



Increasing Tuberculosis Case Notification in Nigeria:

# The Role of Social and Behavior Change

Co-Creating People-Centered Interventions and Fostering

Strategic Partnerships to Redefine the TB Narrative



## Situation:

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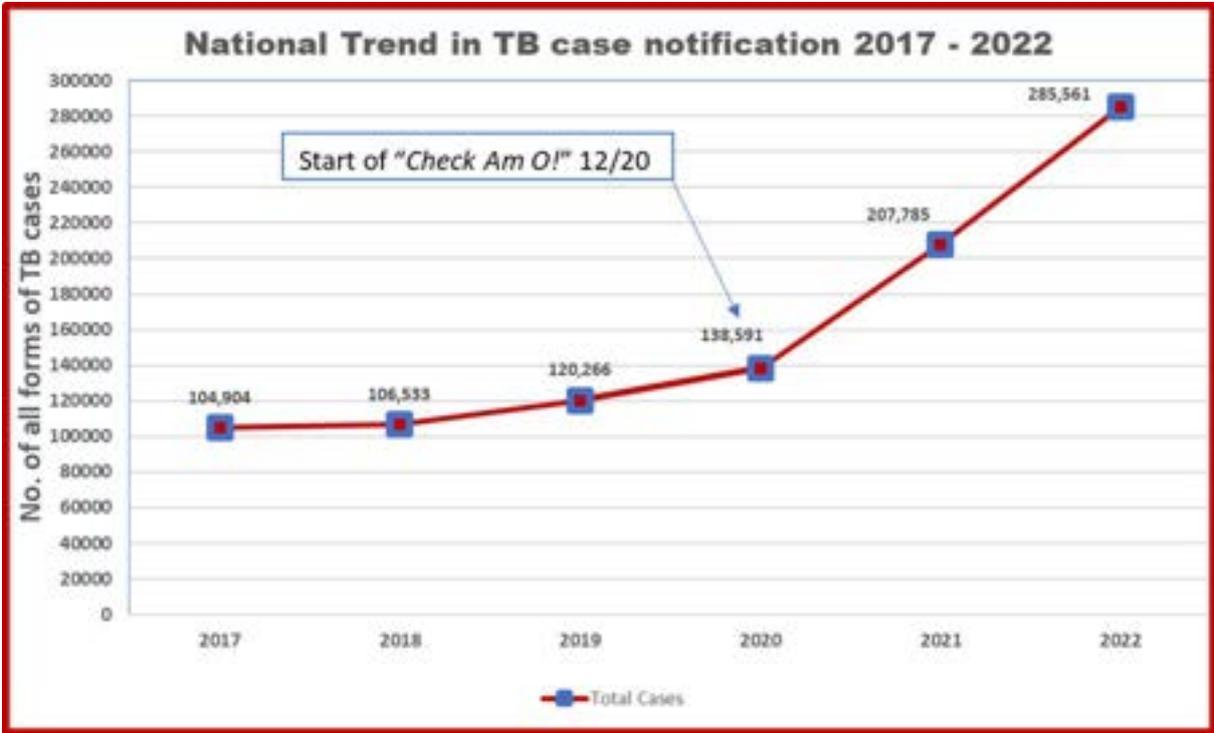
Prior to 2019, Nigeria maintained a case notification rate for tuberculosis (TB) less than 24%, one of the lowest in the world (Nigeria Tuberculosis Profile, World Health Organization, 2017).

**With over 200 million people and ranking first in Africa and sixth among the 30 high TB burden countries globally,**

this poor outcome had an outsized negative impact on achievement of global TB goals for more than a decade.

The number of TB cases notified (those diagnosed with TB and receiving treatment) remained around 100,000 annually from 2008 to 2018. This changed in 2018 when the nation recorded significant and consistent increases in the annual TB notification from 106,533 in 2018 to 120,266 in 2019 to 138,591 in 2020. Then, in 2021, 207,785 TB cases were notified (a 50% increase over 2020), marking a dramatic acceleration of the rate of increase, followed by 285,561 notified cases in 2022.

Nigeria was one of the few countries in the world to achieve an increase in 2020, during the height of the COVID-19 lockdown and mitigation measures, making this achievement even more impressive. (Source: NTBLCP 2022)



### What led to these improvements during the period 2018 to 2023 and beyond?

On June 2, 2022, the Honorable Federal Minister of Health launched the National Tuberculosis and Leprosy Control Programme (NTBLCP)’s “Compendium of Best Practices

2018-2021,” which describes the broad array of interventions and best practices that contributed to the success during this period.

One of the enabling factors was the dynamic leadership of the NTBLCP,

which started in 2018, and committed development partners and implementing agencies working collaboratively with the government to fund, coordinate, and implement a wide array of interventions.

Over the years, investments in TB have primarily focused on improving TB services, including diagnostics and clinical services. The United States Agency for International Development (USAID) has provided cumulative bilateral funding of about \$266 million from 2003 to 2023 to support these efforts. In the National TB Prevalence Survey Report 2012, the Federal Ministry of Health (FMoH) identified the need for increased demand creation as an intervention to help improve case notification rates as one of Nigeria’s top priorities. USAID has been the leading development partner to respond to this need, investing over

\$7 million between 2018-2023 in the Breakthrough ACTION-Nigeria project to work with the NTBLCP and partners to design and implement social and behavior change interventions to increase the demand for TB services.

This was an essential enabling factor that has since led to the success of TB programming in Nigeria.



**We realized that just because we’ve invested so heavily in making sure [TB] services were available, it didn’t mean that people would demand those services. ”**

**Debby Nongo, USAID Nigeria HIV/AIDS and TB Office**

## Social and Behavior Change Approach

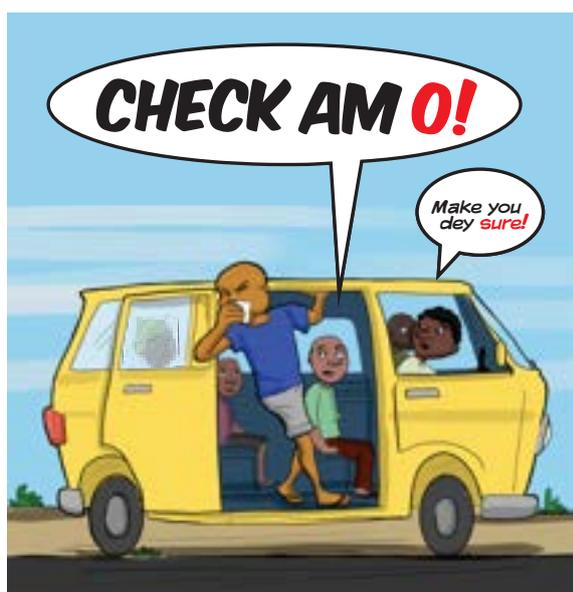
This document describes the SBC interventions identified as a best practice in the Compendium and the continued impact these interventions have had.

The USAID Breakthrough ACTION-Nigeria project, the NTBLCP, and

partners collaborated to develop the first national unified TB Social and Behavior Change (SBC) campaign—“Check Am O!”. The campaign was designed to be relatable to the priority audience of peri-urban dwellers based on an intensive [human-centered design approach](#),

encouraging anyone with a cough lasting more than two weeks to seek TB testing and for their friends, family, and associates to support them to do so.

With the onset of the COVID-19 pandemic, the campaign strategy was adapted to address TB within the context of COVID-19. The campaign's mass media and social media approach included animated videos on television, social media, and radio spots in five languages. The spots were also available on-demand via mobile phone on Airtel's 4-2-1 service. Community mobilization activities such as motorized campaigns conducted in TB hotspots together with service delivery partners provided the opportunity to offer SBC and TB services simultaneously. Several



partnerships were formed with patent medicine vendors, unions/associations, and religious leaders to refer clients and congregants with symptoms suggestive of TB for TB services.

Breakthrough ACTION-Nigeria also worked with NTBLCP to increase the capacity of the National TB Call Center, including expanding the number of trained operators, adding an Interactive Voice Response (IVR) function, and obtaining a short code (3340) instead of the 11-digit phone number to ease recall and enable more effective cross-promotion on the mass media. The project strengthened the capacity of the call center agents to conduct contact tracing and promote the acceptance of TB Preventive Therapy (TPT) among contacts. The locations of the nearest testing and treatment centers in each local government area were made available on social media and provided via the National TB Call Center.

The motorized campaigns and community activities started in November 2020, and the [media campaign](#) went on the air in December 2020. The Honorable Minister of Health formally launched

“Check Am O!” during World TB Day in March 2021.

Since then, Breakthrough ACTION-Nigeria has continued to collaborate with the NTBLCP to expand the types of SBC interventions implemented and integrate new partners into the efforts. This has included:

- Collaborating with school teachers to leverage their essential roles as influencers among school children. Through training, school teachers are equipped with knowledge on how to detect tuberculosis among school children who often go undiagnosed. Teachers then become helpful partners in TB case detection and referral among children in environments with inadequate resources, especially schools in known TB hotspots.
- Facilitating a partnership between the NTBLCP and Nigeria’s National Youth Service Corps (NYSC), providing an opportunity to engage thousands of young people during their NYSC orientation. Through this multi-sectoral

partnership, approximately 400,000 university graduates serving in mandatory service participate in TB sessions where they are learn about TB signs and symptoms, transmission, contact tracing and TPT, myths and misconceptions, and stigma and discrimination. Participating corps members are also screened for TB and tested. After their initial training, corps members are then able to serve as change agents within the communities in which they serve, helping to identify additional cases and refer for treatment.

- Working with healthcare professionals through clinical meetings and trainings to share updated TB guidelines, increase their index of suspicion of TB, especially among children, and address any misconceptions they may have that could impact the quality of care they provide clients who may have TB.

Breakthrough ACTION-Nigeria also supports the NTBLCP Advocacy Communication and Social Mobilization (ACSM) technical working group. The ACSM TWG serves as an avenue for stakeholders

to discuss program accomplishments and challenges, identify possible ways to address these challenges, and share successful implementation approaches. The support provided by Breakthrough ACTION-Nigeria strengthens the ACSM TWG's capacity to plan and manage activities and elevates the role of the ACSM Unit in coordinating partners effectively.

**I heard adverts on the radio about [free] TB treatment for anyone coughing for over two weeks, so I ran to the hospital to get tested, and I tested positive for TB. They gave me medications and told me when to take them. My medications are over, and I am back to my normal activities. ”**

**Nasiru Idris, TB Survivor**



Nigeria's Hon. Minister for Health launching the Check Am O! campaign

# Result Highlights

between 2019 and 2023

## NTBLCP ACSM

- Supported the NTBLCP to develop and disseminate the National ACSM Guidelines
- Identified state ACSM focal persons across all 36 states and the FCT
- Implemented innovative World TB Day activities across all states, extending the day to a week-long period with media appearances, community outreaches in TB hotspots, and TB health talks in mosques and churches
- Introduced national testing weeks for children and adults across all states
- Collaborated with the NYSC to engage young graduates nationwide around TB
- Built leadership and SBC capacity of 12 TB Program Officers

## MOBILE ON-DEMAND

Check Am O! spots on Airtel's 4-2-1 accessed **1,139,441** times

## MASS MEDIA

**77,474**

radio TV Check Am O! spots aired

**3,467**

episodes of TB programs aired in eight states

**80%**

reported TB message exposure

**Over \$701K**

in airing cost share

Strengthened the capacity of over **959** media persons

## SOCIAL MEDIA

**125,718**

people accessed info on the location of the nearest TB testing site in their area

**15M+**

persons reached as of 2023

## CALL CENTER IMPACT

**1,235,926** calls to the National TB Hotline from December 2020 to March 2024, including 9,134 referrals for TB testing, of which 58% disclosed that they tested and 29% self-reported testing positive for TB.

## COMMUNITY LEVEL

**21,882** community engagement activities conducted in TB hotspots

**3,157,982** persons were reached with messages on what to do if they have TB symptoms

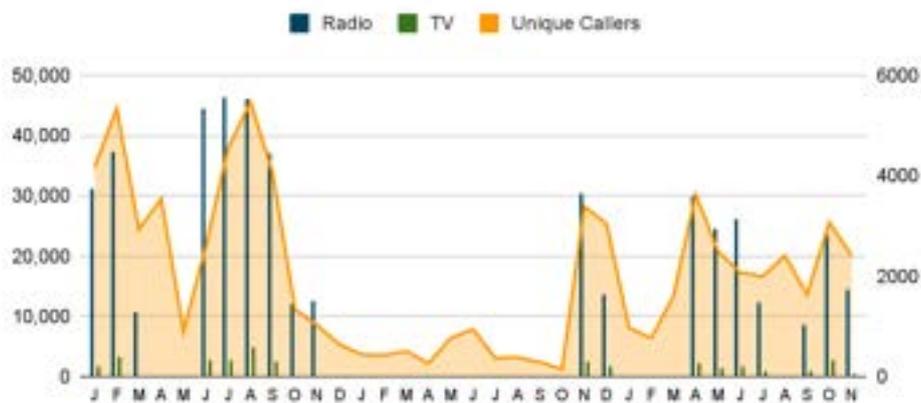
**401,651** presumptive TB cases referred for testing

**327,134** completed their referrals by going to a service delivery point for a TB test

**16,552** positive TB cases diagnosed

\*This figure only represents data from 2022 (not the entire program)

Unique Callers and Number of Radio and TV Spots Promoting TB Testing and the TB Hotline (Jan 2021 - Nov 2023)



## Conclusion



SBC has helped maximize the benefits of comprehensive investment in TB care by:

- Addressing the range of social and behavioral determinants that influence TB health-seeking behavior, such as knowledge, beliefs, self-efficacy, and stigma and discrimination.
- Co-creating TB case-finding interventions with community members and service delivery providers using a human-centered design approach
- Responding to community members' needs by providing simple, actionable information that can connect people to TB services within their own areas using communication channels they know and trust.
- Engaging with the actors that are part of, and will support, the community members' TB journey including patent and proprietary medicine vendors, religious leaders, civic organizations, and schools.
- Collaborating with service delivery partners, in implementing community-based SBC approaches, to increase efficiency and seamless testing of presumptive cases.
- Focusing all SBC executions on a simple, straightforward, consistent call to action ("Coughing for two weeks or more? Go for a free TB test") and referring the audience to the national TB call center for more information.
- Shifting the tone of TB SBC interventions from fear-based to confidence-building.



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