'*FAST*' pilot to scale-up: Lessons learnt from Nigeria

47th Union World Conference on Lung Health
Liverpool, England

Oct 26 - 29, 2016

Gidado M, Useni S, Eneogu R, Ubochioma E, Adegbola A, Chukwuemeka I, Ogunlade T, Meis M.

Objectives--1

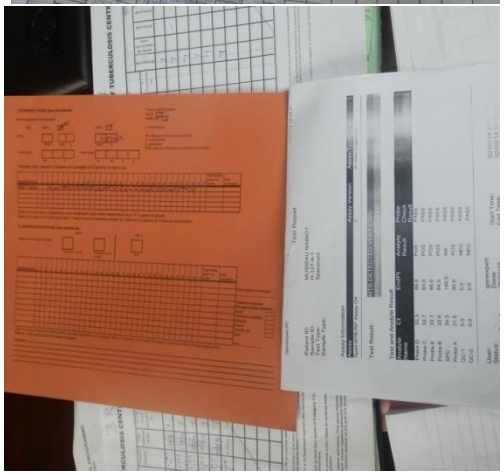
- Background and country context
- *'FAST'* Approach to pilot
- Achievements – FAST pilot
- Institutionalization and scale-up
- Results of scale-up
- Discussion
- Conclusion
- Appreciation

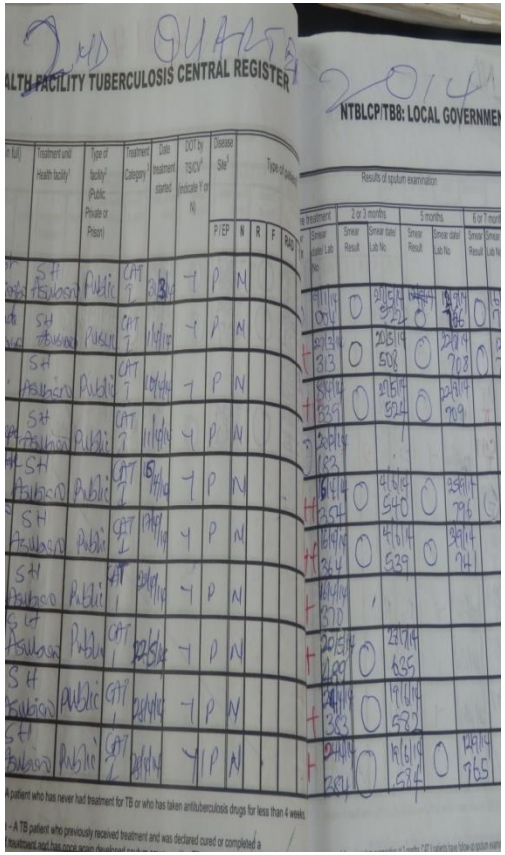
TB Situation – Nigeria (2015 Global TB Report)

- Population: 177,000,000
- DOTS centers: 5,398
- AFB microscopy centers: 1,515
- Culture DST laboratories: 6
- GeneXpert laboratories: 96
- Incidence Rate: 322/100,000
- Total notified cases 2014 all forms: 91,354
- CNR all forms for TB 2014 (per 100,000): 15.4%
- HIV prevalence : 3.4 %
- TB/HIV co-infection: 19% (16,066 cases)
- ART centers : 491 (85% TB/HIV co-located)
- MDR among new TB cases: 2.9%
- MDR among previously treated TB cases: 14%

'FAST' – Approach to Pilot

- Adapted Guidelines, SOPs and training materials for FAST strategy
- Trained pool of facilitators
- TB diagnosis in line with National Guidelines (algorithm): use of microscopy and GeneXpert
- Used existing National recording and reporting tools to monitor the effectiveness of FAST
- Selected 2 (either secondary/tertiary) referral health facilities in 6 states (12)
- Proximity/access to AFB and Xpert machine (7 out of 12 had Xpert machines





USAID FROM THE AMERICAN PEOPLE

CHALLENGE TB

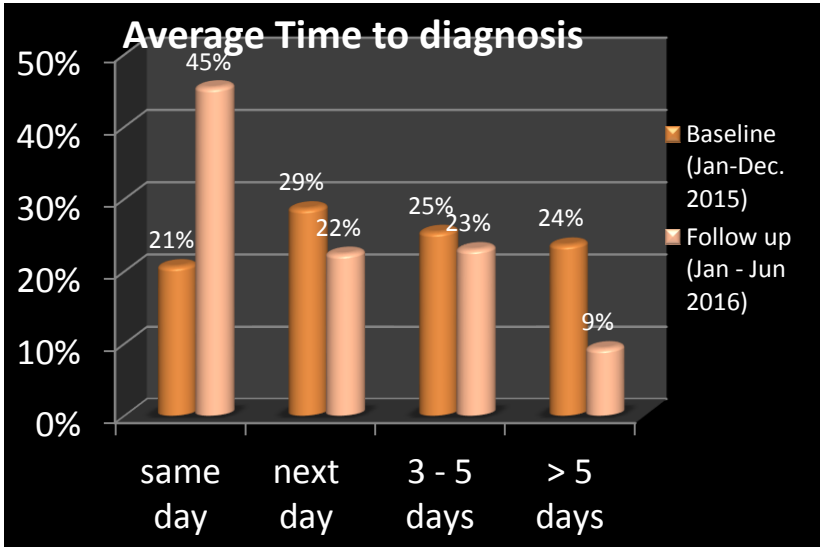
Key achievements - *FAST* Pilot

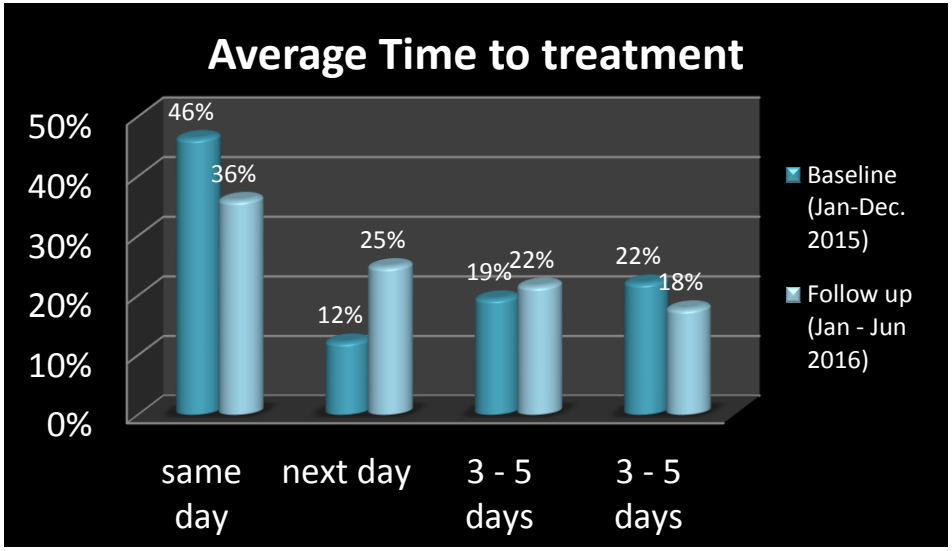
- 7 out of 12 facilities managed to reduce time to diagnosis (5 had Xpert machines)
- 6 out of 12 facilities managed to reduce time to treatment (5 had Xpert machines)
- 6 out of 12 reduced both times to diagnosis and treatment (5 had Xpert machines)
- 11 out of the 12 facilities had 3 months service interruption during the pilot period
- 4 out of 11 had increase in average monthly Presumptive TB cases tested and TB Patients started on treatment
- Promising strategy despite prolonged strike action by government health care workers (3 out of the 6 months pilot period)

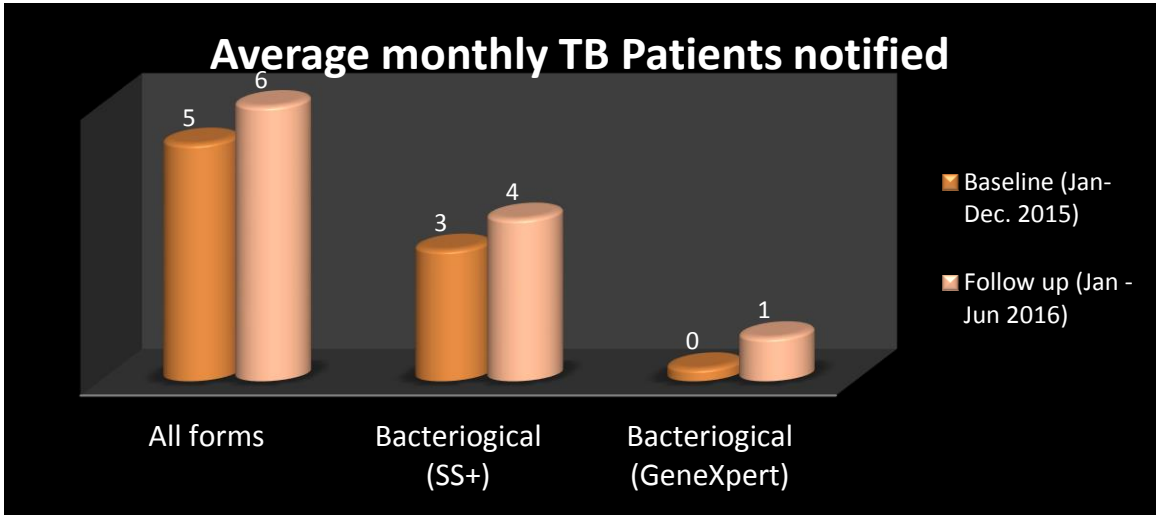
FAST – institutionalizing scale up

- In National Strategic Plan 2015 – 2020: scale up FAST to other states and facilities
- As TB infection control measure (stopping transmission) and also considered as strategy for increasing TB case finding and treatment (especially for settings where case detection rates are low)

Immediate results



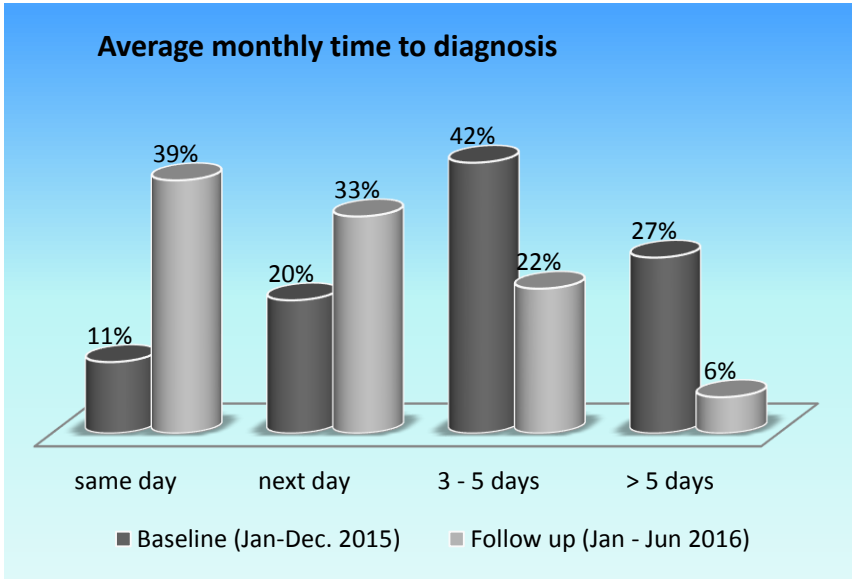


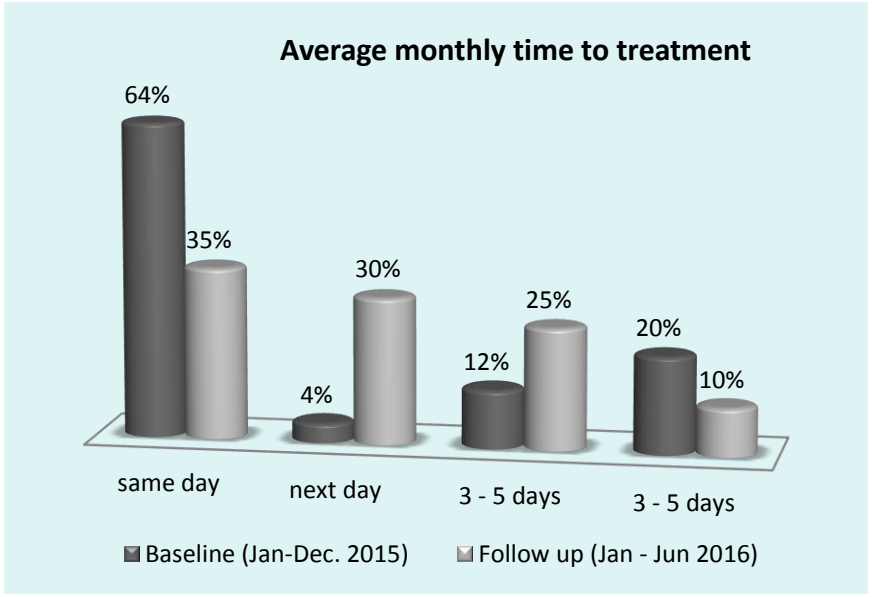


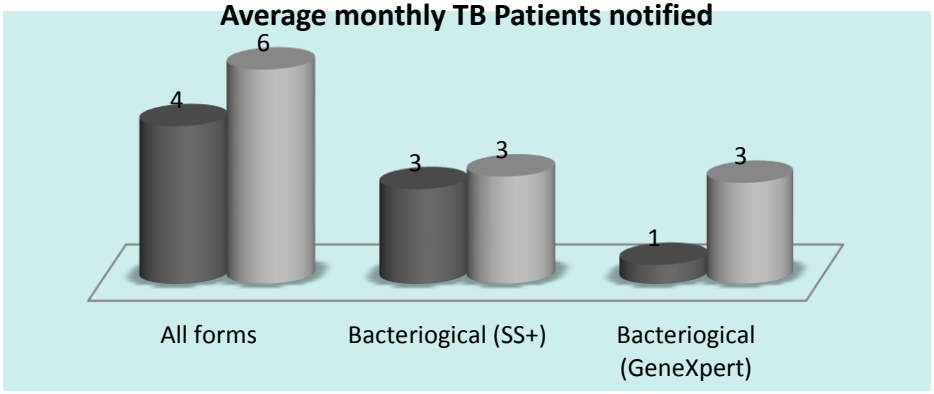
USAID FROM THE AMERICAN PEOPLE

CHALLENGE TB

G.H Ugba–Benue state (with GeneXpert machine)



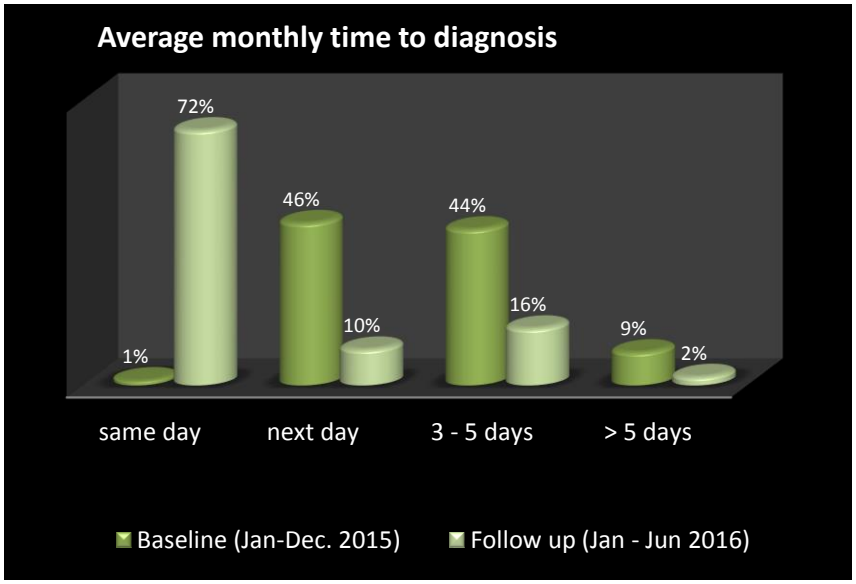


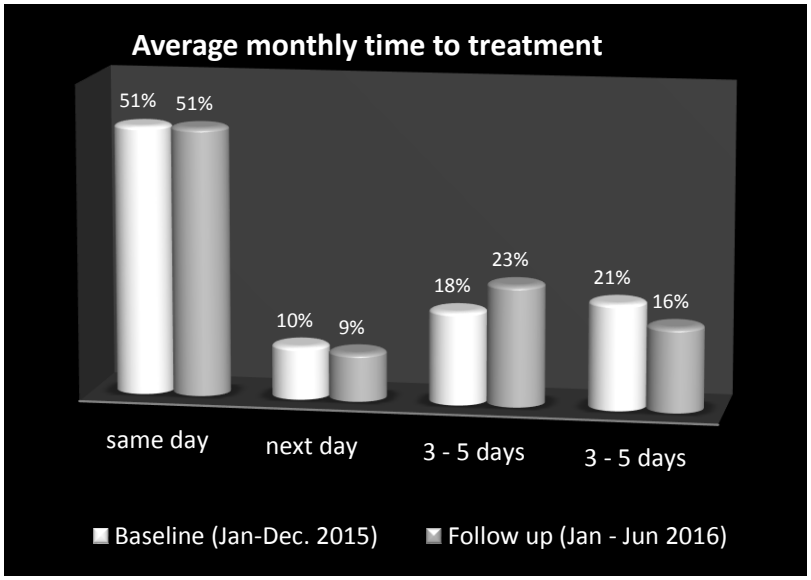


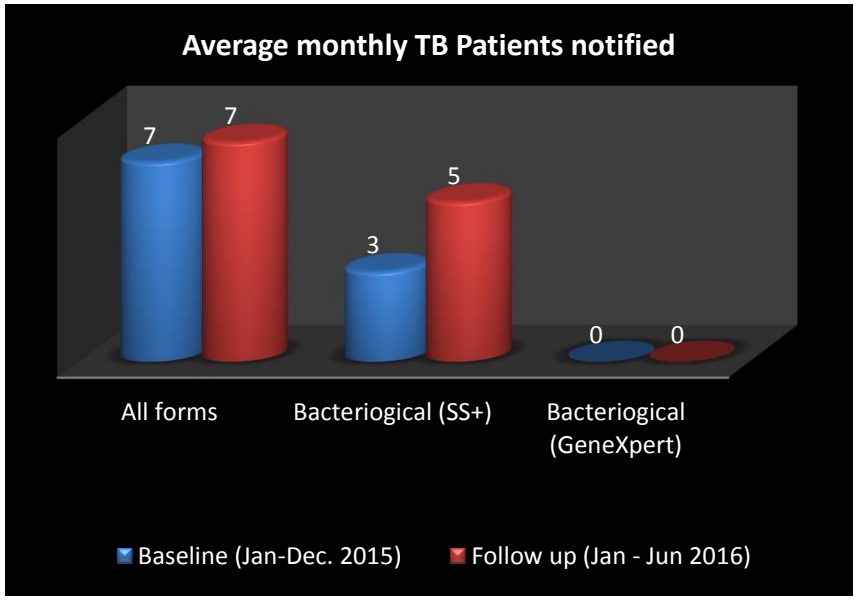
USAID FROM THE AMERICAN PEOPLE

CHALLENGE TB

G.H Ikot Abasi – Akwa Ibom state (with GeneXpert machine)



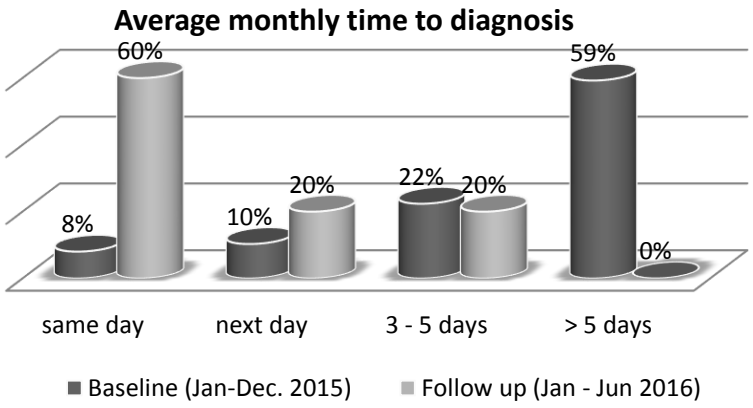


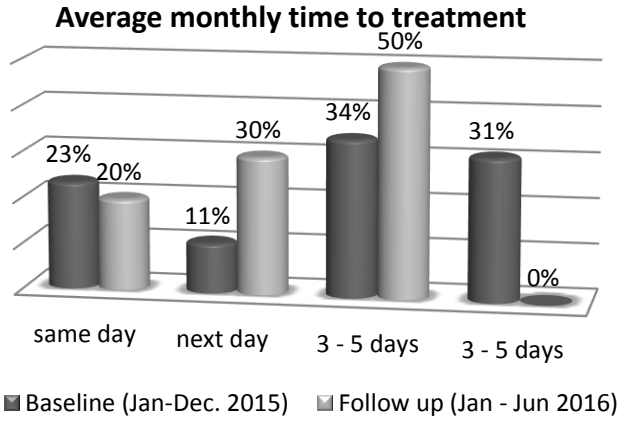


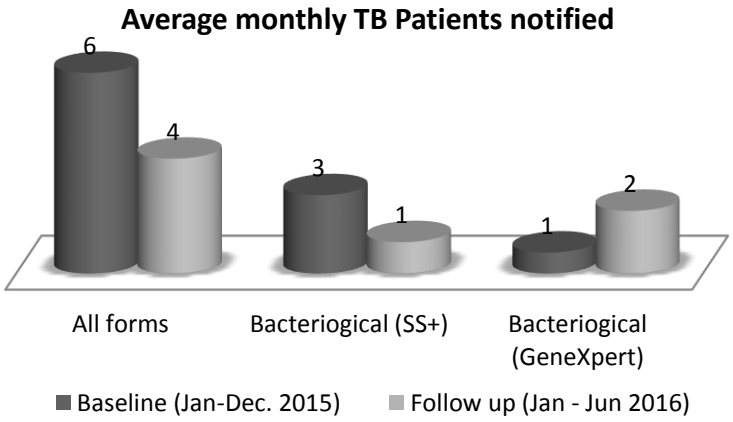
USAID FROM THE AMERICAN PEOPLE

CHALLENGE TB

G.H Otukpo–Benue state (with GeneXpert machine)





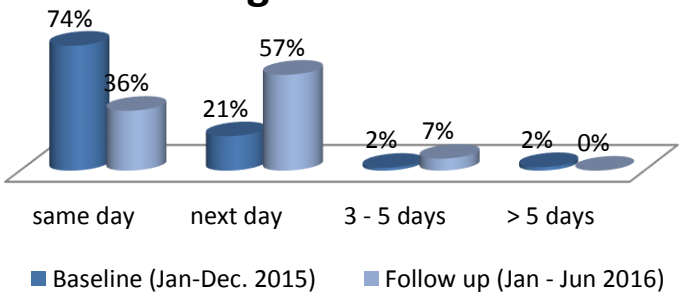


USAID FROM THE AMERICAN PEOPLE

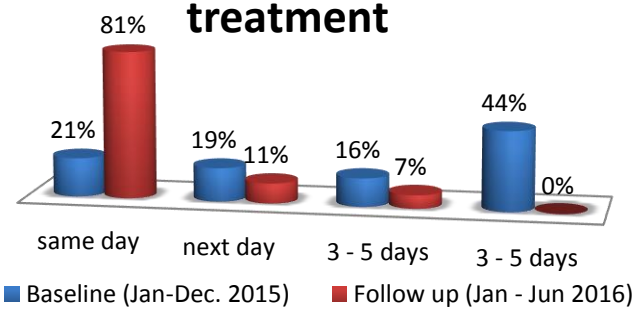
CHALLENGE TB

G.H Vandeikya – Benue state (with GeneXpert machine)

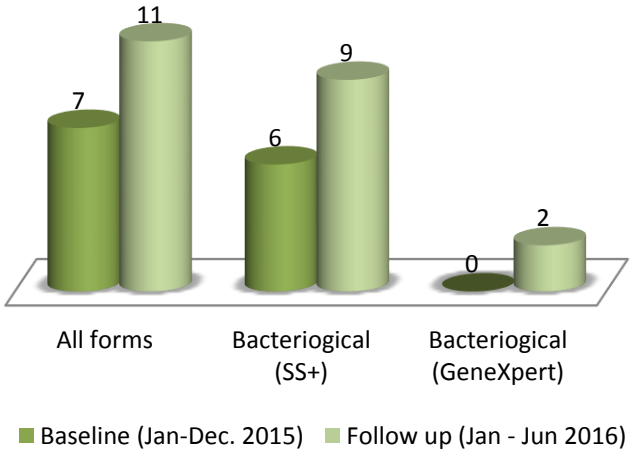
Average monthly time to diagnosis



Average monthly time to treatment



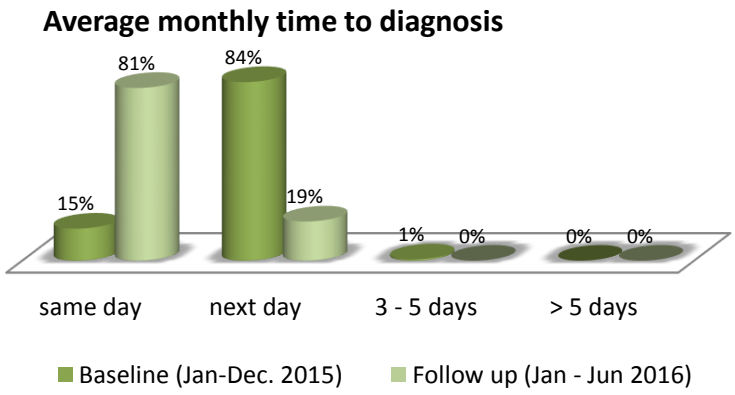
Average monthly TB Patients notified

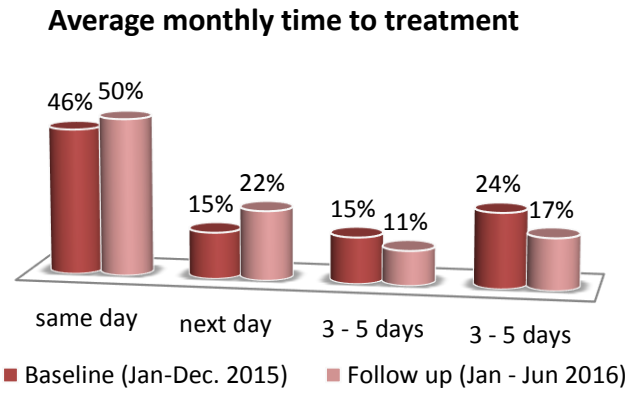


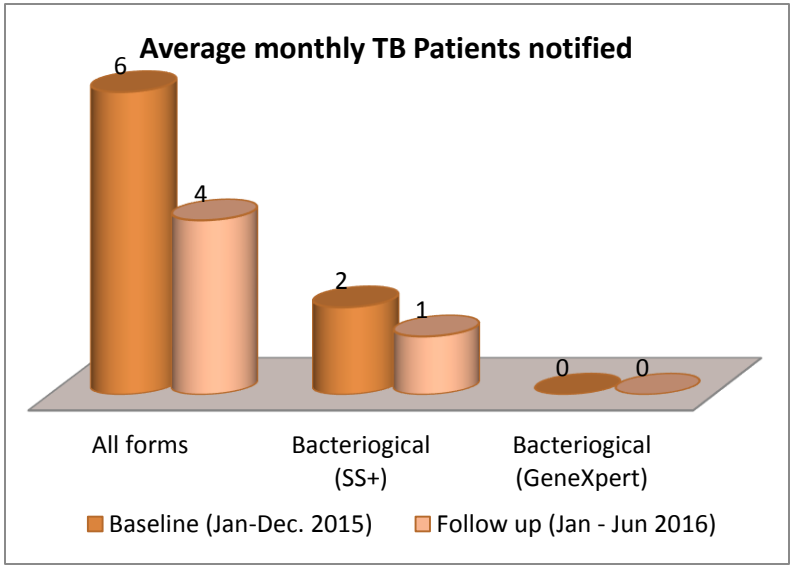
USAID FROM THE AMERICAN PEOPLE

CHALLENGE TB

St. Joseph-Akwa Ibom state (No GeneXpert machine)





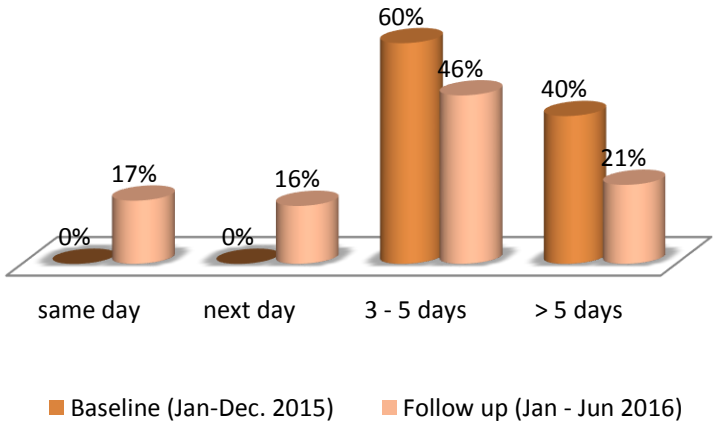


USAID FROM THE AMERICAN PEOPLE

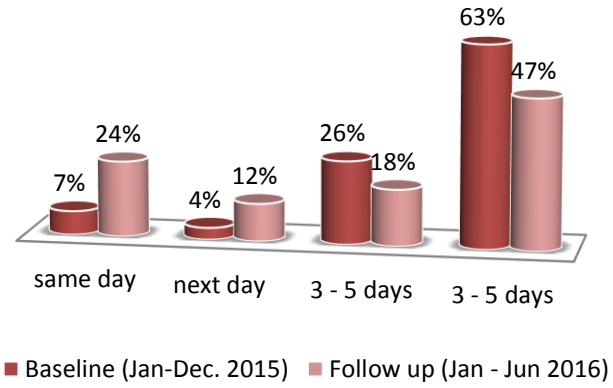
CHALLENGE TB

G.H Etinan – Akwa Ibom state (no GeneXpert machine)

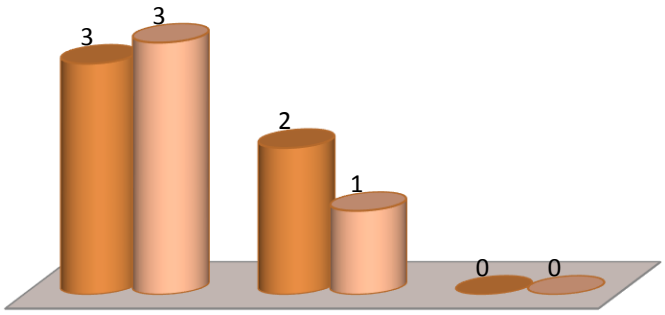
Average monthly time to diagnosis



Average monthly time to treatment



Average monthly TB Patients notified



USAID FROM THE AMERICAN PEOPLE

CHALLENGE TB

Discussion

- Scale up to states for optimizing FAST:

  - enabling environment/policy or minimal bureaucracy

  - easily assessable with minimal logistics challenge

  - relies to a large extent on strong and efficient health systems e.g effective logistics/commodities management including anti-TB medicines

  - National policy of GeneXpert as the initial TB diagnostic tool

Conclusion

- Complementary approach of GeneXpert technology as initial TB diagnostic tool and scale up of FAST strategy has a great impact on enhancement of TB infection control and also TB cases notified

Thank you for Listening

USAID
FROM THE AMERICAN PEOPLE

CHALLENGE TB

Appreciation

- USAID Mission
- KNCV TB Foundation
- FMoH – NTBLCP
- SMoH – Lagos
- SMoH – Benue
- SMoH – Akwa Ibom