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World Bank HIV/AIDS Program Development Project (II)
in Nigeria,
an exploration of TB and TB/HIV options

Report by

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“The marginal benefits of implementing the Global Plan to Stop TB relative to a no-DOTS scenario is large (exceeding the marginal costs by a factor of 15 in the 22 high-burden endemic countries, a factor of 9 (95% CI, 8-9) in the whole Africa region). Uncertainty analysis shows that benefit-cost ratios of the Global Plan strategy relative to sustained DOTS were unambiguously greater than one in all nine high-burden countries in Africa.”

From:

Policy Research Working Paper 4295, Economic Benefit of Tuberculosis Control (WB 2007)

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List of abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral therapy
CBO	Community Based Organisation
CCM	Country Coordinating Mechanism for Global Fund
CDC	Centres for Disease Control and Prevention
CIDA	Canadian International Development AID
CSO	Civil Society Organisation
DFB	Damian Foundation Belgium
DFID	Department for International Development
DST	Drug Susceptibility Testing
ENHANSE	Enabling HIV & AIDS, TB and Social Sector Environment Project
FBO	Faith Based Organisation
FCT	Federal Capital Territory
FHI	Family Health International
FMOH	Federal Ministry of Health
GFATM	The Global Fund to fight AIDS, Tuberculosis & Malaria
GHAIN	Global HIV/AIDS Initiative in Nigeria
GLRA	German Leprosy and TB Relief Association
GON	Government of Nigeria
HAF	HIV/AIDS Fund
HBC	Home Based Care
HCT	HIV Counselling and Testing
HIV	Human Immuno Deficiency Virus
HR	Human Resource
ICAP	International Centre for AIDS Programmes (Columbia University)
IHVN	Institute of Human Virology Nigeria
(I) NGO	(International) Non-governmental Organisations
ILEP	International Federation of Anti-Leprosy Associations
IP	Implementing Partners
JAAIDS	Journalists Against AIDS
LACA	Local Government Action Committee on HIV/AIDS
LGA	Local Government Authority
M & E	Monitoring & Evaluation
MAP	Multi-Country AIDS Programme
MDG	Millennium Development Goals
MIS	Management Information System
NAC	National AIDS Council
NACA	National Agency for Control of HIV/AIDS
NAFDAC	National Agency for Food & Drug Administration & Control
NARHS	National AIDS and Reproductive Health Survey
NASCP	National AIDS and STI Control Programme
NEEDS	National Economic Empowerment Development Strategy
NEPHWAN	Network of Persons Living with HIV/AIDS
NIMR	Nigerian Institute of Medical Research
NLR	Netherlands Leprosy Relief
NPO	National Professional Officer
NTBLCP	National Tuberculosis and Leprosy Control Programme
PCR	Polymerase Chain Reaction
PEPFAR	Presidential Emergency Programme For AIDS Relief
PH	Public Health
SACA	State Action Committee on HIV/AIDS
SFH	Society for Family Health
STI	Sexually Transmitted Infections

TB/HIV	Tuberculosis/HIV
TB-DOTS	Tuberculosis Directly Observation Treatment, Short course
TCS	Treatment Care & Support (for HIV/AIDS)
TLMN	The Leprosy Mission Nigeria
TOR	Terms of Reference
UNGASS	United Nations General Assembly
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary Counselling & Testing
WB	World Bank
WHO	World Health Organisation

Introduction

Background

In 2001 the World Bank (WB) launched the HIV/AIDS Program Development Project (Project I: \$90 million) as part of its Multi-Country AIDS Program for Africa (MAP I). The objective of the project is to assist Nigeria to reduce the spread, and mitigate the impact, of HIV infection by strengthening the multi-sectoral response to the epidemic through a comprehensive program that includes the creation of an enabling environment for a large scale response, and laying the foundation for scaling up HIV/AIDS prevention, care and treatment services at the federal, state and local levels. The Nigeria HIV/AIDS Program Development Project aims at:

1. Capacity building of the National Action Committee on AIDS (NACA) and also at the State and Local Government levels (SACAs, LACAs)
2. Expanding public sector response to HIV/AIDS in ministries at Federal and State level
3. Establishing an HIV AIDS Fund (HAF) for support to the community through CBOs, NGOs, etc.

Project I became effective in April 2002 and has been extended to July 2009, with \$50 million of additional financing approved in May 2007. Various reviews of WB supported components, including a recent Joint Mid Term Review of the National Strategic Framework for HIV/AIDS, have been positive. The project will end in June 2009.

MAP II is under design, expected to have a similar scope, with a strengthened focus on the health sector, with potentially an additional focus on TB/HIV integration. The intended size of the credit is \$ 150m over four years. The total current WB commitments in Nigeria amount to about \$3 billion over several years, of which \$500 million is for health.

This consultancy is to support the design of the upcoming project, expected to become active in 2009, by providing information and analysis of TB and TB/HIV opportunities in Nigeria. In view of the fact that the Federal Ministry of Health (FMoH) was preparing to apply for a grant from the Global Fund to fight AIDS, Tuberculosis and Malaria in Round 8 (GF R8), the timing of the consultancy was to coincide with these preparations. The mission took place from June 7 to June 14, 2008.

Terms of Reference

In close collaboration with the Director Public Health and staff of the National TB/Leprosy Control Programme (NTBLCP) of the FMoH and staff of the World Bank, the Terms of Reference (ToR) for the mission were drafted and agreed upon as follows:

Review the overall government strategy and progress in the implementation of the National TB Control Program, with particular attention to the issue of identifying gaps in the response (e.g. labs, MDR/XDR-TB response, HR, private-sector engagement etc).

Given that the upcoming Bank operation will be focusing on HIV/AIDS, identifying gaps in the Government of Nigeria's (GoN's) TB/HIV response is of particular interest.

As part of this 'gap analysis' the consultant will outline the current funding situation for TB and TB/HIV in terms of government inputs, donor inputs, and unmet needs.

Determine and recommend necessary programmatic actions for enhanced implementation of the National TB Control Programme, including those required for the attainment of the MDG 6; target 8 as it relates to TB control, particularly those actions which relate to the community level, taking into account recent experiences with Community Directed Interventions.

This will also entail reviewing the progress, and making recommendations, on logistics management of TB drug supplies as well as the national TB and MDR-TB surveys.

The consultant will prioritize and make recommendations to the WB HIV/AIDS and Health Task Teams on high-impact TB and TB/HIV activities that are currently unfunded where the WB may play a role.

The full Terms of Reference are appended as Annex 1.

Programme of work

The following activities were undertaken:

- Attend briefing at Abuja WB office by Senior Health Advisor and Senior HIV/AIDS Specialist
- Read documents, policies, guidelines, strategic framework and plans on HIV/AIDS, TB and TB/HIV
- Analyse (first) draft TB proposal to be submitted for Global Fund Round 8
- Visit funding and implementing partner organisations in Abuja, Lagos and Zaria for data collection and discussions
- Conduct a gap analysis
- Present conclusions and recommendations at a debriefing, first at WB office, later at the Federal Ministry of Health.

A map of Nigeria can be found in Annex 2.

A detailed itinerary is presented in Annex 3.

For a list of persons contacted: see Annex 4.

During the four days of work in Abuja, the consultant and his counterpart didn't manage to meet with staff of the HIV Division of the FMOH, which is certainly felt as an omission. The senior staff of the HIV Division (previous National AIDS and STI Control Programme, NASCP) was intensely engaged in drafting a new HIV/AIDS proposal to be submitted to Global Fund under Round 8.

Acknowledgements

The consultant and his counterpart from the NTBLCP are grateful for the collaboration we experienced from the directors and/or other staff of all the organisations visited. These visits were often at short notice and sometimes impromptu, several times finishing long after office closing hours.

Findings from documents review, field visits and meetings

Briefing session at the World Bank

This provided a lot of information on the World Bank's operations in Nigeria, especially in the field of health and most is summarised in the background information above. The consultant also received several policy documents, guidelines, plans and reports to study. A

Analysis of policies, guidelines, strategic plans and reports on Tuberculosis (TB)

The National Health Policy (2004) includes a well defined TB control policy, including aspects of TB/HIV collaboration. This has been worked out in more detail in the Strategic Plan for TB Control 2006-2010. Drafting this strategic plan in 2005 coincided with the writing of the Global Fund Round 5 work plan 2006-2010. At the same time a national TB/HIV policy was developed; working groups have been established at federal and state (12) level. With support from CIDA and USAID, HIV activities started in DOTS clinics from 2006. As at end of 2007, 290 (13%) out of the existing 2321 DOTS centers were implementing TB/HIV collaborative activities with support from the FMOH, Global Fund R5 TB grant and partners such as IHVN, FHI/GHAIN, WHO/USAID, ILEP organisations, ICAP, AIDS Relief, Department of Defense and Management Sciences for Health (MSH).

Analysis of policies, guidelines, strategic plans and reports on HIV/AIDS

The HIV/AIDS control policy as defined in the National Health Policy (2004) is brief and does not make mention of the link with TB yet. However, one year later TB/HIV collaboration is included in the HIV/AIDS National Strategic Framework for Action 2005-2009. This has been further detailed in the Global Fund Round 5 work plan 2006-2010. Also in 2005 the TB/HIV policy was developed. In GF R8 the focus is on establishing HIV activities (including ART) in existing TB DOTS facilities. An initial presentation of plans to CCM on 27 May 2008 mentioned an increase from 190 sites with combined TB/HIV activities by the end of 2007 to over 900 sites by 2013.

Analysis of the draft TB proposal Global Fund Round 8

The TB proposal for GF R8 is fully in line with the Stop TB Strategy as recommended by the World Health Organisation (WHO). The goal of the GF R8 proposal, also in accordance with the 2006-2010 National TB Strategic Plan, is to reduce significantly the burden, socio-economic impact, and transmission of TB in Nigeria by complementing and accelerating the activities ongoing by government and partners including those under the Global Fund Round 5 grant. An extensive gap analysis of the current programme nationwide led to the selection of three main objectives:

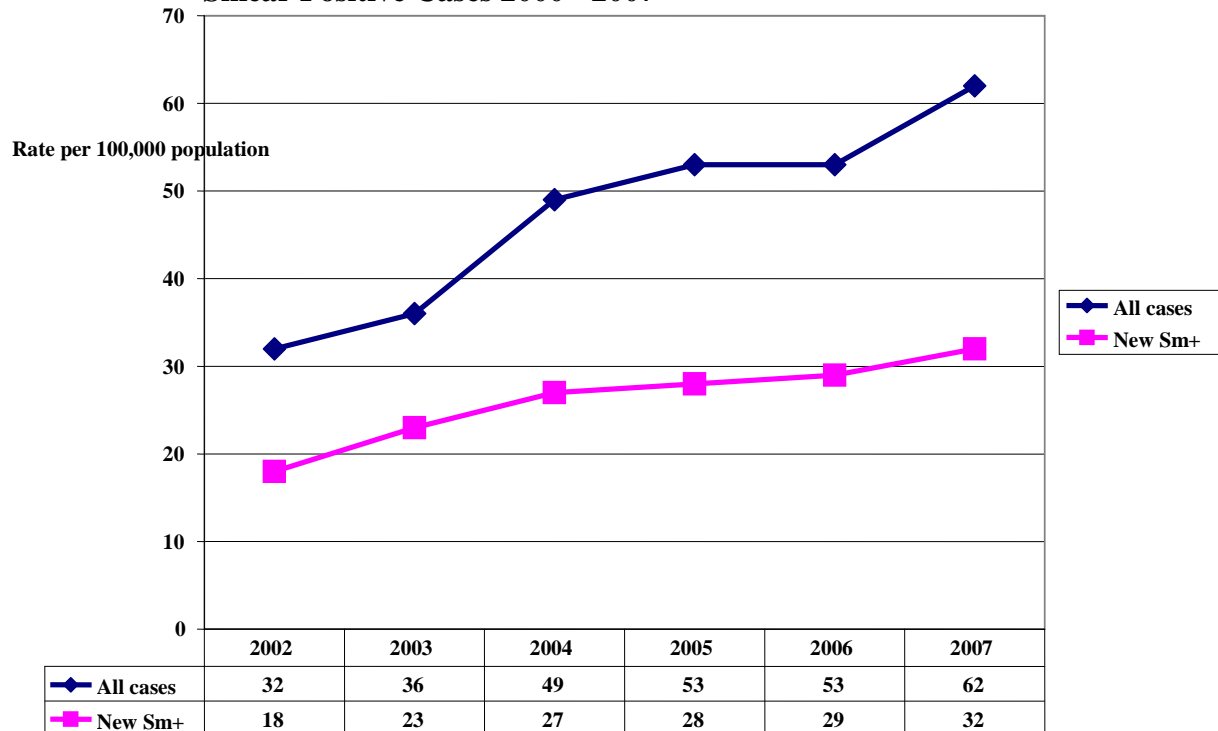
1. To pursue high quality DOTS expansion and enhancement, including improved diagnosis and community TB care
2. To scale up TB/HIV collaborative activities
3. To strengthen Multi Drug Resistant–Tuberculosis control strategies

Nigeria ranks 5th among the 22 highest TB burden countries in the world according to the 2008 WHO Global TB Report. The estimated prevalence rate of 616 cases per 100,000 population would translate into over 800,000 TB cases. The same report estimates an incidence of all forms of TB cases of 311 per 100,000 population (i.e. 450,000 cases of all forms of TB) and an incidence of new smear positive cases of 137 per 100,000 population (198,000 cases).

The actual number of sputum smear positive cases reported by the NTBLCP is 39,903. The case detection rate of sputum smear positive cases was therefore 20% of the WHO estimate of 198,000 in 2007.

The treatment success rate of the 2006 cohort is 79% of new cases and 76% of re-treatment cases. On average, death and defaulter rates have been 6.5% and 12% respectively over the past 9 years.

Figure 1: Notification rate of All forms of TB and New Smear Positive Cases 2000 - 2007



The years 2003 and 2004 saw an increase in case detection, largely as a result of DOTS expansion with CIDA and USAID funding. In 2007 again an increase is noticeable, likely related to the further efforts of expansion of case finding and treatment through GF R5 funding. It is expected that 2008 will show a further steepening of the slope, to enable reaching the targets of 70% case detection by 2010.

At the time of writing this report the GF R8 TB proposal is still being reviewed and the choice of possible interventions is not yet final. A provisional budget has been drafted also, expected to be around \$115m. It may still need further modifications too. The proposal should be completed by the end of June, as the submission deadline is 12 noon on 1st of July 2008.

The draft HIV/AIDS proposal for GF R8 was not available for review by mid June, when the consultant left Nigeria.

Visits to funding and implementing organisations in Abuja for data collection and discussions

DFID

The consultant and his NTBLCP counterpart joined a briefing session together with visitors from African Development Bank and European Union.

Partnership for Transforming Health Systems (PATHS) started in 4 states, with a total value of £50m (\$100, 2002-2008); the project was designed with only Technical Assistance (TA) for the health system, no funding of activities. There is a good collaboration with the World Bank. There is also a component of support to NACA and SACAs.

PATHS II is to start in August 2008, with £150m (\$300m) funding, with a governance approach to the health system, to support the leverage of existing government resources at Federal, State and LGA level. Focus (in four, expanding to six states) is on Human Resource development and planning and financing mechanisms. There is also funding of work with communities.

Health System Development Project (HSDP, co-funded by ADB and WB) funds have been used to fill gaps in the government contributions. There is a risk of creating donor dependence, especially through external funding of recurrent costs.

CDC

The Centres of Disease Control works in close collaboration and coordination with USAID. It works in many sub-saharan African countries through PEPFAR funds; the total annual budget in Nigeria is over \$500m; commitments are fixed for one year, according to Country Operational Plans (COP).

Under COP 2007 there is an amount of \$18m available for TB/HIV collaborative activities through a number of Implementing Partners (IPs). The strategy is to establish DOTS in all ART sites. TB/HIV activities have been initiated in 408 sites in 30 states (status at end of May 08).

CDC will make also contributions to various surveys, including the TB prevalence survey and MDR-TB survey, to fill gaps from GFATM R5. This is done in collaboration with WHO and KNCV (Royal Netherlands Tuberculosis Foundation) under the TBCAP project.

The following gaps were mentioned:

- A disconnect between TB and HIV control programmes in the field
- Insufficient donor and IP coordination [a quick scan of involvement of IPs in TB/HIV activities showed support to individual health facilities in nearly all regions, often with two or three different IPs per region; Benue has at least five PEPFAR funded IPs, sometimes inside the same facility].
- Unstable drugs supply and logistics system
- Diagnostic lab capacity for TB is low (especially in view of the WHO estimates of TB prevalence and the rising HIV infection among TB patients)

USAID

From 2003 USAID has been financing DOTS expansion through NTBLCP, WHO and TBCTA (now TBCAP) increasing from \$1.8m in 2005/6 to \$3.5m in COP07. TB/HIV activities are expanding, \$18m – \$20m, shared among Implementing Partners for HCT, for bringing DOTS in ART sites, ART in DOTS sites, screening for TB among HIV+ patients. Also support for management of MDR-TB surveillance. A system for treatment of patients with MDR-TB is to be set up still.

Focus during the next years is on quality in training, supervision and in the commodities distribution system, including the Central Medical Stores in Lagos.

Gaps mentioned:

- Lab service in PHC facilities is often in a poor state: this needs TB labs refurbishment or in many places even rather new constructions
- Similarly, infection control by ventilation, proper patient flow, etc. needs in addition to these organisational matters also improvement of health facility infrastructure
- Screening of all HIV+ patients for TB needs to be better organised.

WHO

The World Health Organisation provides technical support to NTBLCP, funded by CIDA and USAID through 10 technical advisers, including six zonal National Professional Officers (NPOs), working in the six geo-political zones of the country. At national level the collaboration with partner organisations is through regular Planning Cell Meetings of NTBLCP with CDC, USAID, ILEP organisations and WHO NPOs, also those responsible specifically for GF, TB/HIV and MDR-TB activities. Protocols for (TB and MDR-TB) surveys were drafted together. WHO has limited or no own funding available. WHO can clear the consignments of TB drugs and did so at the beginning of June. There is scope for more intense involvement of WHO NPOs in the activities of the Central Unit (CU) of NTBLCP.

ILEP organisations

Long before the National Tuberculosis and Leprosy Control Programme was established in 1991, leprosy control in Nigeria was supported by various leprosy relief NGOs from different European countries. They are working together under the umbrella of the International Federation of anti-Leprosy Organisations (ILEP). In the 1980s they coordinated their efforts in Nigeria and decided to support all the states of the federation. The current distribution is shown in the map in Annex 6. With the need for sustaining leprosy control over many years to come, a strategic choice was made in many sub-saharan African countries to link leprosy control with TB control. This approach was also chosen in Nigeria and they supported the establishment of the NTBLCP. Each of them sign Agreements on Collaboration with the State governments.

The funding of these ILEP organisations is by donations from the public, however, and for some of them specifically for leprosy only. In recent years their income has been dwindling and in their work in Nigeria they depend on additional funding from e.g. Global Fund R5.

NTBLCP

The National Coordinator NTBLCP expressed as one of his main concerns the need to have one coordinated programme of activities, also when more and more interested parties and NGOs come in from outside the country to support the government's efforts to expand and enhance TB control. This approach is certainly needed in the field of TB/HIV collaboration.

NACA

NACA is now established as a Federal Agency by an act of Parliament, ensuring a level of sustainability to the response in terms of technical and financial resources. Work on policy, framework, guidelines, SOPs and work plans took place under the

National Strategic Framework for HIV/AIDS 2005 – 2009, which activities and targets are defined in detail. TB/HIV features in several activities.

One Monitoring and Evaluation Framework (NNRIMS) was established. The TB target (42: no. of HIV pts receiving TB treatment) is not enough to measure TB/HIV collaboration.

HIV AIDS Fund (HAF) works through SACAs and LACAs, with almost all LGAs accessing money from the WB project, largely through SACAs, not LACAs.

NACA plays an important role in coordination, with a strong need for expansion with Zonal officers, presently being considered under the Phase II WB plan.

Visits to implementing organisations in Lagos

Nigerian Institute for Medical Research (NIMR), Yaba

The TB culture lab was refurbished last year and all necessary equipment for the liquid media (BACTEC) technique was bought by the Principal Recipient from GF R5 funds and is already installed. Staff was trained last year in S. Africa. However, the machine is not yet in use, due to incomplete supply of reagents by the supplier/PR R5. There is difficulty in establishing sufficient bio-safety level (BSL3) standards in the lab, notably a lack of a functional negative pressure system; this hampers CDC approval for the MDR-TB protocol.

Manual TB cultures using solid media (Löwenstein/Jensen) are routinely done of all patients, on sputum specimen that are brought or produced on the spot (10–20 new/day). The administrative system has not yet been adjusted to match requirements for the surveillance of MDR-TB; no separation of records on suspected MDR-TB or routine specimen.

The focus of the NIMR institution is largely on research (e.g. of recent, NIMR is interested to introduce PCR technology for quick detection of MDR-TB directly in sputum). Its experience is not in establishing Public Health programmes.

Central Public Health Laboratory, Yaba

This institution has a large number of staff, including 30 lab scientists (!). Staff is involved in surveillance (measles, meningitis) activities in parts of the country and does outbreak investigations in collaboration with WHO and CDC. They stopped TB cultures a few years ago, as NIMR was doing these. They continue to do, however, a lot of AFB microscopy, also for nearby hospitals (up to 100/day). This is done in a room that is ill equipped for a TB lab. Since a short time staff is also involved in HIV Counselling and Testing (lab staff was trained and instructed by an organisation called Trinitron; staff sends daily information on their work to the funding agent, via internet); there is so far no link with the State AIDS Control Programme Officer. There is a full DOTS team on stand by, but without link to the NTBLCP, they are not functioning.

SACA and SACP Lagos State

The team attended briefly the monthly meeting of SACA and SACP with staff from most HIV/AIDS care and treatment implementing sites; some sites have combined TB/HIV activities. The SACA M&E Officer, in close collaboration with AIDS Control Programme Officer (SACPO), was in the lead. She asked the staff of the health facilities for more collaboration, also from the IPs, to adhere to recording and

reporting according to national standards. The SACPO requested to inform SACA/SACPO on any new partners coming in.

Federal Medical Stores, Oshodi

Also known as the Central Medical Stores (CMS). The stores are under the FMOH, department of Food and Drugs. The visiting team was informed that since a few years several organisations have passed by and made inventories of needs. WHO renders currently assistance for improving the Logistics Management System and the accompanying IT.

The following aspects were mentioned:

- Request to overhaul the entire storage facility; earlier renovations are not enough
- Rehabilitation of warehouses, need for offices separate from the stores
- The access road needs improvement
- To ease distribution of commodities, the right type of vehicles were requested. This would need a further study to determine scope and practicability.
- Increase needed in HR, needed for coping with increasing demands from the Roll Back Malaria, HIV/AIDS and TB programme
- There is also need for oversight of the six zonal stores up-country.

Note: the stores were closed by the time we arrived, so inspection was not possible.

Visit to implementing organisations in Jos and Zaria

JUTH (JOS UNIVERSITY TEACHING HOSPITAL)

The consultant - as part of his work for the GF R8 proposal writing supported by WHO - made on 26th of May 2008 a visit to Jos University Teaching Hospital to observe (together with the WHO NPO for GF matters) the progress made with establishing one of the six intended zonal Culture and DST laboratories. Apart from a visit to the TB Reference Laboratory, the team also had a look at the DOTS clinic and hospital pharmacy.

The equipment for manual and automatic TB culture (BACTEC MGIT 960) and DST was delivered in March 2008, but not yet commissioned, as the building is not yet ready. Several different visiting laboratory consultants have advised different designs and work conditions; there appear to be no agreed and written down procedures and it is unclear who is guiding the implementation of R5 Culture and DST lab.

Establishment. Besides the National Reference Lab of NIMR in Lagos, at least CDC and USAID (TBCAP) are in one way or the other involved in setting up the system, but so far with limited success. The hospital and all its labs are in the process of moving to a new location. When the new labs are still to be built, there would be a second chance here.

When one looks at the list prepared by the STOP TB Partnership of key actions for use of liquid media, the current arrangements for setting up the MDR-TB laboratories and referral system are disorganised and insufficient.

At the TB OPD gaps were noticed in the implementation of routine recording and registration of patient findings and also procedures in the pharmacy could be more timely and precisely followed. No regular supervision from the State TBL Control Officer took place of recent.

During the debriefing with the chairman of the medical board, he expressed the need for a Memorandum of Understanding between NIMR and the zonal labs, to define mandate and the institutional responsibilities. Also more detailed operational guidelines are necessary, apart from what is written in the NTBLCP Workers Manual.

Visit to NTBLTC in Zaria

The National Tuberculosis and Leprosy Training Centre (and hospital) receives an annual contribution from the federal government of about 220 million Naira (US\$1.9m). The Centre caters for training in TB, HIV and leprosy of national, state and LGA level health workers.

In 2006 the NTBLTC received an additional 500 million Naira government support, which was used for construction of new buildings and renovation, to allow expansion to a high standard training centre. TB infection control measures are also implemented in these new facilities. Also laboratories were constructed, for training lab staff, in addition to routine TB and HIV labs and space for future other labs (PCR). The NTBLTC hospital provides good quality service for leprosy, TB and now also HIV co-infected patients. The NTBLTC develops standards and tools for training. The lab function was expanded. The centre awaits a pre-fabricated TB Culture and DST lab through a project funded by the Institute of Human Virology Nigeria (IHVN). NTBLTC wants to undertake research, in collaboration with international partners. The role of the renewed NTBLTC in the TB programme is still to be decided. A visit of the Director Public Health, FMOH, is expected.

Gaps identified in the NTBLCP:

- Revision of training curricula of pre-service training institutions has not yet materialised; the process started, but needs funds to conduct workshops with staff of these pre-service institutions (to obtain ownership)
- Schools and Universities have no access to the right information on TB, leprosy and HIV; support for their libraries is needed
- Involvement of Nigeria's professional bodies is limited; need for national consensus development, through a National HIV/AIDS/TB Conference? Needs strong contribution from international heavyweights
- Engaging the private sector (PPP/PPM) is lagging behind; guidelines were developed, but not yet the training materials
- Reaching remote areas in the country needs special efforts
- Running costs for MDR-TB diagnosis and surveillance (management, technical staff, reagents, 24 hr electricity)

Gaps at NTBLTC Zaria

- Expansion of Zaria Centre (hospital and training centre in new buildings, laboratory functions are extended; international function?) demands more staff, well qualified facilitators, also more inputs for material development
- Training equipment needs update as well, with up-to-date audio-visual aids, equipping the conference room; furniture
- Library needs more computers, expansion of the bandwidth of internet
- The training staff of Zaria should attend Zonal meetings of NTBLCP and go on supervision to observe staff after the training, for which there are currently no funds

Government funding

Financial commitment by the Federal Government of Nigeria for HIV control has been promising. From 2000 to June 2005 the government has contributed, through NACA, approximately Naira 2.0 billion (equivalent to US\$ 15.6 million) in actual expenditure. Federal's Government budget has increased from N1.55b in 2004 to N5.94b (equivalent to about US\$ 45 million) in 2007. However, despite the almost 400% increase, delay and late releases of funds hampered effective utilization of the resources, thus limiting proper planning and sustained interventions.

Compared to government funding for HIV and malaria programme activities, the funding for TB control lags behind.

In 2007 federal government funding for TB control was US\$ 4.7m. This was a considerable increase compared to e.g. 2004, when - except for funding of running costs of the National TB/L Training Centre at Zaria - the government was not contributing any money for TB control.

For the year 2008 the federal budget mentions:

TB: US\$ 5.4m

HIV: US\$ 8m

Malaria: US\$ 16m

Part of the present government contribution comes from the MDG funding for selected health projects.

Because the USG (PEPFAR) funded organisations get only a firm commitment for one budget year, it was difficult to get a clear insight into the trend of available funds for the many different organisations. CDC and USAID together indicated that over US\$18 was available for TB/HIV activities in 2008. Global Fund Round 5 TB grant includes also funds for TB/HIV activities, amounting to several hundred thousand US\$ for the duration of the five years of the plan. An indicative overview of available funding for TB (including TB/HIV) was prepared for the GF R8 TB proposal and is presented in Annex 5 only for illustrative purposes.

Conclusions

The government strategy for TB control as formulated in the National TB Strategic Plan 2006-2010 is sound, with sufficient attention to expansion of services for TB diagnosis using light microscopy in existing laboratories and training of health workers, also involving the private sector and setting up TB culture laboratories.

Funding for the planned activities is already largely secured through increasing government allocations, contributions from implementing partners and a grant from the Global Fund Round 5. Progress with activities under the National TB Strategic Plan 2006-2010 is considerably good, however, it lags behind the schedule as determined in the GFATM R5 proposal. The GF Round 8 proposal aims to further speed up implementation, while it also intends to expand TB control with new activities in line with the Global Plan to Stop TB. A full range of activities is required for the attainment of the Millennium Development Goal 6; target 8 relating to TB control. This means that more attention needs to be given to prevention through a.o.

infection control measures, community involvement in improving case detection and TB treatment, integrated TB/HIV interventions and establishing a functional MDR-TB surveillance and treatment system.

Pilot projects of involving CBOs, CSOs, FBOs and other organisations are planned to be expanded. At present these projects seem to be on a fairly small scale and not linked to ongoing similar actions in the field of HIV/AIDS. Community based HIV/AIDS care activities funded through NACA are anyway considered to be still weak. Recent experiences with Community Directed Interventions using lay volunteers to deliver health interventions in the community in various states in Nigeria were inconclusive with regard to TB control and this would need to be researched at a larger scale before conclusions can be drawn.

The logistics management of TB drug supplies is apparently a problem for the NTBLCP, as in May and June 2008 there was a severe shortage of anti-TB drugs country-wide, due to late clearance of consignments, including an emergency order. It is a great concern for all IPs involved. WHO will continue to render support.

The national TB and MDR-TB surveys are receiving ample technical and financial assistance from various organisations (under GF, TBCAP and CDC support) and with CDC financial support committed, again lack of funding doesn't appear to hamper execution. The organisation of MDR-TB laboratory network is currently weak and needs strong investment in improving management and oversight. Technical expertise in the field of TB Culture and Drug Susceptibility Testing is available in various institutions, but that is not enough to ensure proper management.

The National TB/Leprosy Training Centre at Zaria has the potential to grow into an important TB and TB/HIV resource centre for Nigeria and possibly West Africa. Pre-conditions for expanding its role are:

- improved linkage with universities and other higher medical and para-medical training institutions
- more and higher qualified staff
- improvement of training equipment, with up-to-date audio-visual aids
- equipping the conference room including furniture
- refurbishing the library with more computers, expansion of the bandwidth of internet, etc.

Though an increasing number of partner organisations support TB and TB/HIV activities and while the speed of expansion is picking up, coverage is still quite low, hampered mostly by inexperienced staff and lack of supervision and management. There hardly appears to be a lack of funds for the various activities.

The unmet needs are thus mostly managerial.

Recommendations

The consultant recommends to the World Bank HIV/AIDS and Health Task Teams to consider the following interventions for future support under MAP II in order of priority.

1. First and foremost to conceive an approach to **building capacity** for stronger organisation and management at the various levels involved in TB and TB/HIV activities, possibly similar to the approach currently employed for supporting HIV control in the health sector at the three tiers of government. Here should be noted that while management, organisation and leadership in monitoring and evaluation (M&E) of NTBLCP and HIV Division is improving, M&E of the health sector HIV interventions, including those in the area of TB/HIV, needs to be strengthened and the health sector needs to regain ground on NACA.
2. Infection control measures – planned to be implemented under GF R8 TB proposal through training and guidelines – will need **infrastructure improvements** in many hospitals & especially in PHC facilities. There are no funds budgeted for this under GF R5 or R8. Laboratories within PHC facilities are often small and ill sited. Expansion of the TB diagnostic laboratory network demands also investment in improvement in the infrastructure of such laboratories, which is not included in the GF R5 or R8 proposals.
3. A change-over should be considered in the **organisation of MDR-TB laboratory network, needing strong leadership and investment in improving management and oversight**. It is suggested that the Central Public Health Laboratory in Lagos, established by the FMoH under the Director Public Health, should function as the apex lab in the country and be involved in high quality TB diagnostic work. It should also take the lead in Quality Assurance and set standards for training in various aspects of TB laboratory work. Running a programme for culture and DST throughout the country is the mandate of the NTBLCP and also the NTBLTC at Zaria should be considered for this function. It is not the function of NIMR, which should focus on its research role.
4. Establish the National TB/Leprosy Training Centre at Zaria as the **TB and TB/HIV resource centre for Nigeria** and possibly West Africa.
5. **Harmonisation and alignment** of the (already a long time) existing implementing partners in TB control was largely achieved in the 1980s, but with the increasing number of new (often PEPFAR funded) organisations coming into Nigeria this needs to be revived. In the field of HIV/AIDS a similar collaboration and harmonisation of activities of PEPFAR funded organisations is essential and should be achieved in order to get a further standardised approach to combined TB/HIV interventions. This will need high level efforts, which could possibly fit in a WB supported approach.

Terms of Reference of Consultant for Review of Nigeria TB Control Program

1. This consultancy is intended to support the design of the upcoming World Bank (WB) HIV/AIDS Programme Development Project (2), expected to become active in 2009, by providing timely information and analysis of TB and TB/HIV opportunities in Nigeria. The mission will take place from June 6 to June 14, 2008.

2. Background. HIV/AIDS remains a significant threat to Nigeria's development. Despite a decline in national prevalence to 4.4%, Nigeria now officially holds the second highest number of people living positively in the world, after South Africa, plus an estimated minimum of 1 million orphans and vulnerable children. The epidemic remains complex, ranging from 1.6% to 10% between States and fuelled by a range of factors including poverty, lack of awareness, dense commercial sex networks, early age of sexual debut, and poor gender empowerment, with religion and cultural influences obstructing open debate on sexuality.

The Government of Nigeria, with the World Bank and other development partners has supported a strong multisectoral response to the epidemic and has recently embarked on ambitious plans to scale up access to prevention, treatment care and support services. To support this next stage in the national fight against HIV/AIDS, the Government and the World Bank are currently preparing a follow-on project to the existing HIV/AIDS Programme Development Project.

The indicative total cost of Project II is estimated at US\$ 150.00 million over 4 years (2009-13). The objective of the Project is to reduce the risk of HIV infections by scaling up prevention interventions and increasing access to HIV counseling, testing, care and support services. The 3 expected components are: 1) Expanding public sector response; 2) Expanding civil & private sector engagement and response through the HIV/AIDS Fund (HAF); and 3) Strengthening mechanisms for project coordination and management, providing operational and capacity building support. Under Component 1, the Ministry of Health in particular will be expected to play a more active role in this project, with a role to strengthen the currently weak integration of HIV/AIDS control with TB treatment. This consultancy will provide an opportunity to examine how.

Nigeria has the greatest number of new TB cases per year on the continent (371,642) and every year, TB kills an estimated 100,000 people (WHO, 2005 data). A considerable proportion of the Nigerian population lives in areas still not covered by DOTS services, and only 32% of estimated smear positive cases were detected in 2007, (NTBLCP data). The case detection rate is slowly increasing as DOTS expands, but is still low within DOTS areas.

3. Activities. The consultant will:

- (i) Review the overall government strategy and progress in the implementation of the National TB control program, with particular attention to the issue of identifying gaps in the response (e.g. labs, MDR/XDR-TB response, HR, private-sector engagement etc).
- (ii) Given that the upcoming Bank operation will be focusing on HIV/AIDS, identifying gaps in the Government of Nigeria's (GoN's) TB/HIV response is of particular interest.
- (iii) As part of this 'gap analysis' the consultant will outline the current funding situation for TB and TB/HIV in terms of government inputs, donor inputs, and unmet needs.

- (iv) To determine and recommend necessary programmatic actions for enhanced implementation of the National TB Control Program, including those required for the attainment of the MDG 6; Target 8 as it relates to TB control, particularly those actions which relate to the community level, taking into account recent experiences with Community Directed Interventions. This will also entail reviewing the progress, and making recommendations, on logistics management of TB drug supplies as well as the national TB and MDR-TB surveys.
- (v) The consultant will prioritize and make recommendations to the WB HIV/AIDS and Health Task Teams on high-impact TB and TB/HIV activities that are currently unfunded where the WB may play a role.

4. Partnerships. The consultant will meet with the Ministry of Health, NACA, relevant donors, multilateral organizations, and local partners, and others as determined during the in-country consultations.

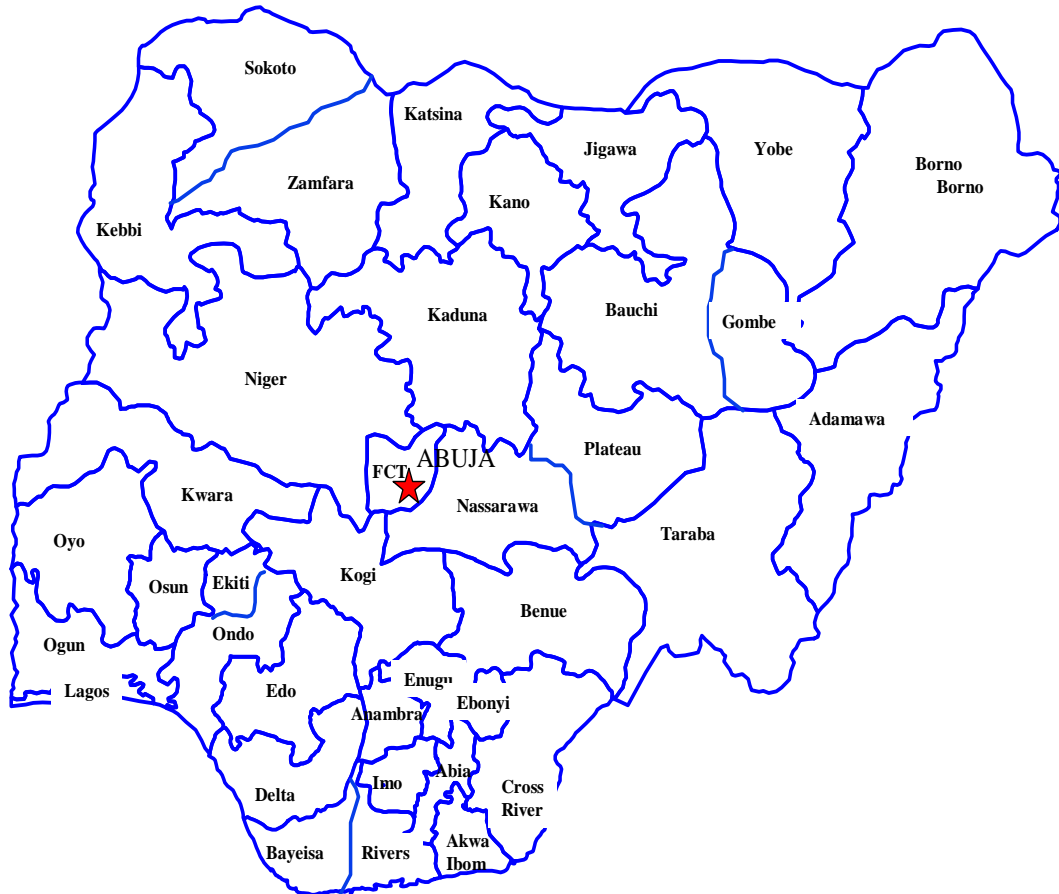
5. Duration of Consultancy. The consultancy will be for a total period of 12 days, including the proposed 8 day mission to Nigeria.

6. Deliverables. The consultant is expected to produce:

- A summary note of field visits / people met; and
- A technical report presenting his or her analytical findings and recommendations: (i) identifying key gaps in Nigeria's TB and TB/HIV response ii) identifying potential areas of support under the upcoming WB operation.

7. Reporting. The consultant will work closely with the Task Team Leader (John Elder, Lead Social Protection Specialist, AFTH3) and the Health Sector & HIV/AIDS focal points in Abuja, (Ramesh Govindaraj, Senior Health Specialist, AFTH3, and Joanna Nicholls, Senior HIV/AIDS Specialist, AFTH3) and other Nigeria health and HIV/AIDS team members. The consultant will liaise regularly with key Bank staff in country.

Map of Nigeria with State distribution



**World Bank Tuberculosis Mission in Nigeria
6th to 18th of June**

ITINERARY Remi Verduin (and Isa Samson)

Date	Activities	Venue
Friday, 6th of June		
Evening	Receiving documents from WB / NTBLCP	Abuja
Sat., 7th of June		
	Reading documents	Abuja
	Desk review of the programmatic areas and documents of NTBLCP, NASCP and NACA	Abuja
Sun., 8th of June		
	Selection of programmatic areas from GF R8 TB proposal	Abuja
	Preparations for briefing sessions	Abuja
Mon., 9th of June		
	Preparations with NTBLCP staff	Abuja
	Briefing at World Bank	Abuja
	Discussion with WHO NPO for TB/HIV	Abuja
	Departure Abuja for Lagos	Lagos
Tue., 10th of June		
	Visit to the National TB Reference Laboratory, NIMR and discussions with the DG and staff of NIMR	Lagos
	Visit Central Public Health Laboratory and discussion with staff	Lagos
	Meet SACA and SASCP staff	Lagos
	Visit Central Medical Store (CMS), Oshodi, for discussion with Director and staff	Lagos
Wed., 11th of June		
	Return to Abuja	
	Meeting with Health Adviser at DFID	Abuja
	Meeting at CDC with Director and staff	Abuja
	Meeting with WHO staff on MDR-TB Survey	Abuja
	Meeting at USAID on TB/HIV support	Abuja
	Meeting with NACA staff	Abuja

Thu., 12th of June		
	Departure Abuja for Zaria	
	Visit to National Tuberculosis and Leprosy Training Centre (NTBLTC), Zaria	Zaria, Kaduna state
	Discussion with the Principal and staff of NTBLTC on issues of: <ul style="list-style-type: none"> ▪ Human resource development ▪ Role of TB Reference Laboratory ▪ Infrastructure 	Zaria, Kaduna state
	Depart Zaria for Abuja	Abuja
	Prepare de-briefing	Abuja
Fri., 13th of June		
	Debriefing WB HIV/AIDS Specialist	WB office, Asokoro, Abuja
	Visit National Tuberculosis and Leprosy Control Programme Coordinator (NTBLCP)	NTBLCP office, Asokoro, Abuja
	Attend Inter-Agency TB/L Committee Meeting and present brief report on findings	NTBLCP office, Asokoro, Abuja
	De-briefing the Director Public Health (on behalf of Hon. Minister of Health) in company of Coordinator NTBLCP, with WHO NPO TUB and WHO AFRO staff	Federal Secretariat, Central Area, Abuja
	De-briefing WR together with WHO NPO TUB and WHO AFRO staff	WHO office, Abuja
Sat., 14th of June		
	Report writing	Abuja
	Departure Abuja for Amsterdam	
Sun., 15th of June		
	Arrival Amsterdam	
	Departure Amsterdam for Dar es Salaam	
Mon., 16th of June		
	Arrival Dar es Salaam, Tanzania	
Tues., 17th of June		
	Report writing	Dar es Salaam, Tanzania
Wed., 18th of June		
	Report writing	Dar es Salaam, Tanzania
Tues., 24th of June		
	Report writing	Dar es Salaam, Tanzania

List of persons met

ABUJA

Federal Ministry of Health

Dr (Mrs) Ngozi Njebuome Director Public Health

NTBLCP

Mr Ben Nwobi Programme Coordinator NTBLCP, FMOH
Dr Akan A.g. Programme Coordinator NTBLCP, FMOH
Dr Rupert Eneogu NTBLCP, focal person for Community TB
Dr Bertrand Odume Medical Officer, NTBLCP, FMOH
Dr (Ms) Nkem Medical Officer, NTBLCP, FMOH
Ms. Ekpeno Pharmacist, NTBLCP, FMOH
Secretarial and other staff NTBLCP, FMOH

WHO Country Office

Dr Peter Eriki WHO Representative for Nigeria
Dr Ayodele O. Awe NPO/TUB, WHO Country Office
Dr Philip Patrobas NPO/TUB, Focal person for Global Fund matters
Dr Omoniyi NPO/TUB, Focal person for TB/HIV collaboration
Dr Samuel Ogiri Zonal NPO/TUB
Dr Haruna Zonal NPO/TUB
Dr Osakwe Zonal NPO/TUB
Dr Klint Nyamuryekunge WHO 3x5 Officer
Dr Daniel K. Kibuga Medical Officer WHO AFRO

Round 8 GFATM TB Proposal Planning workshops (15 May – 6 June 2008)

Dr Pat Youri International Lead Consultant for R8 proposal writing
John Akuse Programme Manager, Association for Reproductive and Family Health (ARFH)
Dr Saka M.J. Research and Technical Manager, Health Reform Foundation of Nigeria
Ms Olayide Akanni Executive Officer, Journalists Against AIDS Nigeria
Dr Jerry Gwamna Programme Manager (GF), Christian Health Association of Nigeria (CHAN), Principal Recipient GF R5 for TB
Mrs. Fohotnan T. Makah Procurement and Supply Officer, CHAN
Dr Namadi Medical Adviser, Netherlands Leprosy Relief
Mr Klaus Gilgen German Leprosy and TB Relief Association (GLRA), Representative in Nigeria
Dr Joseph Chukwu Medical Adviser, GLRA
Dr Moses Medical Adviser, TLM Nigeria
Ms Lise Ellyin Clinton Foundation, Deputy Chief of Party
Ryan Nesbitt Clinton Foundation, consultant GF R8 proposal dvlpt
Andrew Sigman Clinton Foundation, consultant GF R8 proposal dvlpt
Godfrey Ito Chan Medi-Pharm, Project Manager
Yetunde Orungbamade Chan Medi-Pharm, Training and Capacity Enhancement
Prof. Oladapo Ladipo Chief of Party ARFH
Mr Joseph Majiyagbe Chief Accountant ARFH

Dr Jerome Mafeni	Chief of Party ENHANSE and Chairman CCM
Dr Owens Wiwa	Chief of Party Clinton Foundation
Dr (Ms) Lilian Anomnachi	Pediatric Program Manager, Clinton Foundation
Mrs Ejiro Otive-Igbuzor	Executive Director, Women Empowerment and Reproductive Health Centre, R8 Consultant on Gender

WB

Dr. Ramesh Govindaraj	Senior Health Specialist & Pharmaceuticals Coordinator
Joanna Lee Nicholls	Senior HIV/AIDS Specialist
Dr. Wole Odutolu	Consultant Health and HIV/AIDS

JOS

Jos University Teaching Hospital

Dr. Aboi Madaki	Consultant Family Physician and Chairman Medical Advisory Committee JUTH
Allanana J. Alu	Medical Laboratory Scientist, JUTH and focal person for Tuberculosis Reference Laboratory, North Central Zone

LAGOS

NIMR, Yaba

Dr. E. Oni Idigbe	Director General
Laboratory staff	

Central Public Health Laboratory, Yaba

Dr. S.O. Badaru	Assistant Chief Scientific Officer
Mrs. P.N.O. Monye	Assistant Director, Medical Lab Services
Mr. Samuel Adeyemi	Assistant Chief Medical Lab Technician
Mr. A.S. Ekoh	Principal Medical Lab Technologist
Mr. W.A. Adeniyi	Technical Officer (Biomedical Engineer)
Mrs. Adegbayibi A.O.	Principal Exec. Officer Administration
Mr. A.E. Okon	Head Quality Assurance

SACA / SACP

Dr. Ms. Tolu Arowolo	Lagos State AIDS Control Programme Officer
Dr. Ms. Dayo Lajide	M&E Specialist, Lagos State AIDS Control Agency
Participants from all ART centres attending the monthly M&E meeting	

Federal Medical Stores, Oshodi

Dr. Odeleye	Director
Mr. Linus	In charge Logistics and Stores

ABUJA

DFID

Ms Jane Miller	Senior Health Adviser, DFID
Mr W. Muchenje	Chief Health Analyst, African Development Bank
Mr Bart Smet	Project Manager, Senior Consultant, EPOS Health Consultants

CDC

Dr John Vertefeuille	Country Director CDC
Dr Idungima-Roy Uko	Programme Specialist – TB/HIV
Dr Ms. Nancy Knight	Head Clinical Care
Mr Kyle Bond	Laboratory Specialist
Mrs Abiola Tubi	Programme Specialist TB/HIV Laboratoria

USAID

Dr Temitayo Oduote	HIV/AIDS specialist, programme manager
A.J. Alonzo Wind	Director

NACA

Mr Gregory	M&E officer NACA
Other staff	

ZARIA

Dr Segun Obasanya	Principal National TB/Leprosy Training Centre
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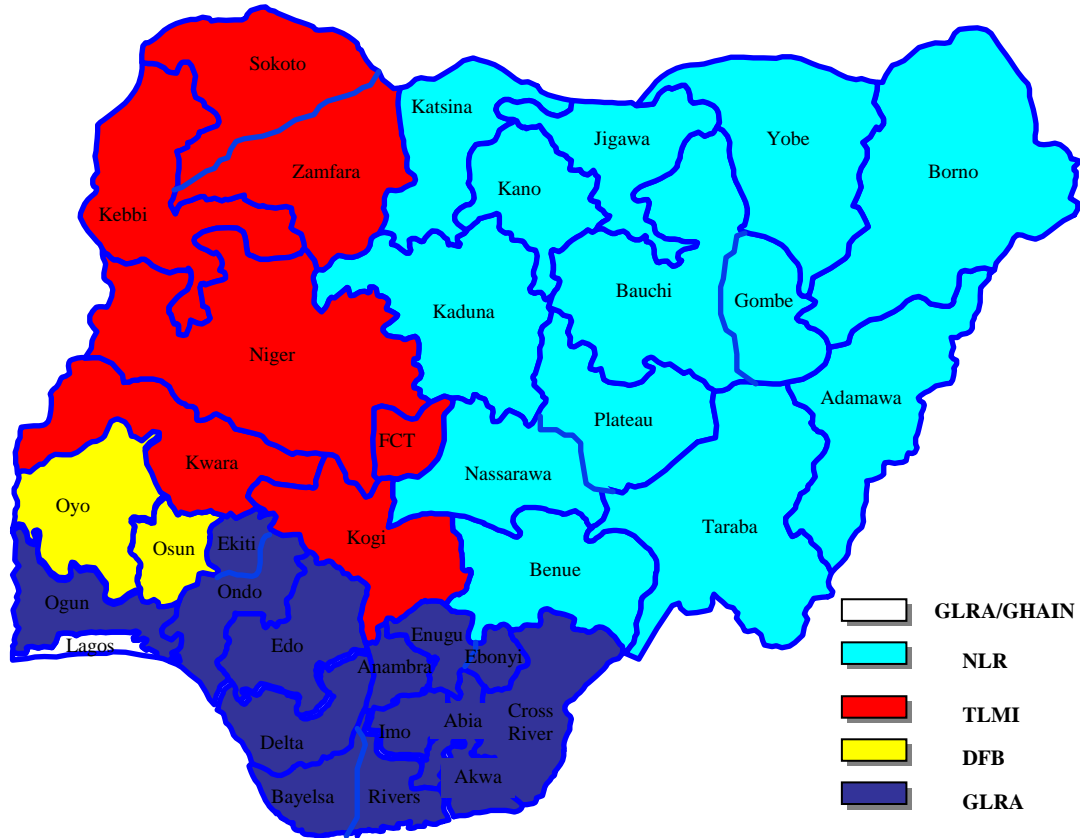
Indicative, incomplete budget for TB and TB/HIV collaborative activities for the period 2008 – 2013, from draft GF R8 proposal 2008

Financial gap analysis <i>(same currency as identified on proposal coversheet)</i>								
Note → Adjust headings (as necessary) in tables from calendar years to financial years (e.g., FY ending 2007; etc) to align with national planning and fiscal periods								
	Actual		Planned		Estimated			
	2006	2007	2008	2009	2010	2011	2012	2013
Tuberculosis program funding needs to deliver comprehensive diagnosis, treatment and care and support services to target populations								
Line A → Provide annual amounts	21,979,637	21,633,204	22,335,379	23,095,444	25,028,743			
Line A.1 → Total need over length of Round 8 Funding Request <i>(combined total need over Round 8 proposal term)</i>								
Current and future resources to meet financial need								
Domestic source B1 : Loans and debt relief <i>(provide name of source)</i>	4,269,231	1,379,310	1,465,517	1,553,448	1,646,655	1,745,454	1,850,181	1,961,192
Domestic source B2 National funding resources	2,423,077	4,758,621	5,473,308	5,801,706	6,149,809	6,518,797	6,909,925	7,324,521
Domestic source B3 Private Sector contributions (national)								
Total of Line B entries → Total current & planned DOMESTIC (including debt relief) resources:	6,692,308	6,137,931	6,938,825	7,355,154	7,796,464	8,264,251	8,760,106	9,285,713
<i>*Note on Government contribution estimations</i>								
External source C1 <i>(USAID (includes TBCAP))</i>	1,200,000	1,400,000	900,000	900,000	0	0	0	0
External source C2 <i>(CIDA)</i>	767,301	876,809	0	0	0	0	0	0
The Leprosy Mission Nigeria (TLMN)	109,402	99,145	42,350	38,889	36,325	33,761	30,342	27,778
Netherlands Leprosy Relief (NLR)	307,692	410,256	324,786	495,726	367,521	538,462	367,521	538,462
German Leprosy and TB Relief Association (GLRA)	3,624,661	941,774	1,257,540	1,015,613	812,491	700,000	700,000	700,000

Financial gap analysis <i>(same currency as identified on proposal coversheet)</i>								
Note → Adjust headings (as necessary) in tables from calendar years to financial years (e.g., FY ending 2007; etc) to align with national planning and fiscal periods								
	Actual		Planned		Estimated			
	2006	2007	2008	2009	2010	2011	2012	2013
External source C3 Private Sector contributions (International)								
Total of Line C entries → Total current & planned EXTERNAL (non-Global Fund grant) resources:	4,941,755	2,210,717	4,384,218	1,550,229	*See note	*See note	*See note	*See note
<i>*Note: From 2010 to 2013, partner contributions estimated in Line C entries were not included in the gap calculation as this funding is not committed and cannot be relied upon.</i>								
Line D: Annual value of all existing Global Fund grants for same disease: Include unsigned 'Phase 2' amounts as "planned" amounts in relevant years		14,486,883	11,899,648	13,370,972	13,897,622	15,426,868		
Line E → Total current and planned resources (i.e. Line E = Line B total + Line C total + Lind D Total)	2,700,000	8,214,740	9,038,825	22,780,526	22,748,486	24,645,519	9,614,506	10,040,113
Calculation of gap in financial resources and summary of total funding requested in Round 8 (to be supported by detailed budget)								
Line F → Total funding gap (i.e. Line F = Line A – Line E)
Line G = Round 8 tuberculosis funding request (same amount as requested in table 5.3 for this disease)				13,497,221	12,070,857	10,225,520	37,467,431	42,220,246

NOTE: FINANCING OF TB/HIV ACTIVITIES FROM PEPFAR FUNDED ORGANISATIONS (CDC, USAID) AND ADDITIONAL FUNDING THROUGH TBCAP IS MISSING IN THIS OVERVIEW.

Map of Nigeria showing NTBLCP donor support from ILEP



List of documents reviewed

National Health Bill (2008)
National Health Policy (2004)
National Economic Empowerment and Development Strategy NEEDS (2004)
National Demographic and Health Survey (Federal Ministry of Health, 2004)
National AIDS and Reproductive Health Survey (NARHS, FMoH, 2003 and 2005)
HIV/AIDS National Strategic Framework for Action 2005 – 2009 (NACA, 2005)
Nigeria National Response Information Management System for HIV/AIDS (NACA 2005)
National Health Sector Strategic Plan for HIV & AIDS in Nigeria (FMoH, 2005 – 2009)
Nigeria Health Sector Reform Programme 2004 – 2007
Project appraisal document HIV/AIDS Program Development Project, June 18, 2001
Joint Midterm Review of National Strategic Framework, draft report 2008

The Global Plan to Stop TB, 2006-2015, Stop TB Partnership, 2006
The Stop TB Strategy, WHO and Stop TB Partnership, 2006
Global TB Report, WHO 2008
TRP Comments on Round 7 TB proposal Nigeria (2007)
GFATM Guidelines for Round 8 (2008)
Interim Policy on Collaborative TB/HIV Activities, WHO, 2004
Nigeria TB/HIV Collaboration Policy, 2005
NTBLCP Strategic Plan 2006 – 2010
Human Resource Development Plan, NTBLCP 2006 – 2010, March 2005
Draft Annual report NTBLCP, 2007
NTBLCP Statistics 2000 - 2007

United Nations General Assembly Special Session on HIV/AIDS, Monitoring the Declaration of Commitment on HIV/AIDS; Guidelines on Construction of Core Indicators, 2002
Compendium of Indicators for Monitoring and Evaluating NTPs (WHO/HTM/TB/2004.344)
An expanded DOTS Framework for effective TB Control (WHO/CDS/TB/2002.297)

2007 Budget Federal Government of Nigeria
2008 Budget Federal Government of Nigeria

Policy Research Working Paper 4295, Economic Benefit of Tuberculosis Control (WB 2007)