Health Challenges in South Sudan

- South Sudanese residents often have difficulty accessing tuberculosis (TB) care due to:
  - unevenly distributed services,
  - insufficient health facilities, and
  - stigmatization against TB patients.
- TB services are often not integrated into the general health system due to:
  - high turnover among trained health workers,
  - inadequately skilled staff, and
  - inadequate community involvement in TB control.
- These challenges have contributed to:
  - low TB service coverage among health facilities (just 7%), and
  - a low national TB case notification rate (just 48%).

In response, the Ministry of Health developed a basic package of health services that includes TB service delivery at all levels of health system. This package requires TB service integration into primary health care.

One integration strategy is to increase access to TB care by training community health workers (CHWs) to conduct TB screening and follow-up with TB patients to ensure treatment adherence.

CHWs’ proximity to residents and their high level of respect within communities make them well-suited to provide effective TB services and community education to reduce stigma against TB patients.

Intervention and Assessment

- In 2010, the Global Fund provided financial and technical support to help health professionals from three rural health facilities in Northern Bahar Ghazal train CHWs on:
  - identifying presumptive TB,
  - tracing TB patients that have been lost to follow-up,
  - directly observing patients on TB treatment to ensure adherence, and
  - conducting community education on TB control.
- In 2012, the USAID-funded TB CARE I project and its implementer, Management Sciences for Health (MSH), worked with the National TB Control Program (NTP) to analyze patient data and outcomes from the rural three health facilities supported by CHWs and compare it to data from three urban facilities not supported by CHWs.

![Figure 1: Treatment success among TB patients in 3 facilities supported by CHWs and 3 facilities not supported by CHWs](image1.png)

![Figure 2: Treatment default among TB patients in 3 facilities supported by CHWs and 3 facilities not supported by CHWs](image2.png)

Conclusion

CHW support for TB control activities contributed to improved TB case detection and treatment success at three facilities in Northern Bahar Ghazal.

Inspired by these positive outcomes, TB CARE I and the NTP are now working to expand these interventions. In June of 2013, the partners trained 154 CHWs to support TB service delivery at four health facilities in Central Equatoria State.

Recommendation

The NTP should continue to support TB service delivery training for CHWs throughout South Sudan, especially in urban areas where there are many barriers to TB services.