The mayhem unleashed by the Boko-Haram terror group in Northeast region of Nigeria has further devastated this already underdeveloped area and created the largest cohorts of Internally Displaced Persons (IDPs) in Africa. According to IOM data, over 1.8 million IDPs found their way into some 164 IDP camps/camp-like settlements and 1,784 host communities in Adamawa, Gombe and Yobe States. Despite being at high risk of TB due to residing in poverty and overcrowding, using alternative health services, receiving poor nutrition and boasting high prevalence of HIV, IDPs have limited access to TB services. The federal and the 3 state governments with support from humanitarian partners set up health service tents within IDP camps, however, TB services were extremely limited.

In June 2017, the Gombe State Agency for Control of AIDS (GomSACA), through its Wave 5 TB REACH Grant, successfully set up TB control services in IDP camps and host communities in Adamawa, Gombe and Yobe States. For the next year, a consortium of Community Based Organisations (CBOs) worked through volunteers to conduct active TB case finding in IDP Camps (tent-to-tent approach) and host communities (house-to-house approach), and community outreach for TB screening. Sputum samples were collected by volunteers and trained health workers and transported to Xpert sites while people with confirmed TB were actively linked to treatment. TB Supervisors of local clinics and selected volunteers transported sputum to Xpert sites in cold boxes using motorbikes.

The project successfully screened a total of 283,556 IDPs of which 19,652 (6.9%) presumptive TB cases identified and referred for GeneXpert out of which 1254 (6.3%) Bac+ TB cases including 37 (2.9%) Rifampicin resistant TB cases were detected. Furthermore, 2,025 contacts of confirmed cases were screened; 56 (2.3%) were confirmed Bac+. In addition, 22,596 IDPs were screened for HIV of which 215 (1%) were found to be HIV+.

Continuous and sustained advocacy led to the project’s inclusion in the Global Fund support to the country which is expected to commence in 2019 to 3 other States with a high number of IDPs. However, with the increasing inflow of IDPs into the project area, the existing gaps in TB (and HIV) diagnosis and linkage to care demonstrate the urgent need for scaling up this intervention. The scale-up was supported by TB REACH for another round allowing for project ownership and sustainability across the North-Eastern States and a bridge to Global Fund funding.

This is what TB patients in and out of camps have to say about this work:

“[GomSACA] is very effective because they help to discover people who are sick right in their homes. I was screened at my house, then I got tested and placed on medication. They should be encouraged to do more”.

“the service is very effective. I was coughing for almost 3 weeks, their early intervention led to my diagnosis and treatment. So they are doing very well”
TB REACH combines fast-track, results-based financing with rigorous, external monitoring and evaluation (M&E) to produce effective results. As a direct result, many national governments and/or other donor agencies such as The Global Fund have chosen to scale-up successful approaches and maximize their own investments.

TB REACH awards grants up to US one million dollars to institutions or organizations that have put forward innovative solutions to find, treat, and stop the spread of TB.

At its conception, TB REACH focused on demonstrating how active case finding can improve TB case detection, and now has expanded to promote state of the art technologies and approaches to improve treatment outcomes, TB prevention and product innovation.

Each year, roughly 10 million people around the world will fall ill to Tuberculosis (TB). Of these people, about one third will fall through the cracks and fail to receive an accurate diagnosis, or worse yet – effective treatment. These people are far more likely to die from this completely curable disease.

The TB REACH initiative was established in 2010 in an effort to reach the millions of people with TB who are missed by the current systems. With generous funding contributions from Global Affairs Canada, Bill & Melinda Gates Foundation, USAID, and the Indonesia Health Fund, TB REACH has provided financial and technical support to hundreds of partner organizations working in the poorest and most vulnerable communities in the world.

To date, TB REACH has funded projects in over 50 countries, where more than 33 million people have been screened for TB. More than 2 million people have been diagnosed and nearly 90% of those were provided with appropriate treatment. More than 1 million lives have been saved in the areas where TB REACH works.