**Outreach as A Tool to Prevent Chronic Diseases and Create Demand for their Care in Uganda: Cost-Effectiveness and Community Perceptions**

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**Abstract (393 words)**

***Background:*** Chronic Disease (CD) management is still neglected in Low Income Countries. In Uganda, though highly prevalent, CDs are characterized by low public knowledge, prevention, screening, and budget spending. Our aim was to demonstrate community outreach as an important and cost-effective tool to bring awareness on Diabetes and Hypertension (DM/HT) to the general population.

***Methods:*** Our study was a mixed-methods study nested in the Health System Strengthening for Chronic Diseases (HSS-CD) project, a 4-year collaborative research programme between the MRC/UVRI and LSHTM Uganda Research Unit; Mwanza Intervention Trials Unit; London School of Hygiene and Tropical Medicine and the Ministries of Health of Uganda and Tanzania.

To elicit community perceptions, In-Depth Interviews (IDIs) and Focus Group Discussions (FGDs) evenly distributed into intervention and control arms were carried out across sexes, with purposively-selected participants. IDI participants were selected from a 1-2 KM radius around sampled health facilities while the FGDs participants were selected from a 1KM radius.

To estimate cost-effectiveness, all health facilities randomized under the HSS-CD project were included. We used the *ingredients* approach to estimate the incremental economic cost of providing outreach services towards DM/HT for 1 year, with costs collected from project accounts and interviews with health facility staff. We estimated outcomes as the total number of people screened positive that was registered by the health facilities.

***Results:*** Majority of the IDIs and FGDs participants in the intervention arm reported more signs and symptoms of HT/DM than those in the control arm. Almost all intervention and control arm participants reported several important ways of creating awareness, non-specific to DM/HT. They explained that awareness about DM/HT could be created through facility-based health education.

On average, HCIIs and HCIIIs in the intervention arm carried out 19 and 21 outreach visits in the year respectively. 74% of the total outreach costs was salary costs, 21% transport costs, and 5% capital costs. The average unit cost per outreach visit was USD 13 and 16 for HCIIs and HCIIIs respectively. The average annual cost per patient screened was USD 1.3 and 1.1 for HCIIs and HCIIIs respectively. The ICER for providing community outreach services compared to a situation where outreach services were not provided was USD 1.

***Conclusion:*** We demonstrated that outlook can be an important and cost-effective way to create awareness on chronic diseases and increase utilization of their services among the general population.