The project will pilot the use of this new tool as an initial test for HIV-positive patients.

FIND, NTLP and The Union are intensifying case finding activities at the enrolled health facilities. The goal is to detect 4,089 additional cases of TB over a period of two years. Irrespective of the reason for their visit, every patient visiting these health facilities is asked if they are suffering from one of the key symptoms presumptive of TB: cough, fever, weight loss, night sweats. This will help to identify cases that would otherwise be missed. For instance, a young HIV-positive migrant man might visit a doctor or hospital due to a broken bone resulting from a fall while playing football. If asked, he might remember his chronic cough. The resultant testing could not only save his

life, it could prevent his TB infection from spreading to others in his family and community. The project uses local 'boda-boda' motorcycles to transport patient samples to referral sites (organized in a network) at no cost to the patient, and an SMS from the electronic patient case register system reminds patients to go back to the clinic to receive the test results and to be initiated on treatment. All sites in-

volved in the FIND/NTLP/UNION project will use an electronic TB-unit registry shared by all sites, which can be accessed using smart phones. This improves data quality and provides prompt access and easy aggregation for timely case notification and management. The registry is being designed in such a way that it will be possible to scale up its use in the future, as this in combination with Xpert technology and the revised testing algorithm are very likely to demonstrate a positive impact on TB case detection and treatment outcomes.

