

Report of the Joint United Nations High-Level Mission on Non-communicable Diseases and Tuberculosis



Nigeria

24-28 February 2020



Report of the Joint United Nations High-Level Mission on non-communicable diseases and tuberculosis, Nigeria, 24-28 February 2020

ISBN 978-92-4-001940-9 (electronic version)

ISBN 978-92-4-001941-6 (print version)

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Acknowledgments

The Joint Mission would like to acknowledge the leadership of Hon. Dr Osagie Emmanuel Ehanire, Minister of Health, Federal Ministry of Health, in enabling and supporting this mission. We are grateful to the Federal Government of Nigeria and State Governments of Lagos and Kano, Senators, including senior officials for convening the Mission. The Joint Mission also extends its thanks to the Heads of Ministries, Departments and Agencies, representatives of other bilateral, multilateral agencies and development partners, civil society organizations, private sector entities and academic institutions who also met with the Mission.



SUMMARY

Fifteen agencies participated in a Joint High-level Mission among the United Nations system, development partners and the Government of Nigeria between 24-28 February 2020 to support Nigeria in galvanizing a multi-sectoral response to the challenges of non-communicable diseases (NCDs) and tuberculosis (TB) as well as in advancing on its commitments made at the UN high-level meetings on TB and on NCDs held in 2018. The meeting was co-led by the UN Interagency Task Force on the Prevention and Control of NCDs and the World Health Organization.

The mission found that NCDs and TB are both major public health challenges in Nigeria with an urgent need to scale up the response to NCDs and TB as part of the country's efforts to attain universal health coverage, and meet the commitments made at the highest level at the UN High Level Meetings on TB and NCDs, to end the TB epidemics and dramatically reduce NCDs. The Joint Mission identified significant gaps in fiscal, regulatory and legislative frameworks and in implementation capacity for both NCDs and TB.

The mission found that greater political leadership, domestic financing and coordination (in particular for implementation) are required to deliver the action needed to reduce the burden of NCDs and TB, with particular focus on financing and pursuing action at primary care level – which is the part of the health system that delivers the most cost-effective interventions. The mission also identified

the need for significantly greater

Key findings

- NCDs and TB are major public health challenges for Nigeria.
- Despite achievements, there are significant gaps in the response.
- Political leadership is crucial.
- Financing is key to an effective response.
- A coordinated multisectoral response is crucial.

26 recommendations are made across 8 areas

1. Increase domestic and international financing to scale up TB and NCD responses to alleviate catastrophic costs.
2. Build human capacity for health care delivery and intensify infrastructure development.
3. Strengthen multisectoral engagement and build accountability.
4. Integrate human rights-based approaches to TB and NCD programming that encompasses service delivery and social, legal and structural determinants.
5. Develop and enforce legislative and policy framework for the prevention and control of NCDs and TB.
6. Intensify stakeholder engagement – civil society, private sector, academia, partners .
7. Improve data and surveillance for TB and NCDs, including through use of digital tools.
8. Enhance advocacy and awareness building efforts.

understanding of the public health and

economic burden of NCDs and TB at all levels across government and its partners (including the United Nations), which includes the need to enhance data and analysis and the need to raise awareness at the community level among the general population and health care providers.

The Joint Mission identified considerable opportunities to align and synergize responses to NCDs and TB, advance people-centred primary care and to integrate within the broader health and development agenda across government and the United Nations system. All require leadership from the very top at federal and state government levels, the UN system in-country along with

effective engagement with civil society organizations.

The mission has made 26 recommendations in 8 areas.

Though the task ahead of Nigeria is considerable, the country is however well-placed to lead an effective national response to TB and NCDs with a highly-skilled workforce and a growing economy. The response to NCDs and TB should be seen through the lens of investment and not expenditure. Investing in the health of Nigeria is investing in the well-being and prosperity of the country.



INTRODUCTION

1. Fifteen agencies participated in a Joint High-level Mission among the United Nations system, development partners and the Government of Nigeria between 24-28 February 2020 to support Nigeria in galvanizing a multi-sectoral response to the challenges of non-communicable diseases (NCDs) and tuberculosis (TB).¹
2. The objectives of the Joint Mission were as follows: (i) high-level advocacy on NCD and TB prevention and control to the Government of Nigeria, including with the Head of State, Government Ministers, the National Assembly and elected officials from selected states; (ii) high-level discussions with UN agencies and bilateral/multilateral organizations on opportunities to respond to NCDs and TB as part of the 2030 Sustainable Development Agenda; (iii) discussions with non-state actors (NGOs, academia, foundations and selected private sector entities) on opportunities to scale up action on NCDs and on TB; (iv) advance the Nigeria NCD investment case by validating data and conducting institutional context analysis; (v) support the Ministry of Health and its National Tuberculosis Programme on the strategic follow-up on the finding and recommendations of the TB Programme Review conducted in late January 2020; and (vi) follow up on the commitments made by the President at the UN High Level Meetings (UNHLM) on TB and NCDs, and other NCD commitments signed up to by the country.
3. The Mission was co-led by the UN Interagency Task Force on the Prevention and Control of NCDs and the World Health Organization with participation across all three levels (country, regional and headquarters). The Joint Mission programme is in Appendix 2.

KEY FINDINGS

NCDs and TB are major public health challenges for Nigeria

4. The mission highlighted the urgency of the issue: there are hundreds of preventable deaths from NCDs and TB every day in Nigeria. The costs of inaction grow by the day.
5. Nigeria features in WHO's three lists of high burden countries for TB, HIV-associated TB and Multidrug resistant-TB (MDR-TB), respectively. It ranks the highest TB burden in Africa and the sixth highest in the world, with 429,000 people with TB in 2018, 157,000 of whom died from it, and 75% of whom did not reach care (Annex 1).
6. According to the 2018 WHO NCDs country profile², NCDs accounted for about 29% of all deaths in Nigeria, with cardiovascular diseases (CVDs) responsible for 11%, cancers 4%, chronic

¹ Participating agencies were Africa Development Bank, Food and Agriculture Organization, International Atomic Energy Agency, International Organization for Migration, Office of the UN High Commissioner for Human Rights, Public Health England, Joint United Nations Programme on HIV and AIDS, United Nations Development Programme, United Nations office of the High Commissioner for Refugees, United Nations Children's Fund, United Nations Population Fund, United Nations office on Drugs and Crime, United States Agency for International Development, World Bank and the World Health Organization (which led the mission). The full list of participants is in Appendix 1.

² WHO 2018. Noncommunicable diseases country profiles 2018. https://www.who.int/nmh/countries/2018/nga_en.pdf?ua=1

respiratory diseases 2% and diabetes 1% (Annex 2). 22% of deaths in the country are premature deaths i.e. dying before 70 years as a result of NCDs. These deaths are from cardiovascular disease, diabetes, cancer and chronic respiratory diseases and they share common risk factors including tobacco use, unhealthy diets, physical inactivity, harmful use of alcohol and air pollution. A national NCD STEPS survey³ has not been conducted in nearly 30 years. The joint mission was also informed that Nigeria has the highest burden of sickle cell disease in the world.⁴

7. The joint mission identified strong linkages between NCDs and TB as well as significant co-benefits of integrating targeted services for TB and NCDs, in particular, within the primary healthcare platform (Annex 3).

8. Progress in Nigeria on expanding access to primary health care and addressing TB and NCDs is critical to reach global targets set by the United Nations and the World Health Assembly, and overall efforts to leave no one behind in achieving the Sustainable Development Goals, and to ensure inclusion such as for migrants and refugees.

Despite achievements, there are significant gaps in the response

9. The WHO NCD Progress Monitor (2020) highlighted that while Nigeria has developed national NCD targets and indicators, there are major gaps with regards to: mortality data; risk factor surveys; tobacco, alcohol and unhealthy diet reduction measures; public education and awareness campaigns; and the availability of treatment and evidence-based guidelines for managing NCDs (Annex 2).

10. Achievements to address TB in recent years have included the rapid adoption of guidance in line with new WHO recommendations; the expansion of access to diagnostics and targeted screening; high rates of treatment success; the scale-up of TB services in primary health care across many states, as well as impressive scale-up of activities to address HIV-associated TB.

11. The recent programme review⁵ highlighted *inter alia* the following: government ownership, accountability and stewardship of the TB response, most notably at sub-federal level could be strengthened, in particular in the form of budgetary allocation and release; the decision-making process would benefit from state-level strategic planning and resource mobilization; current case-finding strategies and coverage of WHO-recommended rapid TB diagnostics are unable to meet the demands of the significantly high TB burden; there is low knowledge about TB at every level; there are multiple barriers (legal, socio-economic, perceptions of quality, stigma, etc.) for patients to access TB care, limited engagement and inadequate coordination of community actors and other sectors (including the private sector) at all levels; and there is incomplete recording and reporting with the added challenge of a mix of paper-based and different electronic systems. In addition, gaps exist in TB screening, diagnosis, and treatment

³ The WHO STEPwise approach to Surveillance (STEPS) is a simple, standardized method for collecting, analysing and disseminating data on NCD risk factors.

⁴ Over 100,000 infants die from the disease each year, accounting for 8% of Nigeria's total infant mortality. In addition, around 150,000 newborns (2% of the total) in Nigeria are affected by sickle cell anaemia (A59/9. Sickle cell anaemia. World Health Assembly. 2006 https://apps.who.int/gb/archive/pdf_files/wha59/a59_9-e)

⁵ The review was carried out in January 2020. The report is currently being finalised.

services available for vulnerable populations, including drug users,⁶ migrants, refugees and those in prisons.

12. Although Nigeria is a party to the International Covenant on Economic, Social and Cultural Rights, human rights norms and standards, particularly in relation to availability and accessibility of health services and addressing the underlying determinants of health, have not been systematically incorporated into the response.

Political leadership is crucial

13. Nigeria has committed to achieving ambitious targets and accelerate action on TB and NCDs through political declarations of the UN High Level Meetings on TB and NCDs.

14. There are powerful examples of political leadership at the federal and state levels. Nigeria's commitment to universal health coverage is in the 2014 National Health Act, which established the Basic Health Care Provision Fund to guarantee the delivery of an essential package of health services to all Nigerians. Healthcare is on the concurrent list and therefore the state governors are largely responsible for provision of health services at sub-national level.

15. The Senate President and the leadership of the Senate indicated their eagerness to apply lessons from other countries on how to implement legislative, fiscal and regulatory measures to tackle NCDs and TB.

16. The Federal Ministry of Health developed an action plan following the UN High-Level Meeting on TB and is setting new targets and seeking financing, including a new funding request to The Global Fund, and the leadership is developing a draft concept note for a Presidential Initiative on Tuberculosis.

17. The First Lady of Nigeria, herself a Global TB Champion and Ambassador, has expanded the TB advocacy network to the states, through investiture of First Ladies of the different states as TB Champions.

18. In Kano, the Governor and State Health Commissioner has ensured more than 15% of the state budget is allocated to health, and during the mission committed to work with partners to expand health education, and increase funding for NCD and TB responses. In Lagos, the Deputy Governor and primary healthcare board were clear that they needed to raise awareness on NCDs and TB, strengthen the referral system and improve access for the diagnosis and treatment of NCDs and TB and are using local initiatives to move that forward.

19. The Joint Mission found that urgent action is required at national and state level to (i) increase funding for NCDs and TB within the context of increased financing for health and development budget – as well and utilising these funds; (ii) coordinate an effective multisectoral

⁶ Drug use is a major public health challenge in Nigeria with more than 14 million people aged between 15 and 64 years having used at least one drug in the past 12 months. Screening, treatment and surveillance of drug and alcohol use disorders in health settings in Nigeria are inadequate.

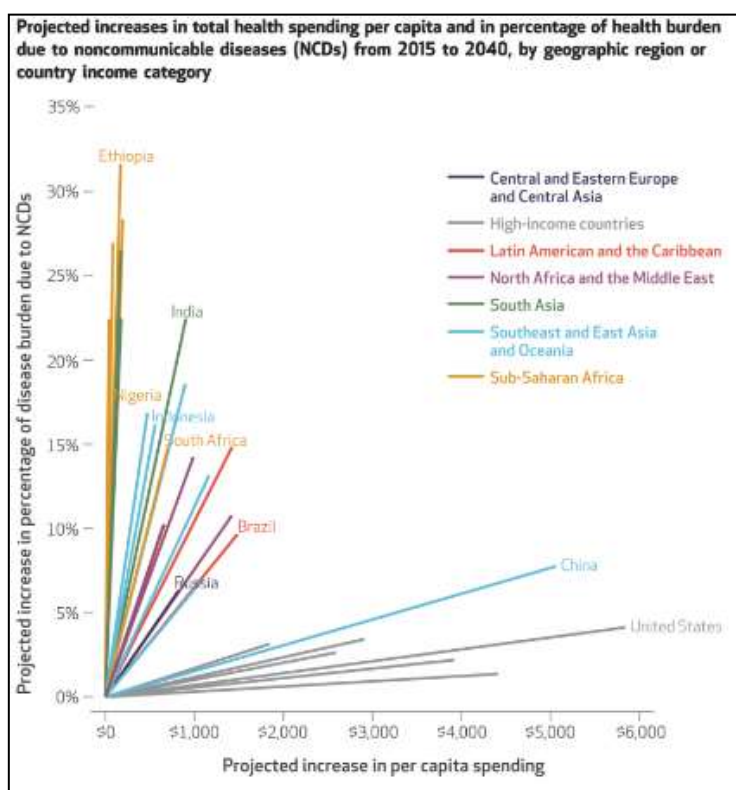
response for the prevention and control of NCDs and TB; and (iii) strengthen health care for those with NCDs, mental health conditions and TB.

20. The Joint Mission also recognised that Nigeria's political response to NCDs, mental health conditions and TB needed to be underpinned by a strong human rights-based approach, including for example: (i) eliminating stigma and discrimination; (ii) providing social protection; and (iii) ensuring support for recovery within the community.

Financing is key to an effective response

21. The Joint Mission highlighted the significant number of global, regional and national commitments that Nigeria has signed up to for NCDs, mental health, TB and health and development more broadly. These include the International Covenant on Economic, Social and Cultural Rights, which requires the use of maximum available resources for the protection and fulfilment of economic, social and cultural rights, and targets set in the Abuja Declaration. Financing an effective public health and health system response – for NCDs, TB, but also for other health issues, including emerging infectious disease threats – such as COVID-19 has not kept pace with these commitments. Health expenditure in 2017 as a percentage of GDP is 3.75% (from 3.30% in 2010).⁷ Until this chronic underfunding is tackled, Nigeria will not be able to provide the healthcare for TB, NCDs and the many other conditions that are required to support the country's development plans and make an impact on the 2030 Sustainable Development Agenda.

22. The challenge Nigeria is facing has been highlighted in the United States Council on Foreign Relations study.⁸ The graph demonstrates that projected increases in total health spending per capita on NCDs is minimal (and insufficient) compared with the massive projected increase in NCD burden in Nigeria. The Joint



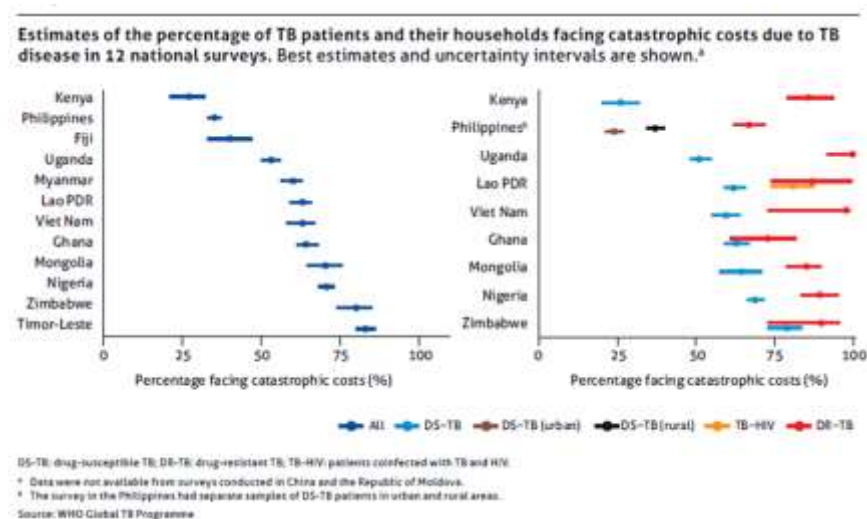
⁷ Current health expenditure (% of GDP). <https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=NG>. The 2001 Abuja Declaration commits African Union countries to allocate at least 15% of their annual budget to improve the health sector.

⁸ Bollyky TJ, Templin T, Cohen M, Dieleman DL. Lower-income countries that face the most rapid shift in noncommunicable disease burden are also the least prepared. *Health Affairs* 2017. 36:11.

Mission's findings confirm these findings for Nigeria.

23. There are major funding gaps in Nigeria's response to NCDs, TB and health more generally. For example, only 4.4% of the annual budget needed for implementation of the National TB Strategic Plan is funded from domestic resources.

24. Out of pocket costs place a heavy burden on people affected by both TB and NCDs. For instance, a recent survey showed 71% of TB patients faced catastrophic costs due to the disease, this figure is even more exacerbated for people with drug-resistant TB. Government efforts to improve financing of primary care as well as social protection is needed to reduce these costs.



25. The Joint Mission reiterated that the response needs to be led through domestic financing and heard from policy makers that there is potential to increase domestic funds for health from taxing health harming products such as tobacco, alcohol and sugar sweetened beverages.

26. In terms of health system response, financing needs to be focused at the primary care level.^{9,10} The review and effective implementation of the Basic Health Care Provision Fund can support this.

27. The joint mission considers that the costs to society in terms of loss of productivity are greater than the costs of the health system. For tuberculosis, extensive studies have repeatedly showed the great benefits of investing in TB. Latest estimates used by the UN, and cited by The Economist, note that for every dollar invested in tuberculosis prevention and care US\$ 43 is gained for the economy and society, placing it among development best-buys.¹¹ The joint mission

⁹ A vision for primary health care in the 21st century: towards universal health coverage and the Sustainable Development Goals. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2018. <https://www.who.int/docs/default-source/primary-health/vision.pdf>

¹⁰ Hafez R. Nigeria health financing system assessment. Health, Nutrition and Population Discussion Paper World Bank. <http://documents.worldbank.org/curated/en/782821529683086336/pdf/127519-WP-PUBLIC-add-series-NigeriaHFSFINAL.pdf>

¹¹ The Economist. The economics of optimism. January 2015. <https://www.economist.com/news/finance-and-economics/21640361-debate-heats-up-about-what-goals-world-should-set-itself-2030>

noted that an NCD investment case is currently being undertaken by some of the members of the Joint Mission with the Government of Nigeria to quantify this.

A coordinated multisectoral response is crucial

28. Overall, leadership and responsibility for action rests within the health sector rather than across government. Tackling TB and NCDs, including mental health conditions requires meaningful engagement beyond health – across government (for example between prison health services and National TB Programme), the UN, development and civil society partners and beyond. There are examples of Nigeria strengthening coordination through mechanisms such as the Global Fund Country Coordination Mechanism and the newly established Multisectoral NCD Technical Working Group. The establishment of a Presidential Initiative to end TB, as outlined within the National Plan for translating commitments from the UN High-Level Meeting on TB to actions will affirm political will and help foster concrete, cross-ministerial action to Kick TB out of Nigeria. On the request of the UN General Assembly and World Health Assembly, the WHO Multisectoral Accountability Framework has been developed and Nigeria will work to adapt and pursue its work, including use of high-level review mechanism.

29. There is emerging commitment for a greater multisectoral response to TB and to NCDs, for example between the Ministry of Health, Ministry of Youth and Sports and Ministry of Information and Culture, and the Ministry of Labour, and the Joint Mission considers there are opportunities to do much more. Lessons in this area may also be garnered from the HIV/AIDS response.

30. Nigeria's planning frameworks are strong – the national multisectoral NCD action plan 2019-2025, National Cancer Control Plan 2018-2022 and the National plan for translating the commitments from the United Nations High-Level meeting on TB to actions (2019-2022) are well crafted and ambitious – but in the case of NCDs heavily focused on the role of the Federal Ministry of Health. Nigeria's UN Sustainable Development Partnership Framework 2018-2022¹², which currently does not feature TB or NCDs, represents an untapped opportunity to strengthen cross-sectoral action across health, HIV and nutrition (Outcome 3) as a whole in order to support Nigeria to reach universal health coverage.¹³

31. While there has been limited coordination and action across disease programmes, it was noted by the joint mission that there is a significant opportunity to do this in the first instance between the NCD and TB programmes at federal and state levels, especially focused on key areas of need for improved integrated care, such as TB and diabetes and TB and nutrition.

¹² Nigeria United Nations Sustainable Development Partnership Framework 2018-2022.
<https://www.ng.undp.org/content/dam/nigeria/docs/unct-documents/UN%20Development%20Partnership%20Framework%202018%202022.pdf>

¹³ Output 3.1: Strengthened political commitment, accountability and capacity at national/sub-national level to legislate, formulate evidence-based plans, budget, coordinate, monitor, and mobilize resources for scaling-up equitable health, nutrition and HIV interventions; Output 3.2: Strengthened health system to deliver an integrated package on high impact health, nutrition and HIV interventions including in emergency situations. Output 3.3: Enhanced comprehensive knowledge and skills of all Nigerians to demand for, and utilize quality Health, nutrition and HIV prevention and treatment services.

32. Nigeria has a wealth of expertise in the NGO, academic and private sectors, and it was noted that there is appetite for greater involvement. It is important to harness their skills and capacity to ramp up the country's response to NCDs and TB.

Care for those with NCDs and TB needs to be greatly strengthened

33. The majority of those with NCDs, mental health conditions and TB are not being identified. This is exacerbated among the poorest and most vulnerable groups. The recent TB programme review highlighted that most TB patients are not reaching care. The same is so for those with cardiovascular disease (for example high blood pressure and heart disease), cancer, diabetes and chronic respiratory disease. There are significant out-of-pocket expenditures associated with treatment and the result is that many cannot afford to get an early diagnosis and treatment. Others that do access services often incur catastrophic costs which drive families into poverty. The TB patient catastrophic cost survey conducted in 2017 found that 71% of TB-affected households experienced catastrophic costs due to TB.

34. The Joint Mission considered that a big investment in primary care, especially in terms of human resources is crucial. A strong primary care system with robust referral pathways is equally important for improving maternal and child health, wider communicable disease control, including emerging infections such as COVID-19.

35. Improving the quality of health expenditures on its own is unlikely to improve health outcomes. Low levels of provider knowledge and high absenteeism of health care providers further suggest that a focus on training, management, sustainable incentives, and accountability is important to improve service delivery. A significant challenge is brain drain among healthcare workers. Engaging the private health sector to offset the burden on the public system to deliver care can result in gains. There are public-private mix initiatives on TB in place across the country – however these need to be scaled up to take advantage of the numerous providers who are the first point of care for patients.

36. NCDs, mental health and TB can be important entry points for developing a sustainable primary health care that is able to manage patients with chronic health conditions. Those attending primary care come with symptoms, not diseases: healthcare centres need to be able to diagnose the full range of communicable diseases and non-communicable diseases and then offer treatment or effectively refer to appropriate facility and generally support patient and family needs. The Resolve to Save Lives initiative has the potential to make an important impact in demonstrating how to scale up the treatment and control of hypertension. Initiatives such as this, combined with efforts to expand coverage of TB services, including access to WHO-recommended rapid TB diagnostics, can be leveraged upon to build centres of excellence for primary health care delivery in the local government areas.

RECOMMENDATIONS

37. The mission urges the Federal Ministry of Health to work closely with other Ministries including the Ministry of Finance, Labour, Justice (prisons), key partners and other stakeholders, to implement the recommendations made below, in line with human rights norms to meet the commitments made in the SDGs, the political declarations of recent UN High-Level meetings on TB, NCDs and Universal Health Coverage, as well as those in Nigeria's National Strategic Health Development Plan II 2018 -2022, the National Multi-Sectoral Action Plan for the Prevention and Control of NCDs 2019-2025, the National Cancer Control Plan 2018-2022, and the National Plan for Translating the Commitments from the UNHLM on TB to Action 2019-2022,¹⁴ as well as the recommendations presented at the end of the 2020 TB programme review.

Increase domestic and international financing to scale up TB and NCD responses to alleviate catastrophic costs

- i. Urgently scale up domestic resources and disbursements for health at federal and state levels, including the Basic Health Care Provision Fund and through off-budget funding, in line with the National Health Act, to ensure that the National TB Strategic Plan and Multisectoral NCD action plan are fully funded.¹⁵ As part of this MOH will need to engage with the Ministry of Finance, Budget and Economic Planning to align and mainstream national NCD and TB plans and targets into the national development plan to facilitate adequate budgetary allocation.
- ii. Expand the package of the Basic Health Care Provision Fund to include TB, and priority mental health and NCD interventions (See Annex 4).
- iii. Capitalize on existing UHC, social protection and health insurance mechanisms to ensure access to affordable TB and NCD care and reduce out-of-pocket costs, and strengthen linkages with social protection and models of care to reduce income losses.
- iv. In addition to domestic resources that come predominantly from general taxation, maximise opportunities to raise funds for NCDs and TB from taxing health-harming products, such as tobacco, alcohol and sugar-sweetened beverages.¹⁶

¹⁴ Examples include: (i) Ministries of Labour and Health to review relevant legislation on HIV anti-discrimination law to be amended to include TB, domestication of the health aspects of the Global Compact on Migration and Refugees (strategies and services), mainstreaming a human rights-based approach to mental health; (ii) Ministry of Youth and Sport to leverage sports personalities as champions of the Kick TB Out campaign (and to include NCDs); (iii) Ministry of Labour and Productivity and Ministry of Health to study best practices to mitigate health worker brain drain; (iv) Ministry of Youth and Sport and Ministry of Women's Affairs to convene a discussion on exposure of children to NCD and TB risk factors.

¹⁵ In line with Recommendation 1 of the 2018 World Bank report, Nigeria health financing system assessment (page 44).

<http://documents.worldbank.org/curated/en/782821529683086336/pdf/127519-WP-PUBLIC-add-series-NigeriaHFSFINAL.pdf>

¹⁶ The UN system can provide examples of how this has been done in other countries.

- v. Advocate for international development donors including the Global Fund to allocate resources to TB and NCD programming.¹⁷
- vi. An NCD investment case to be conducted under the WHO-UNDP global joint programme to catalyse multisectoral action. The investment case should also consider including interlinked issues such as TB and air pollution. Nigeria would be the first country to address these issues as part of an NCD investment case.

Build human capacity and intensify infrastructure development

- vii. Strategically plan and allocate adequate resources to build human resource capacity and infrastructure at all levels of the healthcare delivery system (primary, secondary and tertiary), including to cover needs of people with TB and NCDs. Leverage the capacity of private/not-for-profit health care providers to close gaps in care.
- viii. Work closely with professional bodies and academics to strengthen training, recruitment and retention of healthcare providers in the first instance through establishing a regular programme of continued medical education for health care workers on NCDs and TB, including appropriate integration of service delivery.

Strengthen multisectoral engagement and build accountability

- ix. The UN Resident Coordinator should task one of the existing UN working groups in Nigeria to review the recommendations of this report and develop a prioritised action plan for UN support to the Government on TB and NCDs, including through the NCD Technical Working Group and support implementation involving the participation of a broad representation of stakeholders and incorporating transparent accountability mechanisms.
- x. The next review of the UN Sustainable Development Partnership Framework 2018-2022 should assess the implications of this report and identify opportunities to include NCDs and TB into the broader work of Result Area-2: Equitable Quality Basic Services, specifically Outcome 3 (Health Nutrition and HIV/AIDS).
- xi. The Federal Ministry of Health should work with states, civil society and other stakeholders to develop a national multisectoral accountability framework for TB with high-level stakeholder engagement and a review mechanism through the President's Initiative and formalized civil society engagement.

¹⁷ GF/B33/11 Global Fund support for co-infections and co-morbidities. https://www.theglobalfund.org/media/4167/bm33_11-co-infectionsandco-morbidities_report_en.pdf. Paragraph 11 states, 'A co-morbidity occurs when two or more acute or chronic conditions exist, either concurrently or sequentially. The term is reserved for situations in which at least one of the conditions is a NCD. People living with chronic NCDs, such as diabetes or alcohol use disorders, have a higher risk of developing communicable diseases, such as TB, due to their immunosuppression.'

Integrate human rights-based approach to TB and NCD programming that encompasses service delivery and social, legal and structural determinants

- xii. Address underlying determinants of health including stigma, discrimination, poor living conditions and the right of the child to grow and develop.
- xiii. Ensure equitable access to TB and NCD services free of stigma and discrimination, to vulnerable and marginalized populations, including migrants, refugees, children, people in prisons, persons with disabilities and older persons.
- xiv. Mainstream a human rights-based approach to mental health, including through (a) attention to stigma and discrimination (b) social protection measures where income has been affected through loss of employment, (c) ensuring support for continued education in the case of children; and (d) ensuring support for recovery within the community.

Strengthen and enforce the legislative and policy framework for the prevention and control of NCDs and TB

- xv. With regards NCDs, federal and state governments must focus on the UN-endorsed evidence-based cost-effective interventions for the prevention and control of NCDs (Annex 4) in a systematic way. This needs to be the overriding priority for the next 2 years. Of particular note is the ongoing work to develop regulation on the elimination of trans fats.
- xvi. For TB, the government needs to develop and enforce an Executive Order for mandatory case notification of TB cases and control of the over-the-counter sale of TB drugs. In addition, the Ministry of Labour should involve National TB Programme and Division of NCDs in the technical review of the act for social protection/hazard allowance.
- xvii. The UN system and international development partners should provide technical support to assist Government in the development and implementation of the necessary legislative and policy framework, including through use of digital technologies.
- xviii. The government at federal, state and local government area level should adopt and scale up integrated action on TB, NCDs and mental health in line with Annex 4, as part of primary health care strengthening. The UN system should provide systematic support to the Government.

Intensify stakeholder engagement – civil society, private sector, academia, partners

- xix. Leverage existing networks of civil society organizations, and other key stakeholders including from private sector, academia and partners, to monitor and provide oversight and accountability to the implementation of the National NCD Multisectoral Action Plan and National Plan for Translating the Commitments from the UNHLM on TB to Action.

- xx. Government at federal, state and local levels to scale up engagement of key private and not-for-profit health care providers (who are often the first point of care for people with TB and NCDs) – including hospitals, clinics, laboratories, patent medicine vendors and workplaces to support delivery of quality TB and NCD care. Communities and survivors can also be engaged in supportive care provision. This will ease the burden on the public sector.

Improve data and surveillance for TB and NCDs, including through use of digital tools

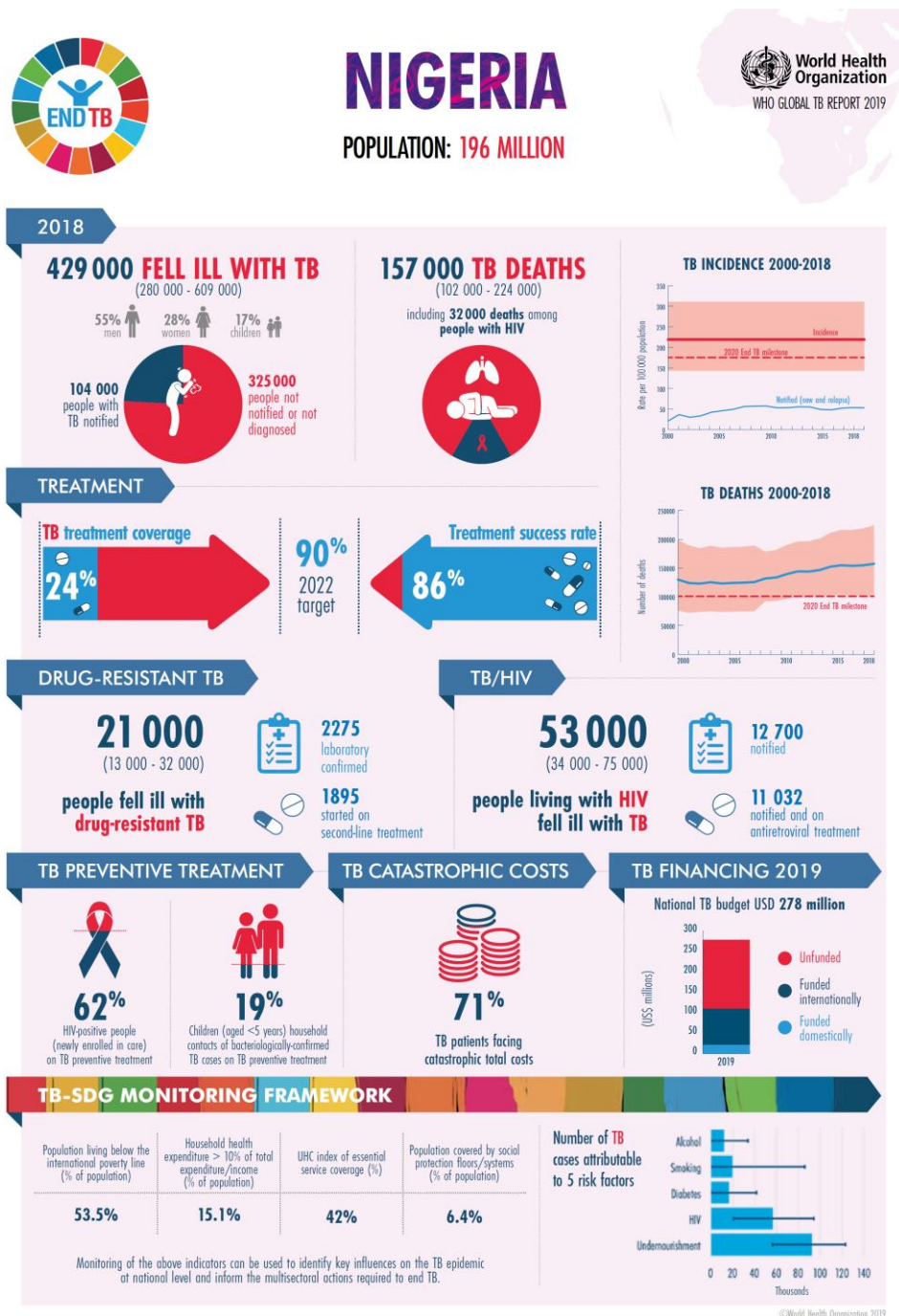
- xxi. With a view to ensuring that no one is left behind, strengthen, adapt and expand existing national integrated health information system surveillance systems for TB and NCDs, and invest resources into capacity building for data collection to ensure that data is disaggregated in line with prohibited grounds of discrimination under human rights law, such as age, sex, ethnic origin, place of residence and socio-economic status as nationally relevant. This should also cover data collection among key and vulnerable populations including migrants, refugees, children, people in prisons and closed settings, people with disabilities, people with drug and alcohol use disorders.
- xxii. Gather and implement, as appropriate, best practices for data collection, harnessing new technologies, stakeholder capacity, particularly at the community level and including youth.
- xxiii. Nigeria should undertake a smaller national NCD STEPS survey rather than a larger survey that allows state-based estimates. At the end of the national survey, state-based surveys could be undertaken on request by states or upon availability of financial resources. WHO should provide technical support to the Government to undertake the survey as soon as possible.
- xxiv. Continue to strengthen the movement to one coherent digital system of TB reporting and further local disaggregated analysis of all available TB data and to strengthen annual public reporting and review on progress towards ending tuberculosis.
- xxv. The government with support from UN agencies and other partners should establish a programme level data repository. The data repository should be enabled to collect NCD and TB mortality data as well as other service delivery indicators that feed into other data sources such as DHIS and NDHS.

Enhance advocacy and awareness building efforts

- xxvi. Advocate for regular communications across ministries and agencies to seed content on NCDs and TB to the Ministry of Information and Culture and National Orientation Agency, including on awareness raising on risk as well as right to health free of stigma and discrimination.

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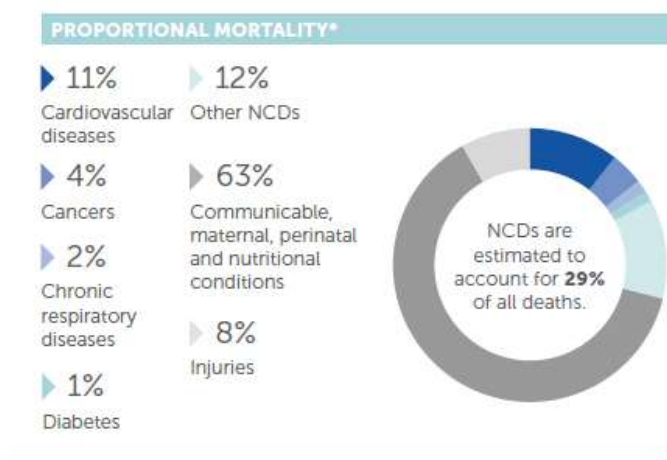
Annex 1. TB burden and progress monitoring (from WHO's Global TB Report 2019)¹⁸



¹⁸ <https://www.who.int/tb/global-report-2019>

Annex 2. NCD burden and progress monitoring for Nigeria

NCD burden (from WHO NCD country profiles 2018)¹⁹



Progress report from WHO's NCD Progress Monitor Report 2020²⁰



¹⁹ <https://www.who.int/nmh/publications/ncd-profiles-2018/en/>

²⁰ <https://www.who.int/publications-detail/ncd-progress-monitor-2020>

Annex 3. Opportunities for integrating action across NCDs and TB

Governance

- Ensure synergies across national strategies, policies and programmes for TB and NCDs.
- Provide mutual seats on CCMs and NCD coordination mechanisms.
- Embed TB and NCDs in national development planning instruments.
- Strengthen surveillance systems to capture and monitor the burden and collaborative action on related co-morbidities.
- Regulations to reduce advertising/marketing of sweetened beverages and highly processed foods to children and child dominant areas and tv/internet programmes.
-

Financing

- Explore the potential for funding national NCD and TB programmes through increased taxes on health-harming products (tobacco, alcohol, sugar-sweetened beverages, fossil fuels).
- Find cost-efficiencies on health promotion and HSS activities by better integrating NCD and TB programmes.
- Work with international development partners to integrate externally-funded programmes for TB and NCDs.
- Model the financial benefits of integrating TB and NCD services, and advocate for them.

Non-health sector interventions

- Jointly address and prioritize the non-health sector determinants of TB and NCDs.
- Work to minimize exposure to air pollution and improve waste management.
- Support policies to improve access to adequate housing.
- Awareness and communication on the prevention and management of NCDs and TB in all forms of media.

Clinical interventions

- Adopt and implement WHO-recommended policy on TB and diabetes, i.e. scale up bi-directional screening and co-management of TB and diabetes.
- Screen CVD patients for latent TB infections and vice versa.
- Ensure the provision of mental health services to people about to initiate, and under treatment for TB (including MDR-TB) and NCDs.
- Introduce brief interventions and/or referral mechanisms for tobacco use, alcohol and substance use disorders for TB patients.
- Ensure early diagnosis and treatment of TB, COPD and lung cancer through strengthened collaboration between related services and implementation of the Practical Approach to Lung Health.

Annex 4. Best buys and effective interventions for the prevention and control of NCDs²¹

Reduce tobacco use

Best buys

- Increase excise taxes and prices on tobacco products
- Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages
- Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship
- Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places, public transport
- Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second hand smoke

Effective Interventions

- Provide cost-covered, effective and population-wide support (including brief advice, national toll-free quit line services) for tobacco cessation to all those who want to quit

Reduce the harmful use of alcohol

Best buys

- Increase excise taxes on alcoholic beverages
- Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)
- Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale)

Effective Interventions

- Enact and enforce drink-driving laws and blood alcohol concentration limits via sobriety checkpoints
- Provide brief psychosocial intervention for persons with hazardous and harmful alcohol use

Reduce unhealthy diet

Best buys

- Reduce salt intake through the reformulation of food products to contain less salt and the setting of target levels for the amount of salt in foods and meals
- Reduce salt intake through the establishment of a supportive environment in public institutions such as hospitals, schools, workplaces and nursing homes, to enable lower sodium options to be provided
- Reduce salt intake through a behaviour change communication and mass media campaign
- Reduce salt intake through the implementation of front-of pack labelling

Effective Interventions

- Eliminate industrial trans-fats through the development of legislation to ban their use in the food chain
- Reduce sugar consumption through effective taxation on sugar-sweetened beverages

Reduce physical inactivity

Best buys

- Implement community wide public education and awareness campaign for physical activity which includes a mass media campaign combined with other community-based education, motivational and environmental programmes aimed at supporting behavioural change of physical activity levels

Effective Interventions

²¹ Best buys' and other recommended interventions for the prevention and control of NCDs. Best buys are interventions with cost effectiveness analysis (CEA) ≤ I\$100 per DALY averted in LMICs. Effective interventions are those with CEA >I\$100 per DALY averted in LMICs.

<http://apps.who.int/iris/bitstream/10665/259232/1/WHO-NMH-NVI-17.9-eng.pdf?ua=1>

- Provide physical activity counselling and referral as part of routine primary health care services through the use of a brief intervention

Manage cardiovascular disease and diabetes

Best buys

- Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with high risk ($\geq 30\%$) or moderate to high risk ($\geq 20\%$) risk of a fatal and non-fatal cardiovascular event in the next 10 years.

Effective Interventions

- Treatment of new cases of acute myocardial infarction with either: acetylsalicylic acid, or acetylsalicylic acid and clopidogrel, or thrombolysis, or primary percutaneous coronary interventions
- Treatment of acute ischemic stroke with intravenous thrombolytic therapy
- Primary prevention of rheumatic fever and rheumatic heart diseases by increasing appropriate treatment of streptococcal pharyngitis at the primary care level
- Secondary prevention of rheumatic fever and rheumatic heart disease by developing a register of patients who receive regular prophylactic penicillin

Manage diabetes

Best buys

- Preventive foot care for people with diabetes (including educational programmes, access to appropriate footwear, multidisciplinary clinics)
- Diabetic retinopathy screening for all diabetes patients and laser photocoagulation for prevention of blindness
- Effective glycaemic control for people with diabetes, along with standard home glucose monitoring for people treated with insulin to reduce diabetes complications

Manage Cancer

Best buys

- Vaccination against human papillomavirus (2 doses) of 9–13-year-old girls
- Prevention of cervical cancer by screening women aged 30–49

Effective Interventions

Screening with mammography (once every 2 years for women aged 50–69 years) linked with timely diagnosis and treatment of breast cancer

- Treatment of colorectal cancer stages I and II with surgery +/- chemotherapy and radiotherapy
- Treatment of cervical cancer stages I and II with either surgery or radiotherapy +/- chemotherapy
- Treatment of breast cancer stages I and II with surgery +/- systemic therapy.
- Basic palliative care for cancer: home-based and hospital care with multi-disciplinary team and access to opiates and essential supportive medicine

Manage chronic respiratory disease

Effective Interventions

- Symptom relief for patients with asthma with inhaled salbutamol
- Symptom relief for patients with chronic obstructive pulmonary disease with inhaled salbutamol
- Treatment of asthma using low dose inhaled beclomethasone and short acting beta agonist

Appendix 1. Members of the Joint Mission
(agencies in alphabetical order)

UN SYSTEM AGENCIES

African Development Bank

Babatunde Omilola
Division Manager, Health and Nutrition Division

FAO

Nkeiruka Enwelum
Nutrition and Food Systems Assistant

IAEA

Arsen Juric
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IOM

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IOM Lagos

OHCHR

Lynn Gentile
Human Rights Officer, Human Rights and
Economic and Social Issues Section, Thematic
Engagement, Special Procedures and Right to
Development Division

UNAIDS

Richard Amenyah
Fast Track Adviser, UNAIDS Nigeria

UNDP

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Programme Specialist, HIV, Health and
Development Group Global Team
Istanbul

David Owolabi
Monitoring and Evaluation Specialist
UNDP Africa

Onyinye Ndubuisi
Programme Analyst – HIV, Human Rights and
Gender
UNDP Nigeria

Lealem Berhanu Dinku
Deputy Resident Representative – Programmes
UNDP Nigeria

Muyiwa Odele
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Emedo Emmanuel
Health Specialist, UNICEF Nigeria, Abuja

[Abiola Davies](#)
[Health Manager, UNICEF Nigeria, Abuja](#)

[Dorothy Ochola-Odongo](#)
Health Manager/Cluster lead – MNCH-
HIV/AIDS, UNICEF Nigeria, Abuja

UNFPA

Sampson Ezikeanyi
Nigeria Country Office

UNODC

Harsheth Kaur Virk
Project Coordinator, Response to drugs and
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Office for Nigeria

Abiola Olaleye
Programme Officer, Country Office for Nigeria

WHO

United Nations Inter-Agency Task Force on the Prevention and Control of NCDs Secretariat

Rita Appiah

Team Assistant

Nick Banatvala

Head of Secretariat

Global Tuberculosis Programme

Annabel Baddeley

Technical Officer

Hannah Monica Dias

Technical Officer

Tereza Kasaeva

Director

Diana Weil

Coordinator

AFRO NCD

Jean-Marie Dangou

Coordinator

AFRO TB

Hugues Lago

Team Leader

Country Office

Ayodele Awe

National Professional Officer

Mary Tongkhir Dewan

National Professional Officer

Dr Oyama Enang

National Professional Officer

Dr Omoniyi Amos Fadare

National Professional Officer

Rex Mpazanje

Project Manager

World Bank

Onoriode Ezire

Senior Health Specialist, Health, Nutrition & Population, Nigeria Office

GOVERNMENT OFFICIALS**Department of Public Health, MoH**

Ene - Obong Umoh Mildred

Head

NCD Division FMO, MoHH

Nnenna Ezeigwe

Programme Manager

Chiamaka Omoyele

NCD Surveillance

Alayo Sopekan

Branch Head, Diabetes and Sickle Cell

Malau Toma

Branch head, Cardiovascular Disease and Tobacco Control

NTBLCP FMOH, MoH

Ahmad Muhammad Ozi

Deputy Director, PMDT

Urhioke Ochuko

Assistant Director, Childhood TB

Kifasi Reemans

Senior Medical Officer, PMDT

Federal Capital Territory TB and Leprosy Programme Control

Ngozi Ebisike

Programme Manager

OBSERVERS**Public Health England**

Şola Aruna

Country Lead/Senior Public Health Advisor, IHR
Strengthening Project, Nigeria

USAID

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TB Team Lead, Office of HIV/AIDS and
Tuberculosis, Abuja

Dr Rupert Eneogu

[Programme Management Specialist, TB](#)

Rene Demarco

[Health and Development Consultant](#)

PARTNERS THAT PARTICIPATED IN A NUMBER OF KEY MEETINGS

Breakthrough ACTION Nigeria

Joseph Edor
Senior Programme Officer II - TB

Campaign for Tobacco-Free Kids

Hilda Ochefu
Sub-Regional Coordinator for West Africa

Clinton Health Access Initiative

Chux Anago
Senior Associate

Owens Wiwa
Country Director

Health Strategy and Delivery Foundation

Christine Ezenwafor
Team lead, Public Health Advisory

JHPIEGO

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Deputy Country Director

Leprosy Mission Nigeria

Francis Adakole
Medical Advisor

MDOC Health

Kendra Njoku
Quality Lead/Project Director

Stop TB Partnership Nigeria

Mayowa Joel
Executive Secretary

NCD Alliance

Olorogun Sunny Kuku
President

Nigerian Tobacco Control Alliance

Olu'Seun Esan
Programme Coordinator

Resolve to save lives

Dr Emmanuel Agogo
Country Representative,

SHOPS Plus Project

Bolanle Olusola-Faleye
TB Technical Director

Stop TB Partnership Nigeria

Mayowa Joel
Executive Secretary

Stroke Action Nigeria

Rita Melifonwu
Chief Executive

Appendix 2. Joint Mission Programme

Time	Meeting	Venue	Objectives	Participants
Day 1 – Monday 24 February 2020				
08.30-09.00	Security briefing	UN House	To receive security briefing	All mission participants
09.00-9.30	Meeting with all mission members	UN House	To review program, orient as well as introduce mission members	All mission participants
09.30-11.00	Internal briefing meetings with respective UN teams (e.g. WHO team to meet with WR, UNDP team to meet with UNDP Head of CO)	UN House	To share objectives, outcomes and expectations	All UN participants
12.00-14.00	Briefing with Minister of Health, senior officials and FMOH NCD Division and NTBLCP team	Ministry of Health	To share objectives, outcomes and expectations on all sides	All mission participants
14.00-17.00	1. Ministry of Information and culture	Respective ministries	To discuss commitments of key ministries on NCDs and TB	All mission participants

	2. National Orientation Agency 3. Ministry of Youth and Sports Development 4. Ministry of Labour and Employment 4. Office of the Secretary to the Government of the Federation	Respective ministries OSGF		
18.00 onwards	Welcome cocktail (convened by HMH)	Hilton	All	All mission members
Day 2 – Tuesday 25 February 2020				
9.00-11.00	UN activities in the area of TB and NCDs at the country level (federal and state)	Hilton	Review of UN policy, strategy and programming at country level and opportunities for synergies between TB and NCDs, and links with broader development priorities	All UN mission members

11.00-14.00	NCD/TB Multi-sectoral coordination meeting involving all stakeholders	Hilton	<p>To strengthen the multisectoral coordination framework for NCDs and TB in Nigeria.</p> <p>1. Inauguration of the NCD Multi-sectoral TWG by HMM</p> <p>2. Kick out Tb initiative to be launched by HMM and GTB</p>	<p>All mission members.</p> <p>Focal persons from key ministries, NGOs, partners, CSOs, academia</p>
14.00-14.15	<i>Break time</i>			
14.15-16.30	Meeting with NGOs/CSOs	Hilton	To understand current experience, challenges and opportunities on TB, NCDs and opportunities for joint action	Mission members team 1
	Meeting with academia	Hilton	To understand current experience, challenges and opportunities on TB, NCDs and opportunities for joint action	Mission members team 2
	Meeting with Senate Committee Chairman on Health	National Assembly	To discuss and the support of the legislators on NCDs and TB	Mission members team 3

17.00-19.00	Meeting/Dinner with HE Aisha Buhari, wife of the President and Global TB Champion	Aso Villa	Share activities and plans and potential for linkages between TB and NCDs	All mission members, HMM and team and selected stakeholders
Day 3 – Wednesday 26 February 2020				
09.00-11.00	Development partners meeting	Hilton		All mission members
11.30-13.00	Bilateral meetings	Hilton		All mission members
13.00-14.00	<i>Break time</i>			
10.00	Those travelling to Kano and Lagos to depart for airport			
14.00-16.00	Private sector meeting TB and NCDs	Hilton	Discuss opportunities and challenges for greater private sector engagement in addressing TB and NCDs (in line with UN guiding principles)	Team 1
	Meeting with Senate President	National Assembly	To highlight the importance of legislators in tackling NCDs and TB	Team 2

	Field visit	Kuchingoro PHC		Team 3
Day 4 – Thursday 27 February 2020				
<i>Lagos and Kano teams</i>				
9:00-11:00	Meeting with State Governor, wife of the Governor and senior officials	State Governor's Office	Discuss opportunities with states to scale up the NCD and TB response	
11.30-13.30	Meet the State PHC development authority/board	PHC Board	To discuss opportunities for scaling up action	
Afternoon	Return flight to Abuja			
<i>Abuja team</i>				
9.00-14.00	Road map development and starting to pull together findings and recommendations	Rivers House	To put together findings of the mission	All mission members remaining in Abuja
14.00-16.00	Ministry of Environment	Ministry of Environment	To discuss strategies for NCDs and TB control	Team 1

	Ministry of Finance, Budget and National Planning	Min of FBNP		Team 2
16.00-17.00	Debrief with the UNCT	UN House	To update the UNCT team on mission findings	All
Day 5 – Friday 28 February 2020				
9.00-14.00	Road map development and starting to pull together findings and recommendations	Rivers House	To put together findings of the mission	All mission members remaining in Abuja
14.00-16.00	Debriefing with Minister of Health/media roundtable	Ministry of Health	<p>To give an overall account of findings, share recommendations</p> <p>To share preliminary findings of mission with the media</p>	Entire team

14.00-16.00	Debriefing with Minister of Health/media roundtable	Ministry of Health	<p>To give an overall account of findings, share recommendations</p> <p>To share preliminary findings of mission with the media</p>	Entire team
16.00-19.00	Meeting with the Vice-President	Presidential villa	To be appraised on the Government action and commitment for increasing investments in human capital development including health	All

