

## Finding and treating people with TB in

# Nigeria

- Grassroots approach using community pharmacists leads to increased case detection
- 20% increase in case detection compared to 2010 figures
- Text messages remind patients to take their medicine, improving adherence



**Lokoja** – Twenty two low-income communities in the Nigerian States of Kogi and Enugu have taken up responsibility for the health of their own neighborhoods in the fight against tuberculosis (TB). They are participating in a community TB care initiative which models the strategies of Catholic Relief Services and the Institute of Human Virology in piloting a vigorous community-based detection, referral and treatment project.

The project is tackling the problem of losing TB suspects to traditional alternatives within the community, in particular to patent medicine vendors. These community pharmacists are now being trained and equipped to identify and refer potential TB suspects to the nearest TB health care facility. Now when a TB suspect seeks for help from a traditional provider, they no longer slip through the health care net but instead are able to get immediate and effective care.

The project employs both new and old technologies to improve TB case detection and treatment. Text messages reminding patients to take their medicine, combined with health care visits and follow-up are increasing patient compliance once diagnosis is accomplished.

The use of simple paper registers has also enabled better screening, particularly among out-patient visitors who had previously gone undetected. Grass roots approaches include engaging community members directly through local health committees trained to address the issues of stigma, treatment default and contact tracing. These communities also enjoy the benefits of incentives such as motor bikes for volunteers and computers for community health facilities which have led to even better participation.

With people who never before had access to TB services now able to do so free of charge, case detection has already increased, with the overall health of entire communities also improving. In the first six months of 2011 the project has increased case detection by 20% compared to the previous year.

When people ask Mr. Amidu Shuaibu, presently being treated for TB free of charge, how he feels about the project he tells them, "...anytime these people come, I will want to come and thank them myself."



*"I have been suffering with this cough for a long time; all the treatment I took never helped me until I was told by one man (community volunteer) to come to the hospital here (Model Health centre Ulaja) where they did my test. They started giving me the medicine (Anti-TB drugs) and I am feeling better now and I did not pay any money for the treatment. In fact, anytime these people (CRS/IHV) come, I will want to come and thank them myself".*

**Mr. Amidu Shuaibu**  
(Farmer or civil servant Ulaja community)