

# Working with Trusted Patent Medicine Vendors to Increase Tuberculosis Case Finding in Nigeria

## Background and Context

Nigeria has one of the lowest rates of tuberculosis (TB) case detection in the world, reported at only 24% in 2018.<sup>1</sup> In 2019, Breakthrough ACTION–Nigeria collaborated with National TB, Leprosy, and Buruli Ulcer Control Programme (NTBLCP), state, and local partners to better understand Nigerians’ experiences with TB–related behaviors and apply them to program development. Breakthrough ACTION–Nigeria initiated a process based on a social and behavior change (SBC) approach called human–centered design (HCD) to answer the question, “[How might we increase TB case detection rates?](#)” Guided by a tool developed by Breakthrough ACTION called the [SBC Flow Chart](#), collaborators involved in the HCD activity identified barriers and practices keeping Nigerians from seeking care for cough and fever and getting tested for TB.

The HCD activity revealed the hurdles people go through to get care and treatment for TB. Many TB diagnoses are missed along a patient’s journey to recovery. In Nigeria, especially within local communities, the first point of call for many when they fall sick are the patent and proprietary medicine vendors (PPMVs)—popularly known as chemists—before they turn to a health facility. These vendors are usually members of communities who are well known and trusted, some of whom are either serving or retired health workers. Sick persons and their loved ones often get impatient and want to bypass health facility protocols, which can take a lot of time. They would



rather visit the PPMVs with an assumed diagnosis and either ask for specific medication or trust that the PPMVs will prescribe an appropriate medication. Health facilities are also sometimes not easily accessible compared to local PPMV options within communities. When people present themselves at these PPMVs with symptoms, they often get treated for other diseases first before considering TB, or are only treated for the symptoms, rather than the cause.

<sup>1</sup>Nigeria—Tuberculosis case detection rate (All forms). (n.d.). Retrieved October 25, 2023, from <https://tradingeconomics.com/nigeria/tuberculosis-case-detection-rate-all-forms-wb-data.html>



## The Intervention

People in communities respect the PPMVs and trust they are equipped to solve the problems they present with. Recognizing the already existing trusted role that PPMVs play and the potential they have in TB case detection and healthcare-seeking, Breakthrough ACTION-Nigeria, collaborating with the NTBLCP and State Tuberculosis and Leprosy Control Programs (STBLCPs), identified a pool of potential PPMVs for one-on-one engagements. Teams consisting of the Breakthrough ACTION-Nigeria Local Government Area (LGA) Supervisor, the STBLCP, and/or the state Directly Observed Therapy (DOTS) providers visited the PPMVs and facilitated a short, simple orientation on TB. This included the mode of infection and transmission, signs and symptoms, and the value of initiating treatment quickly. The project also supplied the PPMVs with posters and stickers containing key information on the four cardinal symptoms of TB and the national TB hotline displayed on the PPMV stores.

Simplified referral cards serve as a cue-to-action that make recipients more likely to be responsive. Breakthrough ACTION-Nigeria designed the cards to make it easy for PPMVs to fill out and give clients who visit their shop with symptoms suggestive of TB. To ensure PPMVs fully utilized the referral cards, Breakthrough ACTION-Nigeria attached the referral cards to calculators, a tool every PPMV needs and uses frequently as businesspersons to calculate sales.

## Implementation Story

Using the insight from the HCD process that PPMVs feature strongly in a person's TB journey, and knowing other service delivery implementing partners (IPs) have also worked through PPMVs, Breakthrough ACTION-Nigeria adapted and leveraged this to fit its SBC approaches to increasing TB case-finding.

In the past, service delivery IPs engaged with PPMVs and set a precedent requiring a high level of responsibility in terms of documentation, referral, sputum collection, and follow-up of clients, resulting in PPMVs wanting high incentives to participate. Breakthrough ACTION-Nigeria developed a creative approach, in collaboration with the PPMVs, and simplified the referral documentation process. This reduced the need for documentation to the barest minimum which in turn cut out the need to incentivize the process. Breakthrough ACTION-Nigeria gets as many PPMVs as possible to participate voluntarily. This increases the project's chances of facilitating and sustaining gains achieved by communities, and subnational and national governments.



“Our approach appeals to their conscience—emphasizes how community members hold PPMVs in high esteem and trust them so much. We sensitize them on the epidemiology of TB—one undetected case can infect 10 other people. We point out that the person who is coughing may have children who go to school with their children to motivate them to help. If you’re not infected, you’re affected. The best incentive for you, family members, and the community is to eradicate TB in your community.

- **Ahmad Muaz**, Breakthrough ACTION-Nigeria, Kano State Team Lead

To identify where to implement the PPMV activity, Breakthrough ACTION-Nigeria used state data from the STBLCP and service delivery IPs. Key factors considered included locations where the most cases of TB infections were found, hard-to-reach LGAs and/or communities, and densely populated communities containing crowded households living closely together. The project excluded PPMVs who were already being engaged and heavily incentivized by service delivery IPs. Available PPMVs in the designated regions were then selected based on their willingness to work with the team.

Rather than bring PPMVs together to a central location for a formal training, the project took a more informal approach by engaging the PPMVs within their shops. The project staff discuss TB, how it is spread, why collaboration will help stop the spread, and what role(s) the PPMVs can play. Over the course of the conversations, project staff aim to build trust and a relationship with the PPMV, emphasizing the importance of their role in the community.

Breakthrough ACTION-Nigeria trains PPMVs to ask their clients how long they have been coughing rather than just selling cough mixture as they practiced before. PPMVs issue anyone who has been coughing for two weeks or more a simplified referral card, which directs the client to the nearest health facility for a TB test and treatment if found positive. This creates a “win-win” situation for both the PPMVs and Breakthrough ACTION-Nigeria as PPMVs still make sales at the initial point of engagement but then refer their clients for a TB test if clients return with a persistent cough or confirm they have been coughing for more than two weeks. Initially, PPMVs only tore out branded and serially numbered referral cards and issued it to the client. The serial number made it easy to track the status of each referral (complete or incomplete) and follow up where necessary. However, with additional donors requesting reports on more data, including rates of children referred for a TB test, PPMVs needed to tick details such as gender and age. The referral cards also contain the national TB hotline 3340, which clients can call for more information on TB or to find an alternative health facility near them (e.g., if they are unwilling to go to the one the PPMV referred them to for fear of stigma).

PPMVs understood that continuously prescribing medication for a cough that is not treatable by the many over-the-counter prescriptions can erode trust and respect the clients and community members have for them, thus affecting returning clientele and business. On the other hand, referring such clients who are found positive and access treatment—all for free—further fuels community members’ trust and respect. Satisfied customers will refer more family and friends/acquaintances to the PPMV, which also translates to an increase in business and profit. PPMVs cannot diagnose or treat TB because TB drugs are not sold over the counter. Recognizing that they as PPMVs have nothing to lose and more to gain in terms of growing trust, respect, and more referrals for business further fueled their willingness to cooperate with the program. Clients perceived the PPMVs’ referral cards as guaranteeing them access and proper care at the health facility.

While going the extra mile to form trusting relationships with the PPMVs they manage, the LGA Supervisors are careful in striking a delicate balance so vendors do not see them as overbearing. Simple acts such as sending text messages, making calls, or even stopping by for brief visits that have nothing to do with the TB engagement show genuine interest in the well-being of the PPMV operators. LGA Supervisors, alongside the DOTS provider, STBLCP supervisor, and/or Breakthrough ACTION-Nigeria state coordinators provide supportive supervision during their regular visits to the PPMVs. During these visits, PPMVs receive information on the



outcome of their referrals based on data from the health facility, e.g., how many people made it to the facility, the number of positive cases if any, and persons who have or have not started treatment. This feedback fuels the PPMVs' commitment, and some even take it upon themselves to follow up on cases personally and find out why a client is yet to visit the facility or start treatment. Where gaps appear in outcomes, the project and its partners provide additional capacity-strengthening training where the vendors work. This has, for example, helped PPMVs promote TB drug adherence among people in their communities who experience challenges such as drug reactions and provide adequate support.

## Lessons Learned

### Involve relevant stakeholders and get their buy-in to facilitate referral completion/service uptake.

Successful outcomes start with involving all stakeholders on the demand creation and service delivery side from program onset. When the project began this work, they first only involved the State TB Program Manager, the DOTS providers and TBLS in the process. However, everyone has a role to play: community leaders, key people of influence in the community, and health facility workers, including the watchman at the gate. Involving these actors from the start allows for management of expectations and prepares service providers to expect an increase in the volume of clients, thus preparing adequately and responding quickly to the patients.

### The strategic use and placement of SBC materials serve as prompts/conversation starters.

Breakthrough ACTION-Nigeria designed, produced, and placed SBC materials such as posters, flyers, and stickers in and around the PPMV shops containing key TB information, clear calls to action, and the national TB hotline short code. These materials sparked the curiosity and interest of clients who engaged PPMVs, prompting requisite referrals.

### Approaches and partnerships need adaptation according to state-specific contexts.

Modifying approaches to suit specific contexts is key for sustainability. States like Akwa Ibom and Bauchi, for example, worked with PPMVs through the Nigerian Association of Patent and Proprietary Medicine Dealers (NAPPMED). This facilitated easy access, communication, and compliance, especially because one of the LGA Supervisors was a serving NAPPMED Chairperson. However, states like Kano avoided this approach to manage expectations of the PPMVs, because only a small fraction of PPMVs were members of NAPPMED. States also determined the number of PPMVs to work with, taking into

consideration the workload the LGA supervisors have.

### Informal engagements with PPMVs facilitate wider reach and opportunity for impact.

Engaging with the PPMVs in their places of business had several benefits. Breakthrough ACTION-Nigeria and STBLCP staff were able to follow up initial engagements; interaction happened without affecting PPMV business or altering their usual schedule; and the project could engage both owners and salespersons, who typically spend more time at the shop interacting with clients. The salespersons thus received the same information as their employers, and they could pass the message on to clients they encountered. This approach allows partners to interact with as many as are willing to help their clients get tested for TB for free.

### Opportunities for recognition fuel commitment.

Levels of commitment and passion vary depending on the individual and their circumstances. Breakthrough ACTION-Nigeria provided recognition platforms for PPMVs with outstanding performance. Other states feature such PPMVs as resource persons on health programs of media partners. Providing other non-financial incentives such as branded t-shirts or caps can also foster commitment.



We have been able to nip some TB cases in the bud with help of referrals made by PPMVs. We are getting programmatic results and at little cost given we aren't giving incentives. Even one case found is a huge success. Motorized campaign contributes the most number of cases, but we spend a lot of money on that. PPMV contribution is next, and we spend very little money on this.

**- Olatunde Toluwase, Breakthrough ACTION-Nigeria, Senior Program Officer I, TB**

*Interviews with Breakthrough ACTION-Nigeria staff informed this story's development. The interviewees were Usman Inuwa, Senior Program Officer II, State Coordinator; Ahmad Muaz, Kano State Coordinator; Olatunde Toluwase, Senior Program Officer I, TB; Cecilia Kafran, Assistant Program Officer, TB; and Kingsley George, Program Officer I, TB.*