

From Siloed TB Programs to System-Based Care For a Patient-Centred Response

By

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Ending TB: Connecting Systems for a Patient-Centered Response

- Vertical, disease-specific TB programs have reached their ceiling, particularly in high-burden settings where drug-resistant TB demands far greater coordination. An integrated, patient-centered system linking services, financing, and diagnostics is now essential.
- What matters most is how well **CARE, FINANCE, and DIAGNOSTICS** unite into a single patient pathway— together closing gaps in detection, treatment, and long-term outcomes.



From Siloed TB Programs to System-Based Care

Historically, TB programs operated as standalone vertical interventions:

- Separate funding streams
- Parallel reporting systems
- Limited integration with primary healthcare or HIV services
- Weak linkage between diagnosis, treatment, and follow-up

This siloed structure often leads to:

- Missed or delayed diagnoses
- High pre-treatment loss to follow-up
- Poor adherence—especially for DR-TB
- Inefficient resource utilization



Three Pillars of the TB Response

Integrated Strategies

Embedding TB services within broader health systems such as HIV, primary healthcare, and community services to ensure no patient falls through the cracks.

Sustainable Financing

Ensuring TB programs are resilient, scalable, and less dependent on short-term donor cycles through domestic investment and innovative models.

Coordinated Diagnostics

Building tiered, connected diagnostic networks so every presumptive TB case is tested using WHO-recommended rapid diagnostics.

This shift directly supports the ambitions of the World Health Organization End TB Strategy.

Integrated Strategies: Building Patient-Centered Care Pathways



“In high-burden settings like Nigeria, TB is intertwined with HIV/AIDS, malnutrition, and poverty. A fragmented system forces patients to navigate multiple entry points, leading to delays or loss to follow-up. Integration addresses this by embedding TB services within broader health systems”

Link Services

Co-locate TB screening with HIV testing, antenatal care, and outpatient services

Decentralize Care

Bring services closer to communities through outreach and community-based organizations

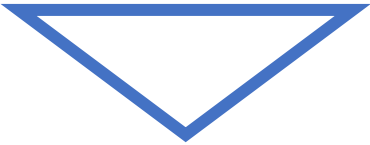
Strengthen Referrals

Ensure smooth movement from screening → diagnosis → treatment → follow-up

Leverage Community Systems

Use community health workers to track, support, and retain patients in care

What Integration Achieves



Earlier Detection

Reduced diagnostic delays through co-located screening and streamlined referral pathways.



Improved Adherence

Community health workers support patients from diagnosis through treatment completion.



Reduced Stigma

Normalizing TB care within routine health services reduces stigma and barriers to access.

Sustainable Financing: Ensuring Continuity and Scale

“Even the best-designed interventions fail without consistent funding. Over-reliance on external donors like the Global Fund creates vulnerabilities. Sustainable financing ensures no patient is excluded from care due to cost”

1. Domestic Resource Mobilization

Increase government budget allocations for TB within national health systems

3. Innovative Financing

Blended finance, performance-based models, and private sector engagement

2. UHC Integration

Pool funds under Universal Health Coverage to reduce out-of-pocket costs

4. Efficiency Gains

Use data to allocate resources to high-burden and underserved areas



No Patient Left Behind by Cost

TB disproportionately affects low-income populations. Indirect costs (like transport and lost wages) often drive **catastrophic expenditures**. Financial protection ensures that no patient is excluded from care due to cost.

Direct Costs

Medications, diagnostics, and clinical visits covered through UHC schemes

Indirect Costs

Transport and lost wages addressed through patient support programs

Catastrophic Spending

Prevented through integrated financial protection frameworks

Coordinated Diagnostics: The Backbone of Universal Testing

Diagnosis is the entry point into the TB care cascade. Technologies like **Truenat** have transformed detection and access to care, but technology alone is insufficient without coordination

01

Tiered Networks

Link community screening sites with primary, secondary, and reference laboratories

02

Sample Transport

Ensure specimens reach testing hubs quickly and reliably

03

Real-Time Data

Track samples, results, and patient linkage to care

04

Quality Assurance

Maintain accuracy across all testing points

05

Disease Integration

Leverage platforms for HIV viral load or COVID-19 testing

Strengthening the TB Care Cascade: Transforming TB & DR-TB Outcomes

When integrated strategies, sustainable financing, and coordinated diagnostics function together, they transform the TB response by aligning directly with the WHO End TB Strategy goal to reduce TB incidence by **90%** and deaths by **95%**.

Improved Case Detection

More people with TB identified early through coordinated diagnostic networks

Reduced Loss to Follow-Up

Patients remain engaged from diagnosis through treatment completion

Better Treatment Outcomes

Higher cure rates and lower mortality through sustained financing and support

Reduced Transmission

Early diagnosis and treatment break the chain of infection

Health System Strengthening

Investments in TB benefit broader healthcare delivery

Priorities for High-Burden Countries

For countries like Nigeria, accelerating progress requires:

- 1 Community-Led Case Finding**
Scale active case finding linked to diagnostic hubs
- 2 Embed in Primary Healthcare**
Integrate TB services within primary healthcare and UHC frameworks
- 3 Digital Health Tools**
Invest in digital tools for surveillance and patient tracking
- 4 Public-Private Mix**
Strengthen PPM to capture cases in informal providers
- 5 Equity-Focused Approaches**
Prioritize slums, rural areas, and vulnerable populations

The Path Forward

Ending TB is not a question of whether tools exist, they do.
The challenge lies in how effectively they are connected.

Integrated Delivery

Ensures patients are not lost
in the system

Sustainable Financing

Guarantees continuity of care

Coordinated Diagnostics

Ensures no case is missed



Together, these elements create a **resilient, patient-centered TB response** capable of delivering universal testing, improving outcomes, and accelerating the path toward ending TB globally.