

USAID REGIONAL HEALTH INTEGRATION
TO ENHANCE SERVICES – NORTH, LANGO

ADDRESSING DRUG RESISTANT TUBERCULOSIS



Since November 2019, all newly diagnosed DR-TB patients receive an oral medication regimen in line with the national TB program.

DRUG RESISTANT TUBERCULOSIS IN LANGO

Lango is one of the regions with the highest prevalence of Tuberculosis (TB) in Uganda. The number of drug resistant TB (DR-TB) cases has significantly increased from 13 to 16 cases between October to December 2018 compared to the same period in 2020 respectively. The USAID Regional Health Integration to Enhance Services- North Lango (RHITES-N, Lango) project supports high impact facility and community interventions to strengthen TB prevention, improve systemic DR-TB surveillance with a focus on geo-mapping to identify DR-TB hot spots, provide integrated TB outreach campaigns and contact tracing, scale up sputum sample generation at service delivery points and among key populations, improve GeneXpert testing and reporting, strengthen hub sample transportation systems, and improve notification of new rifampicin-resistant TB cases to treatment units for timely initiation.

APPROACH: PROGRAMMATIC MANAGEMENT OF DRUG RESISTANT TB

USAID RHITES-N, Lango provides technical and logistical support for programmatic management of drug resistant TB in conjunction with the National Tuberculosis and Leprosy Program (NTLP). The support is provided through panel meetings, cohort reviews, and systemic surveillance for multidrug resistant TB (MDR-TB) among adults and children to ensure early detection, timely initiation on treatment. The project also helps with laboratory and clinical treatment monitoring, improved use of the MDR-TB Management Information System (MIS), pharmacovigilance, and improved supply chain for MDR-TB. RHITES-N, Lango supports the use of GeneXpert testing as a key strategy to diagnose and identify MDR-TB cases.

ACHIEVEMENTS

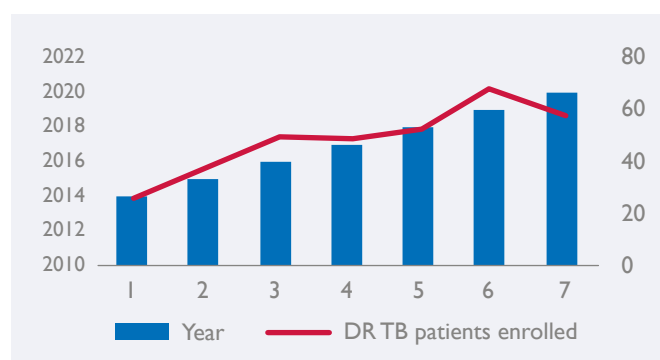
- DR-TB case notification improved from 51 cases in 2018 to 59 in 2020.
- The DR-TB treatment success rate improved from 80% for patients initiated on treatment in 2017 to 84% for those initiated in 2018.
- The project has improved systemic DR-TB surveillance through mapping DR-TB hotspots and follow-up facilities, increasing the use of GeneXpert testing, and improving reporting, hub sample transportation systems, and timely initiation of Rifampicin-resistant case on treatment.
- Diagnosing sites now are able to conduct DR-TB contact tracing and linkage to care and support, including bi-directional transfer of patients from initiating sites to directly observed treatment (DOT) sites.

The project is conducting routine mentoring and coaching for DR-TB sites and follow up facility teams to provide 100% DOT for all MDR-TB patients.

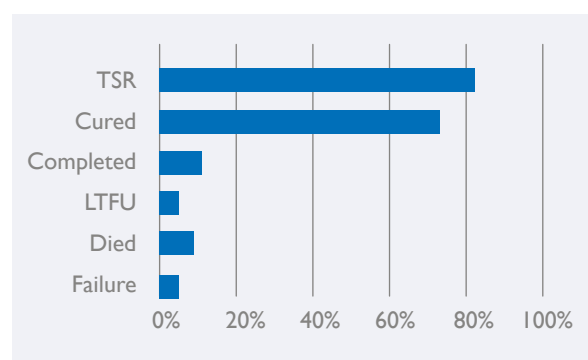
Since November 2019, all newly diagnosed DR-TB patients receive an oral medication regimen and there has been improvement in the use of the short-course treatment regimen, in line with the national tuberculosis program.

- Treatment initiation sites are conducting home visits, providing psychosocial support and health education on TB infection prevention and control, and tracking missed appointments and lost to follow up cases to improve DR-TB treatment outcomes.
- In terms of supply chain, there is evidence of accurate quantification and timely ordering of DR-TB drugs and supplies. The project also has provided buffer stocks for some TB supplies (sputum containers, X-ray films, face masks, and N-95 respirators) and critical laboratory tests for DR-TB monitoring (e.g. thyroid function tests).
- There is improved M&E for DR-TB, which has led to timely and accurate data generation.

Drug-resistant TB case notification trends 2014 to 2020



24- month cohort for 2018



This technical brief is made possible by the support of the American people through the United States Agency for International Development (USAID). The contents are the sole responsibility of John Snow, Inc. (JSI) and do not necessarily reflect the views of USAID or the United States Government.

For further information, please contact:

Med Makumbi, Chief of Party
RHITES-N, Lango
Plot 5/7, Obote Avenue
2nd Floor, Citadel Towers, Lira, Uganda
Tel: +256772731075
www.jsi.com

The USAID Regional Health Integration to Enhance Services-North, Lango project (RHITES-N, Lango)

works with the Government of Uganda to increase people's use of sustainable, high-quality health services in Uganda's Lango sub-region. The project provides a platform for communities, local governments, civil society organizations, and private sector actors to work together to improve the health of all residents. RHITES-N, Lango strengthens and integrates health services in HIV, tuberculosis, maternal and child health, family planning, malaria, nutrition, and water and sanitation. The project also addresses system-level issues such as having enough well-trained health workers and ensuring health data is used to make programming, budgeting, and other decisions.