



Nigeria experience on selfassessment and planning for the introduction of shorter regimen

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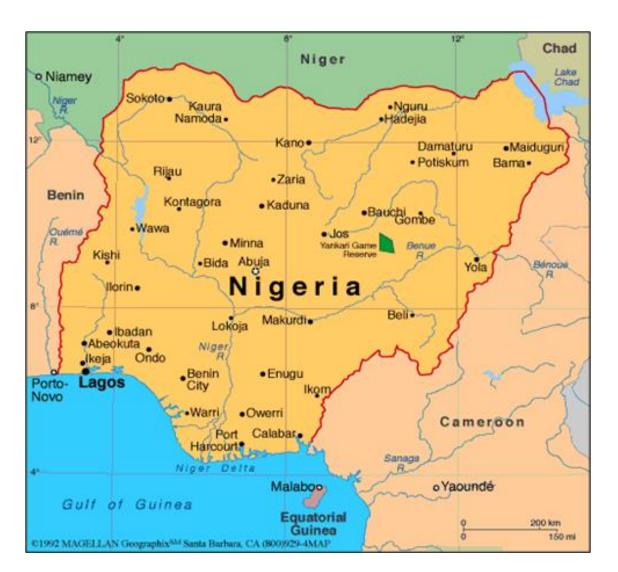






#### Background

- Population 216m (NBS- 2023)
- Among 10 countries with the highest burden of TB, TB/HIV & DRTB
- Incidence Rate 219/100,000 (range 143 -311)
- 1<sup>st</sup> in Africa and 6<sup>th</sup> 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

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

# National assessment and planning (2)

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

## National assessment and planning(3)

| Standard                                  | Achievements  | Challenges / Gaps   |
|---|---|---|
| Treatment and Care                        | <ul> <li>Ambulatory model is an option of care</li> <li>CBOs/CSOs are involved in the delivery of care</li> <li>Consilium exist to support clinical care</li> </ul> | <ul> <li>Decentralisation of services – suboptimal</li> <li>Yet to adopt TPT for DRTB patients contacts</li> </ul>  |
| aDSM                                      | National aDSM committee exists  | <ul> <li>aDSM committee is non-functional</li> <li>Adverse events are underreported</li> <li>Limited collaboration with the pharmacovigilance unit of NAFDAC</li> </ul> |
| 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























