



## **NIGERIA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2024**

This is an overview of the USAID/Nigeria FY 2024 Tuberculosis (TB) Roadmap, implemented with the FY 2023 budget. The roadmap was developed in consultation with the National TB and Leprosy Control Program (NTBLCP) and with the participation of national and international partners involved in TB prevention and care in the country.

Nigeria is classified by the World Health Organization (WHO) as a high-burden TB, TB/HIV, and drug-resistant TB (DR-TB) country. The total estimated incidence has increased steadily over time, from 424,000 in 2017 to 479,000 in 2022. However, case notifications have risen sharply in the last two years. Of the 2022 estimated cases, 282,184 (59 percent) were notified to the WHO by the Nigerian NTBLCP, a 38 percent increase over the 204,725 TB cases notified in 2021.

The overall goal of the Nigeria NTP Strategic Plan 2021–2026 is to accelerate efforts to end the TB epidemic in Nigeria by ensuring access to comprehensive, high-quality, person-centered, and community-owned TB services for all Nigerians. The National Strategic Plan for TB control has several key strategic approaches under five categories: Reach, Cure, Prevent, Innovate, and Sustain. These approaches include improving TB diagnosis, expanding TB services to all health facilities, strengthening community systems, and structures for effective participation in TB response, and sustaining funding for TB control activities. Additionally, there are approaches to providing person-centered TB care and treatment, reducing time to enrollment and primary loss to follow-up of individuals with DR-TB, strengthening infection control practices, and incorporating new innovations to improve the efficiency and effectiveness of the TB program.

The proposed FY 2024 USAID TB budget for Nigeria is \$22 million. With this level of funding, USAID will support the following technical areas:

### **REACH**

#### *TB diagnosis*

In 2024, USAID will continue its support for tuberculosis (TB) diagnosis and management in Nigeria through various strategic initiatives, including the following efforts:

- **Improving Access to Molecular Diagnostic Tests:**
  - Ensuring at least 75 percent of new and relapse individuals with TB are diagnosed with WHO-recommended rapid diagnostic tests (mWRD).
  - Continuous optimization of existing molecular assays, leveraging diagnostic options introduced by the NTP in 2023 with Global Fund support, including TB Lamp machines, Truenat Machines, and Computer-aided detection (CAD)-enabled Ultra-



portable X-ray systems (PDX) machines.

- **Enhanced TB Screening among High-Risk Populations:**

- Improving TB screening among populations most at risk for TB through hotspot mapping and local epidemiological contexts.
- Utilizing CAD-enabled PDX machines for screening and increasing access to molecular diagnostic tests for all presumptive TB cases.

- **Innovative Deployment of Molecular Diagnostics:**

- Supporting the innovative deployment of molecular diagnostics as mobile testing platforms during community outreaches.
- Utilizing high-throughput platforms such as TB Lamp machines will be as initial diagnostic tests in high-volume sites, with positive samples further tested for rifampicin resistance using GeneXpert/Truenat.

- **Scale-Up of Stool Xpert Diagnosis for Childhood TB:**

- Scaling up of stool Xpert diagnosis for childhood TB case detection, enhancing early and accurate diagnosis among pediatric populations.

- **High-Yielding TB Case-Finding Interventions among Children:**

- Sustaining high-yielding TB and Drug-Resistant TB (DR-TB) case-finding interventions among children, with a focus on undernourished children in various child welfare entry points such as immunization and nutritional clinics, orphanages, and camps for displaced persons.

- **Conducting National TB Drug Resistance Survey:**

- Collaborating with the NTP to conduct a national TB drug resistance survey to understand the true burden and pattern of DR-TB in the country; the results will inform better programming in the management of DR-TB.

- **Intensifying Efforts in DR-TB Diagnosis:**

- Collaborating with implementing partners to intensify diagnosis efforts of DR-TB by identifying and mapping DR-TB hotspots, understanding the demographics of individuals with DR-TB, and conducting active contact investigations for all diagnosed DR-TB cases.



### *Engaging all care providers and the linkages among care providers*

Engagement of all care providers, including facility-based TB case finding across multiple service delivery points and non-NTP sites, has been a mainstay of USAID/Nigeria TB strategy.

In FY 2024, USAID will build on the lessons from the successful private sector project and co-plan with the representatives of umbrella bodies of the various cadres of formal and informal health providers to scale up the provision of TB services among non-NTP providers. It will sustain the successful implementation of intensified TB case finding in health facilities, including special clinics such as diabetes, antiretroviral therapy (ART), maternal and child health, and nutrition clinics. This will be done through a continuous quality improvement and routine performance monitoring approach that seeks to address gaps along the TB cascade of care. The household and other close contacts of individuals diagnosed from the intensified facility-based case finding will be actively investigated at the facilities or the community level.

USAID Nigeria will support mapping the formal and informal health services providers that provide health care services outside the routine government system. It will use intermediary organizations as “coordination bridges” between the private and public systems to engage suitable non-NTP providers for capacity building, logistics, supervision, surveillance, and data collection in collaboration with local government and state TB programs. It will continue engaging private laboratories through a social franchise scheme, providing high-quality TB diagnostic services and using virtual competency-based training platforms to address the capacity gap arising from high attrition.

### *Community TB care delivery*

Community TB care delivery remains an important strategy for case finding for the USAID/Nigeria TB portfolio. In FY 2024, USAID, through its implementing partners, 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, FY 2024 investments will enable our project to expand case-finding interventions implemented in 2021 and 2022 that strategically targeted men through the following efforts:

- Engaging male-dominated civic organizations such as the National Union of Road Transport Workers, Association of Tricycle Riders, mechanic associations, etc., for TB awareness and demand creation.
- Supporting the Majalisa project, 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 activities in the communities.
- Conducting targeted outreach at male-dominated locations, including football viewing centers, mechanic villages, artisan workshops, etc.



- Airing of TB spots on sports/football channels mostly watched by men.
- Engaging leaders of male-dominated groups, such as men’s fellowship at religious centers for TB awareness creation and generation of demand for TB services.
- Supporting Ndi-Egba, young men who act as gatekeepers in creating awareness of TB within selected communities in Rivers State.

In addition, active contact investigation, community outreaches, and referrals from informal healthcare providers will be expanded using existing community networks to harness community resources and increase access to TB services, including specimen referral.

## CURE

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

USAID’s efforts to ensure that 100 percent of individuals diagnosed with DS-TB are started on treatment and that at least 90 percent of them are successfully treated resulted in a focus on the following strategies in FY 2024:

- Expanding access to quality TB treatment by devolving service delivery to the community level via community structures such as Patent Medical Vendors (PMVs), Community Pharmacists, other community-based health care providers (traditional birth attendants, healing homes, alternative medicine practitioners), and community-based organizations.
- Supporting patients to complete their treatment through adherence support strategies that encourage the use of treatment supporters, Digital Adherence Technology, skilled adherence counselors through the National TB Contact Center’s platform, and a robust defaulter tracking mechanism that includes TB survivors, 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 adjustments to address gaps and challenges.
- Deploying SBCC strategies that promote the appropriate priority behaviors for treatment adherence and completion, such as correctly taking medication and reporting any adverse effects immediately.
- Strengthening strategies while prioritizing capacity building of DOTS/TBLS on commodity stock management and counseling while incentivizing follow-up AFB tests carried out by Lab staff to strengthen treatment monitoring.



### *DR-TB treatment*

USAID and its partners will use cascade monitoring and patient line listing tools to address specific issues in support states contributing to the treatment enrolment gap for individuals diagnosed with DR-TB. Training service providers on service-level interpersonal communication and fine-tuning strategies through training of more care providers will be key to ensuring pre-treatment counseling starts as soon as a presumptive is identified and continues until a successful treatment outcome. USAID will continue to provide support for outpatient clinics and expand access to community-based DR-TB care by scaling up the current footprint of DR-TB outpatient clinics among private sector facilities. Digital Adherence Technology will be used to strengthen treatment monitoring and adherence support for individuals with DR-TB, and 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 provide technical assistance to the national and state TB programs for rolling out new treatment regimens for DR-TB and support gaps in the provision of palliative and socio-economic support to individuals with DR-TB to promote treatment adherence and quality care.

## **PREVENT**

### *Prevention*

USAID will work with partners to scale up TB preventive therapy (TPT) among at-risk populations, PLHIV, children under five, and all household contacts of index individuals with TB. The supported activities will include the following:

- Increasing access to patient-friendly shorter-regimen TPT (3HR for contacts and 3HP for PLHIV).
- Implementing interventions to improve the detection of TB infection (TBI), including the procurement of IGRA systems for TBI testing.
- Mitigating clinical and population risk factors for disease progression.
- 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.
- Developing a SOP for community initiation of TPT and commence implementation.
- Developing approaches to treat TBI in persons who have been contacts of DR-TB cases.
- Implementing interventions to improve treatment adherence among individuals who are receiving treatment for TBI.



- Strengthening recording and reporting systems for TBI treatment and data on outcomes of TBI treatment with an emphasis on reporting from the HIV programs on TPT for PLHIVs and harmonization of reports between IPs and the NTP.

## **INNOVATE**

### *Research*

In FY 2024, the Mission, through its implementing partners, will complete several research studies on the new tools. Additionally, it will support the study of new diagnostic tools in partnership with the Zankli research center through the SMART4TB project and support the NTP in conducting a national drug-resistant TB survey with funding from the headquarters.

### *Scale up of New Tools*

In FY 2024, USAID, through its implementing partners, will continue working towards optimizing and scaling up the use of new tools by procuring and installing solar power units at all Truenat sites with power challenges and ensuring end-users for all the new tools undergo training and retraining on the use of the tools. In addition, there will be a follow-up engagement with Delft to improve the systems design to fully wireless systems connections. Implementing partners will also scale up the use of the Mobile “Wellness-on-keke” (procured through C19RM funds), which provides mobile screening and diagnostics for TB using the PDX and Truenat or TB LAMP to improve access to TB services among risk populations and in hard-to-reach-areas.

## **SUSTAIN**

### *Commitment and sustainability*

FY 2024 funds will be used to increase coverage of TB services in state and private health insurance, expand the private sector constituency and participation, and increase political will and advocacy for increased allocation and release of public funds to address the TB epidemic.

USAID will continue building local capacity and a pool of skilled human resources to scale-up TB control 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: Procurement and supply chain management (PSM)*

TB services are implemented and delivered at all levels of the health system. Robust supporting systems are required for effective TB service delivery. USAID will work with national and state TB Programs to strengthen health system elements that are key to effective TB service delivery.

The country continues grappling with stock out of commodities from distribution delays, weak forecasting, inadequate quantification, and inadequate storage space for adequate procurement. USAID will continue to provide technical support through embedded staff within the NTP and additional support through the LON awards for the strengthening of NTP’s PSM system, including the following:



- Fostering better collaboration between service delivery and logistics to promote a better prediction of program needs during implementation.
- Monitoring the TB Logistics Management and Information Systems (LMIS) to enable timely forecasting and quantification of TB medicines and diagnostic commodities.
- Procuring and last-mile distribution of TB commodities to ensure there are no stockouts.
- Capacity building on TB LMIS and skills transfer to program staff at all levels for sustainability.
- Providing efficient TB sample transport system and dispatching TB test results.
- Quality checks of TB commodities and pharmacovigilance and aDSM systems of the NTP.

*Monitoring and evaluation (M&E) and Health Management Information Systems (HMIS) [and implementation of the Performance-Based Monitoring and Evaluation Framework (PBMEF)]*

In FY 2024, USAID will build on work done in FY 2023 to continue strengthening the country's HMIS (National Electronic TB Information Management System - NETIMS) with the leadership of the National TB Program. Our partners will also prioritize strengthening sub-national level data processes by building the capacity of program staff on data collection, collation, and processing for programmatic decision-making. USAID will continue promoting quality improvement and capacity building in all Monitoring Evaluation activities to ensure the transfer of skills and knowledge to program staff and local partners. Operational research will be integrated into this effort to determine the optimal approach to strengthen HMIS locally.

*Human resources for health (HRH)*

In FY 2024, USAID's support will continue to mitigate these gaps by committing to the following:

- Advocating for increased investment in health through domestic resource mobilization,
- Continuing to embed staff in national and state TB programs to address critical technical issues, fill human resource gaps, and mentor existing government staff.
- Expanding TB services into other health service platforms to find missing TB cases. USAID will actively seek opportunities to expand TB services by fostering collaboration with other agencies like the National Primary Health Care Development Agency.
- Expanding capacity building opportunities to general healthcare workers using technology.



- Adapting and improving training plans to reflect international best practices and include new areas in TB, such as social and behavior change communications (SBCC).
- Continuing to use ad hoc staff to fill gaps, such as GeneXpert laboratory services and screening for TB at health facilities.
- Supporting active case finding in targeted communities with community-based volunteers recruited by local NGOs and CBOs.