# Can we diagnose TB better in nutrition centers? Experience from Maiduguri, Nigeria

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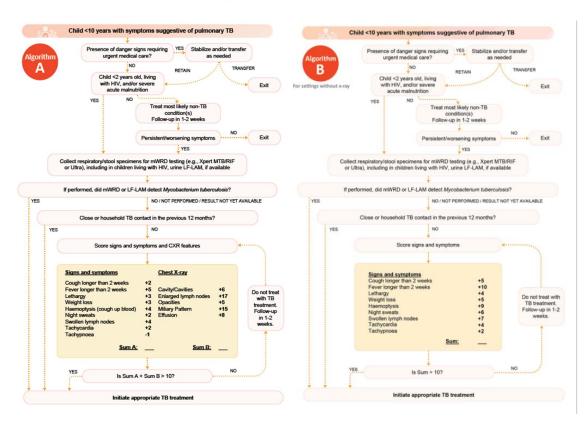
18th to 21st November 2025







# Background and Context: Maiduguri, Nigeria



WHO introduced treatment decision algorithms (TDAs) to enhance diagnosis and treatment of TB in children.



June 2023: TDAs implemented in **inpatient therapeutic feeding center** for severely malnourished children (SAM)
supported by Medecins Sans Frontières (MSF), in Maiduguri,
Nigeria

300 to >2500 admissions monthly

100 to >500 beds (low and peak season)

Diagnostic study on the TDAs concurrent with implementation

# Implementing Treatment Decision Algorithms in Maiduguri



Corresponding Solutions

▲ HR and training demand, especially during peak season

Frequent staff training and simplified tools to track outcomes

▲ Quality and timing of chest x-ray given no chest x-ray machine on-site.

- Algorithm B (without x-ray) used when no x-ray available
- Identified external/private X-ray facility and transported patients via ambulance
- Project now has x-ray on-site since April 2025

Increased demand for TB medications = stock issues

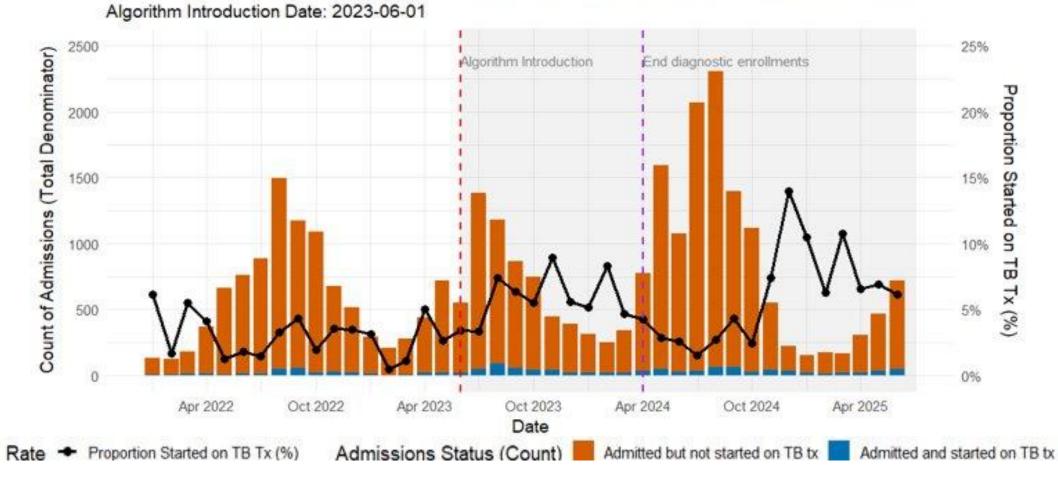
Discussed with the State MoH to increase the
 supply and enabled gap shipment from the neighbouring state

Follow up of the algorithm use even after end of diagnostic study

- A **focal person** was appointed to ensure mentoring and instant feedback to staff. **More**
- mentoring and instant feedback to staff. More supervisors were subsequently appointed

# Results and Impact

### Nigeria: Admissions Counts and TB Treatment Initiation Rate Over Time



Interpretation and Limitations:

-- Fluctuations over time might be related to the seasonal variations in number of admissions and associated workload => Low admissions during non-peak malnutrition season increases rates observed -Not possible to control for potential changes in context over time

# Results and Impact

- A focal person was appointed to follow TDA usage and mentor clinicians.
- Clinicians report improved diagnostic capacity and confidence.
- MSF along with the National TB Program is supporting other centers in adopting the algorithm through training and technical assistance.



## **Conclusions**

- Integrating the TDAs in a nutritional program has increased TB treatment initiation in malnourished children.
- Planning of resources needed enhances implementation success.
- Training and mentoring are key to a successful outcome.
- Follow up of the use of the algorithm using focal person(s) may improve sustainability.
- Adaptive strategies: frequent discussions and revisiting to respond to challenges is necessary.

# Many thanks to our study participants, research team, and partners









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