

# Sickle cell screening mandate will reduce sufferers

**THE** health ministry has announced a newborn sickle cell screening mandate.

This ground-breaking decision is a defining moment in public health policy and, if rigorously implemented, could transform the trajectory of sickle cell disease (SCD) to a manageable condition, potentially reducing sufferers to a trickle.

SCD is a genetic blood disorder caused by an inherited abnormality of haemoglobin, which carries oxygen in red blood cells. Children inherit the disease (SS) when both parents carry the gene.

Those with only one copy (AS) are carriers, generally healthy, but able to pass the gene to their children. Health experts say the disease causes chronic anaemia, severe pain crises, infections, organ complications and reduced life expectancy if untreated. Signs in children include frequent hospitalisations, fatigue, delayed growth, jaundice and vulnerability to infections.

Globally, about 7.74 million people live with SCD, with sub-Saharan Africa, of which Uganda is a part, having nearly 80% of these.

Africa dominates with 60%-70% of global cases, concentrated majorly in Nigeria, DR Congo and Uganda. Uganda's position is, especially alarming since it ranks third in Africa and fifth



## EDITORIAL

**Editorial Tel:** 0414 337000/337139/337125;

**Fax:** 0414 235843; P. O. BOX 9815 Kampala.

**Email:** news@newvision.co.ug;

**Marketing/Advertising Tel:** 0414337000

**Fax:** 0414 232050

**Email:** advertising@newvision.co.ug

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worldwide. The country sees about 20,000 children born with SCD annually, translating to roughly 55 daily.

With over six million carriers, which represents 13% of the population, the disease kills 6,000-9,000 children under five years

of age annually.

The consequences are immense as families with SCD sufferers endure immense emotional and financial strain.

Economically, the Government faces escalating healthcare costs, while the private sector loses productivity when employees must constantly care for affected children.

The average treatment cost of sh8.3m per child drains both family resources and national healthcare budgets.

However, a plan is only as good as its implementation.

The Government must ensure that rapid diagnostic kits reach every health facility, healthcare workers are comprehensively trained and robust follow-up systems are established.

Sustaining the new programme needs continuous funding, community education and integration with premarital counselling programmes.

Couples intending to marry should be encouraged to test early (before strong feelings develop) and to know their genotypes to understand risks of having affected children and adopting children.

People should also be sensitised about what it means to have a sickle cell trait and disease.

This new mandate can be the gold standard for healthcare.