

## **NIGERIA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2022**

This is an overview of the USAID/Nigeria FY 2022 Tuberculosis (TB) Roadmap, implemented with FY 2021 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.<sup>1</sup> In 2020, the estimated burden of TB in Nigeria was 452,000 TB cases; of these cases, only 135,784 (30%) were diagnosed and notified to the NTP.<sup>2</sup> This means an estimated 316,000 cases were not diagnosed or were diagnosed but not notified to the NTP in 2020. Among the diagnosed and notified cases, 36 percent were women, 57 percent were men, and six percent were children.<sup>3</sup> 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). However, in 2020, of the estimated 22,000 multidrug-resistant TB (MDR-TB) patients, only 1,584 (7%) were diagnosed and started on appropriate treatment.<sup>4</sup>

The NTP recently developed a new National Strategic Plan for TB (NSP) 2021–2025. With the goal of reducing the TB prevalence rate by 50 percent and TB mortality by 75 percent, the 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 community systems and structures; adapting service delivery platforms for emergency situations; including gender and human rights considerations in program implementation; and establishing TB workplace policies.

Further, in 2020, the COVID-19 pandemic has had far-reaching effects on the global TB response,

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<sup>1</sup> World Health Organization. *Global Tuberculosis Report, 2021*.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

threatening to erase years of progress. As a result of COVID-19 and associated measures to control it, one million fewer people in the 23 countries where USAID focuses TB programming had access to TB diagnosis and treatment in 2020, compared to 2019—representing a more than 20 percent decline. In Nigeria, the impact of COVID-19 on the TB program was particularly felt during the first wave (April–June 2020) as demonstrated by a 17 percent reduction in the number of people with TB diagnosed and notified to the NTP, compared to the preceding quarter. To address this concerning drop, USAID supported the implementation of several strategies to initiate a quick recovery. Specific interventions included: integrated risk communication for TB in the context of COVID-19, scaling up infection prevention and control (IPC) training, implementing simultaneous TB and COVID-19 screening, and integrating active case finding (ACF) for TB into community outreach and house-to-house screening for COVID-19. As a result of these efforts and efforts by other partners, in 2020, Nigeria was able to quickly recover from the reduction in TB case notifications and reported a 16 percent increase in the overall number of TB cases diagnosed and notified, as compared to 2019. USAID continues to work with in-country partners and stakeholders to monitor and mitigate the impact of subsequent waves of COVID-19 resurgences on TB programming in real time.

The proposed FY 2021 USAID TB budget for Nigeria is \$14 million. With this level of funding, USAID will support the following technical areas:

## **REACH**

USAID continues to support the Government of Nigeria (GON) to accomplish its goal of ensuring equitable access to comprehensive and high-quality, people-centered and community-owned TB services for all Nigerians. USAID investments supported the continued expansion of TB services to underserved populations in the public and private (formal and informal) sectors. By mapping and identifying TB hotspots, USAID will continue to support the NTP and other partners to ensure 100 percent coverage of TB screening at all health facilities and provide comprehensive, people-centered services across the TB care cascade in both public and private health facilities in the 29 USAID-supported states. To achieve this, capacity building for TB services will not be restricted to health workers deployed in specialized TB clinics; all frontline health workers such as physicians, nurses, and paramedics will be trained to provide TB care. USAID support will continue to emphasize a people-centered design and timely access to quality diagnostic services enhanced by a partnership between healthcare providers, communities, families, and individuals.

### *TB diagnosis*

Nigeria has an extensive laboratory network with 11 TB reference laboratories that have the capacity for TB culture, drug-sensitivity testing for first- and second-line TB medicines, and a considerable network of Xpert® MTB/RIF (GeneXpert) instruments for rapid molecular diagnoses. Due to the COVID-19 pandemic, 19 of the country's GeneXpert facilities were

designated for COVID-19 testing. To continue fostering optimization of the diagnostic network, USAID will continue to provide technical assistance (TA) and management support to TB laboratory services to ensure an efficient, effective, and high-quality TB diagnostic network. In addition, USAID will deploy new diagnostic tools including 38 Truenat® (TrueNat) instruments—a new, rapid diagnostic—and digital X-ray equipment. These instruments are expected to increase the country's TB testing capacity by 30 percent. 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 the strategic expansion and optimization of TB diagnostic services in the public and private sectors, human resource needs by embedding skilled staff within TB diagnosis services, the universal expansion of access to rapid testing for DR-TB, the strengthening of the specimen transport system, and enhancement of the logistics management information systems (LMIS).

### *Engaging all care providers*

Through USAID support, Nigeria has been able to successfully engage with the private sector, which has led to almost double the number of TB cases diagnosed and notified to the NTP from the private sector. Moving forward, USAID will continue engaging private health facilities, private laboratories, community pharmacists, professional bodies, labor unions, and academic institutions to strengthen the capacity of these actors in TB care. To further improve TB screening and case finding, USAID will implement a data-driven process that will include rapid contact investigation (CI) scale up, hotspot mapping, formal and informal health facility mapping, and the use of intermediary organizations to help bridge the gap between private and public systems.

### *Community TB care delivery*

In the wake of the COVID-19 response, the urgency to accomplish one of the NTP's objectives of strengthening community structures to provide TB services continues. Implementing people-centered, community-based approaches will also work to reduce stigma and ensure more successful treatment outcomes. USAID will continue to expand targeted active case finding (ACF) in communities, guided by geospatial mapping and combined with field workers validation of high burden and key population communities. Because TB disproportionately affects men, USAID will deploy case finding interventions that strategically target men (e.g. engagement of male-dominated civic organizations such as National Union of Road Transport Workers, Association of tricycle riders, mechanic associations, etc.) for TB awareness and demand creation.

With FY 2021 funds, 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 data-driven TB ACF activities among high-risk populations.

## CURE

### *Drug-susceptible TB (DS-TB) treatment*

USAID will continue to support the NTP and partner with other stakeholders to ensure all people diagnosed with TB are promptly initiated on appropriate TB treatment and have access to high-quality care that does not impose a financial burden to people with TB and their families. 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.

More specifically, with FY 2021 funding, programs will continue to:

- Expand access to quality TB treatment and care by developing the capacity for community-based service delivery via community structures and community-based organizations;
- Support treatment completion through various treatment support strategies including community-based options;
- Support use of the electronic platforms and real-time surveillance systems for contact tracing and treatment support;
- Support the implementation of active drug-safety monitoring and management (aDSM);
- Support the NTP to plan and implement the rollout of the new treatment guidelines; and
- Support a people-centered approach to TB treatment through the provision of TB care packages that include pre-treatment counselling, treatment support, and back-to-treatment care services for any individuals lost-to-follow up.

### *Multidrug-resistant TB (MDR-TB) treatment*

With the goal of increasing the number of individuals with MDR-TB diagnosed and started on treatment, 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.

Using FY 2021 funds, USAID will prioritize the following interventions:

- Collaborate with state TB programs to identify factors delaying or preventing DR-TB patients from initiating treatment and implement responsive mitigation strategies;
- Support outpatient clinics and strengthening links to community care to sustain and scale up ambulatory MDR-TB care, including expanding private sector facilities that provide TB care;
- Provide TA to the national and state TB programs for the rollout of new treatment regimens for MDR-TB;

- Strengthen of the aDSM through identification, management, and reporting of adverse drug related events and provision of ancillary medicines as required; and
- Bridge the gaps in the provision of palliative and socio-economic support to MDR-TB patients to promote treatment adherence and quality care.

## PREVENT

### *Prevention*

To eliminate TB, intensified action to prevent the spread of new TB infections (TBI) and the progression to active TB disease is critical. With USAID support, the NTP is scaling up TB preventive treatment (TPT) to include adolescent and adult contacts in addition to people living with HIV (PLHIV). To address persisting challenges in prevention efforts, using FY 2021 funds, USAID will prioritize the following interventions:

- Scale up investigations for individuals at higher risk of developing TB disease and screen household and close contacts of TB patients for TBI;
- Initiate eligible children, adolescent, and adult contacts and PLHIV without active TB on TPT;
- Develop specific interventions tailored to contacts of DR-TB to facilitate rapid detection of drug resistance among secondary cases and initiation on appropriate treatment;
- Support the implementation of the National Infection Control Strategic Plan to ensure improved administrative and environmental controls, health care worker surveillance and safety measures, and other interventions aimed at interrupting the chain of transmission in high-risk settings and among high-risk populations;
- Develop and support interventions that focus on educating both people with TB and service providers on appropriate IPC measures and best practices;
- Support the scale-up and evaluation of approaches such as Finding, Actively Separating and Treating (FAST), particularly in high volume health care facilities; and
- Implement interventions to improve treatment adherence among patients who are receiving TPT for TBI.

## SUSTAINABLE SYSTEMS

### *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 USAID and the GON describes a continued, shared commitment to the TB response. USAID is building the capacity at a local level and helping communities tailor their own solutions to TB prevention, treatment, and care. 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 and the development of a TB multi-sectoral accountability framework. USAID will continue efforts to encourage the inclusion of TB treatment and care in the benefit packages of public and private health insurance schemes. In addition, USAID will prioritize:

- Strengthening the commitment of political leaders and increasing their investment of financial and human resources in the fight against TB;
- Supporting the NTP in its effort to secure sustainable domestic funding for TB programs, as well as funding from the Global Fund and other international partners;
- Monitoring indicators—such as the percentage of the NTP budget funded with domestic resources—to determine progress in this area; and
- Strengthening policy dissemination strategies and supporting the NTP in its effort to engage with other partners within and outside the Ministry of Health (MOH) for better resource mobilization, planning, coordination, and supportive policy change.

### *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. USAID will continue to provide TA in strengthening the NTP's procurement and supply chain management (PSM) system. To optimize data use for decision making, USAID supports the NTP in its transformation from a paper-based to an electronic health management information systems (HMIS). USAID also supports the development of mobile health applications for screening and diagnosing individuals with TB in the public and private sectors. A fully electronic HMIS will allow for the reporting and monitoring of all people with TB. To bridge the persisting gaps in available human resources for health (HRH), USAID will support capacity-building for existing staff and embedding staff at the national and state level.