

Nigeria

Federal Capital Territory (FCT)

Abuja, the Federal Capital Territory (FCT), has become a bustling center of activity as the new capital of Nigeria. In the last two decades, this city has grown from an unremarkable rural village to a modern, planned city. Building the infrastructure for this new administrative center has been an enormous undertaking. The metropolitan area has become a magnet for workers in search of employment, but with a severe shortage of low cost accommodation, many newcomers end up living outside Abuja's Metropolitan Area (AMAC). The population in the area has swelled, with size estimates varying widely from 1.5 to 5 million inhabitants. Areas outside AMAC have poor sanitary infrastructure and services, both exacerbating the chances of contracting TB and reducing the likelihood of timely and effective treatment. Accessing TB diagnostic services means either attending one of the recently established smear-microscopy centers or traveling to district hospitals, and because public transport is expensive and overcrowded, travel can be problematic. As in many places experiencing rapid urbanization, Abuja's development seems to have increased social inequity.



A TB REACH grant is bringing together a partnership with the FCT-NTBLCP, a private medical center, a not-for profit TB research laboratory (Zankli Medical Centre), and the Liverpool School of Tropical Medicine (UK). These partners are implementing a project to demonstrate that health services, communication and diagnostic technologies can be harnessed to address this inequity.

Teams of community health extension workers (CHEWs), trained to identify adults with chronic cough and sputum collection, canvas the slums outside AMAC, first conducting sensitization activities and then visiting all households to corroborate the presence of adults with TB symptoms. Symptomatic individuals are asked to submit two sputum specimens on-site. A driver on motorbike takes the specimens to one of five local laboratories equipped with smear-microscopy and GeneXpert systems supplied through the TB Reach grant. Specimens are screened using smear-microscopy and, if negative, screened again using Xpert MTB/RIF. The results are relayed back to the CHEWs using mobile phones. Patients with TB are then registered with the NTBLCP, tested for HIV and placed on treatment. Patients with markers of rifampicin resistance are re-visited to collect further specimens for DST at the Zankli research laboratory and referred to the NTBLCP MDR-TB treatment facilities if drug resistance is confirmed.

Installing Xpert has not been an easy undertaking but, after months of initial difficulties, the project is running at full steam. Currently, 80-100 additional cases are being identified in the remote villages and slums each month, with further increases in the number of cases being identified in the health centers. Research has also indicated that combining sputum samples of patients and testing the pooled specimen with a single Xpert MTB/RIF cartridge could economize resources without losses in the accuracy of the test. The project has thus increased access to diagnostics, new and old, for a poorly served at-risk population; implemented and demonstrated the added value of Xpert MTB/RIF diagnosis in active case finding; and shown that pooling methods can be used without losing the accuracy of Xpert. Abuja is a trail blazer, and the National and State NTBLCP programs, eager to reproduce the model if the intervention is shown to be successful, are preparing to handle the increased treatment load that will entail.

A Public Private partnership to increase access to quality TB diagnosis and treatment to slum populations of Abuja through active case finding and diagnostic technologies





FINDING AND TREATING PEOPLE WITH TB IN THE WORLD'S POOREST COMMUNITIES

TB REACH

**The first wave of projects
increased case detection
by an average of 26%
compared to
the previous year**

More than nine million people around the world become ill with tuberculosis (TB) each year. About one-third of them fail to get an accurate diagnosis or effective treatment and are more likely to die from this curable disease.

By supporting the many partners working in the field, TB REACH offers a lifeline to people among this missing 3 million by finding and treating people in the poorest, most vulnerable communities in the world. In areas with limited or non-existent TB care, TB REACH supports innovative and effective techniques to find people with TB quickly, avert deaths, stop TB from spreading, and halt the development of drug resistant strains.

- TB REACH was launched in 2010 and will run until 2016, thanks to a CAD\$ 120 million grant from the Canadian International Development Agency.
- TB REACH is committed to getting funds to our partners with a very short turnaround time.
- TB REACH has committed nearly \$50 million to partners working on 75 projects in 36 countries covering a wide range of interventions.
- Preliminary analysis from Wave 1 shows that efforts of partners led to an increase of 26% in TB case detection over an area of 100 million people, while some areas saw increases of more than 100%. The average cost per person covered is US \$0.15.

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