



NIGERIA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2021

This is an overview of the USAID/Nigeria FY 2021 Tuberculosis (TB) Roadmap, implemented with FY 2020 budget. It was developed in consultation with the National TB Program (NTP) and with the participation of national and international partners involved in TB prevention and care in the country.

Among the 30 high TB burden countries and high multidrug-resistant TB (MDR-TB) burden countries, Nigeria is ranked 6th.¹ In 2019, the estimated burden of TB in Nigeria was 440,000 TB cases; of these cases, 117,320 (27 percent) were diagnosed and notified to the NTP.² This means that an estimated 323,000 cases were not diagnosed or were diagnosed but not notified to the NTP that year. Among the notified cases, 35 percent were women, 57 percent were men, and 8 percent were children.³ Additionally, drug-resistant TB (DR-TB) continues to be an increasingly large problem in Nigeria; according to results from the last national DR-TB prevalence survey, an estimated 4.3 percent of new cases and 14 percent of previously treated cases are rifampicin-resistant TB (RR-TB).⁴ However, in 2019, of the estimated 21,000 MDR-TB patients, only 1,990 (9 percent) were started on treatment.⁵

Currently, the NTP is working to develop a new National Strategic Plan for TB (NSP) 2021-2025. To inform this new NSP, an end-term evaluation of the current NSP was conducted in February 2020; the findings and recommendations from the review as well as other review reports will be used in the development of the new NSP. With the goal of reducing the TB prevalence rate by 50 percent and TB mortality by 75 percent, the new NSP will prioritize:

- Increasing access to TB diagnosis, treatment, and care by strengthening the laboratory network and engaging all care providers;
- Increasing the treatment success of all TB patients;
- Expanding TB prevention efforts; and
- Strengthening key systems within the healthcare system (e.g. health insurance packages, information systems, etc.) for the provision of TB care.

Among the various strategies the NTP will implement to achieve these goals are strategies for: multi-channeled social and behavior change communication; strengthening of the community systems and structures; adaptation of service delivery for emergency situations; including gender and human rights considerations in program implementation; and establishment of TB workplace policies.

The proposed FY 2020 USAID TB budget for Nigeria is \$13 million. With this level of funding, USAID will support the following technical areas:

¹ World Health Organization. *Global Tuberculosis Report, 2020*.

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Ibid.

REACH

USAID continues to partner with the Government of Nigeria (GON) to accomplish the goal of the NSP to ensure access to comprehensive and high-quality patient-centered and community-owned TB services for all Nigerians. In 2019, 117,320 TB cases were notified nationwide – a 13 percent increase from 2018.⁶ USAID investments contributed to this increase by supporting the expansion of TB services to underserved populations in the formal and informal private sector in addition to ensuring 100 percent of hospital clientele in 29 states receive TB screening. Moving forward, USAID will continue to partner with the NTP to ensure 100 percent screening coverage at all health facilities and to provide comprehensive, patient-centered services across the TB care cascade in both public and private health facilities in supported states. USAID support will continue to emphasize a patient-centered design and timely access to quality diagnostic services enhanced by a partnership between healthcare providers, communities, families, and individuals.

TB diagnosis

USAID will continue to provide technical assistance (TA) and management support to TB laboratory services to ensure an efficient and effective, high quality TB diagnostic network. To capitalize and build on previous successes, USAID, in collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), will continue to support: strategic expansion and optimization of TB diagnostic services in the public and private sector; human resource needs by embedding skilled staff; universal expansion for access to rapid testing for DR-TB; strengthening of the specimen transport system; and enhancing the logistics management information systems (LMIS).

Engaging all care providers

USAID has successfully pioneered statewide expansion of TB services in the formal and informal private sector in the two major commercial states of Lagos and Kano in southern and northern Nigeria. Data from these regions suggest sizable increases in the private sector contribution of TB cases notified, diagnosed, and initiated on treatment. These results led to a scale-up of effort and an expansion of TB services in 16 states. The NTP recognized the importance of these results and has added comprehensive private healthcare provider engagement as a priority in the NSP. Moving forward, USAID will continue engaging private health facilities, private laboratories, community pharmacists, professional bodies, labor unions, and academic institutions in implementing the Finding, Actively Separating, and Treating (FAST) strategy.

Community TB care delivery

In the wake of the COVID-19 response, there is an urgency to accomplish the NTP objective of strengthening community structures to provide TB services. Implementing patient-centered, community-based approaches will also work to reduce stigma and ensure successful treatment outcomes. USAID supported the use of diverse community structures to provide TB referral linkages including linking health facilities with laboratories. This model resulted in an increase in case finding in USAID supported

⁶ Ibid.

states. USAID also supported the development of a National TB Advocacy and Sensitization Strategy to increase demand for TB services. Moving forward, USAID will continue to: build the capacity of community-based organizations for TB service delivery; integrate social and behavioral change interventions into community activities; support vulnerability mapping of key populations; and support first-line care providers to conduct active case finding (ACF) for TB among high-risk populations.

CURE

Drug-susceptible TB (DS-TB) treatment

USAID will continue to partner with the NTP to strengthen TB case detection and improve access to high-quality treatment and care that does not constitute a financial burden to TB patients and their families. A majority of TB patients are in states where USAID supports TB services. USAID will continue to strengthen linkages between TB diagnosis and treatment for all outpatient departments in supported facilities to ensure that all diagnosed patients are started on appropriate treatment. Mobile digital applications and real-time surveillance systems will be used to enhance screening, notification, and routine data collection and analysis in the public and private sector. A patient-centered approach to TB treatment will be implemented through the provision of TB adherence packages such as pre-treatment counselling, treatment monitoring and tracking, and back-to-treatment care services for any patients lost-to-follow up.

Multidrug-resistant TB (MDR-TB) treatment

Using a patient-centered approach, USAID, in collaboration with the Global Fund, will partner with the GON to ensure access to prompt and high-quality treatment and clinical management for all DR-TB patients. This support will include the provision of financial assistance to support transport costs for treatment initiation and follow-up visits to access the new oral DR-TB therapies covered by Global Fund, and support to ensure the implementation of an active drug safety monitoring and management (aDSM) system.

PREVENT

Prevention

In order to eliminate TB, intensified action to prevent the spread of new infections and the progression to active TB disease is critical. To support scale-up of TB prevention efforts, USAID implemented activities to: screen household contacts including children of index TB patients; encourage the adoption of the administrative, environmental, and personal measures of infection prevention and control; and provide TB preventive therapy (TPT) for child contacts. Moving forward, USAID will continue to support the implementation of these activities and will prioritize the scaling-up of TPT to adolescent and adult household contacts.

SELF-RELIANCE

Commitment and sustainability

USAID will continue to support efforts to increase local ownership and sustainability of the TB response in Nigeria. The partnership statement between the Mission and the GON describes a continued, shared commitment to the TB response. USAID also played a pivotal role in the development of the NSP and the associated application process for the Global Fund grant. Additionally, USAID is building the capacity at a local level and helping communities tailor their own solutions to TB prevention and treatment. USAID will continue to work in close collaboration with other partners to support the efforts of the NTP to secure and use domestic resources for TB in a sustainable manner. USAID will continue efforts to encourage the inclusion of TB treatment and care in the benefit packages of public and private health insurance schemes.

Capacity and functioning systems

To strengthen the essential functional systems needed to support the national TB response, USAID and its partners will continue to work with the national and state TB programs. More specifically, through various activities, USAID will support efforts to enhance the procurement and supply chain management (PSM) system, health management information systems (HMIS), surveillance systems, human resources for health (HRH), and governance and financing.