A large proportion of inhabitants of urban populations in southern Nigeria have limited or no access to National Tuberculosis Program (NTP) services. The slums, inhabited mostly by the poor, are under-served and hard to reach, with a near absence of basic social infrastructure - housing, health care services, water supply and power supply, among others. This circumstance increases the morbidity and mortality arising from TB in these urban slums and diagnosis of TB is often delayed or missed altogether.

The TB REACH project by GLRA Nigeria is designed to increase the uptake of TB services in a number of urban slums in different states.

The key strategies employed to achieve the project objectives were advocacy and social mobilization, capacity building of the facility health staff and community health care providers, establishment of TB diagnostic and treatment centers, provision of incentives to patients and community health care providers, and supervision and monitoring.

Advocacy visits were made to the state and local government policy-makers as well as community leaders to gather their support for the project. Twenty-four general health workers were trained to provide TB services in the twelve newly established and existing DOTS centers. Six laboratory technicians were trained to provide TB microscopy services in the newly established and existing TB microscopy centers, while 80 community volunteers and patent medicine vendors were also trained to identify TB suspects and refer them to the TB microscopy/treatment centers. Smear negative suspects, including eligible children, also received free x-ray services. The project is being implemented in both public and private health facilities. External quality assurance is in place to improve the accuracy of smear microscopy.

Innovative approaches used in case finding include front loading of sputum samples (two sputum samples collected one hour apart), active case finding among contacts of index cases, and enhanced intensified TB case finding among PLHIV attending HIV clinics. Innovative strategies to improve case holding include incentives to both patients and care providers.

In one single slum, active case finding among the contacts of only 20 TB cases yielded seven TB cases including two children.

The project has experienced significant success in its first nine months of implementation: urban slum populations are increasingly aware of TB symptoms and signs and of the availability of free TB services; the inhabitants are now able to access TB services within the slums; the diagnostic centers have been strengthened through infrastructural upgrade and the provision of microscopes. Private x-ray facilities are also benefitting through increased patronage and revenue.
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.