



Power of integrated care

In Uganda, tuberculosis (TB), HIV, and cancer represent a deeply interconnected health challenge, each amplifying the impact of the others and complicating prevention, diagnosis, and treatment.

These three diseases do not exist in isolation; they create a complex web of vulnerability, especially for those with weakened immunity.

Understanding their interaction is essential for shaping effective health strategies and saving lives across the nation.

HIV fundamentally weakens the body's immune system, making individuals far more susceptible to infections like TB and to certain cancers.

For example, TB is the leading cause of death among people living with HIV in Uganda, where the virus accelerates the progression from a dormant TB infection to an active, dangerous disease.

Simultaneously, a compromised immune system struggles to suppress viruses that can lead to cancer.

People living with HIV face a significantly higher risk of cancers such as Kaposi sarcoma, cervical cancer, non-Hodgkin lymphoma, and liver cancer, often driven by persistent infections from viruses like HPV and hepatitis.

These diseases also share many common risk factors, which explains why they so frequently co-occur. Poverty, overcrowded living conditions, and limited access to healthcare create an environment where TB spreads easily while also delaying critical screenings for HIV and cancer.

Lifestyle factors like tobacco use and alcohol consumption further weaken immunity and elevate risks across all three conditions.

Moreover, viral co-infections, such as HPV, hepatitis B and C, and others, tend to be more aggressive and cancer-causing in individuals whose immune systems are already burdened by HIV.

The situation becomes even more challenging for cancer patients. Treatments like

chemotherapy and radiotherapy, while vital, suppress the immune system, leaving patients more vulnerable to TB infection and complicating HIV management if it is present.

This creates a dangerous cycle where one condition worsens another, leading to poorer health outcomes, increased treatment toxicity, and higher mortality rates.

When a patient faces two or all three of these illnesses, diagnosis becomes difficult because symptoms like chronic cough, weight loss, fatigue, and night sweats are common to all.

Additionally, managing multiple drug regimens requires careful coordination to avoid harmful interactions and ensure each treatment remains effective.

Addressing this triple burden demands an integrated health-care approach. Uganda has made commendable progress in HIV control and is strengthening cancer care through institutions like the Uganda Cancer Institute.

However, the next crucial step is to braid these services together. This means routinely screening HIV and cancer patients for TB, integrating cancer screenings, especially for cervical cancer, into HIV clinics, and ensuring seamless referrals between TB units, HIV clinics, and cancer centres.

Strengthening laboratory capacity for early diagnosis, training healthcare workers to recognise overlapping symptoms, and conducting community education to reduce stigma and promote early testing are all vital actions.

Ultimately, confronting TB, HIV, and cancer requires a unified, compassionate, and systemic response. By moving away from siloed treatment and toward coordinated care, Uganda can better protect its people, improve survival rates, and enhance the quality of life for those navigating these interconnected health challenges. The path forward lies in integration, awareness, and unwavering commitment to health for all.