SUCCESS STORY – SIDHAS

Strengthening Integrated Delivery of HIV/AIDS Service (SIDHAS)

FY17

PARTNERING TO CONTROL TUBERCULOSIS (TB) IN NIGERIA: THE UNIVERSITY OF PORT HARCOURT TEACHING HOSPITAL (UPTH), MULTIDRUG-RESISTANT TB LAB STORY

According to the World Health Organization (WHO), Nigeria is one of the ten high burden countries for tuberculosis (TB) in the world[1]. In 2015 alone, there were an estimated 10.4 million new (incidence) TB cases worldwide and Nigeria ranked 4th out of the six countries that accounted for 60% of these new cases. Nigeria also belongs to the top 20 high burden countries for TB/HIV co-infection and multidrug resistant TB (MDR-TB), making it one of the 14 countries that have high TB, MDR-TB and TB/HIV co-infection burdens in the world[2].

Despite the investments by donors and the government towards TB control in Nigeria, TB treatment has faced numerous challenges including poor health infrastructure, lack of government ownership of TB control programs (which are mainly donor driven) and poor collaboration between TB and HIV programs.

Additionally, the emergence of MDR-TB poses a threat to efforts aimed at controlling TB and this situation is worsened by the paucity of reference laboratories providing MDR TB diagnostic services in the country.

To address these challenges, in 2011, the FHI 360 led, USAID funded Strengthening Integrated Delivery of HIV/AIDS Services in Nigeria (SIDHAS) project established a MDR-TB reference laboratory in the University of Port Harcourt Teaching Hospital (UPTH), Rivers State. The reference lab, which is a state of the art biosafety level (BSL) 2 facility (with BSL 3 capacity), commenced operations in 2013. With funding from USAID, the facility was equipped with cutting edge laboratory equipment including, but not limited to, biosafety cabinets, hot air oven, centrifuge, microscopes and incubators. Inverters and a 100 KVA generating set were also installed to ensure uninterrupted power supply. This lab now affords the facility increased capabilities in culture and drug susceptibility testing (DST), AFB Microscopy, GeneXpert and Line

Probe Assay which are essential for TB diagnosis and MDR-TB treatment. SIDHAS through funding from USAID also built the capacity of over 16 facility staff to provide these services.

1. WHO Nigeria news
2. WHO Global TB report 2016

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Partnering with the Government of Nigeria (GoN) in the establishment of the lab proved advantageous as UPTH management provided the structure where the laboratory was established and the Federal Ministry of Health (FMoH) assigned skilled health workers to support lab activities.

As of December 2016 over 900 clients access TB Microscopy on a quarterly basis as part of intensified TB case finding and cumulatively, 1,753 clients have received GeneXpert testing in the UPTH MDR-TB lab. Due to the strong link between HIV and TB, the project also ensured the integration of TB screening for all HIV patients and vice versa.

In line with the sustainability mandate to ensure government ownership of USAID's investments under the SIDHAS project, the lab was officially handed over to the Federal Ministry of Health (FMoH) on 12th August 2016. The ceremony which had in attendance, representatives of the FMOH, UPTH senior management led by the CMAC (Chairman, Medical Advisory Council) of UPTH, National Tuberculosis and Leprosy Control Program (NTBLCP), FHI 360 and other implementing partners, revealed the eagerness of the Nigerian Government to take the drivers' seat in providing quality TB services and controlling TB in Nigeria. The TB program committed to ensuring adequate management and functionality of the lab and the SIDHAS project will continue to provide technical assistance.

With funding from USAID and in partnership with GoN, FHI 360 has established additional reference laboratories for MDR-TB diagnosis over the years: Dr. Lawrence Henshaw Memorial Hospital (DLHMH) in Calabar, Nigerian Institute of Medical Research in Lagos and Federal Medical Centre (FMC) Yola. These laboratories have strengthened diagnostic capabilities in the country thereby contributing to closing the gap in TB case identification and treatment.