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**Leveraging faith and community leaders to improve tuberculosis case detection in Zombo district, Uganda.**

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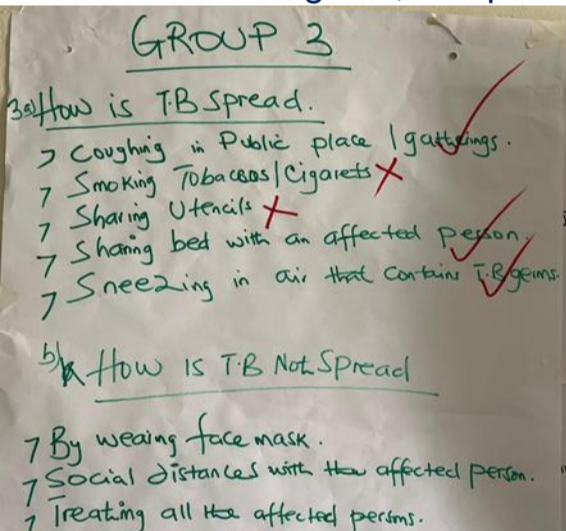
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**Introduction**

- Zombo is a small, rural district located in the West Nile region of Uganda. Like many border districts in the area, it bears a disproportionately high burden of tuberculosis.
- Despite ongoing efforts, the district continued to record a significant number of missed TB patients largely attributable to persistent stigma surrounding TB and HIV, poor health seeking behaviors and access challenges to health facilities. These barriers prevent many individuals from seeking timely diagnosis and treatment.
- Recognizing this gap, we saw an opportunity to leverage the deep-rooted trust within communities and engaged local and faith leaders to help identify and support those missed by the formal health system.

**Methods**

- Trained 175 faith and community leaders on TB signs and symptoms, early referral, and tackling stigma and gender-based violence.
- The training empowered them to serve as trusted advocates and referral agents, complementing the formal health system.

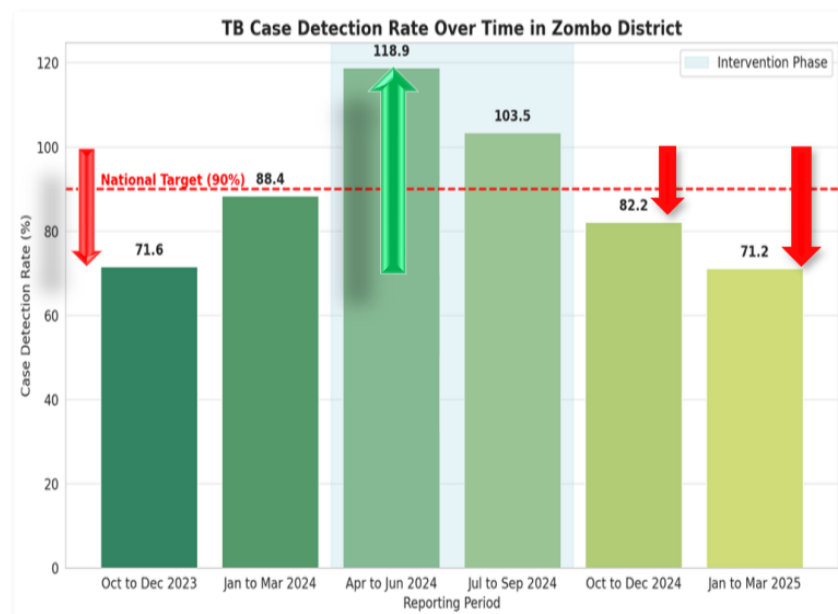


- The leaders received simple educational materials and referral tools to use in their daily pastoral and community work
- They shared TB messages during sermons, home visits, and local meetings, and support timely referrals to nearby health facilities.

**Results**



- Joint outreaches were held where trained leaders mobilized communities and health workers provided on-site screening taking services closer and encouraging those hesitant to seek care.



- **47% increase in TB case detection. 30% traced to community referrals.** Stronger collaboration between health facilities and the community. Missed TB patients registered after phase out.

**Conclusion**

- Faith and community leaders complement the roles of each other. They boost trust, and are critical partners in TB fight. We recommend scale up and adoption of this model not only for TB but for a holistic healthcare delivery.

