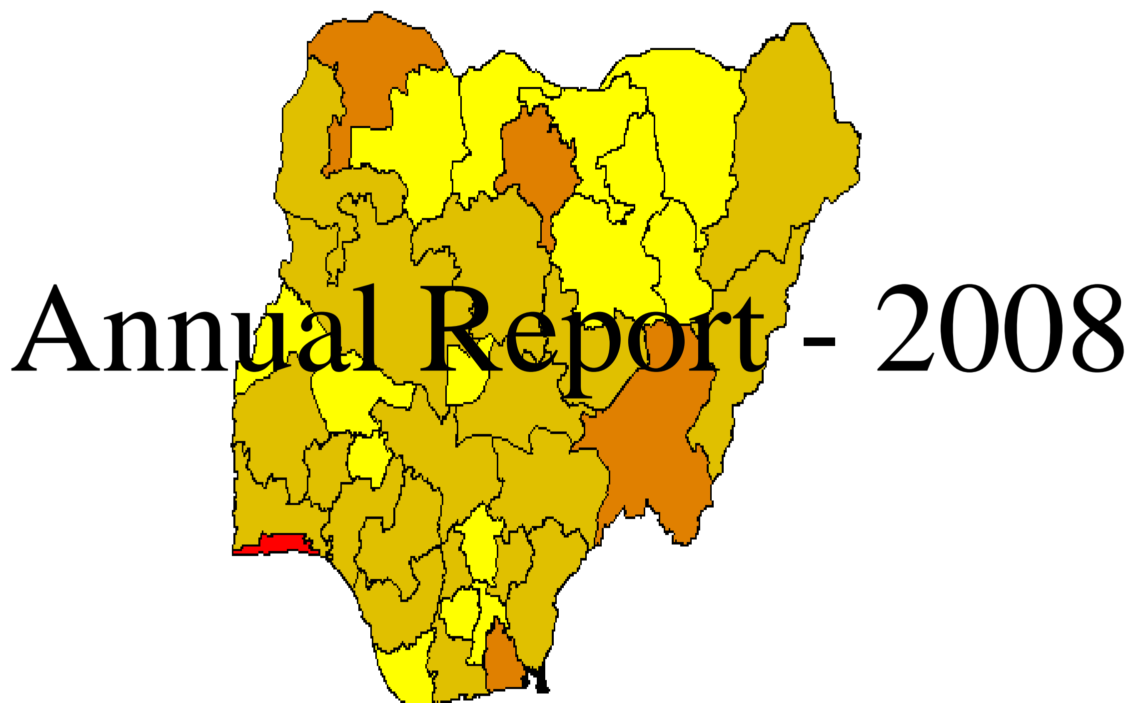
FEDERAL MINISTRY OF HEALTH
DEPARTMENT OF PUBLIC HEALTH

NATIONAL TB & LEPROSY CONTROL PROGRAMME



Annual Report - 2008

National Tuberculosis & Leprosy Control Programme
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JUNE 2009

Acknowledgements

The 2008 Annual Report is a strategic document with a brief description of the different activities implemented in the country in an effort to control TB, Leprosy and Buruli ulcer. It also evaluates the activities of the National Tuberculosis and Leprosy Control Programme during the course of 2008, outlining the situation of the NTBLCP as well as the achievements and challenges encountered during the phase 1 GFATM Round 5 gap-filling grant for accelerated TB control in the country.

The enormity and complexity of implementing the Strategic Plans for the control of Tuberculosis and Leprosy in 2008 would not have been possible without the devotion of government TBL staff working at all levels of the National Programme, the professional guidance of consultants provided through WHO, GFATM, and USAID, and the undying commitment of the technical experts of our collaborating development partners.

We want to extend our appreciation to other NTBLCP Central Unit staff and staff of NTBLTC Zaria who reviewed the report and provided technical input and relevant comments for improving the document.

We are profoundly grateful for all the financial, material and human resource support received from the following partners, without which there would be little or no results for NTBLCP to report:

- World Health Organization (WHO)
- Global Fund to fight Aids, Tuberculosis and Malaria (GFATM)
- Global Drug Facility (GDF)
- Christian Health Association of Nigeria (CHAN)
- Tuberculosis Control Assistance Program (TBCAP)
- The Leprosy Mission Nigeria (TLMN)
- Netherlands Leprosy Relief (NLR)
- German Leprosy and TB Relief Association (GLRA)
- Damien Foundation Belgium (DFB)
- International Union Against TB and Lung Diseases (IUATLD)
- Canadian International Development Agency (CIDA)
- United State Agency for International Development (USAID)
- Centre for Disease Control (CDC)
- Institute of Human Virology of Nigeria (IHVN)
- All Voluntary or Non-Profit Organisations working in Nigeria for control of Tuberculosis, TB/HIV and Leprosy

We recognise and appreciate the cooperation of all persons and communities affected by Tuberculosis and Leprosy in Nigeria, their compliance with treatment and health instructions as well as their understanding of the need to collaborate with the NTBLCP to achieve sustainable control of these diseases in the country.

Foreword

The world wide TB epidemic is a major global health crisis. Nigeria, a country ranked 4th among the 22 countries with the highest TB burden in the world and 1st in Africa, has its fair share of the crisis. The burden of TB in Nigeria is not precisely known, but the steady rise of the number of case notifications since 1996 is evidence that the case burden of tuberculosis disease on the Nigeria population is enlarging and heavier with time. Beyond case finding factors in the NTBLCP, the growing TB incidence rate is, doubtlessly, epidemiological evidence that the transmission of the deadly disease is continuing in Nigerian communities. This is connected to the high prevalence of HIV/AIDS amongst the population.

Similarly, despite Nigeria's attainment of the global Leprosy elimination goal of less than 1 case per 10,000 population in December 1998, the NTBLCP still reports more than 5,000 registered leprosy cases annually and more than 1 in every 10 new patients already having visible physical disabilities at diagnosis. The latter adds yearly to a growing pool of unfortunate Nigerians permanently disabled due to Leprosy.

Buruli ulcer is receiving increasing attention by Government and Donors, and confirmed cases have been detected in Nigeria

The foregoing accurately reflect the continuing relevance of an effective, efficient and adequately resourced National Programme that uses proven tools of prevention, cure and care to successfully intervene the problems of these Mycobacterial diseases of prime public health importance. Hence the need to rightly implement Directly Observed Treatment Short course (DOTS), administered under the current STOP TB Partnership initiatives and the Multi-Drug Therapy (MDT), both strategic interventions for TB and Leprosy respectively recommended by the World Health Organization (WHO), cannot be over emphasised.

The year 2008 marks the end of the first phase of the Global Fund to fight AIDS, TB and Malaria (GFATM) Round 5 gap-filling grant of $25million for accelerated control of TB in the country. This report highlights the situation and achievements with respect to the fight against Tuberculosis and Leprosy in 2008, as well as the challenges that remain.

After more than 17 years of implementation, the NTBLCP has made recognizable significant strides towards its overall goal to reduce the public health burden of these diseases. This annual report has evidence that NTBLCP experienced growth, enhanced its capacity and recorded progress relevant to TB, Leprosy and Buruli ulcer control in 2008 through all tiers of Government.

Nevertheless, it also documents a few key expected targets that were yet unmet. Notably, the still generally low TB case detection rate gives a real concern that should translate into a renewed national commitment to a meaningful resolute collaborative effort that would improve the programme's effectiveness during the remaining years of the current strategic plans. Although the planned TB Survey is yet to take off, whenever it does, the real caseload/ disease burden in the Country shall be realised.

The Ministry has created the ATM Task Force under the office of the Honourable Minister to ensure proper coordination, efficient and effective utilisation of resources for controlling these public health diseases.

I hope that the National TB and Leprosy Control Program shall continue to provide the required leadership in controlling the aforementioned diseases.

Prof. Babatunde Osotimehin
Honourable Minister
Federal Ministry of Health
Abuja

JUNE 2009

Abbreviations

ACSM	Advocacy, Communication and Social Mobilisation
ADR	Adverse Drug reaction
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retro Viral Therapy
BU	Buruli Ulcer
CIDA	Canadian International Development Agency
CPT	Cotrimoxazole Preventive Therapy
CTBC	Community TB Care
DFB	Damien Foundation Belgium
DOTS	Directly Observed Therapy Short-course
DST	Drug Sensitivity Test
EPTB	Extra Pulmonary TB
EQA	External Quality Assurance
FCT	Federal capital Territory
FDC	Fixed Dose Combination
FMOH	Federal Ministry of Health
GDF	Global drug Facility
GFATM	Global Fund to fight Aids, Tuberculosis & Malaria
GHAIN	Global HIV/AID Initiative in Nigeria
GHW	General Health Worker
GHCW	General Health Care Worker
GLC	Green Light Committee
GLP	Good Laboratory Practice
GLRA	German Leprosy and Tuberculosis Relief Association
HDL	Hospital Development and Linkage
HIV	Human Immunodeficiency Virus
IHVN	Institute of Human Virology Nigeria
ILEP	International Federation of Anti-Leprosy associations
IPT	Isoniazid Preventive Therapy
ISTC	International Standards for TB care
IUALTD	International Union Against TB and Lung Diseases
LGA	Local Government Area
MB	Multi-bacillary
MDR	Multi-Drug Resistance
MDT	Multi-Drug Therapy
NLR	Netherlands Leprosy Relief
NPO	National Professional Officer
NTBLCP	National TB and Leprosy Control programme
NTBLTC	National TB and Leprosy Training Centre
PAL	Persons Affected by Leprosy
PB	Pauci-bacillary
PLWHA	People Living With HIV/AIDS
POD	Prevention of Disability
PPM	Private Public Mix
QA	Quality Assurance
QAP	Quality Assurance Policy
R&R	Recording & Reporting
RFT	Released from Treatment
S,M&E	Supervision, Monitoring & Evaluation
STBLCO	State TBL Control Officer
TB/HIV	Tuberculosis/Human Immuno-deficiency Virus
TBL	Tuberculosis and Leprosy
TBLS	TBL Supervisor

TLMN	The Leprosy Mission Nigeria
USAID	United States Agency for International Development
WHO	World Health Organisation

Table of content

Acknowledgements 2
Foreword 3
Abbreviations 4
Table of content 6
Executive summary 7
Introduction 7
Tuberculosis control 7
Leprosy control 8
Buruli Ulcer Control 8
The National Tuberculosis and Leprosy Control Programme 9
1.1 The context of the NTBLCP 9
1.2 Structure of the NTBLCP 11
1.3 The goal and objectives 11
1.4 Main NTBLCP strategies and targets 11
1.5 Expected outcome for TB thematic areas 13
2. Tuberculosis control activities 14
2.1 Situation and achievements in 2008 14
2.2 National Tuberculosis Control Trends: 2003 to 2008 14
2.2.1 Case finding 14
2.2.2 Treatment outcome 18
3 TB THEMATIC ACTIVITIES IN 2008 20
3.1 DOTS Expansion and Enhancement 21
3.2 TB/HIV collaboration 21
3.3 MDR-TB Control 23
3.4 Advocacy, Communication and Social Mobilisation 23
3.5 Public - Private Mix 23
Figure 10: progress of Private participation in DOTS program 24
3.6 Laboratory and Quality assurance services 24
3.7 Community TB Care 25
4 Leprosy Control Services 26
4.1 Situation and achievements in 2008 26
4.1.1 Leprosy situation at National Level 26
4.1.2 Leprosy situation at state level 27
5 Summary TB and leprosy data per state 30
6 Logistics drug and commodity management 37
7 Supervision, monitoring and evaluation 38
7.1 Background information 38
7.2 Activities carried out in 2008 39
8. Human Resource Development 40
9 Funding and partnership support 46
9.1 FMOH funding 46
9.2 Partner funding 46
9.3 Counterpart Funding from States 47
10 Miscellaneous events 48
11 Recommendations 50

Executive summary

Introduction

The projected population of Nigeria in 2008 was 148,039,870 people based on the 2006 census, the National Tuberculosis and Leprosy Control Programme serves the largest target population in Africa and the 10th largest world wide.[i] According to recent WHO estimates, Nigeria also has the largest case burden of Tuberculosis in Africa and the 4th in the world. Even though removed from the list of the most Leprosy endemic countries eight years ago, Nigeria is still one of the countries in the world with a relatively high number of registered cases, reporting more than 5,000 cases annually. Leprosy is still a leading cause of permanent physical disability and continues to bring fear in our communities with the resulting discrimination, stigmatization, isolation and destitution the patients continue to suffer even after completing MDT. Buruli ulcer has been detected in increasing numbers following sensitization by authorities and health care works.

Since February 1991, when NTBLCP was launched officially, it has made significant landmarks towards TB and Leprosy control, collaborating with partners in implementing the Multi-Drug Therapy (MDT) and Directly Observed Treatment Short-course (DOTS) recommended by the World Health Organization (WHO). Presently the NTBLCP operates a TB strategic Plan 2006 – 2010 and a Leprosy Strategic Plan 2007 – 2011. In these plans, the NTBLCP aims to reduce the prevalence of the two diseases to levels where they no longer constitute public health problems in the country. Specifically, the TB component seeks to detect 70% of the estimated number of new sputum smear positive TB cases and treat at least 85% of them successfully. On the other hand, the Leprosy component seeks to improve early case detection and reduce the percentage of grade 2 disability among new patients to not more than 5%, maintain 100% MDT coverage of all leprosy patients and maintain MDT completion rate of at least 85% for MB and 95% for PB. This annual report documents the situation and achievements of the NTBLCP in 2008 as well as the challenges.

Tuberculosis control

Since 2002 when nation-wide DOTS expansion commenced, a total of 455,552 of all forms of TB cases have been registered, of these, 420,168 (92.23%) were new cases and 35,373 (7.76%) were retreatment cases. The infectious sputum smear positive cases constituted 58.7% of new cases. Over the seven-year period, the total cases increased by 189% from 31,164 in 2002 to 90,311 in 2008. There was an average of 2,441 TB cases per State in 2008, with a range from 721 cases in Ekiti to 9,864 cases in Lagos. The 3 States with more than 5,000 cases are Lagos, Kano and Benue.

Resulting from the increasing TB case burden, there was a rising trends of TB incidence rate and case notification rate over the seven year period. The smear positive case detection rate also doubled from 16% in 2002 to 30.5% in 2008. There is, however, a falling trend of the percentage of smear positive among new TB cases detected, from 70% to 55.3% during the 12 year-period (1997 to 2008) as a result of an increasing diagnosis of non-infectious smear negative and extra-pulmonary cases.

The treatment success rate of smear positive TB cases increased in the last 4 years, from 73% in 2004 to 82% in 2008. One third (14) of States achieved the minimum of 85% success rate in 2008. Although the defaulter and death rates over the last six years appear to be stable, the death rate dropped remarkably in 2007 to 6%, from 11% in the previous year, and is currently 6% as at the end of 2008.

Leprosy control

The implementation of MDT has resulted in a rapid decline of the number of registered Leprosy cases at the end of year from nearly 200,000 cases in 1989 to 6,906 in 2008. The WHO elimination target of less than 1 case per 10,000 population was maintained at the national level and in all 6 Zones in 2008. Both national rates of prevalence and case detection remained below 0.5 per 10,000, and so Nigeria is still statistically low endemic for leprosy.

A total of 4,899 new leprosy cases were detected in 2008, 87.7% of them were classified as the infectious MB cases, and 44.2% were females. The proportion of children was 10.8%. Compared to the target of 5%, the national grade 2 disability rate of 14% at the end of 2008 shows the disability rate of new cases was high and new case detection occurred relatively late in the country. In addition, 35 states recorded GD2 disability rate among new patients of greater than 5%, while Ebonyi and Zamfara states achieved the National target of not more than 5%.

The year 2008 marked the implementation of the 5yr strategic plan for Leprosy control 2007-2011 which was launched during the WLD celebration in 2007.
Leprosy activities were implemented at the State and institution levels with the support of the ILEP members: TLMN, NLR, GLRA and DFB.

Buruli Ulcer Control

BU has been reported in over 30 countries mainly with Tropical and subtropical climates including Nigeria. Within the programme, the overall objective is to improve Buruli ulcer control between 2009 and 2015.
Specific Objectives:

- To increase the case-detection rate of non-ulcerative forms to 80%
- To provide treatment for all active cases of Buruli ulcer detected by passive case detection between 2009 and 2015
- To provide rehabilitation for 10% of patients with disabilities caused by Buruli ulcer detected between 2009 and 2015
- To train 80% of health workers operating in areas in which the disease is endemic

Following an assessment done in 5 states of the federation **(Anambra, Akwa Ibom, Cross River, Enugu and Imo)** in 2006 by a team of experts from the NTBLCP, WHO and other officials from various states, 37 suspected cases were examined. Of these, 9 active and 5 inactive cases were detected, of which 4 out of the 9 active cases were confirmed by PCR at Institute of Tropical Medicine, Antwerp, Belgium.

In the year 2008, efforts were intensified towards the control of Buruli Ulcer in Nigeria.Technical support for BU Control was provided by WHO. In addition, the Work plan for BU Control for 2009 was developed and an orientation workshop on Buruli Ulcer was organized by the National programme through the support of WHO, for all Control officers of the 36 states plus FCT.
In August 2008, the Program participated in a 5-day Buruli Ulcer sensitization workshop in Cotonou. Subsequently, a Buruli Ulcer advocacy visit was made by the National programme to the Commissioner for Health for Ogun State.

The National programme plans in 2009 to carry out an assessment of the status of Buruli Ulcer in the remaining 32 states of Nigeria; develop and disseminate reporting and recording formats for BU; finalise and implement BU strategic plan for Nigeria 2009-2015; develop training and treatment guidelines for BU control and conduct trainings on BU management.

The National Tuberculosis and Leprosy Control Programme

1.1 The context of the NTBLCP

Nigeria is a Federation of 36 States and a Federal Capital Territory. For operational purpose, these States are grouped into 6 geo-political Zones, and for administrative and grass-root governance, they are divided into 774 Local Government Areas. With a projected population of 148 million, Nigeria is the most populous and the 4th largest country in Africa and the 10th most populous nation world wide.[1]

Tuberculosis and Leprosy still constitute major public health concerns in Nigeria. While people affected by leprosy suffer the stigmatizing effects of physical impairments and the resulting social displacement and destitution, Tuberculosis particularly presents a major threat to the lives of the Nigerian population, being one of the top ten leading causes of hospital admissions. It is one of the leading causes of death in adults, especially among the economically productive age group.

WHO Report for 2009

Nigeria ranks fourth (4th) in WHOs list of 22 High Burden Countries (HBCs) that account for about 80% of the estimated number of TB cases globally and first (1st) in Africa. According to WHO estimates for 2007, the country has an estimated 460,000 cases of all forms of TB, estimated prevalence of 521/100,000 (772,000) and 195,000 new smear positive cases. Using a population census figure of 148,093,000 for 2007, WHO estimates an incidence rate (all cases) of 311 per 100,000 population per year, and for new smear positive, an incidence rate of 131 per 100,000 population per year. WHO also estimates that MDR-TB cases constitute 1.8% of new TB cases and 9.4% of retreatment cases in 2007. The prevalence of all forms of TB in HIV is estimated to be 27%(42/100,000), while percentage of all estimated HIV positive TB cases was 5.1%.. TB accounted for an estimated 138,000 deaths in 2007 or 93 deaths per 100,000 population[1]. However, due to a low DOTS coverage; the incompleteness of data reporting from some states; the yet to be conducted Drug Resistance Survey & TB prevalence survey, the actual magnitude of the public health burden of TB disease and present epidemiology of MDR TB in Nigeria are unknown.

NTBLCP was established in 1989 and officially launched in February 1991 with a mandate to coordinate TB and Leprosy Control activities in all States of Nigeria in order to significantly reduce the public burden of the two diseases on the Nigerian population. The National Programme employs the Directly Observed Therapy Short-course (DOTS) as well as other initiatives of the STOP TB Partnership and Multi-Drug Therapy (MDT), both recommended by the World Health Organization (WHO), as the strategic interventions for the control of the two diseases in Nigeria.

Since February 1991, remarkable landmarks have been achieved in the joint fight to reduce the burdens of TB and Leprosy to levels where they no longer constitute public health problems in Nigeria. These include:

1991 MDT started nation-wide with the support of ILEP organisations for treating leprosy patients
1993 DOTS started in 14 GLRA supported States
1995 MDT coverage of leprosy patients reached 100% country wide
1998 WHO elimination target of less than 1 leprosy case per 10,000 population by 2000 attained
2001 Commenced first TB Strategic Plan for 2001 to 2005
2002 Expansion of DOTS to 17 Northern States commenced with assistance from CIDA and USAID
2004 DOTS implementation expanded to all States of Nigeria
2005 DOTS coverage of 65% of all 774 LGAs
2006 Commenced second TB Strategic Plan for 2006 to 2010
2006 Case Detection Rate of new smear positive TB cases improved to 30% from 4% (1994) / 15% (2002)
2006 TB treatment success rate reached 75% from 71% in 1996
2007 Launched the first Strategic Plan for Leprosy control 2007 to 2011
2007 Enhancement of TB control activities with gap filling grant of first phase of Global Fund Round 5
2008 Inauguration of the STOP TB partnership.
Adoption of the ISTC by the NMA.

End of first phase of the gap filling grant (GFATM R5)

1.2 Structure of the NTBLCP

NTBLCP is structured along the three tiers of government i.e. Federal, State and LGAs. The National level at the Department of Public Health of The Federal Ministry of Health is responsible for policy development, tertiary care, mobilization and development of human and material resource and provision of technical support to state programmes. The State TBL programmes coordinate TB activities, provide secondary care and provide technical management to programme implementation at the LGA level. The LGA is the operational level of the programme based on the Primary Health Care (PHC) principle. In the last few years, there has been also a supervisory Zonal level from where WHO National Professional Officers provide technical assistance to an insufficient-capacity national level in routine monitoring of activities at the State level in the six geo-political zones.

The effort of the Federal Government to fight against these diseases is supported by development partners at all levels. Prominent among these are World Health Organization (WHO), members of the International Federation of Anti-leprosy Associations (ILEP), International Union against TB and Lung Diseases (IUATLD), Canadian International Development Agency (CIDA), Department for International development (DFID), Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), United State Agency for International Development Agency (USAID) and other voluntary organizations for the effective implementation of NTBLCP.

The overall coordination as well as technical and managerial leadership of the NTBLCP is the responsibility of the National Coordinator. To facilitate programme coordination and provide the necessary strategic support, the NTBLCP during 2007 established 12 functional focal areas at the national level as outlined in table 1. These Focal point persons are technically supported by consultants employed under the Round 5 GFATM Action Plan.

Focal Area	Focal Point person
DOTS Expansion/MDR Control	Dr. G. Akang
Community TB Care/ PPM	Dr. R. Eneogu
Laboratory	Mr. G.T. Ojika
PSM/Logistics	Pharm. Bravo Otohabru
TB/HIV	Mrs. N. Chukwurah
ACSM	Dr. Shehu Labaran
Leprosy and Buruli Ulcer	Dr. S. Aboje
Planning / Programme Management	Mr. A. Ayanbeku
NTBLTC Zaria	Dr. Joshua Obasanya

Table 1 - Functional organization of the National Office of the National TB & Leprosy Control Programme (2008)

1.3 The goal and objectives

As stated in the two Strategic Plans (TB 2006 – 2010 and Leprosy 2007 – 2011), the long-term goals and objectives of the NTBLCP include:

Long-term goal
To reduce significantly the burden, socio-economic impact and transmission of Tuberculosis and Leprosy

The general objectives
1. To reduce the prevalence of tuberculosis and leprosy to the level at which they no longer constitute public health problems in the country
2. To prevent and reduce the impairments associated with leprosy
3. To provide appropriate rehabilitation for persons affected by leprosy

1.4 Main NTBLCP strategies and targets

The basic strategies for the treatment and control of TB and Leprosy diseases in Nigeria remain the provision of DOTS and MDT free of charge to all persons with the active disease. The supportive strategies that would enable a successful and efficient implementation of the MDT and DOTS strategies as outlined in the Strategic Plans are listed in table 2.

TB Control Strategies	Leprosy Control Strategies
1. Establish laboratory services including establishment of QA policies and guidelines 2. Establish a system of MDR surveillance by 2007 3. Develop and maintain an effective procurement, storage and distribution system for anti-TB drugs, lab equipment, reagents and supplies by 2007 4. Establish TB/HIV collaboration at national, state and local government levels by 2010 5. Establish PPM DOTS in all States by 2010 6. Establish community TB care projects in at least 5 LGAs per State by 2010 7. Strengthen S,M & E at all levels at all levels to ensure at least 95% consistency and timeliness of reporting	1. Integration of leprosy services to general health services 2. Community involvement in leprosy control services 3. Training and re-training of general health workers 4. Self care and self-care groups 5. Strengthening the referral system and referral centres 6. Advocacy, Communication and Social Mobilisation 7. Universal access to MDT, POD and rehabilitation services

Table 2 - Strategies for TB/L Control in Nigeria (according to the Strategic Plans)

Table 3 shows the specific NTBLCP targets for leprosy and tuberculosis control in Nigeria. The targets numbers 1 and 2 for TB and 1,2, and 3 for Leprosy are WHO global targets that national programmes with efficient case finding and case-holding activities should achieve.

Tuberculosis control by 2010	Leprosy control by 2011
1. To detect 70% of the estimated infectious (smear positive) tuberculosis in Nigeria 2. To treat at least 85% of all TB patients detected successfully 3. To strengthen the technical and managerial capacity of the NTBLCP at all tiers to ensure achievement of at least 80% implementation rate of programme activities 4. To promote behavioral change in the community about TB such that 70% of adult population know about TB, its prevention, free treatment and TB services, and the at risk groups are motivated to seek prompt care 5. To reduce by 25% the incidence of TB among PLWHA	1. To improve the current effort of early case detection such that the percentage of disability grade 2 among new patients is not more than 5% 2. To maintain 100% MDT coverage of all leprosy patients 3. To maintain MDT completion rate of at least 85% for MB and 95% for PB 4. To prevent new impairments in patients on MDT such that the percentage that have increased EHF score at RFT is not more than 5%, and not more than 20% in patients registered for care after cure 5. To improve access to rehabilitation services such that the number of people affected by leprosy assisted increases by 5% annually

Table 3 - Specific targets of TB/L control in Nigeria (according to the Strategic Plans)

1.5 Expected outcome for TB thematic areas

In addition to the targets listed in table 3, the focal areas of the TB control programme are expected to produce the outcome listed in table 4. These outcome targets are assessed in the individual thematic reports.

Thematic area	Expected Outcome
DOTS Expansion and Lab QAP	1. At least 2 TB diagnostic centres per LGA by 2010: equivalent to 1 microscopic centre per 80,000 population
	2. 5000 health facilities providing DOTS treatment by 2010: equivalent to 1 treatment centre per 25,000 population
	3. Reduced defaulter rate
	4. Increased treatment success rate
MDR-TB	5. MDR Surveillance operational by 2007
PPM	6. At least 350 private not-for profit and 150 private for profit facilities providing DOTS by 2010
CTBC	7. Communities assume at least 25% overall responsibility of TB patient management
TB/HIV Collaboration	8. Functional TB/HIV collaboration in all States with comprehensive care for co-infected individuals
	9. Reduced TB related morbidity and mortality among PLWHAs
	10. Reduced HIV infection rate among TB patients
PSM	11. Un-interrupted supply of anti-TB drugs and products to patients all through the period of their treatment
M&E	12. Consistent, Timely and Accurate data collection
	13. Frequent supervision of activities[1]: National to State – at least one State visit per zone, per quarter; Zonal to State – at least all states in zone per year; State to LGA – all LGAs at least once per quarter; LGA to facility – all facilities at least once per month.

Table 4 - Expected outcome of TB activities in Nigeria (according to the strategic Plan)

2. Tuberculosis control activities

2.1 Situation and achievements in 2008

A total of 90,311 of all forms of cases were registered in 2008, of which 83,263 (95%) were new cases and (8%) were retreatment cases. The infectious sputum smear positive cases constituted 51% (46,026 cases) of new cases. Over the seven-year period, the total cases increased by 189% from 31,164 in 2002 to 90,311 in 2008. There was an average of 2,441 TB cases per State in 2008, with a range from 721 cases in Ekiti to 9,864 cases in Lagos. The 3 States with more than 5,000 cases are Lagos, Kano and Benue. In 2007 and 2008, corresponding to the first phase of the GFATM R5 grants, the annual increment of total TB cases almost doubled the annual increments in the immediate past two years.

2.2 National Tuberculosis Control Trends: 2003 to 2008

2.2.1 Case finding

	2003	2004	2005	2006	2007	2008
Population	123,956,532	127,427,315	130,995,280	140,003,542	143,965,642	148,039,870
Estimated ss+ cases	123,957	129,976	133,615	142,804	146,845	151,001
New ss+ cases detected	28,173	33,755	35,048	39,903	44,016	46,026
New PTB neg cases	13,276	20,134	22,705	25,782	32,088	34,211
Total new PTB	41,449	53,889	57,753	65,685	76,104	80,237
New EPTB	1,525	1,876	2,836	2,975	4,044	3,751
Total New Cases	**42,974**	**55,765**	**60,589**	**68,660**	**80,148**	**83,263**
Relapse	1,210	1,481	2,009	2,074	2,269	2411
Failure	888	662	1,056	787	835	925
Returned after Default	1,263	1,278	1,802	1,336	1,303	1499
Others	138	1,104	1,392	1,368	1,686	2213
Total Retreatment	**3,499**	**4,525**	**6,259**	**5,565**	**6,093**	**7,048**
Case Notifications*	**44,184**	**57,246**	**62,598**	**70,734**	**82,417**	**85,674**
Total registered	**46,473**	**60,290**	**66,848**	**74,225**	**86,241**	**90,311**
Annual increment	15,309	13,817	6,558	7,377	12,016	4,066
% annual Increment	49.1%	29.7%	10.9%	11.0%	16.2%	4.7%
Incidence Rate (SS+ cases)	22.7	26.5	26.8	29.6	31.7	31.1
Case Detection Rate	**22.7%**	**26%**	**26.2%**	**29.1%**	**31%**	**30.5%**

Note: Population 2002 – 2005 projected from the 1994 census / 2006 – 2008 projected from the 2006 census

Table 5 - TB Case finding Report 2003 to 2008

Of the 90,311 total registered cases in 2008 the different zones account for the following number of cases:

- North Central 15,899 (18%)
- North East 14,407 (16%)
- North West 18,346 (20%)
- South East 8,218 (9%)
- South South 12,618 (14%)
- South West 20,833 (23%)

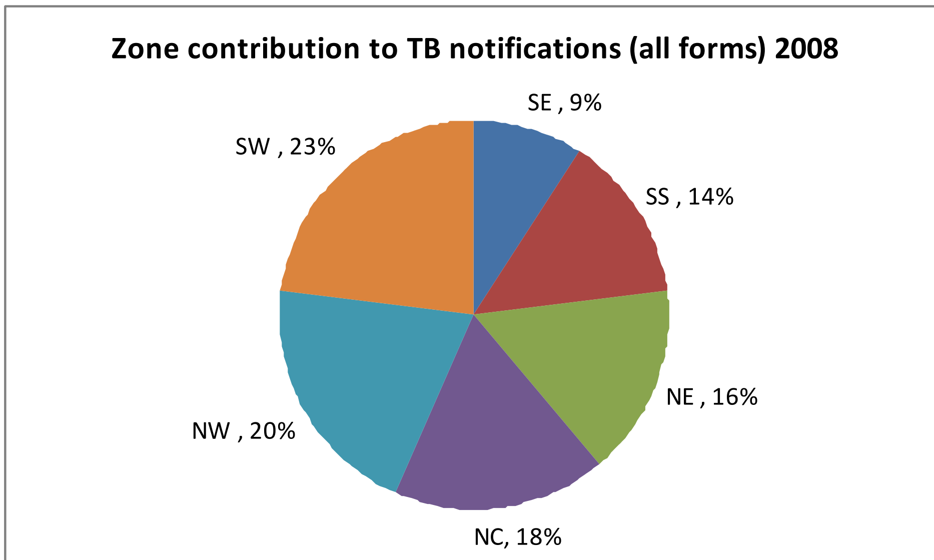


Figure 1 - Zonal Notification rates for 2008

Resulting from the increasing TB case burden, there has been a rising trends of TB incidence rate and case notification rate over the seven year period. The smear positive case detection rate also doubled from 16% in 2002 to 30.5% in 2008, using the estimate of 102 new ss+ cases per 100,000 population and population projected from the 2006 census figures. There is, however, a falling trend of the percentage of smear positive among new TB cases detected, which fell from 70% to 55.3% during the 12 year-period (1997 to 2008) as a result of an increasing diagnosis of non-infectious smear negative and extra-pulmonary cases.

Figure 2 - Trend of case detection rate

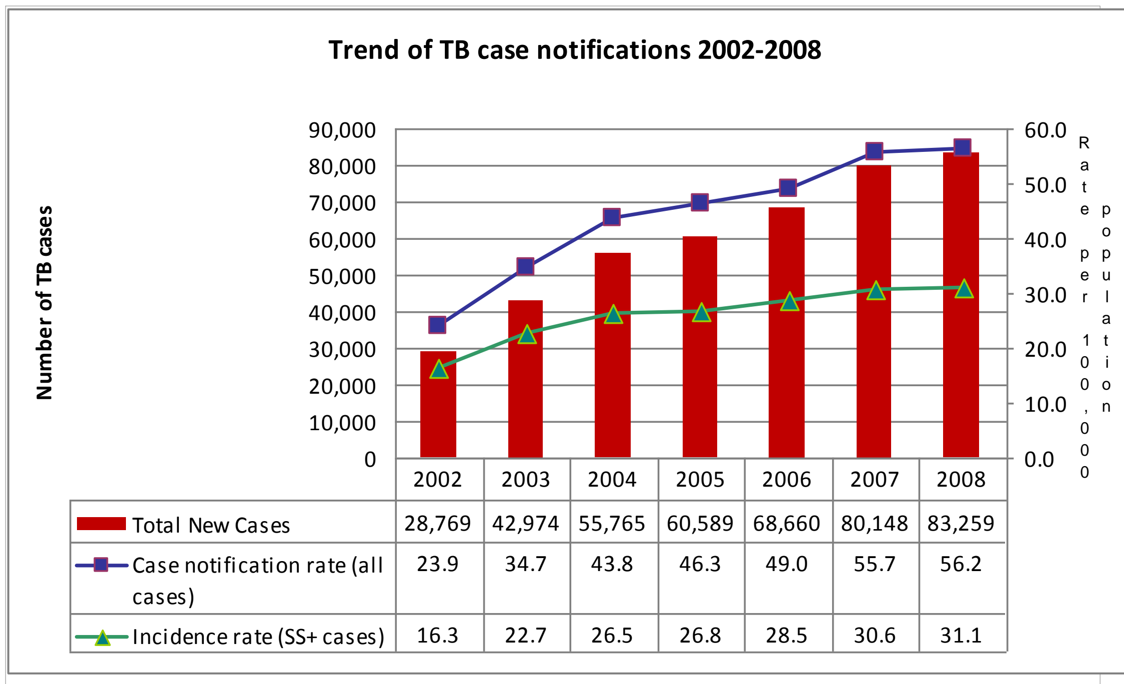


Figure 3 - Trend of case Notification 2002 - 2008

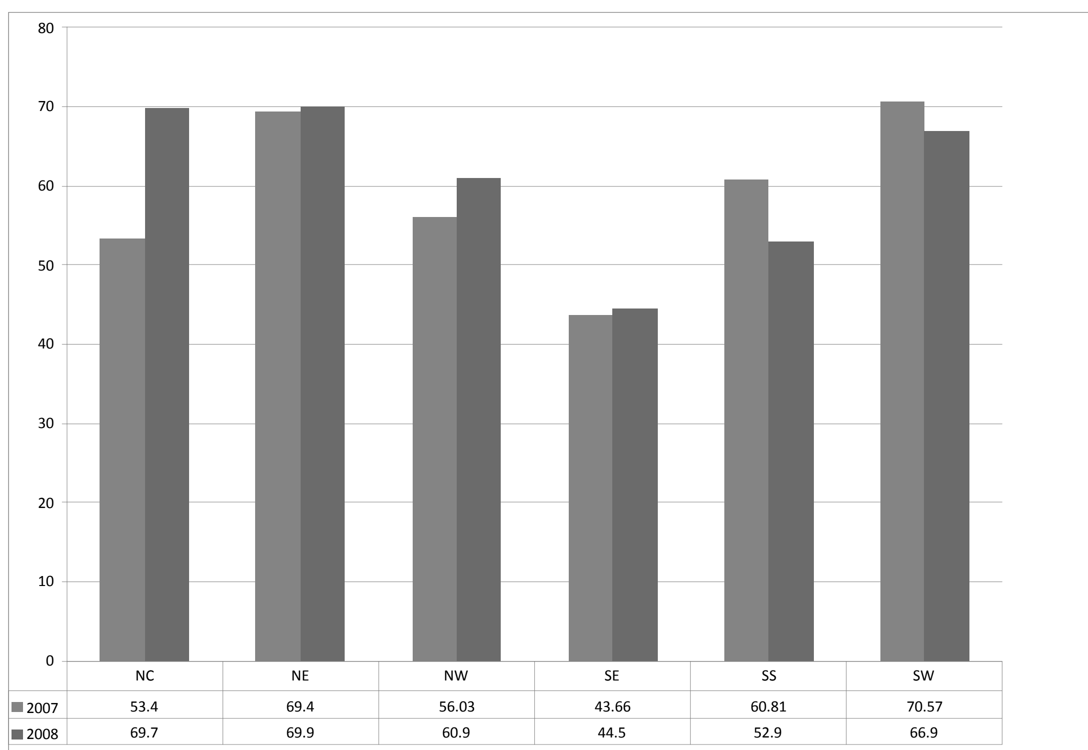


Figure 4 - Comparison of Zonal Notification between 2007 and 2008

There was a remarkable increase in the NC and NW zones, minimal in the NE and SE zones and a drop in the SW and SS Zones, between 2007 and 2008.

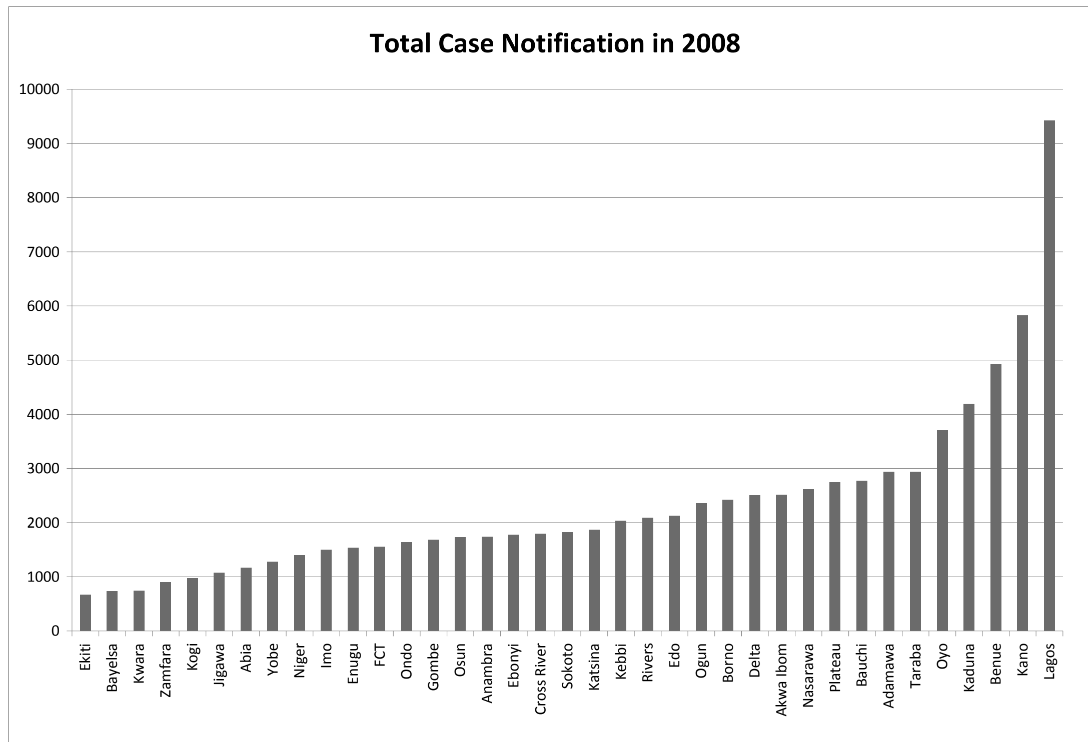


Figure 5 - Total case Notification in the year 2008

State	Rate		State	Rate
Jigawa	23.3		Delta	57.8
Zamfara	26.1		Kano	58.7
Ekiti	26.6		Cross River	58.8
Kogi	28.2		Kebbi	59.4
Kwara	29.5		Ogun	59.7
Katsina	30.5		Akwa Ibom	60.6
Niger	33.3		Edo	62.5
Imo	35.95		Oyo	62.6
Rivers	38.2		Kaduna	65.9
Abia	38.97		Gombe	67.7
Anambra	39.2		Ebonyi	77.2
Bayelsa	40.6		Plateau	81.5
Enugu	44.5		Adamawa	87.6
Ondo	45.1		Lagos	98.9
Sokoto	46.6		FCT	104.6
Osun	47.7		Benue	110.4
Yobe	51.9		Taraba	120.7
Borno	55.2		Nasarawa	132.6
Bauchi	56.1			

Table 6 – Case notification rates by state – from low to high (2008)

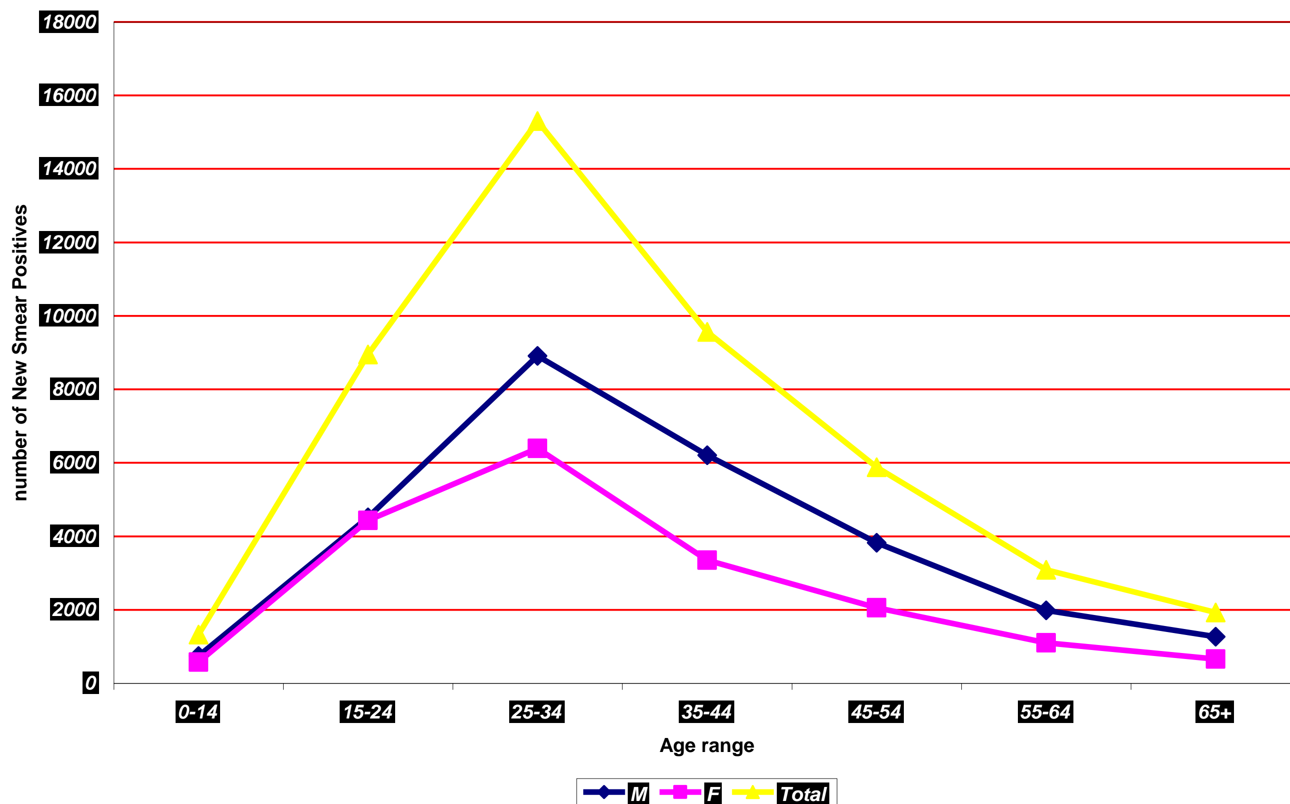


Figure 6 - Age and sex disaggregated data for new PTB smear positive cases

Sex	0-14	15-24	25-34	35-44	45-54	55-64	65+	Total
M	745	4518	8910	6210	3821	1987	1267	27458
F	579	4431	6391	3351	2057	1099	660	18568
Total	1324	8949	15301	9561	5878	3086	1927	46026
%Males	56.3%	50.5%	58.2%	65.0%	65.0%	64.4%	65.7%	59.7%
%Females	43.7%	49.5%	41.8%	35.0%	35.0%	35.6%	34.3%	40.3%

Table 7 - Distribution by age and sex of TB cases (smear positive) notified in 2008

In 2008, the distribution of smear positive TB cases show that 18568(40.3%) were females and 59.7% were male. Children (both boys and girls) aged less than 15yrs were 1324 or 3% of the new smear positive TB cases notified, which is not much different from 2007. As in 2007, the majority of smear positive cases 24862 (54%) notified in 2008 were between 25-45 yrs of age as shown in the table and figure above, which represents major affectation of the reproductive group/ labour force by the TB burden.

2.2.2 Treatment outcome

The treatment success rate of smear positive TB cases increased in the last 4 years, from 73% in 2004 to 82% in 2008. One third (14) of States achieved the minimum of 85% success rate in 2008. Although the defaulter and death rates over the last six years appear to be stable, the death rate dropped remarkably in 2007 to 6%, from 11% in the previous year, and currently 5% as at the end of 2008.

Data showed 71% of new smear positive cases registered in 2007 and assessed in 2008 were cured as confirmed by sputum microscopy. This cure rate added to a treatment completion rate (patients who completed DOTS doses with no final sputum microscopy result) of 11% gives treatment success rate of 82%. This 2008 success rate represents an improvement of 3% over the 2007 success rate (see figure 7). A total of 14 (over one third) States achieved the minimum of 85% success rate in 2008 (see annex).

For retreatment cases treated on category 2 DOTS (see annex), the cure rate of 63% and success rate of 79% are only a little lower than the results for category 1 in 2008.

A total of 2392 patients in the 2006 cohort analysed died: 2082 in category 1 and 310 in category 2. This gives a combined TB fatality rate of 6% or 1.72 TB deaths per 100,000 population. This represents a reduction in fatality rate relative to the 2006 level of 11%.

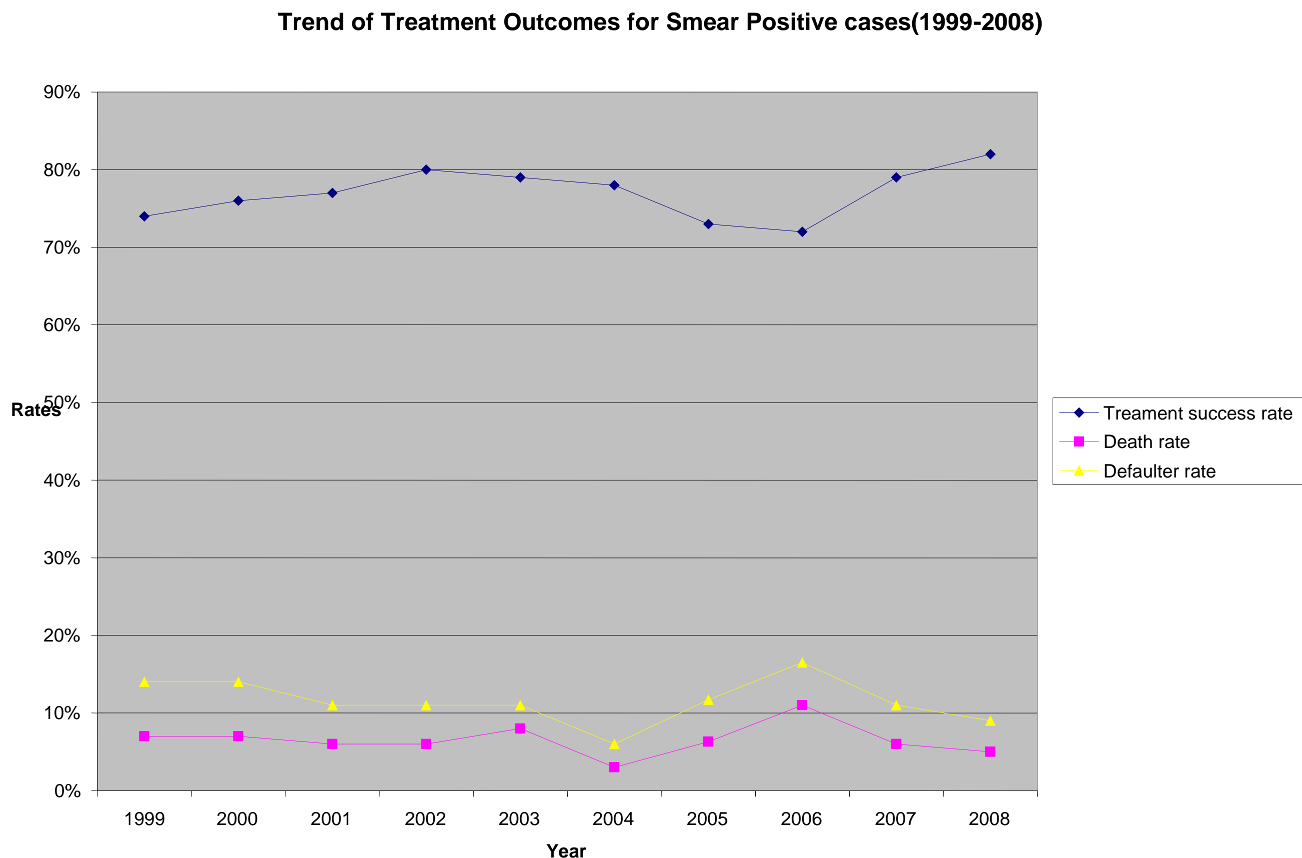


Figure 7 - Trend of treatment outcome for smear positive cases

3 TB THEMATIC ACTIVITIES IN 2008

The year 2008 marked the end of the first phase of the Global Fund to fight AIDS, TB and Malaria (GFATM) Round 5 gap-filling grant of $25million for accelerated control of TB in the country. Implementation of TB control activities at all levels of NTBLCP experienced a huge boost from the R5 GFATM grant in 2007. These were carried out according to the thematic areas of the STOP TB initiatives, including: DOTS Expansion and Enhancement, Health Systems Strengthening, TB/HIV, MDR-TB, PPM, CTBC, ACSM, laboratory services, Logistics and Monitoring and Evaluation. Implementation of the TB strategic plan this year was tailored mainly to the target-lines and budget-lines of GFATM R5, USAID and CIDA supporting the TB control activities in Nigeria.

DOTS Expansion trainings were conducted for General health care workers (252 GHWs) in 14 states of Federation supported by USAID and CIDA. Trainings were also held for military Laboratory personnel through the support of Global Fund grant. Medical officers and other health staff of Prison and Armed forces Medical services were also trained on DOTs. By the end of 2008, the National DOTS training coverage reached 100% of LGAs, with 774 LGAs actually providing DOTS and 900 functional microscopy centres. Instead of the targeted 1 treatment centre to 25,000 people and 1 diagnostic centre to 100,000 people, the population coverage levels of TB services in 2008 were 1:51,057 and 1:155,555 respectively. While the service coverage was still below targets, the 2008 levels connote significant improvements over the levels in the previous year.

The number of States with functional TB/HIV collaboration providing comprehensive care for co-infected individuals increased from 12 States to 23, with a total number of 340 DOTs facilities providing TBHIV activities. Even though MDR Surveillance was not operational in 2008, the national Reference Labs, Nigerian Institute for Medical Research (NIMR), Lagos became functional. Six (6) Zonal reference Laboratories were further improved through the GFATM R5 TB grant and are in varying degrees of readiness and in the process of operationalization. The ACSM component executed media awareness and advocacy programmes, Celebration of the WTB Day, production of ACSM kits and many other activities.

Through the PPM initiative, the NTBLCP continued to engage private health care providers in the delivery of DOTS services to the Nigerian population. PPM consensus building meetings were conducted in 18 states. PPM implementation experienced a huge boost through the support of USAID/TBCAP. As a result, the strategic plan for Hospital DOTs Linkage (HDL) to tertiary institutions was developed and the International Standard for TB care (ISTC) was adopted by the Nigerian Medical Association (NMA) in 2008.

	2007			2008		
	Expected	*Actual*	*% Achieved*	*Expected*	*Actual*	*% Achieved*
LGAs	774	701	91%	774	765	98.8%
Total TB cases	120,620	86241	71%	150,744	90311	60%
New ss+ cases	60310	44016	73%	75372	46026	61%
No. Labs	968	794	82%	1138	900	79%
No. of Ref Labs	5	1	20%	8	2	25%
No. of DOTS centres	4351	2321	53%	5081	2742	54%
No. of DOTS centres with TB/HIV	426	90	21%	804	340	42%

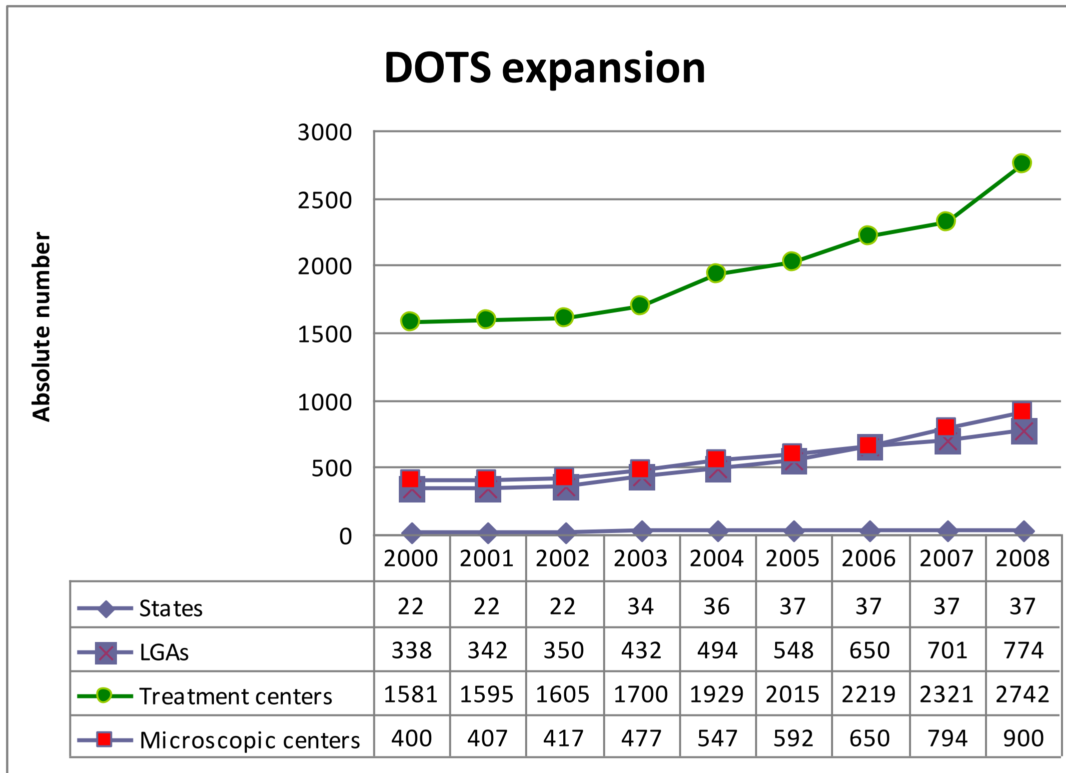
Table 8 - Assessment: TB scale up plan

3.1 DOTS Expansion and Enhancement

Major activities are as below

- Trained 23 military Lab. Staff(GF) and 18 GHW in each of 14 States(total 252) USAID
- Trained 33 Medical Officers and health staff of prison and Armed forces Medical services on DOTS - 2centres: Kano and Enugu
- Trained 72 health staff each newly designated DOTS health facility/LGA on TB and HIV/AIDS care.
- Trained 51 Medical officers of newly designated DOTS microscopy centres on TB management & ACSM.

In summary, a total of 84 Medical Officers, 324 GHW and 74 Laboratory staff were trained on TB and HIV care.



	2000	2001	2002	2003	2004	2005	2006	2007	2008
States	22	22	22	34	36	37	37	37	37
LGAs	338	342	350	432	494	548	650	701	774
Treatment centers	1581	1595	1605	1700	1929	2015	2219	2321	2742
Microscopic centers	400	407	417	477	547	592	650	794	900

Figure 8 - Progress towards DOTs Expansion

3.2 TB/HIV collaboration

In the NTBLCP, the core and strategic target of TB/HIV collaboration is to reduce by 25% the HIV infection rate among TB patients and the TB incidence among PLWHA. TB/HIV collaborative activities in 2008 received support of partners such as USAID and GFATM.

Activities carried out in 2008 include:

- National TB/HIV Collaborative working group meeting and Training of Health staff of ART sites on DOTS.
- WHO/USAID- sponsored supervision of TB/HIV collaboration activities in six states, followed by training and situation analysis.
- Held four TB/HIV collaboration meetings: 1 sub-committee meeting and 3 working group meetings
- State TBHIV working group meeting held in 18 states.
- Trained 36 ART staff on TBHIV collaborative activity.
- Trained 96 GHCW from DOTS sites on TBHIV collaborative activity.
- Trained 72 health staff in newly designated DOTS facilities

- Review and finalization of TBHIV training manual and facilitators guide.
- Finalization of Infection control and IMAI document.
- Procurement of Isoniazide Preventive Therapy for 2500 patients.

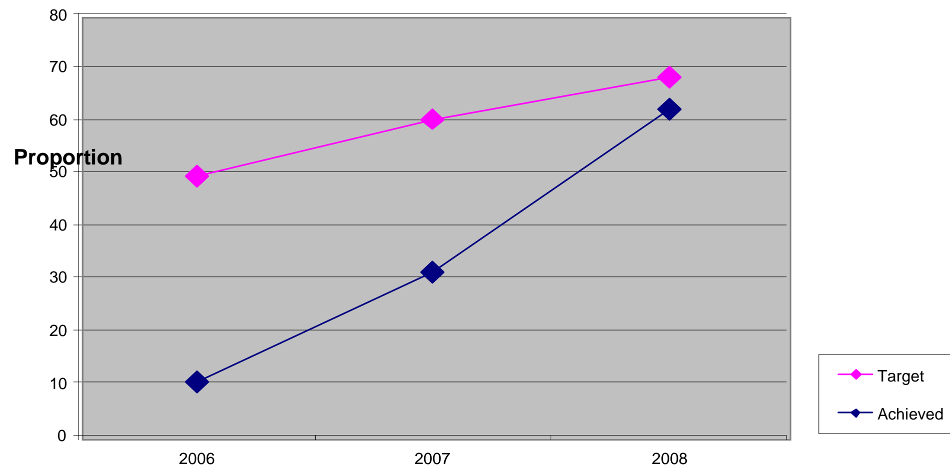
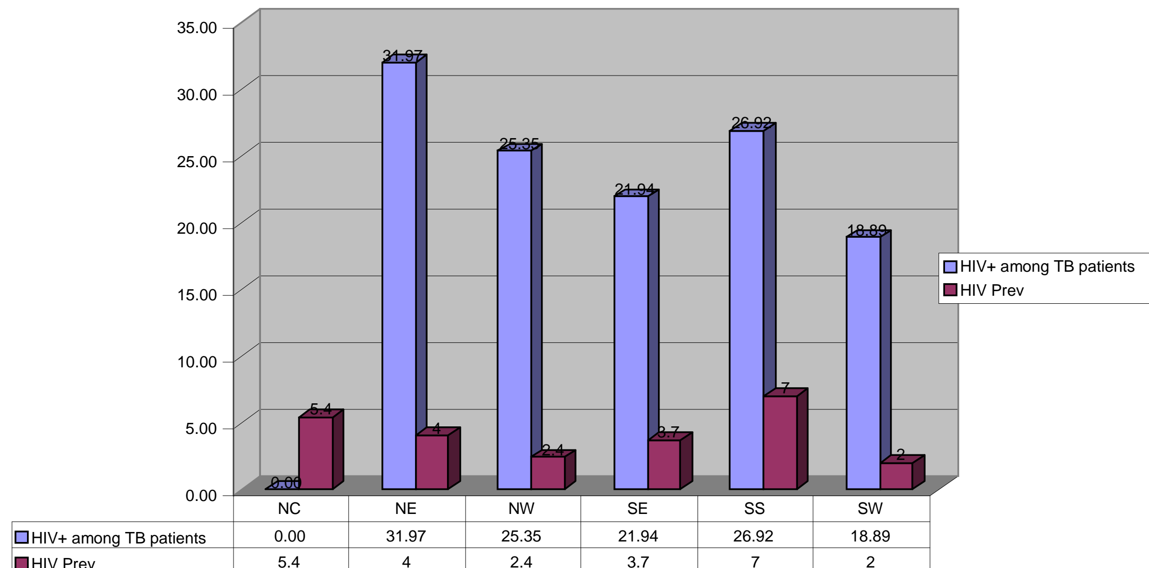


Figure 9a - Proportion of TB patients tested for HIV



	NC	NE	NW	SE	SS	SW
HIV+ among TB patients	0.00	31.97	25.35	21.94	26.92	18.89
HIV Prev	5.4	4	2.4	3.7	7	2

Figure 9b - Proportion of HIV Positive among TB patients

The proportion of HIV positive among TB patients is presently 27%, with the highest figures from the North Eastern zone as shown in the figure above.
Statistics also revealed a doubling of the proportion of TB patients tested for HIV between 2007 and 2008. Current value as at 2008 being 62.1%

3.3 MDR-TB Control

- NIMR, Yaba, Lagos is ready for take off of MDR-TB control activities.
- Six Zonal Reference labs at Enugu, Port Harcourt, Kano, Maiduguri, Jos and Ibadan have been equipped and are at various levels of readiness.
- Fast track application for second line drugs have been sent to the green Light committee (GLC) for the treatment of MDR-TB
- Protocol for MDR-TB survey developed and finalised.
- Application for linkage to Supra National strategic laboratory processed by WHO.
- Strategic Documents developed and ready for printing- National guideline for MDR-TB.
- First quarterly Review meeting held in the Fourth quarter of 2008.
- Expert committee meeting for the development of Guidelines and Training modules for MDR-TB.

3.4 Advocacy, Communication and Social Mobilisation

ACSM generally aimed to create awareness of TB among patients and the general public as well as place TB high on the political and developmental agenda, foster political will and increase financial and other resources for TB control on a sustainable basis at all levels of the NTBLCP. The activities in 2008 centred on building capacity for ACSM at all levels of NTBLCP, advocacy visits to Federal and State governments, awareness creation, consensus building meetings with civil society organisations and development of ACSM guidelines.

Other activities carried out in 2008 include mass media advocacy, airing of jingles, Health talks on TB aired on Television, publishing articles on TB in Newspapers as shown in the table below;

Aspects	Activities
Advocacy	Visits to a total 18 State governments and the National Assembly (house of representatives) were carried out by the Program and staff of the NTBLCP
Communication: to create awareness on TB	Extensive mass media activities carried throughout the year including discussions on national radio and television, airing of TB jingles on radio and television
	Celebration of the World TB Day and World leprosy day with rallies
	Production of IEC materials on TB in English, Hausa, Yoruba and Igbo
	Development of Advocacy kits on TB/HIV collaborative activities and PPM
Social Mobilisation	Organised consensus building meeting with Civil Society Organisation with interest in TB

Table 9 - ACSM activities in 2008

3.5 Public - Private Mix

Major progress was recorded in this thematic area with its new initiatives being implemented and improved recording of PPM activities. Major activities in 2008 were carried through support from TBCAP. These and others include:

- PPM Consensus meetings with General Medical Practitioners from 18 states by NTBLCP, CHAN and NSCIA(GFATM support)
- Development of the strategic plan for Hospital DOTS Linkage (HDL) to tertiary institution (TBCAP support).
- Adaptation of the International Standard for Tuberculosis Care (ISTC) training module held in Abuja (TBCAP).
- Inauguration of the National PPM steering committee through the support of TBCAP on the 16th of July 2008
- Inauguration of state PPM steering committees in Benue, Kogi, FCT, Bauchi, Nasarawa and Borno.
- Training of medical officers, GHCWs, Lab workers of PPM facilities by GLRA, CHAN and NSCIA through GFATM grant support.
- DOTS trainings were conducted for medical personnel of the Nigerian Prisons in 3 sites.
- Training of Trainers (TOT) for HDL training held in Kano state.
- Adoption of the ISTC by the NMA.

- Increased private participation in DOTS program as shown in the figures below

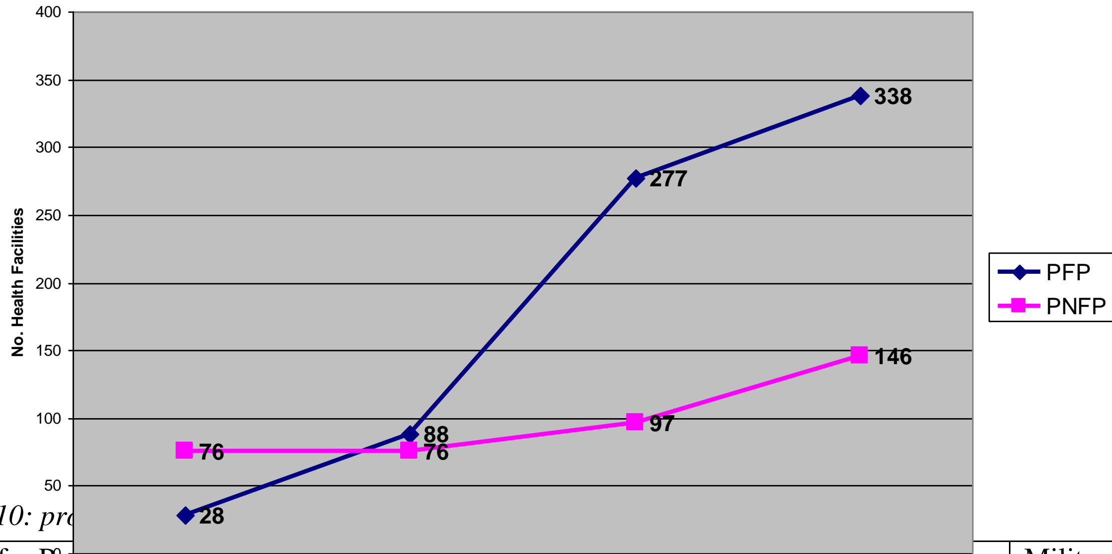


Figure 10: pr

Private for Profit Health Facilities	Mission/Islamic/Community Health Facilities	Tertiary Hospitals	Corporation /Industry Clinics/Hospitals	Military/Para-Military
338	146	52	6	63

Table 10: PPM DOTS facilities by Dec 2008

3.6 Laboratory and Quality assurance services

Lab activities for 2008:

- QA supervision to 14 microscopy facilities in 6 States
- Trained 96 medical lab scientists in 16 States on sputum microscopy.
- Trained 29 Lab Staff in 25 ART sites.
- QA supervision to 68 microscopy centres in 32 states.
- Supervision of the 6 Zonal Reference Labs for AFB and Culture carried out.
- Final adoption of the National Guideline on AFB microscopy Training manual.
- Adoption of QA National Guidelines on AFB smear microscopy.
- Draft Guidelines on QA for culture developed.
- Procurement and Distribution of GDF Lab reagents kits for 800,000 smears to all 37 states of the country.
- Procurement and Distribution of 78 microscopes and 40 starter kits.
- Procurement and Distribution of Lab reagents and consumables for 170,000 smears (FGN).
- Capacity Building done for Med. Lab Scientists, each from the Training centre in Zaria, NIMR and a PPM site(Zankli hospital)

3.7 Community TB Care

Besides identification and training of community volunteers in six states of the federation, core activities implemented and achieved include

- National CTBC Task force meetings held.
- Constitution of the national CTBC steering committee
- Lessons learnt from best practices in CTBC implementation
- Poster display on Community TB care at the Union Conference in Paris (October, 2008)
- Evaluation of the FHI-supported CTBC projects

4 Leprosy Control Services

4.1 Situation and achievements in 2008

4.1.1 Leprosy situation at National Level

Nigeria is still one of the countries in the world with a relatively high number of registered cases, even though seven years ago (1999), it was removed from the list of the 10 most endemic countries based on the WHO elimination target of less than 1 case per 10,000 population. Leprosy still remains a leading cause of permanent physical disability and continues to cause mortal fear in our communities with its negative social image, which is responsible for the discrimination, stigmatization, isolation and the resulting destitution the patients continue to suffer even after completing MDT.

In 2008, progress in leprosy control was possible by a concerted effort made by the NTBLCP and the active support of partners such as Damien Foundation Belgium (DFB), German Leprosy and TB Relief Association (GLRA), Netherlands leprosy Relief (NLR), The Leprosy Mission Nigeria (TLMN) and the World Health Organization (WHO).

Registered Prevalence

A total of 6,906 cases remained on the leprosy registers nationally at the end of 2008 (table 17). All registered patients are treated with Multi-Drug Therapy (MDT) which was introduced to the programme in 1989 and country wide 100% patient coverage achieved in 1995. The implementation of the MDT as the strategic intervention for Leprosy elimination has resulted in a rapid decline of the number of registered leprosy cases from nearly 200,000 cases in 1989.

The WHO elimination target of 1 case per 10,000 population has been achieved at the national level and in all Zones (fig 12). With both prevalence rate and case detection rate below 0.5 per 10,000, Nigeria may well be described as low endemic for leprosy.

Case detection

A total of 4,899 new leprosy cases were detected in 2008, 87.7% of them were classified the infectious MB cases and 43% were females. This gives a case detection rate of 0.30 per 10,000 population or 3 cases in every 100,000 Nigerians. The proportion of children among new cases detected is 10.8% nationally in 2008 (see figure 10)

Despite improvement seen in case finding of leprosy cases over the years, many new cases already with visible deformities (WHO Grade 2 disabilities) continue to report for treatment. Compared to the target of 5%, the national grade 2 disability rate of 14% at the end of 2008 (figure 11) shows the disability rate of new cases is high and new case detection occurs relatively late.

Relapses after MDT

A total of 62 Leprosy relapses after MDT were reported 2008 (see annex). This a ratio of 1 relapse case to 77 new cases detected in 2008.

Leprosy Activities at National level

The 5-year Strategic Plan for leprosy control 2007 to 2011 was officially launched during the World Leprosy Day (WLD) celebration in January 2007 and implementation started in 2008. The WLD was one of the main leprosy activities implemented at the national level in 2008. The theme was "Restoring a sense of pride and dignity in people affected by leprosy".

The challenge remains the attaining of the WHO elimination target at sub-national levels – in all 37 States and 774 Local Government Areas, improving in case finding and POID activities and establishing effective physical and socio-economic rehabilitation projects that would deal with the ripples of leprosy disabilities. This would require keeping leprosy high on the agenda of governments and NGOs at all levels.

4.1.2 Leprosy situation at state level

At State level, various leprosy activities were carried out through out the year in line with the State Plans of Action supported by their State governments and our ILEP partners.

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Case Detection

The number of new cases reported by States ranged from 9 cases in Osun to more than 416 cases in Ebonyi State (see figure 10).

A total of 35 States have G2 disability rates higher that the national target, while 26 States have G2 disability rates higher than 10% and (figure 14). Only 2 States (Ebonyi and Zamfara) have G2 disability rate lower than the national target of 5%. The cumulative implication of such high disability rate at both national and sub-national levels is a growing pool of disabled Nigerians suffering the preventable aftermaths of leprosy disease and requiring effective rehabilitation to enable them live as normal a life as possible.

The child proportion is higher than 10% in sixteen States, namely Bayelsa, Oyo, Bauchi, Imo, Kaduna, Zamfara, Borno, Taraba, Kebbi, Nasarawa, Katsina, Yobe, Jigawa, Gombe, Niger and FCT State (see figure 11). There is thus evidence of continuing possible active transmission of leprosy within these communities.

Post MDT Relapses

Relapses were reported across all Zones except the North West zone. The number of states with records of relapse is 13 (more in the South east and North eastern states) than in others and account for (about one third) of the total 37 reported nationally. Table shows Ebonyi State to have the highest number of relapses reported in 2008

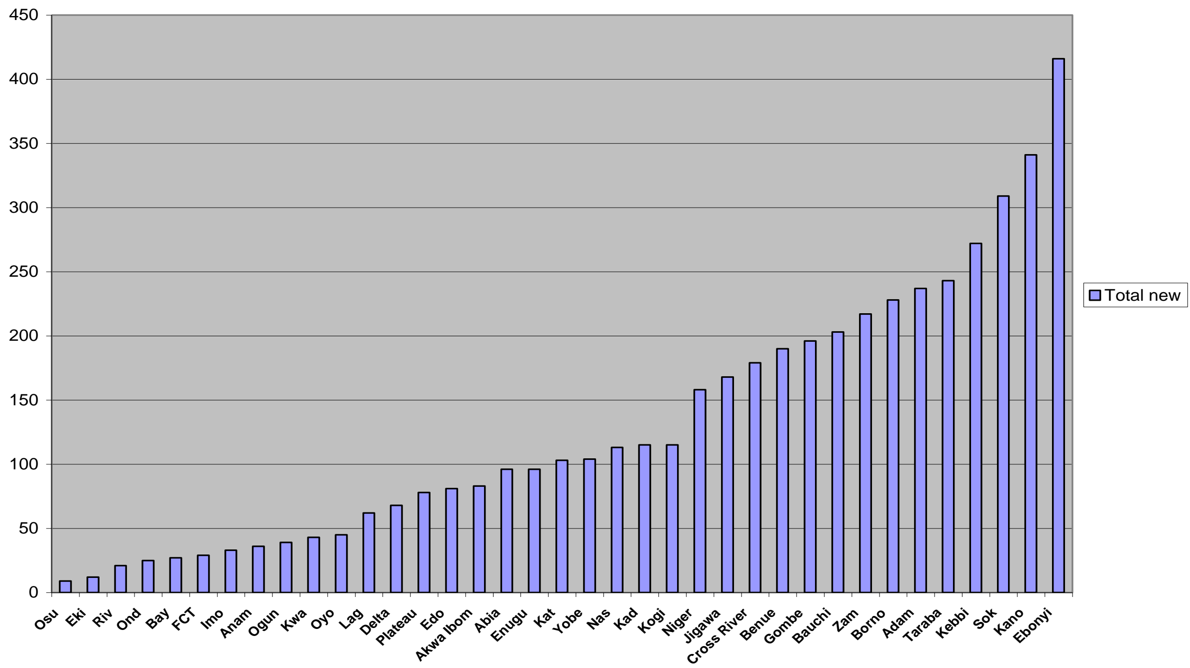

Figure 10 - Total new leprosy cases detected in states in 2008

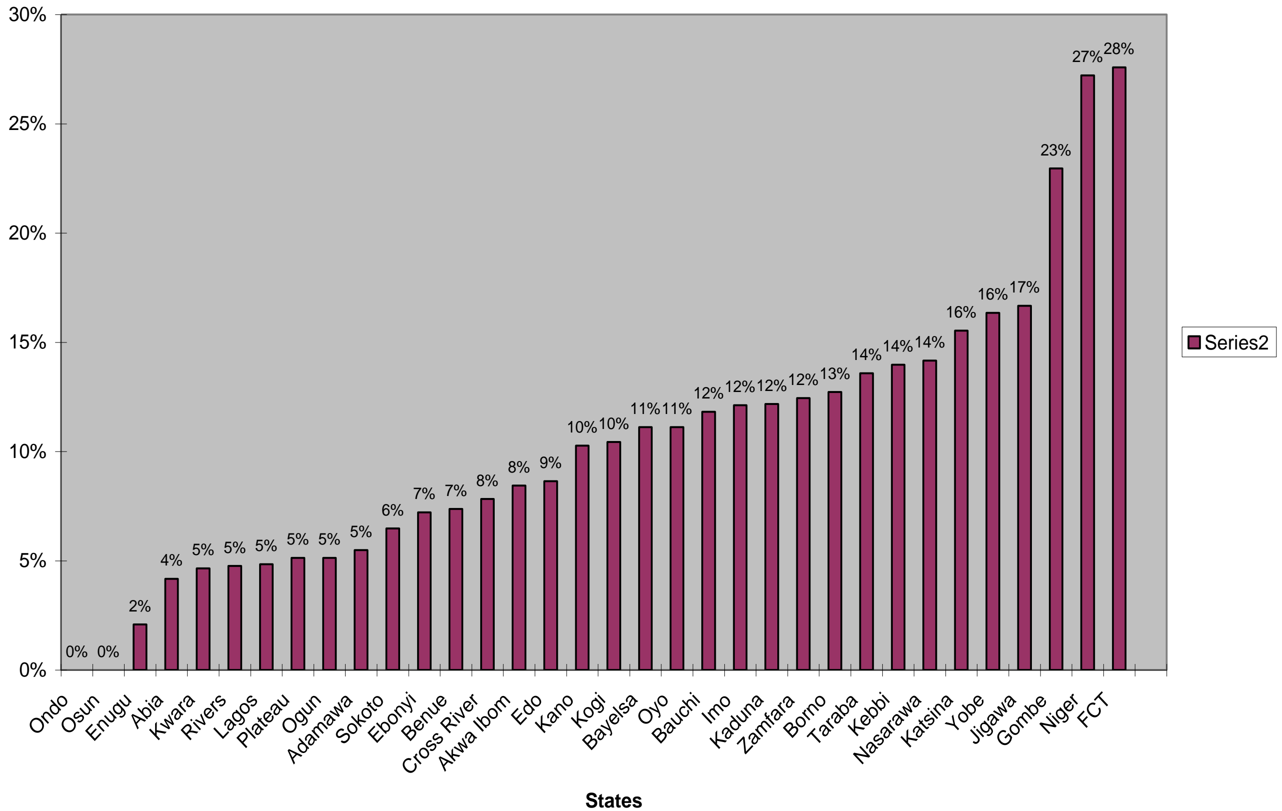

Figure 11 - Child proportion in Leprosy cases detected in 2008

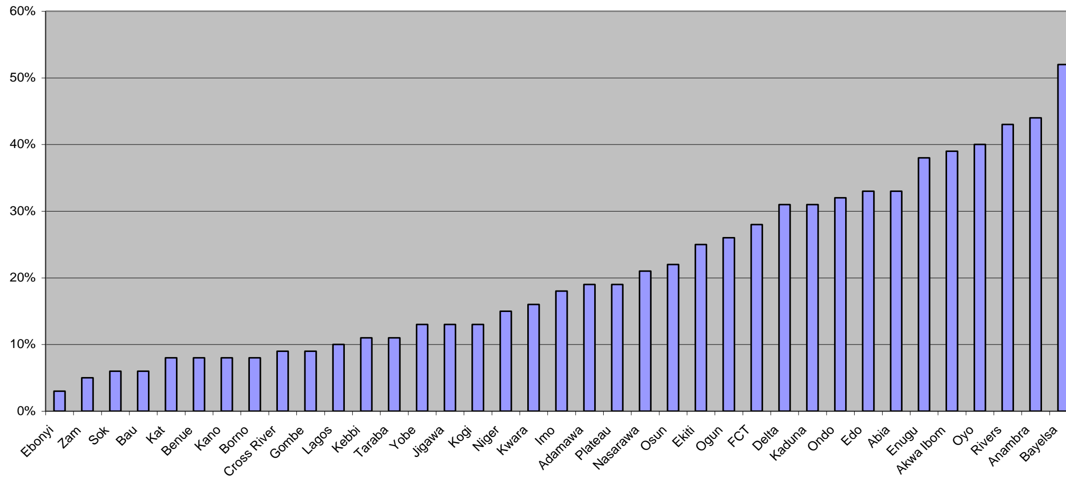

Figure 12 - Proportion of Grade II disability among new leprosy cases detected by states in 2008

5 Summary TB and leprosy data per state

Overview

Country analysis of the data received from the states revealed a 98% presence of DOTS services in 774 LGAs in the country. Nigeria has a total of 2,742 functional DOTS centres spread through out the country though there are slight regional variations. The SW region has the highest number of sites (568) with NC having the least (410). There are a total of 884 microscopy centres, predominant in the North West and North Central zones (203 each) and least in the North East zone (85). However, a look at the distribution of the microscopy centres in relation to the projected population for 2008 show a ratio of 1: 164,444 as against the target of 1: 100,000 populace, giving a shortfall of 40% population target coverage. DOTS facilities show a ratio of 1: 53,103 as against a target of 1:25,000 population. These reveals a great need to scale up DOTs, with increased focus on densely populated states like Kano, Lagos, Kaduna, Katsina, Oyo and Rivers with over 5 million populace each.
Kano state with a projected population of 9.9million from 2006 census, has 85 DOT centres, but would require 396 DOT centres to meet the 1: 25,000 target population. Below, shows analysis of the six (6) highest populated states with the available DOTs treatment centres and Microscopy centres.

States	**Kano**	**Lagos**	**Kaduna**	**Katsina**	**Oyo**	**Rivers**
Projected Population for 2008	9,922,314	9,530,919	6,414,788	6,125,077	5,912,551	5,483,047
No of DOTs centres (required 1:25,000)	396	380	256	244	236	216
No of existing DOTs centre	85	55	104	110	54	112
Achievement (%)	22%	15%	41%	45%	23%	52%
Gap	311	325	152	134	182	104

States	**Kano**	**Lagos**	**Kaduna**	**Katsina**	**Oyo**	**Rivers**
No of microscopy centres (required 1:100,000)	99	95	64	61	59	54
No of existing microscopy centres	38	32	58	23	31	22
Achievement (%)	38%	34%	91%	38%	53%	41%
Gap	61	63	6	38	28	32

Table 11 - DOTs Expansion in the top six most populated states

As a measure of increased governments' commitment, a total of N151, 530, 988million (source from only reported ones) was provided as counter part fund by the various state governments.

1.Akwa Ibom

Data from the state revealed the presence of DOTS services in all the 31 LGAS with a total of 108 functional DOTS facilities and 31 functional microscopy centres. 87% of LGAs have constituted advocacy committee. A total of N10, 000,000 was received as counterpart fund from the state during the reporting year which assisted in the implementation of key TB/HIV activities. With the assistance of the TB/HIV working group, the state TB/HIV Strategic Plan for year 2008 was developed. Activities of the TB/HIV stakeholders in the state were also streamlined. The state STBLCO and SAPC undertook a study on "Factors Responsible for the High Prevalence of HIV/AID in Etim Ekpo LGA" in Nov 2008. Varying activities in each thematic areas were carried out, including a workshop to intensify case findings in Leprosy for Government Health Workers in the Leprosy belt of the State, training of (150 GHCWs, 15 private medical Practitioners, 30 Nurses, 5 Lab technicians, 22 Community volunteers) on DOTs, conducting clinical meetings on TB in 6 Hospitals, establishment of 7 new laboratories and 13 new DOTs clinic, supervisory visits and review meetings.

2.Bayelsa

The state also has DOTS services in all 8 LGA with 52 functional DOTS centres . There are a total of 11 functional microscopy centres where sputum AFB is conducted. During the year advocacy visits were conducted to the LGA Service Commission in aid of TB and Leprosy program strengthening. Through the auspices of the state Advocacy Committee, public enlightenment on TB were conducted, an annual advocacy plan was developed. Leprosy activities in the state consisted of radio jingles sponsored by the GLRA, Passive case finding and case holding management

3.Imo

Imo state 27 LGA with 98 functional DOTS and 17 microscopy centres. The state has no TB/HIV working group, neither a PPM nor CTBC steering committee. Through the effort of the Advocacy committee in the state a "STOP TB week" was held which facilitated the release of N1.9million from the state government in aid of TB activities in the state. In all the state government provided a total sum of N2.1million.

4.Edo

All LGAs within the state provide DOTS services. In all, there are 102 functional DOTS centres and 18 functional microscopy centres. All 18 LGAs have established advocacy committees with drawn up plans of advocacy visits to be conducted. The state has a TB/HIV working group which has helped in sustaining the State governments' commitment to the program. In year 2008, the State provided a total of N29.8million as counterpart fund for the TB & Leprosy program

5.Cross Rivers

There are 18 LGAs in the state with a total of 92 functional DOTS facilities and 16 functional microscopy centres. Achievement of the TB/HIV working group during the year has been geared towards the creation of public enlightenment. In all, 562,000 were provided as counterpart state fund. Leprosy control activities were geared towards intensification of leprosy case finding through village/school surveys. Sensitization of the public was also conducted on World Leprosy Day.

6.Delta

The state provides DOTS services in all its 25 LGAs. In all, there are 65 functional DOTS centres and 18 functional microscopy sites in the state. Support received from the State government for the year was N2, 920,000. With the establishment of the state advocacy committee, subsidies in the cost of airing of radio and TV jingles were secured during the year. Additionally, the state received support from Chevron (an oil producing company) in the construction of TBL referral Hospital.

7.Rivers

State reports for the year showed that all the 23 LGAs provide DOTS services in 112 functional DOTS centres spread across the state. The state also has a total of 22 functional microscopy centres for the delivery of TB services. Achievements recorded by the state in the year include the training of DOTS focal persons on HCT and the provision of test kits to DOTS centres. With the establishment of the State Advocacy committee, advocacy visits to the Hon. Commissioner of Health paid off in the release of the N15, 000,000 state counterpart fund. The World Leprosy day was celebrated with broadcast and spotlights on Leprosy. Additionally, public awareness jingles were aired during the year.

8.Anambra

At present, Anambra state has one Federal Teaching Hospital, 2 State General Hospitals, 13 NGO hospitals, 35 Private Hospitals and 35 PHCs/HCs, involved in the TBL control programme. MDT for Leprosy is 100% by LGA coverage. The state reported DOTS coverage in all its 21 LGA with a total of 86 functional DOTS sites and 29 microscopy centres. The state has no PPM and CTBC steering committee however; 14 personnel of PPM were trained in 2008. The state advocacy committee has been established. Through repeated advocacy visit to the state, the Governor in 2008 declared "TB an Emergency in Anambra State". A total of N1.4million was received as counterpart fund from the state to combat TB. In the course of the year, amidst varying trainings that were conducted in the state, the Joint Mission on TB & Leprosy conducted a fact finding visit to the state. Also, the first Anambra state STOP TB week was done with state support, whereby the State Governor and His entourage actively participated in the "STOP TB WALK".

The World Leprosy day was also celebrated.

9.Abia

There are DOTS services and advocacy committee in all 17 LGA of the State. In all, there are 88 functional DOTS Centres (of which 22 of this are PPM sites) and 24 microscopy centres. Advocacy visit to the relevant government arm resulted in the release of the State N3, 000,000 million counterpart fund. Mini-lectures were held in 6 LGAs on leprosy during the year and the World Leprosy day was equally celebrated. Trainings were also conducted by the Central unit for the TBLS staff and Lab staff TB microscopy on HCT.

Through the support of GLRA, 100 health care workers were trained on DOTs and 20 Lab workers from PPM sites on AFB sputum microscopy.

TBCAP supported the state programme through trainings on HCT for Lab personnel and trainings on Infection control.

10.Ebonyi

The state also has DOTS services in all its 13 LGA with a total of 126 functional DOTS sites. There are a total of 22 functional microscopy centres where sputum AFB is conducted. Due to the activities of the state Advocacy committee, postings were secured for trained laboratory personnel from the Local Government Service Commission. Furthermore a total of N7.2million was obtained from the state government in furtherance of TB activities in the state. Additionally, the Leprosy Elimination Campaign awareness was sponsored by the Mile Four Hospital during the year.

11.Enugu

Enugu state has DOTs services in all the 17 LGAs of the state with a total of 95 functional DOTS and 30 microscopy centres. During the past one year, the state TB/HIV working group was able to identify gaps that exist in the TB & Leprosy program , the shortage of funds have however hindered the sittings of the committee. The State advocacy committee was also able to embark on visits to the Ministry of Local Government and Service Commission to tackle problems and challenges identified.

12.FCT

The Federal Capital Territory has DOTS in all its 6 LGAs. In all there are a total of 39 functional DOTS and 22 microscopy centres providing TB services. In the course of the year, the TB/HIV working group held two quarterly meetings of the group and has facilitated the training of 150 General Health Care Workers on TB/HIV collaboration. In a similar way the advocacy committee conducted advocacy visits to the some health facilities. Mini- Leprosy Elimination Campaigns were also organized during the year and the World Leprosy Day was equally celebrated. 12 ulcer self care groups were constituted for PALs in Yangoji Alheri special village and are functional being sponsored by partners (TLMN). As a show of commitment to the Program, the FCT government provided the TB program with the sum of N3million as counter part funds during the year.

13.*Nassarawa*
Data from the state showed that DOTs services to be available in all the 13 LGAs of the state with a total of 62 functional DOTS and 35 microscopy centres. Through the TB?HIV working group, advocacy visits were paid to identified policy makers in the state. Additionally, GHW were trained on TB/HIV program and awareness outreaches were conducted on TB/HIV in selected communities. Likewise, the advocacy committee was able to provide support to patients on the need to be regular for their treatment. For the leprosy components of the program, 3 village heads were paid visits to solicit their support on Leprosy elimination. Surveys on Leprosy were also conducted during the year.

14.Kwara
Kwara state has a total of 16 LGA with DOTS services in all. There are presently 44 functional DOTS and 21 microscopy centres. Only 6 of the 16 LGAs have advocacy committees established. The state was unable to receive any counterpart fund from the states as opposed to previous years. The state recently inaugurated its TB/HIV working group and activities are yet to commence. In 2008, Mini-LEC were conducted, the leprosy ward at Okeigbala was renovated. POID activities were also extended during the period to seven Self-Care Groups in the State. Additionally, community health talks were conducted at Leprosy Colonies whilst articles were published in the Daily newspaper on Leprosy stigma reduction. Operations research on "Factors for Low DOTS Expansion in PHC Centres in Kwara State" was conducted.

15.Ondo
Ondo State has 18 LGAs with a total of 226 functional DOTS and 21 microscopy centres spread throughout the state. The state in the year received a total of N6million as counterpart funds from the state government in support of TB activities in the state. Radio jingles were aired during the Year on Leprosy and the World Leprosy Day was celebrated

16.Oyo
There are a total of 33 LGAs in the state. Further data received from the state indicates that there are 54 functional DOTS and 31 microscopy centre in the state. The State received a total of N8million as counter part fund last year. Mini-LEC were conducted on Leprosy.

17.Kogi
Kogi state has 21 LGA with DOTS services in all. There are 29 functional DOTS and 27 microscopy centres in the state. Though newly created, the TB/HIV working group has advocated for the training of more health workers to donor agencies working in the state such as ICAP, CHAN etc. The Advocacy group has also paid visits to government officials to support the TB program, though their efforts are yet to yield funds. Mini-Leprosy Elimination Campaigns were conducted and the World Leprosy Day was celebrated in the state.

18.Plateau
Plateau has 17 LGA with 16 functional DOTS and 28 microscopy centres. The state also recently inaugurated its TB/HIV TWG and activities thus far have been limited to the meetings. However the efforts of its advocacy committee to policy makers and opinion leaders in the state have facilitated the purchase of 6 microscopes for TB service delivery in 2 LGAs. Leprosy activities during the year were geared towards strengthening the capacity of GHW on how to suspect and refer Leprosy. The capacities of LGATBLS were also built on effective supervision. The state during the year conducted two studies –"Factors Associated with High Treatment Completion Rate" and "Factors Associated with Death of TB Patients on Treatment"

19.Niger
The state has 25 LGAs with TB DOTs services. There are 115 functional DOTS and 34 microscopy centres. The state through the TB/HIV TWG paid advocacy visits to garner support for TB program in the state. Through the advocacy committee, there were public awareness campaigns at the various LGAs. There were also TV and radio jingles. Mini-LEC activities were conducted in 5 LGAs and the World Leprosy Day was marked with a press briefing by the Hon. Commissioner of Health. As a measure of the state governments commitment, a sum of N560,000 was provided for feeding of TB patients in the TBL hospitals in the state. Operational researches conducted during the year includes –"Integration of TBL/HIV activities in PHC System"; "Impact of DOTS for TB Control"

20.Ogun

Data reported from the state showed that there are 20 LGAs with a total of 30 functional microscopy centres. The TB/HIV working group was able to hold two meetings during the year but activities of the group suffered a set-back due to the loss of the Chairman. With the assistance of the State Advocacy Committee there was regularity in the airing of TB radio jingles in the state. Leprosy activities carried out during the year was mainly anchored by GLRA. Leprosy jingles were aired and a journalist was hired by GLRA to provide a coverage of community based rehabilitation. The state also undertook an operational research which was aimed at determining the "Factors Responsible for High Defaulter Rate among Smear Positive TB Patients"

21.Osun

Osun state has a total of 30 LGAs however only 26 LGAs have the presence of DOTS. In all, there are 78 functional DOTS and 28 microscopy centres in the state. The state is yet to inaugurate its TB/HIV working group. With the inauguration of the State Advocacy committee, visits were paid to policy makers and DOTS services were expanded to additional 3 LGAs in the state. Mini-LEC activities took place in 3 LGAs during the year namely Ife Central, Ilesa East and Obokun.

22.***Gombe***

In its 11 LGAs with a 100% LGA coverage, there are 107 DOTs and 20 microscopy centres. There is a state advocacy committee in all LGAs, which has helped in creating awareness of Tb and Leprosy diseases within the communities. Through the committee, advocacy visits were made to the Emirs and Chiefs of the state, including Local Government Chairmen.

Supervision to all DOTs and MDT facilities were carried out in 2008

Its TBHIV working group has also helped in bringing all stakeholders together and issues on how to strengthen collaborative activities are been addressed. Gombe state received 10million naira as counter part fund in 2008 in support of TBL activities.

In 2008, LGTBLs and GHCWs received trainings on Leprosy care and management of Leprae reactions.

23.Adamawa

There are 21 LGAs, all with TB DOTs services. Data shows a total of 106 DOTs and 30 microscopy centres. Its TBHIV working group was established in 2007 and has helped in the formation of the sub-committees and coordinating NGOs (IPs) working in the state for full collaboration. As part of CDC (Nigeria) contribution towards enhancing research, it conducted an assessment of TBHIV surveillance system in Adamawa state.

Members of the state advocacy committee have shown enormous commitment to service, including the state ministry of health (SMOH). Presently, 13 of its 21 LGAs have an existing state advocacy committee.

Trainings on Leprosy suspect, referral and care was held in 2 LGAs, which was followed by a Mini-lec. While its World Leprosy day was marked at the Dermatology Hospital, Garkida.

24.Bauchi

The North eastern state has 20 LGAs, 65 DOTs and 35 Microscopy centres. There is a functioning TBHIV WG which was established in 2007, which has aided in providing HCT, CPT, establishment of care and support groups, ART and joint TBHIV planning.

Advocacy visits were paid to key officials of Bauchi state ministry of Health in order to increase political commitment, and counterpart funding released to the programme by the state for 2008 was ₦46 million. Case findings, Mini-Lec and self-care grouping meetings were the major activities carried out in its Leprosy control services.

25.Lagos

There are 20 LGAs. All LGAs have a state advocacy committee and provide DOTs services. However, there are 55 DOTs treatment centres and 32 microscopy centres servicing a population of 9.5million.

Its state TBHIV working group was established in 2008 and is basically state sponsored.

Counterpart funding released by state for 2008 was 6million naira.

26.Zamfara

There are 19 microscopy centres and 64 DOTs centre in all of its 14 LGAs. Its TBHIV working group was established in October 2008, but not yet fully functional. Its 14 LGAs has advocacy committees, which have helped in enlightening the public on TB issues.

27.Jigawa

Data reports showed that there are 22 microscopy centres and 54 DOTs centres in 24 of its 27 LGAs. The state TBHIV working group was set up in 2006 and has since helped in establishing a mechanism for collaboration, increasing case finding of TB in PLWHAs and accessing HIV services. Its state advocacy committees in 14 LGAs have assisted in mobilizing communities, sensitizing political and traditional leaders. Mini-Lecs, trainings on MDT and decreasing grade II disabilities were carried out in 2008.

28.Sokoto

Sokoto comprises of 23 LGAs, of which all provide DOTs services. There are 48 DOTs and 23 microscopy centres. Six (6) of its LGAs has an advocacy committee, which has consequently increased political commitment. In the light of the above, 5million naira was released in 2008 as counter part funding. TBHIV working group was established in 2006 which has immensely contributed towards increased screening of all TB clients for HIV status and vice versa

Training, supervision of MDT clinics and mini LEC were the major leprosy activities carried out in 2008.

29.Katsina

Katsina is located in the North western zone, constituting 34 LGAs, 110 DOTs centres, 23 microscopy centres and a functional TBHIV working group which was established in January 2008.All of its LGAs provide DOTs services, of which 20 have state advocacy committee. The latter has helped in creating more awareness to the policy makers of the TBL programme.

30.Taraba

A state of 16 LGAs, which has 61 functional DOTs centres and 35 microscopy centres.

There is a state TBHIV working group which was established in Dec 2007, and a state advocacy committee which has played an immense role in advocacy through visits paid to its State Health Commissioner, bureau for LG and chieftaincy affairs, House of assembly and civil service commission. However, counterpart funding is yet to be accessed. Mini LEC activities in 3 LGAs were the major activities conducted in Leprosy control in 2008.

31.Kano

Of its 44 LGAs, there are 38 microscopy centres and 6 LGAs without microscopy centres (sputum is collected and transported). There are 6 state advocacy committees which contributed to the release of counterpart funding (₦6.8million) for 2008. TBHIV WG was established in 2004, of which its activities over the years have improved and have been strengthened.

LEC were conducted in 4 LGAs, including trainings on MDT in 5 of its LGAs.

As part of its achievements for 2008, the state presented a paper at the IUALTD conference in Paris.

32.Kaduna

State report showed that all of its 23 LGAs provide DOTs services through 104 functional DOTs sites and 58 microscopy centres.

Coordination of partners and development of a work plan for TBHIV implementation are a few of the achievements of the state TBHIV working group which was established in 2007.

Its states' advocacy committee which exists in 18 LGAs carried out advocacy visits to media organizations and all stake holders to create more awareness on the TBL programme and need for disease control, commitment and programme support.

GHCWs of MDT and non-MDT clinics were trained on Leprosy care and management.

33.Kebbi

There are 21 LGAs, all of which offer DOTs services through 42 DOTs sites and 20 microscopy centres.

The state government has showed profound support, as it released ₦1, 700,000 as counterpart funds to the TBL programme in 2008, through the efforts of its 5 state advocacy committees.

Currently, Kebbi state does not have a TBHIV working group.

The major leprosy activities conducted are mini LEC and POID training for new TBL supervisors.

34.Ekiti

Ekiti is located in the south west zone of Nigeria, comprising of 16 LGAs. All of which provide DOTs through 155 DOTs treatment centres and 21 microscopy centres.

There is an existing PPM and CTBC steering committee in Ekiti state.

Response to HIV KIT supplies, INH and CPT provision, data validation, cross referral of co-infected persons, specialized care follow-up, ART services, counselling, are some of the achievements of the TBHIV working group which was established in January 2007.

Its advocacy committees in 16 LGAs have aided in enhancing LGA support to programme e.g. Ekiti received funding support for the celebration of World TB day and Leprosy day celebration.

As part of its operational research activities in 2008, HIV prevalence among TB cases in Ado was conducted

Its major Leprosy activities for 2008 were active case search, contact tracing of Leprosy patients, jingles and development cum distribution of Leprosy IEC materials.

35.Benue

Benue state has 23 LGA with DOTS with a total of 105 functional DOTS centres and 36 microscopy centres. The state has established a PPM, CTBC and Advocacy committee. The advocacy committee have been able to conduct public awareness campaigns on TB & L and paid advocacy visits to the some of the LGAs. During the year Trainings were also conducted for facility staff on how to suspect leprosy.

36.Borno

Data report revealed a total of 27 LGAs with at least 1 DOTs facility in each LGA. There are 68 DOTs facilities and 35 microscopy centres. Its TBHIV working group which was inaugurated in 2007 has contributed in increasing the number of partners involved in TB control and also in coordinating all partner activities.

Supervision, World Leprosy celebration and MDT/TBL suspects/referral trainings, were the major Leprosy support activities carried out in 2008.

37.Yobe

In its 17 LGAs, there are 35 DOTs and 18 microscopy centres. TBHIV working group is yet to be inaugurated, but has been programmed for the first quarter of 2009. Its state advocacy committees in 6 LGAs, being funded by the GFATM gap filling grant has helped through more awareness creation especially amongst the religious and traditional institutions. Fifty-two(52) GHCW were trained on Leprosy suspect/referral and supervision.

6 Logistics drug and commodity management

Logistics activities are critical to the success of the programme. As part of efforts in strengthening the Logistics unit, six (6) Zonal stores located in the six zones of the country became functional through State, GFATM grant and Partner support.

In 2008, the Global Drug Facility provided FDCs in the country enough for a projected case load of 102,500 Cat 1 adults and 7400 Cat 2 adults new cases together with an equal amount as buffer stock.
A major challenge faced in the second quarter of 2008, was a record of drug stock outs, which inadvertently resulted in a rapid fall in the number of registered TB cases for quarters 2 and 3 of 2008.

The table below summarizes stocks of anti- TB drugs and other consumables received during this period.

Name of product	Total quantity ordered	Quantity supplied till today
RHZE	1,022,400 blisters	1,022,400 blisters
EH	1,764,522 blisters	1,764,522 blisters
RHE	96,082 blisters	96,082 blisters
WATER FOR INJ	469,824 vials	497,000 vials
STREPT. 1 G	120,256 vials	120,500 vials
SYRINGES	621,600 pieces	622,000 pieces

Table 12 - Anti-Tb drugs and other consumables received in 2008

A baseline assessment of Logistics System at National, Zonal, Selected states, LGAs and facilities (supported by USAID/DELIVER PROJECT) was conducted and findings were suggestive of a need to constitute a tracking system in place to monitor drug distribution nation wide.

As part of programme support and assistance through USAID/TBCAP, a number of activities were successfully implemented. These include:

- Development of a Procurement and Supply Management (PSM) plan for Programme drugs for 2009 -2011
- Development of SOPs for Logistic Management Information System(LMIS)
- Development and approval of procurement plan by Global Drug Facility (GDF) for anti-TB drugs (2009 - 2011)
- Development of framework for adverse drug reaction reporting.
- GDF approval of paediatric anti-TB drug
- GDF approval of phased introduction of patient kits
- Orientation of Zonal store officers on the use of harmonised LMIS tools
- Training of 18 pharmacists and store officers on store mgt.
- Clearing and distribution of TB drugs to all States

7 Supervision, monitoring and evaluation

Supervision, Monitoring and Evaluation form the backbone of an efficient programme management. According to the strategic plans, SM & E activities would improve performance of NTBLCP through provision of consistent technical support to all levels – National, Zonal, State and LGA. Thus the mandate from the plans for the M&E and Programme Management team at the national level is to put in place an effective and strengthened information management system at all levels of NTBLCP that ensures timely, complete and accurate data collection, collation, analysis, reporting & feedback.

7.1 Background information

The four broad activities of monitoring in the programme are:

- Programme Supervision
- Data Management
- Programme Review meetings
- Monitoring Missions

Programme supervision operates at four levels:

- *National supervision of State TBL Programs:* Quarterly visits by FMOH officials to cover all States at least once per year
- *Zonal supervision of State TBL programs:* Quarterly visits by WHO and ILEP officials to cover all States in their zones at least once per year
- *State supervision of LGA TBL programs:* Quarterly visits of State PMs to all LGAs in their State at least once per quarter
- *LGA supervision of clinic/facility activities:* Monthly visits by LGA TBL supervisors to all facilities at least once per month

Data are managed at these same levels, right from the facility up to the National level. These are collated during review meetings operational at state and zonal levels:

- Programme review meetings include Quarterly State Statistical Meetings – meeting of LGA supervisors
- Quarterly Zonal Coordination Meetings – meetings of State TBL Control Officers per zone at zonal headquarters
- Quarterly Planning Cell Meeting – technical meeting of NTBLCP officers and Partners
- Technical Advisory Committee (TAC) meeting of selected GFATM R5 stakeholders and partners
- TB/HIV Working Groups Meetings at National & State levels
- Annual Program Review Meeting – meeting of State TBL Control Officers, Partners and NTBLCP Officials – rotational venues.

Programme evaluation is achieved through Annual Joint International Monitoring Mission, Mid-term and tripartite terminal evaluation of the strategic plan for TB and Leprosy control and NTBLCP. Other monitoring missions include the CTBC mission and Global Drug Facility Monitoring Mission.

The key progress indicators for the NTBLCP are shown in table 12.

TB Indicators	Leprosy Indicators
1. Case Detection Rate	1. G2 Disability Rate of New cases
2. Treatment Success Rate	2. MDT Coverage of Patients
3. Activity Implementation Rate	3. MDT Completion Rate
4. Incidence of TB among PLWHA	4. New Impairment Rate
5. Level of Community Awareness of TB disease	5. No. Benefiting from Rehabilitation Services

Table 13 – Key progress indicators for the NTBLCP

7.2 Activities carried out in 2008

Monitoring mission

Joint International Monitoring Mission was done in July 2008. Seven (7) teams visited 14 States.

National meetings

1. Six Zonal Coordination / Review meeting every quarter were held in the first month following the end of each quarter, making a total of 24 meetings held to review the progress of NTBLCP implementation with the STBLCOs and HIV Focal persons of States in all Zones.
2. A Planning Cell Meeting (a technical review meeting of NTBLCP and partners) was held every quarter – 4 meetings held in 2008
3. Annual National Programme Review Meeting, otherwise called the Annual Control Officers Meeting, though involving all stakeholders of TBL Control in Nigeria, was held in the first week of December in Kaduna State.

Statistical meetings

Quarterly collation of statistical reports from the States was done following each Zonal Coordination meeting. From this, a detail statistical review report for the each quarter of 2008 was collated, analysed and interpreted.

Supervision

Quarterly Joint NTBLCP/WHO/ILEP quarterly integrated field programme and QA supervision exercise was made to 27 states of the federation in 2008.

Major achievements in 2008 were the development, printing and dissemination of a comprehensive Annual report for the year 2007, Strategic Framework workshop were carried out in the 37 states of the federation through the technical support of WHO. Also, finalization, Printing and Distribution of the 5th edition of the Workers' Manual was achieved in 2008.

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8. Human Resource Development

The National Tuberculosis and Leprosy Training Centre (NTBLTC), Zaria located in Saye village, is about four kilometres from Zaria town, along the old Zaria – Kaduna road. The Centre was established in January, 1991 as a human resource development centre for the National TBL Control Programme (NTBLTCP). The centre has the following responsibilities:

- Training of manpower for the National TBL Control programme (NTBLCP).
- Referral hospital for TB & leprosy cases and laboratory services.
- Development of training materials and guidelines
- Operational research relating to TBL.

The centre has also been providing integrated TB/HIV care in the last two years.
The National TBL Training Centre comprises the training department as well as 140 beds capacity hospital wing as a practical area for the trainees.

Training Department

The training centre conducts the following regular courses annually:

1. Medical Officers Course
2. Tuberculosis and Leprosy Supervisor's course
3. TBL Refresher Course
4. Hospital Staff course
5. Supervision course for state TBL control teams
6. TBL Laboratory course
7. Prevention of disability course for physiotherapist/physiotherapist assistance
8. International course on data management and supervision

In addition to the regular courses, the centre provides tailor made course for different partners (example TB CAP, CEDPA, CHAN,) and several medical students and students from school of health Technology, Nursing and Midwifery from the catchments area have received orientations training in TB and Leprosy.

The major activities of the Hospital are:

- Care for Leprosy, TB, HIV and AIDS patients
- Maternal and Child Health Care for the Community
- General out Patient care for Dermatological and other General Health services.
- TBL Operational research

Facilities

The Training Department has the following facilities:

- 3 classes (40- 60 participants capacity) and 1 auditorium(200-300 participants capacity)
- 2 Facilitators' common room with wireless internet facilities
- Library with Audio-visual room/computer resource centre with wireless internet facility
- Hostel accommodation for 40 – 80 students at a time.
- Standard Cafeteria
- Sports and recreational facilities
- 3 students busses

The Hospital has the following facilities

- Two General out Patient Departments (GOPD) with ten consulting rooms, HCT, pharmacy and monitoring and evaluation unit.
- Five wards with 140 beds capacity
- Eye Clinic
- Laboratories: 1 multipurpose, 1 TB culture and DST under construction
- Physiotherapy Department
- Operating Theatre
- Shoe Workshop
- Laundry
- General store

Administration

A principal who is responsible to the National Coordinator, NTBLTCP, heads the Centre. The following staffs, in the day-to-day management of the Centre, support the principal.

- Medical Officer 7 of which 3 are part time
- NLR (Netherlands Leprosy Relief)) Training Adviser
- Personnel officers 2
- Accountants 3
- Clerical Account staff 2
- Community Health Officer 8
- Community Health Assistant 8
- Nurses 13
- A laboratory scientist, 2 scientific officer 1 microbiologist and 1 technicians
- Pharmacist 2
- Junior staff (cleaners, security, health attendants etc) 90

Partner Support to NTBLTC

The training centre has three major collaborative partners as follows:

1. Netherlands Leprosy Relief has been supporting the centre since early 80's in areas of capacity development, technical support, patient care, logistic support (drugs, vehicles, and computers) and provision of equipments and maintenance. The details of financial contribution based on activities are shown in annex 1.
2. Institute of Human Virology (IHVN). The collaboration with IHVN is in the areas of HIV and TB/HIV and laboratory support. This collaboration is two years old and details of indicators on HIV and TB/HIV care are discuss on the hospital utilization section of the report.
3. Tuberculosis Control Assisted Program (TB CAP), supports the centre under its institutional capacity building project, to become a regional training centre for Anglophones countries. See annex 2 for detail report of the activity.

Outcome of activities over a five year period

LGATBL Supervisors course

Sponsors	2004	2005	2006	2007	2008	Total
NLR	29	20	21	29	18	117
GLRA	17	10	16	16	17	76
TLMN	2	3	14	12	5	33
DFB	8	9	2	5	11	35
States/LGAs	1		6			6
PATHS			3	3	4	9
GFATM				4	20	24
Total	**57**	**42**	**62**	**68**	**75**	**304**

Table 14 - Five year trend of trainings for supervisors

The number of trainees has been on the increase since 2004, which indicates high demand for this course, its relevance to TBL work at the LGAs and also the problem of high staff turn over/attrition.

TB & Leprosy refresher course for LGTBLS

This course was designed for LG TBLS who were trained three-five years earlier or identified by the program manager during their routine supervision.

Sponsors	2004	2005	2006	2007	2008	Total
NLR	11	13	23	18	26	**91**
GLRA	1		7	15	12	**35**
TLMN		1	27	2		**30**
DFB			4			**4**
States/LGAs				4		**4**
PATHS						
GFATM				4		**4**
Total	**12**	**14**	**61**	**43**	**38**	**168**

Table 15 - Trend of participation in Refresher course by supervisors

The above trend shows that only few LG TBS are attending the refresher courses, this may be responsible for some weaknesses currently observed in the field. There many challenges and new innovative strategies implemented by the program that the LG TBLS are not fully educated about, examples the role of PPM, CTBC, MDR, 3Is and the changing of the recording and reporting formats.

Hospital staff course

Sponsors	2004	2005	2006	2007	2008	Total
NLR	14	6	11	12	12	
GLRA	1	10				**11**
TLMN	3		1			**4**
DFB	8	8	5			**21**
States/LGAs	3	4	3	4	1	**15**
PATHS						**0**
GFATM						**0**
Total	**29**	**28**	**19**	**15**	**13**	**104**

Table 16 - Trend of participation in the Hospital staff course

There has been a continuous decline on the number of participants for the hospital staff course, this may be attributed to the ongoing training of general health workers in the field for TB using the global funds and also in leprosy by some of the partners. To this note, efforts are being made in 2009 to fully decentralize the course

Medical officer's course

Sponsors	2004	2005	2006	2007	2008	Total
NLR	7	5	6	7	4	**29**
GLRA	1		2		6	**9**
TLMN	3	2	2	4	1	**12**
DFB		1				**1**
States/LGAs				1		**1**
PATHS						
GFATM				2	1	**3**
Total	**11**	**8**	**10**	**14**	**12**	**55**

Table 16: 5 year trend of participation in the medical officer's course

The medical officer's course is conducted only once a year, because there is low turn over and attrition rate among the program officers, however many new initiatives are being discussed at the zonal review meetings.

POD course

The 1st course was conducted in 2008, with a total of 9 participants.

Laboratory course

Years	Number
2004	20
2005	
2006	36
2007	21
2008	38
Total	115

Table 17 – Participants lab course

The data base on the laboratory trainings in general is not very effective, because many partners organised laboratory training in the fields and using different materials. At the moment a standard national training guide is been developed with the support of CDC.

Training of trainers (TOT Courses)

One of the strategic directions of the training centre is to improve the pre-service training of Medical and Para-Medical Schools in Nigeria. In 2008, 138 nursing tutors from all the states were trained on TB & Leprosy and all their libraries were supplied with national documents of the program. Also, 34 program managers were trained on TB/HIV collaborative activities

International training course

Its first international training course was conducted in October 2008. In collaboration with partners (KNCV, MSH), training of Mid and High level TB & TBHIV managers from seven (7) Anglophone African countries on Data management and supervision was done. In the preceding year of 2008, TBCAP (PMU, KNCV and MSH) had delivered two international missions to the training centre, NTLTC Zaria, to prepare the latter in delivering the first International regional Training course for Anglophone Africa. In all, there were 21 participants from seven countries (DRC, Gambia, Ghana, Nigeria, Kenya, Tanzania and Zambia.)

INDICATORS	**TOTAL**
GOPD UNIT	
Total no of patients seen coming for the first time	15037

Total no of patients seen coming for follow-up visit	11337
Total no of patients seen	**26374**
Total no of patients counselled & tested for HIV	4224
Total no of patients tested positive	1179
Total no of patients on ARV/CPT	657
Total no of Tb suspect	1724
Total no of Tb patients on treatments	334
Total no of Tb patients screen for HIV	1606
Total no of Tb patients tested (HIV+ve)	114
Total no of Tb smear pos/HIV +ve	45
Total no of Tb patients on CPT	182
General	10859
Skin	12659
Total leprosy patients registered for MDT	54
MB adult among registered cases	46
MB child among registered cases	7
Grade 2 disability among registered cases	20
PB adult	1
lep ulcer	18
lep eye	1
Eye	26
Total no of patients referred out to:	
ABUTH SHIKA	304
GEN. HOSP. K/GAYAN	139
BARAU DIKKO SP. HOSP. KD	19
PEAD. UNIT BANZAZZAU HOSP.	10
TOTAL NO. OF PATIENTS REFERRED OUT	472
Total no of patients referred in from:	
GENERAL HOSP. KAFANCHAN	13
AMINU KANO TEACHING HOSP.	3
TBL FUNTUA ZONE KTS	2
GENERAL HOSP. HUNKUYI	3
IN-PATIENT CARE	
Total no of hospital beds	120
Admission on HIV	44
Admission on TB	147
Admission on TB with HIV	36
Admission/registered on Leprosy	107
TOTAL NO OF PATIENTS ON ADMISSION	**372**

Leprosy:	
Leprosy reaction	46
Ulcer	51
Eye care	10
Dematological cases admitted	38
Tuberculosis:	
Sputum positive TB	84
Sputum negative TB	43
Total no of patients day (leprosy)	**11680**
Total no of patients day (TB)	**23725**
LABORATORY UNIT	
Total no of ART patients on initial visit	1113
Total no of ART patients on follow-up visit	573
Total no of patients seen on ART	**1686**
X - RAY UNIT	
Total no of male patients seen	219
Total no of female patients seen	121
Total no of patients seen	**340**
Total no of CXR taken	316
Total no of OTHERS taken	24
	340

Table 18 - Data report for 2008 at NTBLTC

The centre has been able to achieve total integration of TB, HIV and leprosy as a one stop shop, therefore reducing the stigma attached to all the three diseases. This was possible because all health staff of the centre were trained on both diseases. Infection control plan has been designed to reduce the risk of TB transmission within the facility. The table shows high utilization of the hospital facility with total attendance of 26,374 patients at the GOPD.

<u>The following are key indicators of importance to note for 2008</u>

1. 28% HIV positivity rate among all patients
2. 93% of TB suspect were screen for HIV compare to less than 10% nationally and internationally. This was based on the concept of multiple opportunities at different point of patient care (e,g GOPD, Lab, Wards and DOTS clinics)
3. 7% TB/HIV co-infection rate
4. WHO Grade 2 disability among newly leprosy cases of 37%, which is too high and is an evidence of late case detection.
5. Child proportion of 13% among new cases registered.

During 2008, the NTBLTC made outstanding progress as a human Resource centre through Government support and collaborating Partners.

9 Funding and partnership support

9.1 FMOH funding

Expenditures in 2008 (Regular/ Capital)

Procurement of Drugs and reagents N42,389,800

Expenditures in 2008 (MDG Allocation)

Upgrading of infrastructure at the St Patrick Leprosy and TB Hospital (Mile 4) Abakalike, Ebonyi State.	N130,000,000
Upgrading of laboratory at National TB Training Centre(NTBLTC), Zaria	N50,000,000
Upgrading of Amana TB and Leprosy Hospital, Sokoto.	N50,000,000
Procurement of Lab. reagents and consumables	N25,000,000

Table 20 - Expenditure of MDG allocation

9.2 Partner funding

S/N	Organizations	Activities	2008 ($)	Remarks
1.	TB CAP	DOTS expansion, Laboratory services, MDR, TBHIV, CTBC, Logistics strengthening	1,420,000 1,864,000	USAID funds managed by WHO/KNCV country office.
2.	GFATM	As above, including establishment of 6 Zonal labs and 2 Reference labs, etc.	25.7million	PR- CHAN. Phase 1 finished DEC 2008. Beneficiaries- NLR, DFB,NIMR, GLRA,TLMN, Intergender, NSCIA

Table 21 - Partner support (financing)

<u>TBCAP:</u> The Tuberculosis Control Assistance Program (TBCAP) is a USAID sponsored project formed to control tuberculosis globally. TBCAP Nigeria works in conjunction with in-country partners (KNCV, WHO, FHI, MSH, ILEP) provide support in varying program areas as shown below

MDR TB	Support MDR TB Committee meetings Development of guidelines and training materials Contribution MDR TB Survey
TB/HIV	Organization and conduct of Sondalo Nigeria course Review guidelines and training curricula Procure microscopes and INH (IPT) Renovations clinics and laboratories (48) Training of state team Training of clinic staff Training of lab staff Monitoring and evaluation activities TB/HIV working groups at state and LGA level

	Infection control plans at facility level
Logistics strengthening	Pharmaceutical management system assessment Update SOPs Participation IDA Course Computerization of central and zonal levels drug stores Training on forecasting Development of ADR Monitoring system Overall support logistics activities
PPM	Finalize PPM framework Develop Hospital DOTS Linkage Program Inaugurate National and State PPM Steering Committees Adopt ISTC materials
CTBC	Study tour to Uganda CTBC activities in 2 LGAs
Upstream support	Finalization of HRD Plan Development of training HMIS Implementation of pre service curricula Overall support to NTBLCP activities

ICAP SUPPORT

International Centre for AIDS care and Treatment Programs, Columbia University (ICAP) Nigeria provides service delivery, training and operational research to the NTBLCP. ICAP programme are funded by foundations and the US state Government. It currently supports TBHIV activities in six states of Nigeria (Cross River, Akwa ibom, Kogi, Benue, Kaduna and Gombe), with provision of HCT/CPT services to TB patients in 63 TB treatment lcentres.

In 2008, the major activities carried out by ICAP to support the NTBLCP include:

- Refresher training in TB microscopy for 18 Lab Personnel
- Training of TB care providers on TB/HIV co-management in Gombe State.
- Distributed microscopes to TB labs at supported sites
- Printed and distributed 10,000 national TB Treatment card in Q4 of 2008 and Q1 of 2009, to Kaduna, Kogi, Gombe, Akwa ibom, Cross River and Benue of which 4,000 Cards are still in store
- Ordered printing of 500 national sputum request forms and 100 sputum clinic registers
- Supported Kaduna and Cross River states in WTD celebration 2008
- Supported establishment of the TBHIV TWG and implementation of her activities for Kaduna and Cross River states in 2007 &2008

TLMN SUPPORT

The Leprosy Mission Nigeria supports both TB and Leprosy activities of the NTBLCP with major focus on Leprosy activities within seven states (FCT, Kebbi, Kogi, Kwara, Niger, Sokoto and Zamfara) .

Major activities of TLMN in 2008 include

- Printing & Distribution of Leprosy Posters, ILEP guides
- Airing of Leprosy Radio jingles
- Celebration of World Leprosy Day
- Training of GHWs on Leprosy and refresher courses for TBL supervisors
- Provision of a 4WD Hilux to the central unit for logistic purposes
- Provided support to the M&E of the NTBLCP through participation in her Joint supervision and quarterly zonal and state statistical review meetings
- Supported POD activities(active Case Finding [Mini- LECs], Provision of Protective and Assistive devices, Patients Feeding and Drugs/Surgical material supplies

9.3 Counterpart Funding from States

As a measure of increased governments' commitment, a total of N151, 530, 988 million was provided as counter part fund by 19 of the 37 state governments.

Zone	State	No of LGAs	TBHIV TWG	PPM Steering Committee	CTBC Steering Committee	State Advocacy Committee	LGA Advocacy committee	Counterpart fund from states (Naira)
North Central	Benue	23	2007	Y	Y	Y	3	**Nil**
	FCT	6	Dec-07	Y	N	Y	6	**3,000,000**
	Kogi	21	Nov-08	Y	N	Y	9	**Nil**
	Kwara	16	2008	N	N	Y	6	**Nil**
	Nasarawa	13	2008	Y	N	Y	3	**Nil**
	Niger	25	Nov-07	N	Y	Y	25	**560,000**
	Plateau	17	2008	N	N	Y	3	**Nil**
	NC Total	**121**					**55**	**3,560,000**
North East	Adamawa	21	2007	N	N	Y	13	**Nil**
	Bauchi	20	2007	Y	N	Y	20	**46,100,659**
	Borno	27	2007	Y	N	Y	19	**NIL**
	Gombe	11		Y	N	Y	11	**10,000,000**
	Taraba	16	Dec-07	N	N	Y	3	**NIL**
	Yobe	17	NIL	N	N	Y	6	**NIL**
	NE Total	**112**					**72**	**56100659**
North West	Jigawa	27	2006	N	N	Y	14	**Nil**
	Kaduna	23	2007	Y	N	Y	18	**Nil**
	Kano	44	2004	Y	N	Y	6	**6,888,329**
	Katsina	34	2008	N	N	Y	20	**Nil**
	Kebbi	21	NIL	N	Y	Y	5	**1,700,000**
	Sokoto	23	2006	N	N	Y	6	**5,000,000**
	Zamfara	14	2008	N	N	Y	14	**Nil**
	NW Total	**186**					**83**	**13,588,329**
	Abia	17	2007	N	Y	Y	17	**3,000,000**
	Anambra	21	NIL	N	N	Y	18	**1,400,000**
	Ebonyi	13	Nov-07	N	Y	Y	13	**7,200,000**
	Enugu	17	2007	N	N	Y	17	**Nil**
	Imo	27	NIL	N	N	Y	18	**2,100,000**
	SE Total	**95**					**83**	**13,700,000**
South South	A/Ibom	31	Mar-07	N	N	Y	27	**10,000,000**
	Bayelsa	8	2007	N	N	Y	8	**Nil**
	C/River	18	2007	N	Y	Y	18	**562,000**
	Delta	25	NIL	N	N	Y	21	**2,920,000**
	Edo	18	2006	N	Y	N	18	**29,800,000**
	Rivers	23	Aug-06	N	N	Y	23	**15,000,000**
	SS Total	**123**					**115**	**48,282,000**
South West	Ekiti	16	Jan-07	Y	Y	Y	16	**Nil**
	Lagos	20	Dec-08	N	N	Y	20	**6,000,000**
	Ogun	20	Dec-06	N	N	Y	16	**Nil**
	Ondo	18	2007	N	N	Y	13	**6,000,000**
	Osun	30	NIL	N	N	Y	6	**Nil**
	Oyo	33		Y	Y	Y	20	**8,000,000**
	SW Total	**137**					**91**	**20,000,000**
Nigeria	**Total**	**774**					**499**	**151,530,988**

N- No, Y- Yes

Table 22 – State Counterpart funding

10 Miscellaneous events

Staff Movements – Appointments, transfers, and retirement

A new National Coordinator, Dr. Mansur Kabir replaced the former National Coordinator, Ben Nwobi in August 2008

Government Deployment
Drs. Emperor Ubochioma, Nkem Chukwueme and Babawale Victor were newly deployed in March ,April and May 2008 , respectively.

Transfer/Secondment
Dr. Bethrand Odume moved from the National programme to Hospital services.
Dr. S. Aboje was transferred from hospital services to the National TB and Leprosy Program

Staff Development - International and Local Training Courses

- Drs Ken Adagba, Femi Ajumobi, Emperor Ubochioma, Nkem Chukwueme and Augustine Nwoye participated at the Medical Officers course at the training centre in Zaria.
- Drs Sebastian Victor (GFATM Consultant) and Babawale Victor attended NFELTP training is Sokoto State
- Seven key staff of the Central unit, two from the training centre (NTBLTC) and twenty State Control officers attended a WHO TB/HIV training course at Sondalo Italy in two batches.

Ceremonies

- World Leprosy Day was celebrated in February.
- World TB Day was celebrated in March.

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International meetings, tours, conferences and workshops

- Dr Rupert Eneogu and Dr. Mike Jose participated on a CTBC study Tour in Uganda
- GFATM proposal writing workshop in South Africa. Drs Eneogu and Phillip Patrobas represented the programme
- In August 2008, the Programme Manager Dr. Mansur Kabir participated in a 5-day Buruli Ulcer sensitization workshop in Cotonou
- IUATLD TB Conference in Paris in October 2008 – attended by Dr Bethrand Odume.

11 Recommendations

TB Program recommendations

- Advocacy visits to provide/ increase funding of the TB programs in the states
- Strengthen the capacity of staff at all levels to deliver TB services
- Improve on drug logistics management Information System to avoid stock outs
- Regular provision of reporting and recording materials
- Intensify EQA activities in the States
- Increase number of treatment and microscopy centres
- Increased Government commitment through Annual budgeting for TB program activities and the provision of funds to cover existing funding gaps
- Need for increased funding and stakeholder participation for TBHIV collaborative activities
- Need for adequate provision and distribution of TB workers manual to be made to all health workers
- Frequent Supervision by the Central Unit to the States, since they are still below target.
- National guidelines on TB/HIV to be provided to the states for possible adaptations
- Engagement of all care providers in the delivery of TB services
- Implementation of PPM DOTS in larger cities with Presence of Private Practitioners and strengthening/expansion of the PPM initiative
- Embark on Awareness Creation/community mobilization.
- Need for high level advocacy.

Leprosy Program Recommendations

- Continue to build the capacity of staff on leprosy
- Conduct of case finding surveys
- Improve on drug logistics
- Improve on contact tracing of patients
- Improve on the Rehabilitation and re-integration patients in society- provision of POD materials
- Awareness campaigns to address late reporting of patients at facilities and to reduce stigma
- More funding for supervision and regular supervision of Central Unit to the States
- Increased funding for Leprosy/Re-channelling of more funds to leprosy control by Partners

Buruli Ulcer Recommendations

- Create awareness on Buruli ulcer in the country for all stakeholders
- Assessment of all states of the federation to ascertain the burden of the disease
- Develop and operationalize the strategic plan for BU control
- Mobilize the three tiers of Government and Donors to provide funds for Buruli Ulcer control in the country.