KNCV TB|PLUS

Together we can end TB

Nigeria experience on self-assessment and planning for the introduction of shorter regimen

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Background

- Population - 216m (NBS- 2023)
- Among 10 countries with the highest burden of TB, TB/HIV & DRTB
- Incidence Rate – 219/100,000 (range 143 -311)
- 1st in Africa and 6th globally – in terms of absolute estimated number – 479,000
- Prevalence of MDR/RR-TB - 2.1% among new and 14% among previously treated TB cases
- Estimated 12,000 MDR/RR-TB cases

Nationwide Scale-Up of BPaL/M

Achievements

- Transition Plan Developed
- Policy Documents updated – Guidelines, SOP, Job Aids, training slides
- National Experience shared on the WHO BPaL/M Accelerator Platform

Required Support

- HR – capacitation
- Electronic Health Record system
- Adverse events reportage

Facility assessment

# facilities initiating treatment on shorter regimen	# facilities preparing and planning to introduce the shorter regimen	# facilities not introducing the shorter regimen	3 main gaps affecting implementation
227	0	0	• Human resource – Quality and quantity • Access - services • Infrastructural – power supply

Stakeholder mapping

# stakeholders supporting the introduction of shorter regimens	Overlapping activities including geographical intervention areas (if any)	Coordination mechanism	3 main gaps affecting the stakeholder support/coordination
Multilateral partners • Bilateral partners • CBOs • Patient Group	Supervision and mentoring	Programmatic Coordination – platforms exist along the 3 tiers of government	Managerial capacity to coordinate at the subnational level

National assessment and planning (1)

Standard	Achievements	Challenges / Gaps
Political engagement and buy-in	• NSP 2021 -2026 captures DRTB • Political declaration to support TB control • Functional TWG	• Domestic Funding < 50%
Advocacy and community engagement	• Mechanism of coordination exist between the NTP and the CSOs – parliamentary engagement, awareness creation etc • Evaluation of such intervention done – KAP Survey • CSOs are involved in critical interventions - PIE	• Suboptimal engagement of communities to address stigma, access to services etc • KAP survey 2017 – 24%
Enabling environment, people-centred care	• Access to screening and diagnosis of TB/DRTB – Truenat, PDX • Decentralisation of DR-TB services- establishment of additional OPD clinics for patient care and support services	• Inadequate modalities for SBCC • Insufficient decentralised OPD clinics for review of patients • Catastrophic cost –

National assessment and planning (2)

Standard	Achievements	Challenges / Gaps
Drug forecasting, procurement and supply management	• Mechanisms exist for planning and procurement • Injectables phased out • Pediatric formulations are available • Quantification for SLD done including the novel regimen	
Diagnostics & laboratory infrastructure	• Access to the WRDs is on the rise • Child-friendly diagnostic method in use • 100% culture/DST TB labs passed last year EQA	• WRDs not available in all facilities providing TB services • Access to DST for the new drug is limited –Linezolid, Bedaquiline, Pretomanid
Human resources	• Training materials are up to date • Training plan exists • Capacity to forecast for DRTB drugs	• HR challenge – quantity and quality • Training has been mainly via virtual platforms • Training on aDSMs only for logistic officers

National assessment and planning(3)

Standard	Achievements	Challenges / Gaps
Treatment and Care	• Ambulatory model is an option of care • CBOs/CSOs are involved in the delivery of care • Consilium exist to support clinical care	• Decentralisation of services – suboptimal • Yet to adopt TPT for DRTB patients contacts
aDSM	• National aDSM committee exists	• aDSM committee is non-functional • Adverse events are underreported • Limited collaboration with the pharmacovigilance unit of NAFDAC
Data management (recording and reporting)	Assessment of standards and benchmarks conducted for routine surveillance.	Electronic Health Record system not yet in place for patient management-

Acknowledgement