



# Nigeria Tuberculosis Fact Sheet

United States Embassy in Nigeria

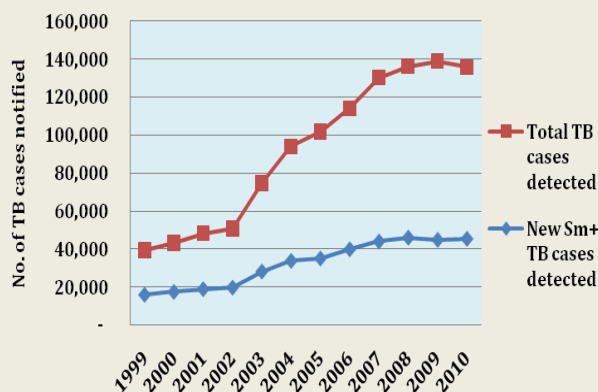
## Tuberculosis Highlights

- The World Health Organization (WHO) declared Tuberculosis (TB) a global emergency in 1993 and it remains one of the world's major causes of illness and death.
- TB is an air-borne infectious disease caused by bacteria, which primarily affects the lungs.
- TB is both preventable and curable.
- One third of the world's population, two billion people, carry the TB bacteria. More than nine million of these become sick each year with active TB that can be spread to others. Latent TB disease cannot be spread.
- TB disproportionately affects people in resource-poor settings, particularly in Africa and Asia.
- TB poses significant challenges to developing economies as it primarily affects people during their most productive years.
- More than 90% of new TB cases and deaths occur in developing countries.

## Tuberculosis in Nigeria

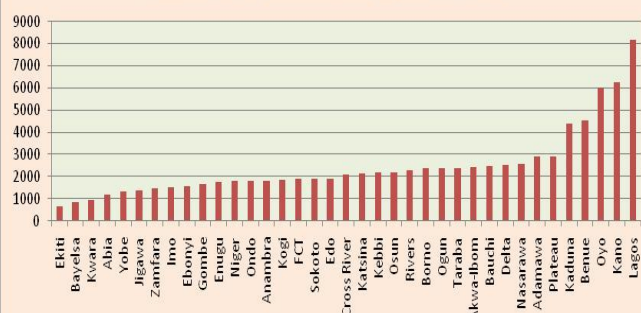
- Nigeria ranks 10<sup>th</sup> among the 22 high-burden TB countries in the world.
- WHO estimates that 210,000 new cases of all forms of TB occurred in the country in 2010, equivalent to 133/100,000 population.
- There were an estimated 320,000 prevalent cases of TB in 2010, equivalent to 199/100,000 cases.
- There were 90,447 TB cases notified in 2010 with 41,416 (58%) cases as new smear positives, and a case detection rate of 40%.
- 83% of cases notified in 2009 were successfully treated.
- The main goal of Nigeria's TB program is to halve the TB prevalence and death rates by 2015.
- TB death rates have declined from 11% in 2006 to 5% in 2010.

Trend in National TB notifications from 1999 - 2010



## TB By State

Number of TB cases notified in 2010 by state



- Lagos, Kano, and Oyo have the highest TB prevalence rate. Other states experienced a drop in cases notified, resulting in a 4% overall decline in 2010. Oyo increased by 46.5% from 2008 to 2010.
- Benue has a high TB burden which is attributable to a high HIV prevalence.

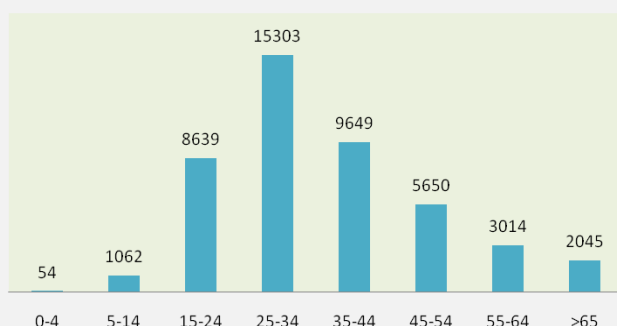
## TB and HIV

- The TB burden is compounded by a high prevalence of HIV in the country which stands at about 4.1% in general population.
- The prevalence of HIV among TB patients increased from 2.2% in 1991 to 19.1% in 2001 and 25% in 2010. This indicates that the TB situation in the country is HIV-driven.
- The proportion of TB patients tested for HIV was 79% in 2010, with a 25% TB-HIV co-infection rate. 59% of these patients were started on cotrimoxazole (CPT) prophylaxis and 1.8% provided with isoniazid (IPT) prophylaxis.
- The proportion of TB/HIV co-infected patients on anti-retro viral (ARV) therapy was 33% in 2010.
- The proportion of HIV-registered cases screened for TB was 57% in 2010.
- The proportion of HIV cases that developed TB was 4% in 2010 and 3% in 2011.

## Age and Sex Distribution

- The age groups commonly affected by TB are the most productive age groups, with the 25 – 34 age group accounting for 33.6% (15,303) of the smear positive cases registered in 2010.

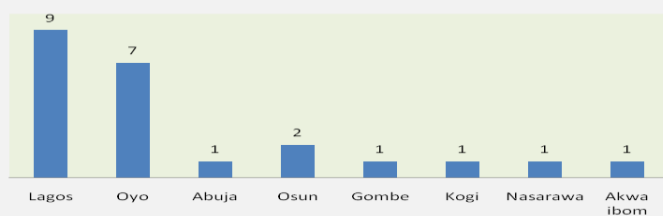
Age distribution of smear+ TB cases registered in 2010



### MDR-TB in Nigeria

- Multi-drug resistant (MDR) TB is TB that is resistant to any of the first-line drugs, specifically Rifampicin and Isoniazid.
- The emergence of MDR-TB also poses a threat, which if not effectively addressed, may wipe out the achievements of previous efforts in controlling TB.
- The estimated number of MDR-TB cases among notified TB cases was 2,400, of which 21 cases were notified in the country and 23 cases were undergoing treatment in 2010.
- There are only four reference laboratories providing services for drug resistant TB in Nigeria.

No. of MDR-TB cases on treatment in 2010 by states



### DOTS Expansion

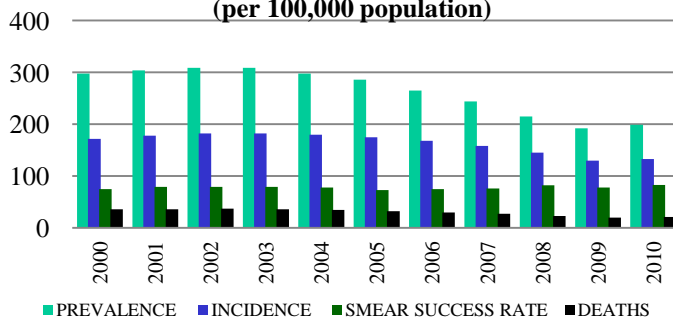
- The Directly observed treatment short course (DOTS) is an internationally recommended strategy for controlling TB. It was adopted by Nigeria in 2003.
- The TB DOTS service centers expanded from 2,780 in 2008 to 3,931 in 2009, with TB microscopy laboratory services increasing from 900 to 1025 in 2010.
- More than 179 communities have well-established community TB care activities in 2010.

### Strategy & Control

- DOTS strategy aims to decrease TB-related morbidity, prevent TB death, and decrease TB transmission.
- DOTS strategy comprises of five components: political commitment; case detection through microscopy; adequate treatment of cases; uninterrupted supply of drugs; and recording and reporting of cases.
- The STOP TB partnership, launched in 2006-2015, sets out the activities that will make an impact on the global burden of TB. This involves reducing the TB incidence by 2015 and halving TB prevalence and deaths compared with 1990 levels.

### TB Indicators

(per 100,000 population)



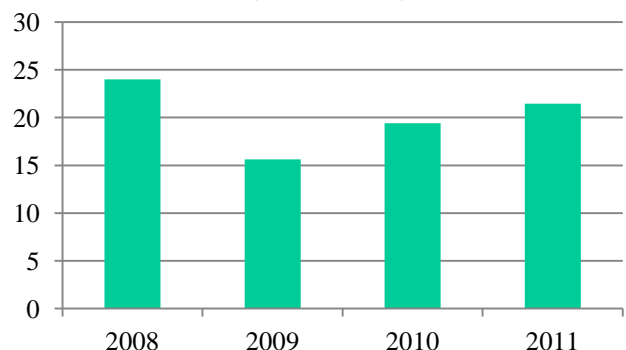
### Challenges and Limitations

- Poor health infrastructure and facilities.
- Poor referral systems and lack of effective collaboration programs between the TB and HIV programs.
- Poor TB procurement and supply management system.
- Sub-optimal coverage of IPT, ARV and CPT for TB/HIV co-infected patients.
- Poor donor coordination locally and internationally.

### Funding

- The TB program in Nigeria is donor-dependent with USG and Global Fund as the major donors.
- USG support includes USAID, CDC and DOD as implementing partners.
- Other development partners include: World Health Organization; Leprosy Mission in Nigeria; Netherland Leprosy Relief; German Leprosy and TB Relief Association; Damien Foundation of Belgium; International Union against TB and Lung Disease; Canadian International Development Agency; and UK Department for International Development.

### USG funding for TB in Nigeria (in millions)



### US Government Response

- The U.S response in the control of TB in Nigeria was relatively limited until late 2002.
- USAID began its program in Nigeria in 2003 with the establishment of TB DOTS centers in the 17 supported states in Northern Nigeria and Lagos.
- Over time, the USG efforts to address TB has expanded to cover the entire country in all thematic areas of the STOP TB partnership.
- President Obama introduced the Global Health Initiative in 2009 which includes TB in its portfolio.
- The Lantos-Hyde TB strategic document was developed in March 2010. It details specific targets, goals, and the role of USG's efforts to address TB in 40 priority countries, including 18 of 22 high-burden countries.