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.

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Stephen John, MD, MPH/ICHD, PDE
(CEO, Janna Health Foundation)
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 Cleeef et al, 1995,
A. Sheik-Mohammed & J. P. Valema 1999,
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

- # 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

<table>
<thead>
<tr>
<th>Process Indicators</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 # Verbally Screened</td>
<td>23,104</td>
<td>13,217</td>
<td>36,321</td>
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<tr>
<td>2 # of Presumptives detected</td>
<td>1,845</td>
<td>1,232</td>
<td>3,077</td>
</tr>
<tr>
<td>3 # of B+ TB cases detected &amp; notified</td>
<td>96</td>
<td>53</td>
<td>149</td>
</tr>
<tr>
<td>4 # of AF of TB cases detected &amp; notified</td>
<td>104</td>
<td>71</td>
<td>175</td>
</tr>
<tr>
<td>5 # of child TB cases detected &amp; notified</td>
<td>14</td>
<td>9</td>
<td>23 (590 Pres)</td>
</tr>
<tr>
<td>6 # of Nomads who had HCT</td>
<td>1,148</td>
<td>1,451</td>
<td>2,599</td>
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<tr>
<td>7 # of Nomads found HIV+</td>
<td>22</td>
<td>39</td>
<td>61</td>
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</tbody>
</table>
Results: CFCS Case Finding in 12 LGAs

- Q2, '18: 4 B+ TB, 3 AF TB, 3 Child TB
- Q3, '18: 3 B+ TB, 7 AF TB, 7 Child TB
- Q4, '18: 13 B+ TB, 84 AF TB, 106 Child TB
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
<table>
<thead>
<tr>
<th>Human Right Barrier</th>
<th>Intervention</th>
<th>Result</th>
<th>Contribution to the 90-90-90 target</th>
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</thead>
<tbody>
<tr>
<td>Lack of information about TB and TB services among the nomadic communities</td>
<td>• Engagement of Nomadic Focal Point Community/School seminar on TB</td>
<td>• 74 Nomadic Schools reached</td>
<td>The most marginalized, at risk and vulnerable identified, informed and empowered, to access TB prevention, treatment and care</td>
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<td>• Lately, jingles in Fulfulde</td>
<td>• 52 Nomadic Communities reached</td>
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<td></td>
<td>• KAP planned</td>
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<td>Poor access to TB diagnostics &amp; treatment services among nomadic communities</td>
<td>• Multi-Sectoral Approach</td>
<td>•3,077 presumptive TB Cases (including 1,232 Females) detected</td>
<td>The most marginalized, at risk and vulnerable identified, informed and empowered, to access TB prevention, treatment and care</td>
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<tr>
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<td>• Engagement of Nomadic Focal Points</td>
<td>•175 TB cases (including 71 Females) notified (among nomadic communities)</td>
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<td>• Engagement of Nomadic School Teachers &amp; youth as Community Volunteers</td>
<td>•23 Childhood TB cases (including 9 females) notified (among nomadic communities)</td>
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<td></td>
<td>• Sputum Transport &amp; &lt;5 transport</td>
<td>•CTBC in place</td>
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<td>• Community TB DOTS</td>
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<tr>
<td>Unacceptability / poor quality of TB (and other health) services</td>
<td>• Engagement of Nomadic Focal Points</td>
<td>•Nomadic Schools &amp; Communities accepted TB Screening</td>
<td>The most marginalized, at risk and vulnerable identified, informed and empowered, to access TB prevention, treatment and care</td>
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Nomads Community Screening
Acknowledgements

- Adamawa State Governments
- The State TB Programme Team
- Adamawa State Agency for Control of AIDS
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