

STUDY SUMMARY

Improving TB case detection using a Gender responsive TB screening Intervention in urban public healthcare facilities in Uganda (IGNITE)

BACKGROUND TO THE STUDY

Globally, men account for more than half of the people with TB and two out of every three cases which go undiagnosed or undetected are in men. In Uganda, TB is four times more prevalent among men than women. Gender has a powerful influence on health and wellbeing, intersecting with other individual, social, and economic factors to impact people's right to health and equitable access to quality healthcare. Societal and cultural beliefs including notions of masculinity, TB-related stigma, and barriers at health facilities such as long waiting times and inconvenient opening hours, discourage men from seeking timely healthcare leading to delays in TB diagnosis and treatment initiation. Standard approaches to TB within health facilities do not address these issues and there are calls for national TB programs to recognise the unique barriers among men and adopt patient-centred strategies. Gender-responsive approaches are needed across the spectrum of TB prevention, diagnosis, treatment and care, yet there is a lack of evidence to support their implementation.

STUDY SITES

The study will be conducted in Gombe and Mityana General Hospitals that were purposively selected. To ensure a broad geographic reach and non-overlapping catchment areas, we selected two hospitals located at least 50 kilometres away from the capital city, Kampala, using major highways as reference points.

KAMPALA STUDY SITES



AIM

TO BRIDGE THE GAP IN TB HEALTHCARE SERVICES AND ENSURE THAT MEN RECEIVE ADEQUATE SCREENING AND CARE, ADDRESSING A CURRENT DISPARITY IN HEALTHCARE-SEEKING BEHAVIOURS. THIS WILL BE ACHIEVED THROUGH CO-DESIGNING A GENDER-RESPONSIVE INTERVENTION WITH STAKEHOLDERS AND ASSESSING ITS FEASIBILITY, EFFECTIVENESS, AND COST-EFFECTIVENESS.

METHODS

A pilot will be conducted before and after quasi-experimental non-equivalent comparison group study divided into two phases:

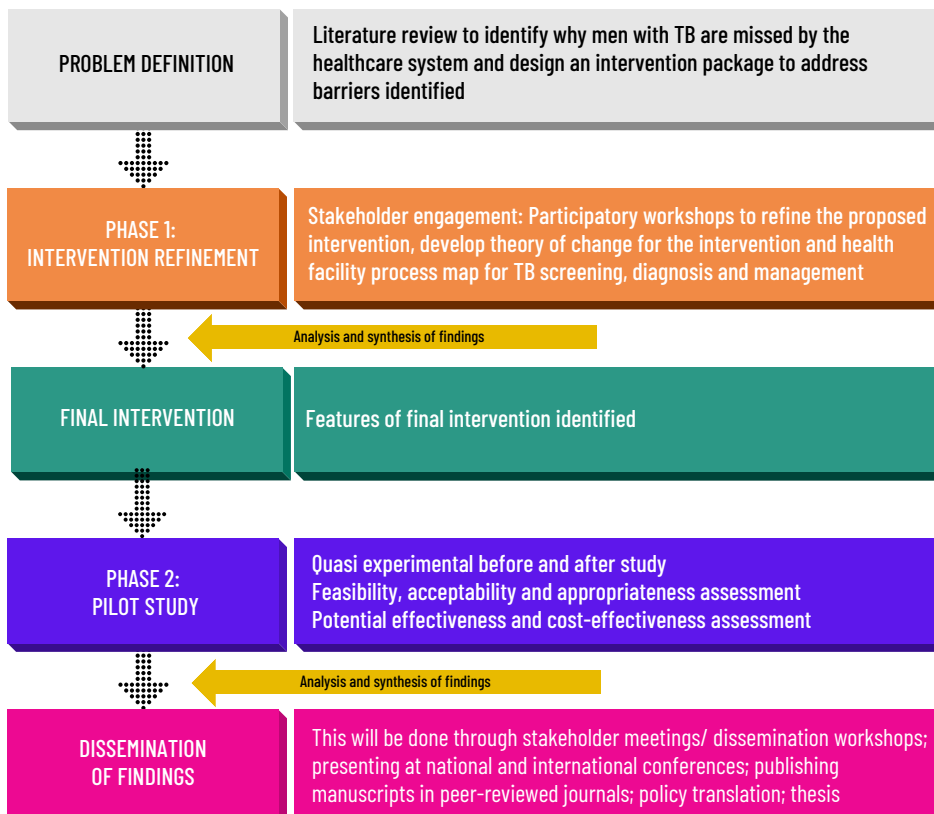
PHASE 1

Engage stakeholders utilising an iterative codesign approach in participatory workshops to refine the proposed intervention, develop its theory of change and a health facility process map for TB screening, diagnosis and management.

PHASE 2

Evaluate the feasibility, acceptability, potential effectiveness and cost-effectiveness of the final intervention. Potential effectiveness will be evaluated by measuring the additional TB cases attributable to the intervention.

PROCESS



POTENTIAL IMPACT

TO INCREASE THE NUMBER OF ACTIVE TB CASES DETECTED AMONG MEN BY IMPROVING THEIR ACCESS TO TB SERVICES WITHIN HEALTHCARE FACILITIES

Identifying TB cases that would have been missed

Potential to reduce community transmission of TB and the risk of negative health and socio-economic consequences

Results from this pilot study will be used to design a full powered randomised trial to robustly evaluate the effectiveness of the intervention.

More information on the study is detailed in the protocol. For further information, please contact:

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