



## Home Visits for Patients Who Fail to Collect Drugs for Self-Administration Among Tuberculosis Patients

### *Dear Editor,*

Tuberculosis (TB) remains one of the most significant public health challenges globally, particularly in low- and middle-income countries. Despite the availability of effective treatment, non-adherence to medication regimens continues to undermine TB control programs. One major barrier to successful treatment outcomes is patients' failure to collect drugs for self-administration. In this context, home visits by healthcare providers or community health workers represent an essential strategy to bridge gaps in care, address barriers to adherence, and ultimately improve treatment success rates.

When patients do not collect their TB medication as scheduled, the risks extend beyond the individual. Interrupted or incomplete treatment leads to continued transmission of TB within communities and contributes to the emergence of drug-resistant strains, which are far more difficult and costly to treat. Understanding why patients default on medication collection is crucial. Barriers include stigma, lack of transportation, financial constraints, limited awareness about the disease, and the burden of frequent clinic visits. In many communities, patients may also prioritize daily survival needs over health appointments, especially if they feel asymptomatic.

Home visits provide a practical, patient-centered response to these challenges. By bringing healthcare directly to the patient's doorstep, this approach reduces logistical barriers such as distance and transportation costs. It also allows healthcare workers to build stronger relationships with patients and their families, fostering trust and open communication. This personalized engagement is particularly important for TB, where stigma and fear of discrimination can discourage patients from seeking care openly.

During home visits, healthcare providers can deliver medication, observe patients taking their doses when necessary, and assess any side effects or complications. They can also provide health education, address

misconceptions about TB, and offer counseling to motivate patients to complete their treatment. These visits offer an opportunity to identify and address other social determinants that may hinder adherence, such as poor nutrition, lack of social support, or co-existing mental health issues. In some cases, involving family members during home visits can strengthen the patient's support system, ensuring that someone in the household can help remind them to take their medication consistently.

Moreover, home visits can be a crucial component of broader community-based TB care strategies. Integrating home visits with community health worker programs ensures that TB control is not limited to health facilities alone. Community health workers, who are often trusted members of the community, can act as a bridge between the formal healthcare system and patients, enhancing the acceptability and effectiveness of home-based interventions.

However, implementing home visits is not without challenges. It requires adequate human resources, training, and logistical support. Healthcare workers must be equipped to handle the physical demands and safety risks of visiting patients in diverse settings. Privacy and confidentiality must be safeguarded, as unannounced visits could unintentionally expose patients' TB status to neighbors, potentially exacerbating stigma. Therefore, programs must be designed carefully, with respect for patients' preferences and cultural contexts.

Sustainable financing is another key consideration. Governments and partners must allocate sufficient resources to train and support staff, provide transportation allowances, and ensure a consistent supply of medications. Where feasible, integrating TB home visits with other community health initiatives — such as HIV care or maternal-child health programs — can improve efficiency and make better use of limited resources.

In conclusion, home visits are an important intervention to support TB patients who fail to collect drugs for self-administration. They address practical, psychological, and social barriers to adherence, reduce transmission, and help prevent drug resistance. While they are not a stand-alone solution, when integrated into comprehensive TB control strategies, home visits can make a significant contribution to ending the TB epidemic. Policymakers, program managers, and communities must work together to implement patient-centered, sustainable models that meet the needs

of vulnerable patients and strengthen the overall healthcare system. Through such collaborative efforts, we can move closer to the goal of a TB-free world.

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