

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
LAGOS, NIGERIA

PROJECT COMPLETION REPORT

TITLE: Tuberculosis Control

NUMBER: 620-11-995-793-26

FUNDING: \$250,000

*file:
Nigeria
Project Completion
Reports*

COOPERATING HOST COUNTRY AGENCY: Federal Ministry of Economic Development and Reconstruction; State Ministries of Health of East Central, Rivers and South-Eastern States

PROJECT INITIATED: January 1971 (technician arrival)

FINAL CONTRIBUTION DATE: March 31, 1973

ACTIVITY:

This rehabilitation project recognized the fact that tuberculosis services, perhaps more than those for other diseases, had been disrupted and fragmented by the civil conflict after the creation of three States in the former Eastern Region. The re-establishment of tuberculosis (TB) services was seen as a priority concern by many who predicted an inevitable war-associated increase in the disease.

The project also recognized that there was a need to evaluate the size and nature of the TB problem, with a view to re-structuring, if necessary, the distribution of anti-TB services throughout the three States.

OBJECTIVE:

Eight objectives were listed in the Project Agreement (No. 069):

1. Develop a TB prevention/control unit in the Ministries of Health of the three States.
2. Train Ministry and local health personnel in TB prevention and control: skin-testing, microscopy, diagnosis, record-keeping, and treatment.
3. Develop and evaluate diagnosis and treatment programs which will provide at least 12 months of appropriate drug therapy to all persons having diagnosed tuberculosis.
4. Establish a systematic follow-up of compound contacts of TB patients and institute appropriate prevention/control measures.

5. Establish a system of records which will enable proper follow-up of diagnosed cases and their contacts.
6. Assist established static health facilities in providing TB diagnosis and treatment.
7. Carry out systematic tuberculin testing and sputum collection surveys.
8. Administer BCG vaccine to tuberculin negative individuals between the ages of 0 and 20.

ACCOMPLISHMENTS (AND METHODOLOGY):

In each State, enough initial assessment was done to determine the approximate size of the TB problem and the available and latent resources. Consultation with Ministry officials was held to explore the multiple possible ways of integrating TB services into the re-expansion of general medical services in each State, using as a point of departure three major objectives of the World Health Organization TB Program:

1. Diagnosis of TB by direct sputum smear microscopy of all who present themselves to the existing services with a cough of one month or longer.
2. Treatment on an out-patient basis for 18 months with basic "first-line" TB drugs.
3. Prevention by direct (that is, without preliminary tuberculin test) BCG vaccination of all children ages 0-14 (or 19).

Because each of the three states had inherited different aspects of the resources of the former Eastern Region TB services, the approach taken by each state, and therefore the role given to the USAID technician in the individual states varied considerably. It should be pointed out that any or all accomplishments were due directly to the work of the respective Ministries, since no other USAID personnel were involved (except two short-term contracts, as noted below).

Except for the loss of one shipment of laboratory equipment all project materials were delivered intact and apportioned among the States according to the ratios specified in the Project Agreement. Materials consisted of laboratory and office equipment, drugs and transport.

East Central State had been left without a physician with specialized training in TB. For this reason, the majority of the USAID technician's time was spent in that State and it was used as a base for program development. Accomplishments will therefore be described in more detail for this State, with comments interjected as pertinent in regard to the other two States. The eight project objectives will be re-categorized under the three points of the World Health Organization program, outlined above.

III. DIAGNOSIS

A pilot area of 135,000 people in East Central State was sampled to determine the prevalence of TB and the feasibility of smear diagnosis and out-patient treatment. This report will be published later; it showed that one person in each 300 has active, infectious tuberculosis. This was corroborated by tuberculin test surveys in all three States, indicating that the disease was of uniform distribution and approximately equal prevalence in all three States. The total number of active cases in the three States was projected to be about 50,000.

In Enugu, a central reference Public Health Laboratory has been established under direction of a Senior Medical Laboratory Technologist. This laboratory has been highly successful aspect of the program, especially from a technical/professional viewpoint. It has served as a base for training personnel from the other two States and also as a monitor on the other laboratories which diagnose TB in East Central State. The contract employment of Mrs. L. Brink was an indispensable aid in the early stages. It now functions independently of USAID personnel and receives several hundred TB slides from small stations in the State each month. An exploratory TB culture service is also in operation, but major emphasis rightly remains on diagnosis by fluorescent microscopy, which is possible for two kobo (2k) per specimen.

II. TREATMENT

Drug treatment is now available to properly diagnosed TB cases. The Ministries have distributed the basic project drugs and have initiated purchase of their own stocks of these drugs to replace the present supplies, which will be exhausted by about the end of Nigerian fiscal year 1973-74. Some 5,000 cases are on treatment.

Drugs are distributed to health offices and hospitals in all geographical Divisions of all three States. In East Central and Rivers States, distribution is in response to a TB Case Card reporting system which, with one basic record form, serves the functions of case notification, diagnostic and treatment monitoring, patient appointment system and automatic default record. These cards have been printed by the States.

III. PREVENTION (BCG)

BCG vaccine, the preventive measure of choice, has been integrated into the Smallpox/Measles campaign in two of the 35 Divisions of East Central State. Rivers and South-Eastern States have initiated more limited programs in BCG. While BCG has been purchased in moderate amounts by the three Ministries (it was not part of the Project), only a full-scale commitment will produce a measurable impact on TB in the next 30 years. To date, some 100,000 children out of an eligible population of over 3,000,000 have received BCG in East Central State. Nonetheless, personnel in sufficient numbers have been trained to allow expansion in all States.

TRAINING AND PERSONNEL:

Because of the need to integrate a basic TB program into all units in the Ministries of Health, training has been perhaps the single most extensive emphasis of the Project. Over 200 Ministry personnel at various levels from dispensary attendant to doctor have been trained in TB in short courses of two to five days. In Rivers State about fifty received similar training by Dr. E. VanHorn (USAID contract project physician) and the project physician. In South-Eastern State several score of the nursing personnel have had two weeks of training by Dr. J. E. Henshaw, in preparation for return to their hospitals throughout the State.

Based on collective experience and local consultations, 2,000 copies of a TB technical staff manual (about 50 pages), is now being printed by the Government Printer, Enugu.

The Health Education Unit, Oji River, has written, designed, and printed posters and pamphlets for use in TB education at the village/dispensary level. A movie script is in preparation, awaiting arrival of \$1,000 worth of film for use by Ministry of Information in producing the film. This \$1,000 was the last sizeable USAID commitment within the project.

At present the Central TB Control unit in East Central State consists of two male nurses, with extensive past TB training and several years' experience, as well as the 9-man laboratory staff, secretaries, and drivers. A Ministry physician has finally been posted as a replacement for the USAID technician and has been approved by the Government for further training in TB (probably in U.K.), but has yet to take up his post, being presently on leave. Contact with the 35 Divisions is regularly maintained through tours by the two TB nurses and occasional supervisory visits to outlying laboratories by the Senior Medical Laboratory technologist in charge of the laboratory.

RIVERS STATE inherited Isoba Chest Hospital, which was the headquarters of the TB program for the Eastern Region. This has been extensively refurbished by the Ministry and some 80 inpatients are cared for by a full-time doctor. (There are an estimated 5,000 active TB cases in the Rivers State.) Efforts of the USAID technician have been directed toward a complementary service of out-patient case-finding a follow-up. With the six-month contract of Dr. E. VanHorn came the first successful establishment of an actual TB unit to conduct this aspect of the work. The Unit is based at Isoba under a Health Inspector; its vital role has been recognized, largely through the efforts of the Inspector and Dr. VanHorn.

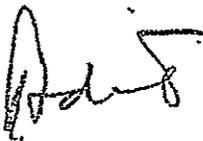
SOUTH-EASTERN STATE inherited the only recognized TB specialist, Dr. J. E. Henshaw. The USAID role there thus was largely that of assuring that project supplies were delivered. Professionally, the USAID technician personally consulted for some days on two occasions with Dr. Henshaw in order to learn from the history and experiences of the former Regional TB services. It has been learned that within the last three months, Dr. Henshaw has resigned. Requests to the Ministry for further information as to the future structure of that program has not brought a reply in time for inclusion in this report. However, TB diagnosis and treatment are known to be available at all major centres in the South-Eastern State, although diagnosis is not based on fluorescent microscopy introduced by Mrs. Krink in November, 1971.

It should be emphasized that the Health Ministry in each of the three States has had to build its TB program from certain differing strengths and deficits. The fact that the monetary level and type of assistance provided by USAID has been "low profile" (only one full-time technician was provided) should assure that Ministry programs and personnel now in TB operations will have no financial or personnel barriers to continued development.

IN SUMMARY:

All eight of the objectives have been accomplished, though No. 4 and No. 8 have remained only on a pilot-project basis. Emphasis has been placed on objectives 1, 2, 3, 5, and 6, as these form the basis for ongoing programs. The biggest single need will be for continued co-ordination and centralized policy, while at the same time providing a continuous supply of TB materials, supervision and initiative to the peripheral units of the general health services.

(NOTE: This is an administrative report only, primarily for USAID management purposes. Full technical details will be reported in writing during consultation in April, 1973, with Smallpox Program of Center for Disease Control, Atlanta, Georgia, U.S.A. (30333), through which such technical reports could later be obtained.)

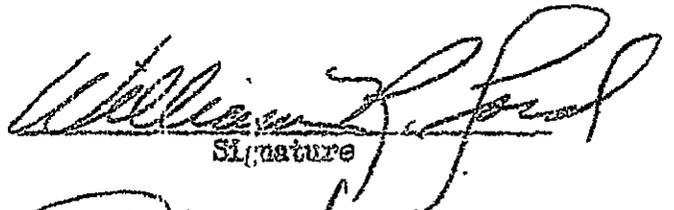


Signature

Assistant Secretary
Title

Federal Ministry of Economic
Development and Reconstruction

26th March, 1975
Date



Signature

Director
Title

U. S. Agency for International
Development (USAID)

March 26, 1975
Date

CLEARANCE:

USAID Controller	<u><i>Donnell L. Dalley</i></u>	<u>3/21/75</u>
		Date
USAID Program Officer	<u><i>Philip D. ...</i></u>	<u>3/21/75</u>
		Date
USAID Project Manager	<u><i>Roy H. ...</i></u>	<u>3/21/75</u>
		Date