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Title: ESTABLISHING DECENTRALIZED RHEUMATIC HEART DISEASE SERVICES IN UGANDA - THE ADD-RHD STUDY: A PRELIMINARY REPORT FROM THE FIELD

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Background & Aims: Rheumatic heart disease (RHD) remains a significant cause of cardiovascular morbidity and mortality in children and young adults in Uganda. Long distances to centralized care in district hospitals is associated with poor outcomes representing a major barrier to control efforts. Under the active case detection and decentralized registry to improve the uptake of RHD secondary prevention (ADD-RHD) study, decentralized RHD services incorporating m-health application were set-up in community health facilities in two Northern Ugandan districts. We report initial reflections during the first year from preliminary field data.

Methods: A mixed-methods evaluation including rates of adherence in pre/post decentralization periods, patient and provider qualitative interviews, costing surveys, database queries and field diaries will evaluate the effect of decentralized services on adherence to secondary prophylaxis and understand barriers and facilitators to decentralization at the end of the study. In this report, we present the initial reflections on challenges and successes of the decentralization program from field data.

Results: A total of 44 community health care workers were trained to establish RHD secondary prophylaxis services in 8 health center III/IV facilities in Northern Uganda. The program has seen a steady increase in registrants receiving monthly RHD care with a total of 157 consented registrants successfully decentralized in both districts over the last year (Fig. 1). Registrants' eagerness translated to a number self-decentralizing earlier on. Subjective assessment of decentralized services identified medicinal stock-outs and trained staff shortages due to absences and relocation to be the main challenges. Furthermore, low computer literacy and network instability resulted in an initial slow adoption of the mobile Active Community Case Management Tool (ACT) software built to support decentralized services. Planned concentrated support from research field staff provided on-site further training, identified local champions and overtime documented amassed enthusiasm from staff and facility heads. Timely identification of shortages and mobilizing medicinal resources and supplies for RHD secondary prophylaxis has been an integral part of ensuring the success of decentralization.

Conclusions: Facility support visits documented by research staff proved instrumental to the establishment of decentralized RHD services. Opportunities for improvement and program scale up include providing further training, government support for ensuring supplies and leveraging the mobile application to monitor stocks and improve communication channels.