

GALVANIZING A MULTISECTORAL RESPONSE TO NON-COMMUNICABLE DISEASES AND TUBERCULOSIS IN NIGERIA

Joint UN-Government high-level mission,¹ 24-28 February 2020

The need for urgent action

- ⚠ Hundreds of preventable deaths from NCDs² and TB every day in Nigeria.
- ⚠ Cost of inaction grows by the day and impedes Nigeria's social and economic development.
- ⚠ Action is critical for meeting universal health coverage (UHC), and commitments made at the highest level at UN high-level meetings on TB and NCDs – to end TB and dramatically reduce NCDs.

Key messages

1. Political leadership is crucial and needs to be strengthened at the sub-national level. The mission was received by the Vice President, TB advocate - the First Lady, a number of Cabinet Ministers and the Senate President. The mission also met with state leadership of Kano and Lagos. Their examples should be used to bring in more champions.

2. Financing is key to an effective public health and health system response – for NCDs and TB, but also for other health issues, including emerging infectious disease threats, such as COVID-19. However, health financing is inadequate and health expenditure in 2017 as a percentage of GDP is 3.75%, well below the Abuja Declaration commitment.³

3. Financing health is an investment.

The response to NCDs and TB should be seen through the lens of investment and not expenditure. Expanding coverage to NCD and TB prevention and treatment through the Basic Health Care Provision Fund can be expected to yield long lasting results. A UN and FMOH national investment case is underway to quantify the returns. It is clear that Nigeria's NCD response will need to be driven primarily by domestic financing, and domestic contribution for TB needs to increase dramatically.

4. A coordinated multi-sectoral response is crucial.

Significant co-benefits from aligning TB and NCD responses were identified, and recommendations included strengthening multi-sectoral coordination and accountability through mechanisms such as the CCM and NCD coordination mechanisms and the establishment of a Presidential Initiative to end TB.



¹15 UN and international agencies joined forces with the Government of Nigeria.

² Non-communicable diseases (or NCDs) are cardiovascular disease, cancer, diabetes and chronic respiratory disease. The main risk factors are tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity and air pollution.

³ The 2001 Abuja Declaration commits African Union countries to allocate at least 15% of their annual budget to improve the health sector.



5. Care for those with TB and NCDs needs to be greatly strengthened. The majority of those with TB and NCDs, and mental health conditions are not identified. TB case-finding strategies and coverage of WHO-recommended rapid TB diagnostics are unable to meet the demands of the significantly high TB burden and need to be scaled up, along with rapid uptake of latest WHO guidance on programmatic management of latent TB infection and on multi-drug resistant TB.

The focus must be on primary care, a perfect platform for integrated service delivery and the part of the health system that will deliver: (i) the most cost-effective interventions and therefore requires much more investment; and (ii) UHC and Nigeria's global, region and country commitments to health and development.

6. Legislative, regulatory and fiscal measures must be put in place to reduce NCD risk factors as well as address TB under-reporting through mandatory case notification and regulated sale of anti-TB medicines. This is urgently needed to stem the tide of NCDs and TB. Putting these measures in place will reduce the concentration of exposure to NCD risk factors² among lower-income Nigerians and thus reduce inequalities..

7. A human rights-based approach is essential as part of Nigeria's political response to NCDs, mental health conditions and TB, and must be underpinned by clear commitments, e.g. (i) eliminating stigma and discrimination; (ii) providing social protection; (iii) ensuring support for continued education in the case of children; and (iv) ensuring support for recovery within the community.

The full mission report makes 26 recommendations for the government, UN system and civil society.

TB in Nigeria

429,000 cases (of which 21,000 are drug resistant). 157,000 deaths.

Treatment coverage is only 24%.

Highest TB burden in Africa and the sixth highest in the world.

71% of patients incur catastrophic costs, due to the disease.

2018 data

NCDs in Nigeria

Illness and deaths from NCDs in Nigeria are growing.

NCDs are having a significant drain on local and nation economies.

Major gaps with regards to: (i) mortality data; (ii) risk factor surveys; (iii) tobacco, alcohol and unhealthy diet reduction measures; (iv) public education and awareness campaigns; and (v) the availability of treatment.

2018 data

NCDs, TB and COVID-19

People with pre-existing NCDs are more vulnerable to becoming severely ill with the virus.⁴ Across the world, the COVID-19 response is leading to significant interruptions in treatment for NCDs.

While experience on COVID-19 infection in TB patients remains limited, it is anticipated that people ill with both TB and COVID-19 may have more severe outcomes, especially if TB treatment is interrupted.⁵

Recent modelling suggests there may be up to 400,000 more TB deaths globally as a result of ruptured services due to COVID-19, taking us back to levels in 2012.⁶

Investing in the health of Nigeria is investing in the well-being and prosperity of the country.

⁴ WHO. COVID-19 and NCDs. 2020. https://www.who.int/docs/default-source/inaugural-who-partners-forum/covid-19-and-ncds---final---corr7.pdf?sfvrsn=9b65e287_1&download=true

⁵ WHO. Q&A: Tuberculosis and COVID-19. 2020. <https://www.who.int/news-room/q-a-detail/tuberculosis-and-the-covid-19-pandemic>

⁶ Glaziou P. Predicted impact of the COVID-19 pandemic on global tuberculosis deaths in 2020. medRxiv. 2020. <https://www.medrxiv.org/content/10.1101/2020.04.28.20079582v1.full.pdf>