



NIGERIA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2023

This is an overview of the USAID/Nigeria FY 2023 Tuberculosis (TB) Roadmap, implemented with the fiscal year (FY) 2022 budget.

In 2021, the estimated TB incidence in Nigeria was 467,000; an estimated 125,000 people died from the disease that year. Nigeria notified 204,725 incident TB cases in 2021, and 76.55 percent of notified bacteriologically confirmed individuals with TB were tested for rifampicin resistance (RR-TB). Of the 2,975 individuals diagnosed with drug-resistant TB, 2,197, or 74 percent, were put on treatment.

The strategic approaches of the National Strategic Plan (NSP) 2021-2025 are discussed under the four technical intervention areas of USAID's TB Roadmap as follows:

Reach:

The key strategic approaches under Reach include:

- Strengthening and scaling up the TB diagnostic network at all levels, including the needed human resources and an effective sample referral network;
- Targeting active TB case finding, including contact investigation, among most-at-risk populations;
- Expanding TB services to all health facilities, including systematic screening of hospital patients informed by hot spot mapping;
- Expanding engagement of the private sector in TB service delivery, including screening, diagnosis, and treatment of childhood TB;
- Strengthening community systems and structures for effective participation in TB response; and
- Targeting multi-channelled social behavior change communication (SBCC) for TB.

Cure:

The key strategic approaches under Cure include:



- Providing person-centered TB treatment, adherence, care, and back-to-treatment services, as well as social support services in the management of individuals with TB and DR-TB;
- Scaling up the use of the improved oral DR-TB regimen;
- Reducing enrolment time and primary loss to follow-up of individuals with DR-TB;
- Decentralizing DR-TB treatment and follow-up services; and
- Quality managing individuals with DR-TB and Active TB drug Safety Monitoring and Management (aDSM).

Prevent:

The key strategic approaches under Prevent include:

- Strengthening contact investigation and TB preventive therapy (TPT) among contacts; and
- Infection Prevention and Control (IPC) in health facilities and community service delivery points.

Sustain:

The key strategic approaches under Sustain include:

- Strengthening domestic resource mobilization with in-country funding of the TB budget increasing from 20.23 percent in 2019 to 50 percent by 2025 through high-level advocacy (national target);
- Improving access to TB services with human rights and gender considerations;
- Establishing real-time TB surveillance across all service delivery points, including within communities;
- Improving data analysis and usage of TB data for decision making;
- Developing operational research agenda and develop the capacity for operational



research; and

- Maintaining a robust supply chain system for TB medicines, laboratory commodities, recording and reporting tools, and other consumables.

The proposed FY2022 USAID TB budget for Nigeria is \$22 million, and with this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

In 2023, USAID will continue better respond to the TB diagnostic needs in the country and sustain the upward trajectory in case notification in 2023 and beyond. Following are the key activities:

- Sustain and scale up high yielding TB case finding interventions such as the portable digital X-ray machines fitted with computer-aided detection (CAD).
- Ensure the optimization of existing molecular diagnostic tests, such as GeneXpert, TrueNat and TB loop-mediated isothermal amplification (Lamp) machines in supported states for TB diagnosis, including RR-TB.
- Ensure an efficient TB sample transport system will include linkages with the national integrated sample referral network (NiSRN), use of ad hoc staff for sample testing in high volume facilities to optimize laboratory testing capacity, maintenance of molecular diagnostic machines and associated infrastructure, and supporting of private laboratories through a social franchise scheme to provide high quality TB diagnostic services.
- Support an assessment of the DR-TB diagnostic pathway to be carried out before the end of FY 2023 to identify people with DR-TB by identifying challenges and limitations along the pathway. Outcomes from the assessment will be used to develop context-specific solutions to increase patient access to quality drug-susceptibility testing (DST) for first- and second-line TB medicines.

Engaging all care providers

Engagement of all care providers in facility-based TB case finding is a key strategy of the USAID's TB portfolio. All TB implementing partners support routine screening of individuals receiving



care in supported health facilities (both private and public). Despite the increasing contributions of the private sector to TB case finding, there are some persisting barriers to actualizing the full potential from the private sector. In FY 2023, USAID will build on lessons learned in the successful private sector project, to scale up and increase the efficiency of formal and informal private sector TB response across all categories of care providers in all 18 states.

The goal is to improve screening and identification of presumptive TB cases at every contact with formal and informal health care providers. Specific strategies will be customized for each setting but, in general terms, USAID will adopt a data-driven process that will include:

- Hotspot mapping (modeling studies that include the use of a combination of previous surveys and existing program data) will be used;
- Mapping formal and informal health services providers – Data on the health-seeking behavior of people with TB will be used to identify TB points of services that are preferably used by individuals with presumptive TB cases when seeking medical care; and
- Using intermediary organizations to serve as “coordination bridges” between the private and public systems for logistics systems, training, supervision, surveillance, and data collection in collaboration with local government and state TB programs.

With these efforts, and its implementing partners USAID, expects to screen about 14 million individuals in FY 2023.

Community TB care delivery

In FY 2023, USAID will continue expanding targeted active case finding in communities guided by geospatial mapping and field worker validation of high-burden sites. Since TB disproportionately affects men, USAID investments will enable expanded case-finding interventions strategically targeted men that include:

1. Engagement of male-dominated civic organizations such as the National Union of Road Transport Workers, Association of Tricycle Riders, mechanic associations, etc., for TB awareness creation and demand creation;
2. The Majalisa project, currently ongoing in Kano and Kaduna, where young men who share common goals, such as playing local games, drinking, or other activities of interest participate in mobilizing youths and other community members during active case finding



(ACF) activities in the communities;

3. Conducting motorized campaigns/targeted outreaches at locations that are male dominated, e.g., around football viewing centers, mechanic villages, artisan workshops, etc.;
4. Airing TB spots on sports/football channels, mostly watched by men;
5. Engagement of leaders of male-dominated groups such as men fellowship at religious centers for TB awareness creation and generation of demand for TB services; and
6. Ndi-Egba, which consists of young men who act as gatekeepers in creating awareness on TB within selected communities in Rivers state.

Community outreach and referrals from informal health care providers will expand using existing community networks to harness community resources and increase access to TB services.

CURE

Drug-susceptible TB (DS-TB) treatment

USAID's objective is to ensure that 100 percent of individuals diagnosed with DS-TB start treatment and at least 90 percent are successfully treated. USAID programs will enhance oversight and accountability measures to ensure optimal case management of presumptive DS-TB clients, including:

- Expanding access to quality TB treatment by devolving service delivery to the community level via community structures such as proprietary patent medicine vendors (PPMVs), community pharmacists, other community-based health care providers (traditional birth attendants, healing homes, alternative medicine practitioners), and community-based organizations;
- Supporting those with TB to complete their treatment through adherence support strategies that encourage the use of treatment supporters, Digital Adherence Technology, skilled adherence counselors through the platform of the National TB Contact Center, and a robust defaulter tracking mechanism that includes TB survivors directly observed treatment (DOTS) providers, and ad hoc staff or community-based organizations;

- Supporting the implementation of active drug-safety monitoring and management;
- Regularly reviewing treatment cascade data and making adjustments to address challenges;
- Supporting the National TB Program (NTP) to plan and implement the rollout of the new four-month drug regimens for the treatment of DS-TB when the update of the WHO consolidated guidelines on treatment of DS-TB is released. Its adherence packages will support the rational use of moxifloxacin to prevent drug resistance. It will equally provide technical assistance to the NTP to strengthen its DST capabilities for moxifloxacin;
- Scaling up the use of Digital Adherence Technology to more supported states and building the capacity of other TB stakeholders to deploy new tools to non-USAID supported states; and
- Deploying social behavior change communication (SBCC) strategies that promote the appropriate priority behaviors for treatment adherence and completion, such as taking medication correctly and immediately reporting any adverse effects.

Multidrug-resistant TB (MDR-TB) treatment

To close the gap in treatment enrolment of people diagnosed with MDR-TB, USAID will continue using cascade monitoring and patient line listing tools to identify and address the specific issues in support states contributing to the gap. USAID's objective is to increase the number of people with MDR-TB diagnosed and put on treatment to ensure at least an 80 percent treatment success rate. USAID will invest in SBCC approaches, such as training service providers on service level interpersonal communication to ensure pre-treatment counseling starts as soon as a presumptive is identified and continues until a successful treatment outcome. Other mitigating strategies to be prioritized include adequately funding patient tracking once a diagnosis is made and facilitating access to baseline investigation. USAID will also continue to provide support for outpatient clinics and strengthen links to community care to sustain, decentralize and scale up ambulatory MDR-TB care. Access to community-based MDR-TB care will be expanded to ensure hundred percent treatment enrolment rate and successful treatment outcomes. The current footprint of MDR-TB outpatient clinics among private sector facilities in the USAID-supported states will be scaled up to expand access to care. Digital Adherence Technology will



be used to strengthen treatment monitoring and adherence support for DR-TB patients. Global fund resources will continue to be leveraged for follow-up tests, palliative treatment support packages and in-patient care in treatment facilities; USAID will continue:

- Providing technical assistance to the national and state TB programs for the roll out of new treatment regimens for MDR-TB;
- Supporting the aDSM through monitoring of adverse drug related events and provision of ancillary medicines as required; and
- Supporting gaps in provision of palliative and socio-economic support to people MDR-TB to promote treatment adherence and quality care.

PREVENT

Prevention

To prevent the transmission and progression of TB infection, USAID will continue support the program to strengthen TB/HIV collaboration including monitoring and reporting and will also support the implementation of the following interventions to prevent the transmission of TB and the progression of TB infection to TB disease:

Contact investigation

Investigating household and close contacts of infectious individuals with TB leads to the identification of individuals at high risk of developing TB, a prerequisite for TB preventive treatment (TPT); USAID will support:

- The scaling up of contact investigation of individuals at a higher risk of developing TB disease; and
- Developing specific interventions tailored to contacts of DR-TB to facilitate rapid detection of drug resistance among secondary cases and initiation of appropriate treatment.

Infection prevention and control

Given the similarities in the presentation of TB and COVID-19, infection prevention and control (IPC) assumes an even greater significance in the control of TB; USAID will:



- Support the implementation of the quality National Infection Control Strategic Plan;
- Working with local communities, patients, households, and public and private providers to limit transmission of TB in their settings.
- Developing and supporting education interventions targeted at patients and service providers that focus on providing adequate information on appropriate infection prevention and control measures and best practices;
- Support the scale-up and evaluation of approaches such as Finding and Actively Separating and Treating, particularly in high volume health care facilities; and
- Support the development and implementation of health care worker surveillance systems and systems for tracking TB infection and disease among health care workers to monitor implementation of activities and effectiveness of various screening and infection control measures.

TB preventive therapy and the management of TB infection (TBI)

USAID will work with partners to scale up TPT among at-risk populations, PLHIV, children under five, and household contacts of index individuals with TB; the supported activities will include:

- Initiating treatment for individuals at high risk of disease progression, such as individuals with TB-HIV co-infection, people with suppressed immune systems, household contacts, and young children;
- Implementing interventions to improve treatment adherence among patients who are receiving treatment for TBI; and
- Strengthening recording and reporting systems for TBI treatment and data on outcomes of TBI treatment emphasizing reporting from the HIV programs on TPT for people with HIV (PWH).

Social behavior change strategies

USAID's flagship SBCC partner will deploy interventions targeted at improving TPT uptake; the

proposed activities include:

- Provider facing information, education, and communication (IEC) materials that prompt service providers to offer TPT to eligible clients and serve as reminders to monitor treatment adherence;
- Using client-facing IEC materials that inform eligible clients about the availability of TPT, why it is important, treatment duration, and possible side effects; and
- Leveraging community structures and support groups for interpersonal communication to improve community engagement for TB prevention.

SUSTAINABLE SYSTEMS

Commitment and sustainability

USAID will increase coverage of TB services in state and private health insurance; expand the private sector constituency and participation; increase political will and advocacy for increased allocation and release of public funds to address the TB epidemic. USAID will continue to build local capacity and a pool of skilled human resources in order to scale-up TB interventions. Technical assistance will be provided to federal and state governments on priority areas for the Global Fund and other donor funding opportunities.

Capacity and functioning systems

USAID will continue providing technical support for strengthening NTP's procurement supply and management (PSM) system, including:

- Monitoring of the TB Logistics Management and Information Systems to enable timely forecasting and quantification of TB medicines and diagnostic commodities;
- Procurement and last mile distributing of TB commodities to ensure no stock outs;
- Capacity building on TB LMIS and skills transfer to program staff for sustainability;
- Efficient TB sample transport system and dispatch of TB test results; and
- Quality checks of TB commodities as well as pharmacovigilance and aDSM systems of the NTP.



Research

USAID/Nigeria has been at the forefront of rolling out new technologies and operational research to improve program implementation. In FY 2023, USAID will carry out research in key areas, including operational feasibility and impact of the TrueNat and portable x-ray with CAD, understanding access barriers to TPT, especially among contacts, understanding challenges to the detection of TB in children, and validation of the recent recommendation for the use of integrated treatment decision algorithms for the diagnosis of pulmonary TB in children, non-optimization of the TB screening and diagnostic cascade in some settings and piloting shorter treatment for DS-TB to inform policy change.