



# **Systematic Screening for Active TB and Linkages to Treatment, Care and Support for Nomadic Populations in Adamawa State**

*Experiences from CFCS R8 Project in Nigeria.*

*African Regional TB Summit post- UNHLM*

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# Problem statement

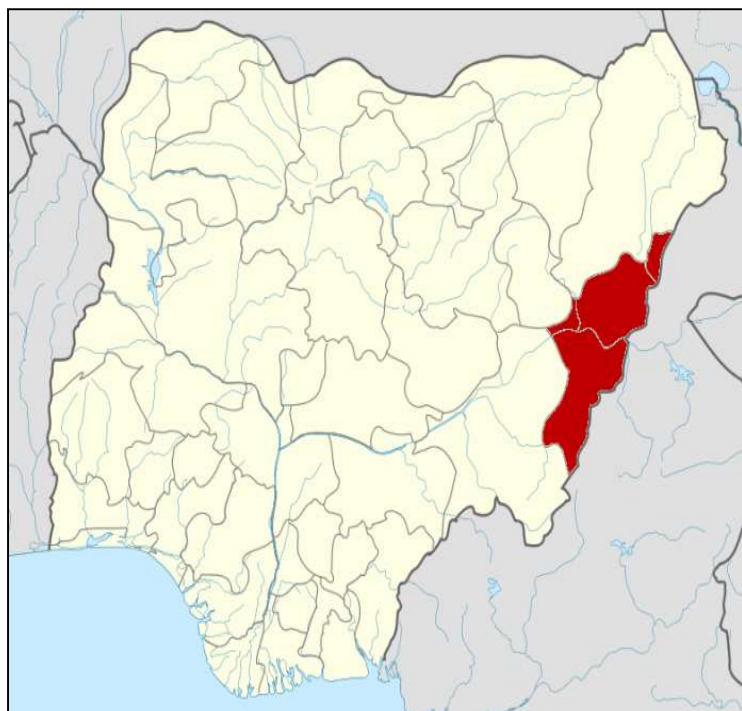
- Over 315,000 missing TB cases in Nigeria
- Nomads are a TB key population in Nigeria
  - Documented High Rates of TB among Nomads
    - Sahelian Nomads,
    - Maasai, Fulani & other Nomads in Africa
- Estimated 9.3m Nomads in Nigeria
- Screening for TB is not properly targeted or tailored to this high-risk group

*Chabasse et al, 1985, Omar, 1992, Van Cleeff et al, 1995,  
A. Sheik-Mohammed & J. P. Valema 1999,  
[http://www.stoptb.org/resources/cd/NGA\\_Dashboard.html](http://www.stoptb.org/resources/cd/NGA_Dashboard.html)*

# Objectives

- To target and tailor TB screening for Nomadic pastoralists in 12 of the 21 LGAs of Adamawa State.
- To detect & notify 150 childhood TB cases among the targeted 12,833 Nomadic Pastoralists in 12 of the 21 LGAs of Adamawa State.

# Project Site



*Map of Nigeria and  
Adamawa State*

- # of LGAs/BMUs: 12
- Population: 2.6 million
- # of Nomadic Schools: 81
- Total Health Facilities: 628
- Total DOTS Centers: 109 (17%)
  - Coverage: 1/25,490 pop
- TB Diagnostic Centers:
  - GeneXpert: 4 (of 6)
  - AFB Microscopy: 32 (of 51)
    - Coverage: 1/81,250 pop

# Key Strategies & Interventions

## Strategies

- Leverage a **multi-sectoral approach**
  - Collaboration with different stakeholders (e.g. Ministry of Livestock, Ministry of Education etc)
- Leverage Wave 2 **TB REACH** Pilot Experience
- **Empower Nomadic Pastoralists** from the targeted communities to build awareness and enhance access TB treatment and care and support services.
- Sustained **advocacy**

## Interventions

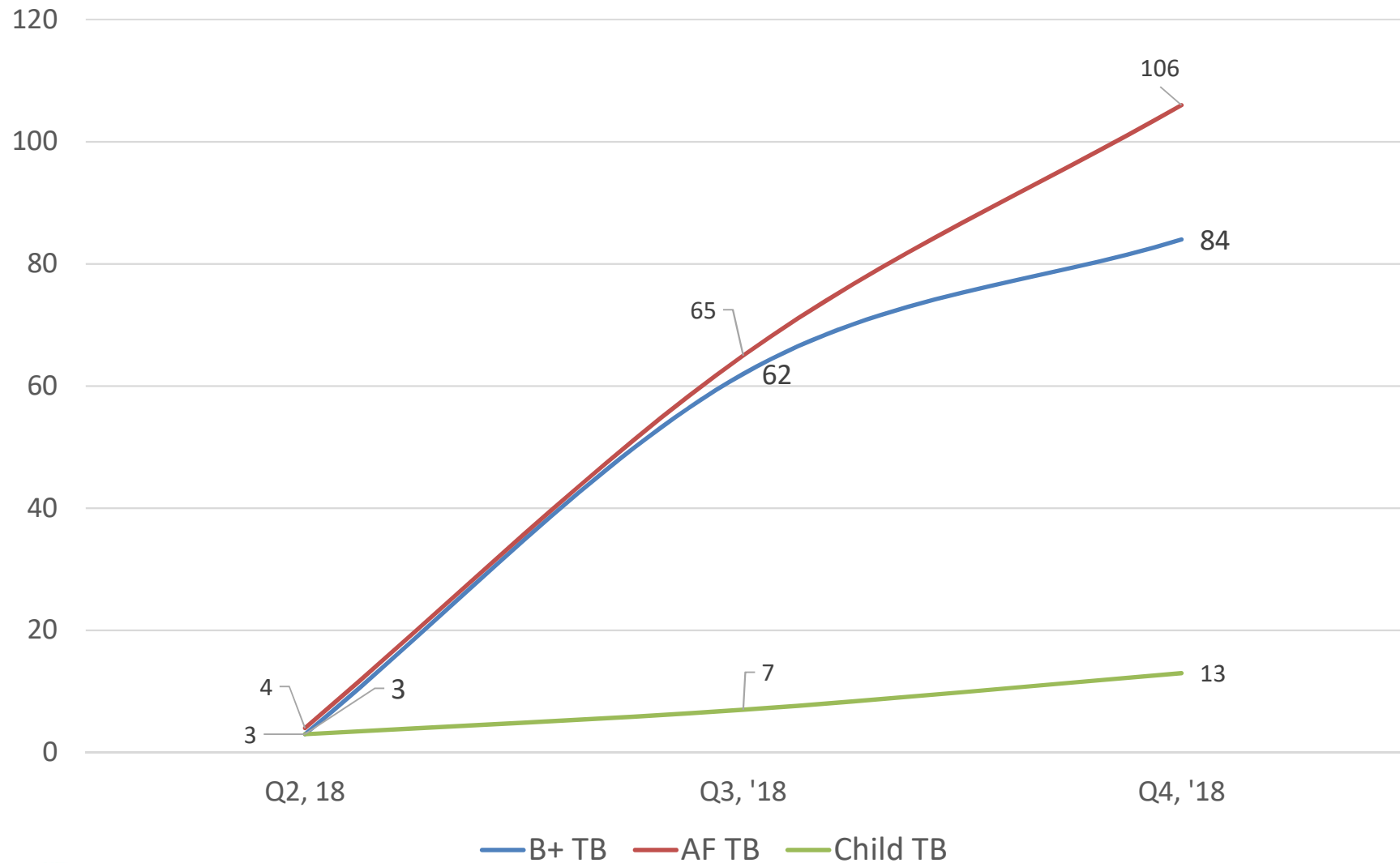
- **Systematic Screening** for Active TB targeting:
  - Nomadic Schools
  - Nomadic Community
- **Sputum sample transport**/ $<5$  transport
- **GeneXpert & AFB Sputum Microscopy**
- **Linkages of diagnosed TB cases** to treatment and care including community DOTS

# Results

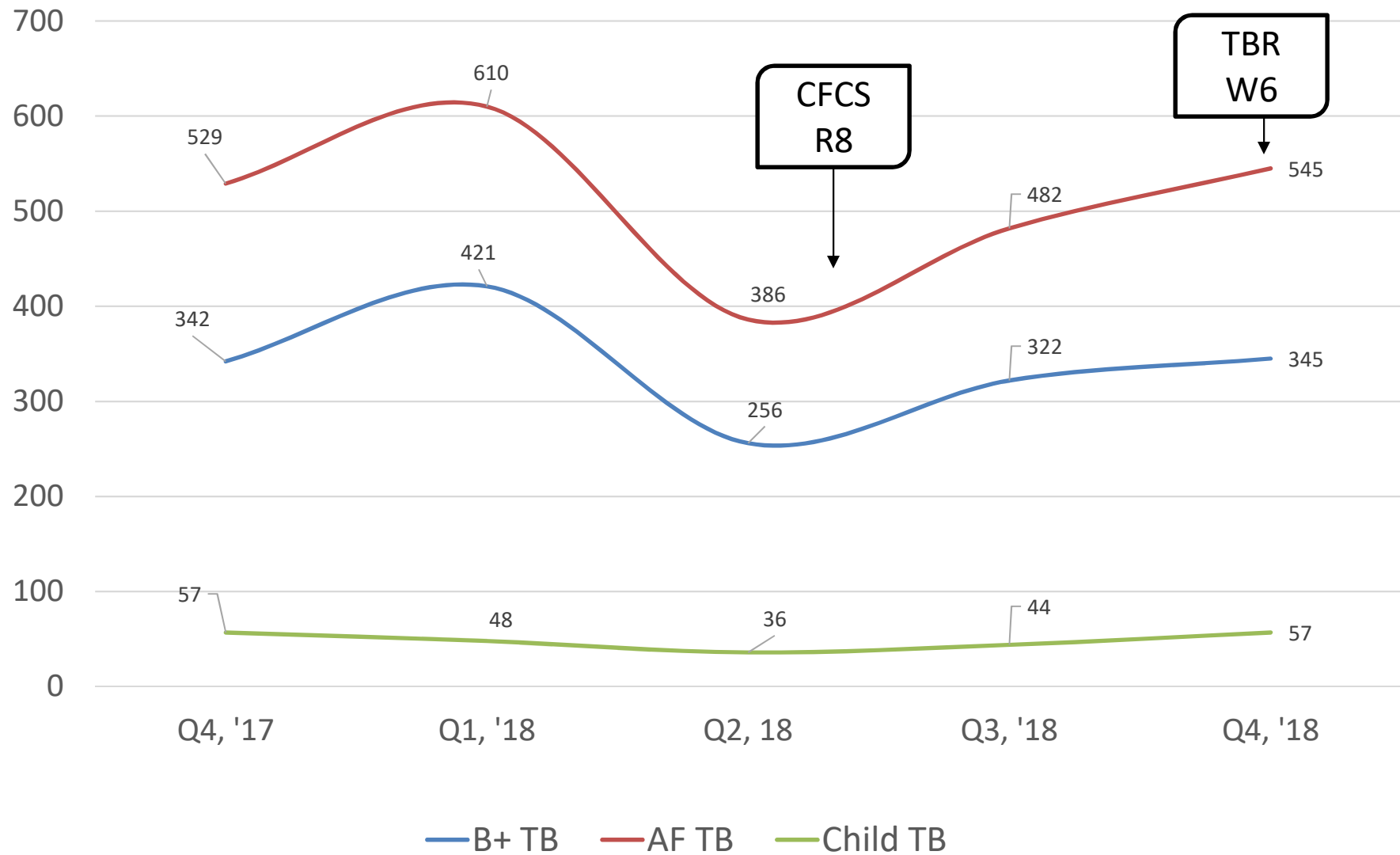
- # of Nomadic Schools Screened: 74
- # of Nomadic Communities Screened: 52

	Process Indicators	Male	Female	Total
1	# Verbally Screened	23,104	13,217	36,321
2	# of Presumptives detected	1,845	1,232	3,077
3	# of B+ TB cases detected & notified	96	53	149
4	# of AF of TB cases detected & notified	104	71	175
5	<b># of child TB cases detected &amp; notified</b>	14	9	23 (590 Pres)
6	# of Nomads who had HCT	1,148	1,451	2,599
7	# of Nomads found HIV+	22	39	61

# Results: CFCS Case Finding in 12 LGAs



# TB Case Notification in 12 LGAs





# Challenges, Lessons Learnt and Next steps



## Challenges

- No appropriate guidelines/SOPs for TB Key Populations.
- The most marginalized, at risk and vulnerable populations (TB Key Populations) are disempowered.
- Difficult topography/Hard-to-Reach.
- Poor access to GeneXpert equipment.

## Lessons Learnt

- NTP needs to develop appropriate guidelines for the systematic screening of key populations in accordance with WHO systematic screening for active TB.
- Key Pops need to be informed and empowered, to design interventions, support the implementation of TB prevention, treatment and care and support services and to access TB services.
- CRG assessment reports can inform this process.

## Next steps

- Continue to engage Key Pops
- The NSP and GF Plans
- Support NTP to expand TB services among key pops
- Intensify advocacy for local resource mobilization

Human Right Barrier	Intervention	Result	Contribution to the 90-90-90 target
Lack of information about TB and TB services among the nomadic communities	<ul style="list-style-type: none"> <li>• Engagement of Nomadic Focal Point</li> <li>• Community/School seminar on TB</li> <li>• Lately, jingles in Fulfulde</li> <li>• KAP planned</li> </ul>	<ul style="list-style-type: none"> <li>• 74 Nomadic Schools reached</li> <li>• 52 Nomadic Communities reached</li> </ul>	The most marginalized, at risk and vulnerable identified, informed and empowered, to access TB prevention, treatment and care
Poor access to TB diagnostics & treatment services among nomadic communities	<ul style="list-style-type: none"> <li>• Multi-Sectoral Approach</li> <li>• Engagement of Nomadic Focal Points</li> <li>• Engagement of Nomadic School Teachers &amp; youth as Community Volunteers</li> <li>• Sputum Transport &amp; &lt;5 transport</li> <li>• Community TB DOTS</li> </ul>	<ul style="list-style-type: none"> <li>•3,077 presumptive TB Cases (including 1,232 Females) detected</li> <li>•175 TB cases (including 71 Females) notified (among nomadic communities)</li> <li>•23 Childhood TB cases (including 9 females) notified (among nomadic communities)</li> <li>•CTBC in place</li> </ul>	The most marginalized, at risk and vulnerable identified, informed and empowered, to access TB prevention, treatment and care
Unacceptability / poor quality of TB (and other health) services	<ul style="list-style-type: none"> <li>• Engagement of Nomadic Focal Points</li> </ul>	<ul style="list-style-type: none"> <li>•Nomadic Schools &amp; Communities accepted TB Screening</li> </ul>	The most marginalized, at risk and vulnerable identified, informed and empowered, to access TB prevention, treatment and care





Nomads Community Screening



# Acknowledgements

- Adamawa State Governments
- The State TB Programme Team
- Adamawa State Agency for Control of AIDS
- Pastoral Resolve (PARE); Adamawa State
- NTBLCP, Nigeria
- Members of the Global indigenous STOP TB initiative (GISI)

## Funders

- Stop TB Partnership