



**DOLF REPORTS**

DAWN OF LIFE  
FOUNDATION

# TB/ HIV Breakfast Meeting

Strengthening TB/HIV Integration through  
Indicators, Milestones, and Achievements



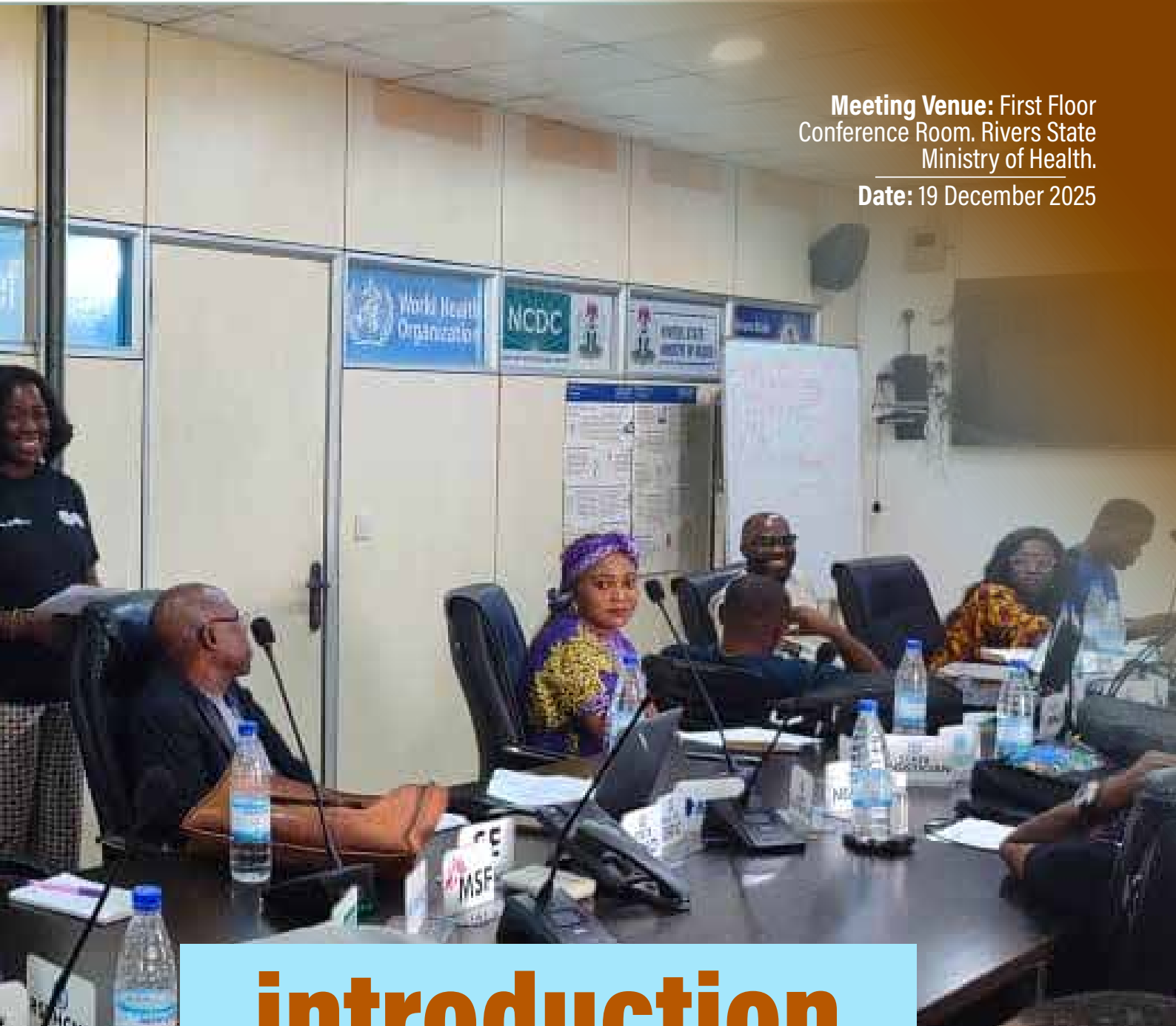
**DAWN OF LIFE FOUNDATION**

**POST-EVENT SUMMARY**

[www.dolfnet.org](http://www.dolfnet.org)

**Meeting Venue:** First Floor  
Conference Room, Rivers State  
Ministry of Health.

**Date:** 19 December 2025



# introduction

Dawn of Life Foundation (DOLF) initiated this meeting to strengthen coordination between HIV and TB programs, enhance understanding of HIV/TB collaborative indicators, improve the use of tracking tools, and review progress in TB/HIV integration in Rivers State.

Meeting Objective:

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To identify operational and data-related bottlenecks affecting TB/HIV integration and agree on practical, short-term solutions.



HIV/AIDS



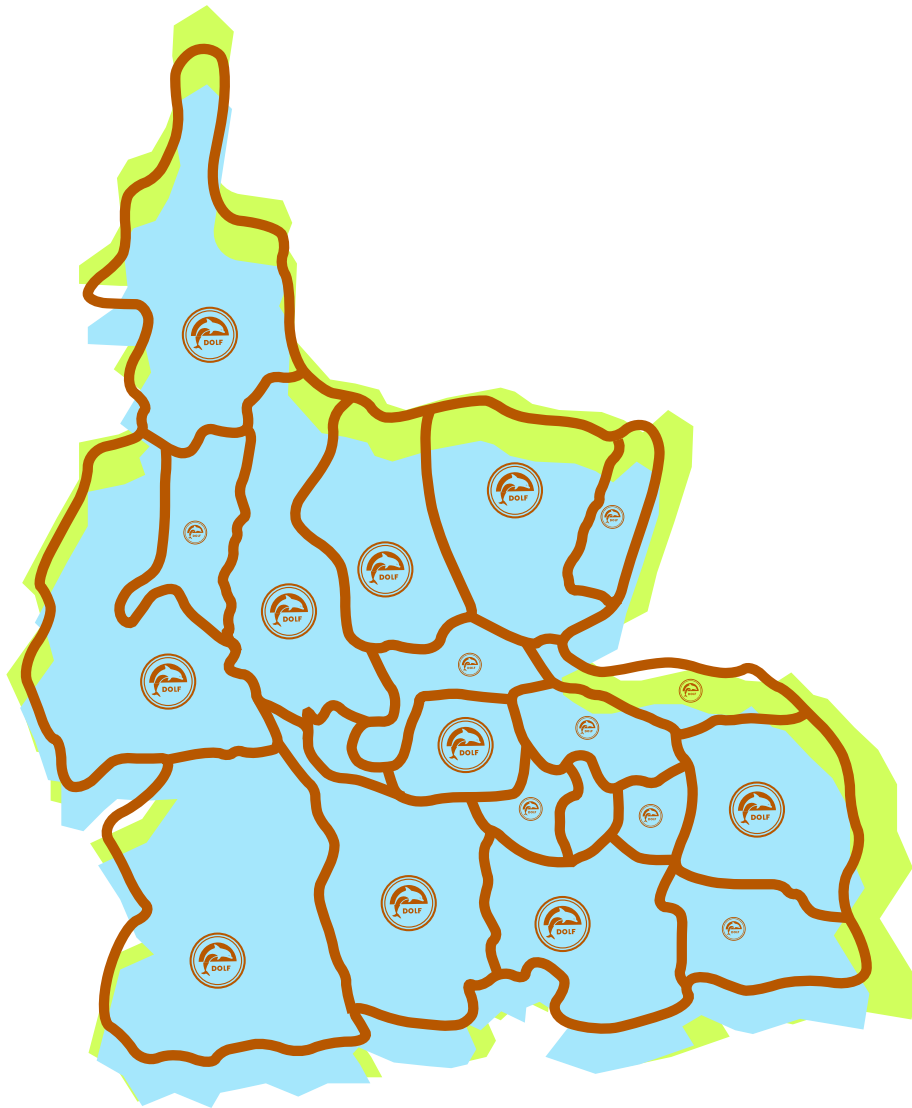
TUBERCULOSIS

# opening remark

Dr. Victor opened the meeting on behalf of the DPH, who was unable to attend. The objective was to identify data-related bottlenecks in managing TB/HIV and agree on actionable solutions.




# milestones




Map of Rivers State, Nigeria.

**Rivers State milestone:** The state has achieved several significant milestones in its fight against the dual epidemics of tuberculosis TB and HIV; major highlights are as follows:


# milestones

 Scaled-up HIV/ TB awareness and prevention.

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 Simultaneously screening for HIV/ TB both in facilities and outreach settings.


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 Surged to identify new cases in the dual epidemics.


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 **Rapid ART Initiation:** 95% target ART coverage for co-infected patients, with treatment starting within two weeks of TB therapy.

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 Sustaining a 95% suppression rate to reduce TB-related mortality, which remains the leading cause of death among PLHIVs.

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 Significant TPT scale-up for all eligible PLHIV and non-presumptive contacts of TB patients.


 **Biometric identification system for PLHIV on ART, to improve data quality.**

# milestones

 Improved digital health MIS tools (COMMTB, EPCON, MAT APP, DHIS, NDARS etc).

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 Introduction of Innovative diagnostic machines (PDX machines, Gene-Xpert machine, Truenat, etc).

 Sustaining a 95% suppression rate to reduce TB-related mortality, which remains the leading cause of death among PLHIVs.

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 Strategic Private sector engagement to enhance case identification, expertise, and resource allocation.



NATIONAL  
DATA REPOSITORY

# presentations



**There were three presentations by IHVN, RSTBLCP, and SASCP on the following:**

**1**

**▪ Rivers State TB/HIV Co- Indicators, Tracking Tools, Milestones, Achievements & Expectations**  
by Institute of Human Virology Nigeria (IHVN).

**2**

**▪ TB/HIV co-infection data 2023-2025:**  
by Rivers State Tuberculosis, Buruli Ulcer and Leprosy Control Programme (RSTBLCP).

**3**

**▪ TB/HIV co-infection data 2023-2025:**  
by Rivers State AIDS, Viral Hepatitis and STI Control Programme (SASCP)

# key discussions

There were key discussions on the following:

- 1. Identification of Co-infection and Treatment.**  
It was re-emphasized that ART registers, presumptive register, and TB treatment register co-infection columns must be filled according. These national reporting tools have a provision for dual infection for improved patient and data management.



Also, PLHIV who are eligible for tuberculosis preventive therapy (TPT) are placed on TPT; and patients on TB treatment are also tested for HIV and if positive, placed on ART. This underscores the need for comprehensive care strategies that address both infections.

**2.**

### **Infection Prevention Challenges:**

Concerns were raised about treatment centers serving as potential transmission hotspots for infectious diseases, with a particular focus on the RSUTH. The conversation highlighted the need for proactive measures to mitigate the risks associated with facilities. To address this challenge, several solutions were proposed.

First, there was a strong emphasis on strengthening quality improvement programs to ensure that healthcare delivery is both effective and safer for patients.

Secondly, scale up infection prevention messaging in health facilities and communities. Additionally, increasing media support was deemed essential to raise public awareness and educate the community about the importance of prevention measures.

**3.**

**TB/HIV Integration Efforts Through Supportive Supervision:**

Integration efforts on supportive supervision by 2026 were proposed. The critical nature of joint supportive supervision was emphasized. This will strengthen integration and make for a more effective problem-solving. This initiative is cost-effectiveness of integration.

**4.**

**Information Dissemination:**

The need for effective cascading of information from representatives in technical meetings to other team members was highlighted. It was agreed that those who participate in the technical meeting should ensure information flow both vertically and horizontally.



# action points

## ACTION POINT

## TIMELINE

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- |  |                               |
|--|-------------------------------|
| <p>■ <b>Establish TB/HIV joint supportive supervision.</b></p> <p>• to be handled by PM SASCP</p>  | <p><b>Quarter 1, 2026</b></p> |
| <p>■ <b>Scale prevention initiatives in 2026</b></p> <p>by SASCP, STBLP, &amp; Implementing partners</p>   | <p><b>January 2026</b></p>    |
| <p>■ <b>The TB/HIV breakfast meeting should be a bi-monthly effort for integration.</b></p> <p>by Implementing partners</p>                        | <p><b>Quarter 1, 2026</b></p> |
| <p>■ <b>Implement mechanisms to cascade information to other relevant stakeholders</b></p> <p>by PM, SASCP, STBLP, &amp; Implementing partners</p> | <p><b>January 2026</b></p>    |
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**A POST-EVENT REPORT  
PRESENTED BY  
DAWN OF LIFE FOUNDATION**

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