

# **Report of the Joint United Nations High-Level Mission on Non-communicable Diseases and Tuberculosis**



**UN INTERAGENCY  
TASK FORCE ON NCDs**



**Nigeria**

**24-28 February 2020**



Report of the Joint United Nations High-Level Mission on non-communicable diseases and tuberculosis,  
Nigeria, 24-28 February 2020

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## Acknowledgments

The Joint Mission would like to acknowledge the leadership of Hon. Dr Osagie Emmanuel Ehanire, Minister of Health, Federal Ministry of Health, in enabling and supporting this mission. We are grateful to the Federal Government of Nigeria and State Governments of Lagos and Kano, Senators, including senior officials for convening the Mission. The Joint Mission also extends its thanks to the Heads of Ministries, Departments and Agencies, representatives of other bilateral, multilateral agencies and development partners, civil society organizations, private sector entities and academic institutions who also met with the Mission.



## SUMMARY

Fifteen agencies participated in a Joint High-level Mission among the United Nations system, development partners and the Government of Nigeria between 24-28 February 2020 to support Nigeria in galvanizing a multi-sectoral response to the challenges of non-communicable diseases (NCDs) and tuberculosis (TB) as well as in advancing on its commitments made at the UN high-level meetings on TB and on NCDs held in 2018. The meeting was co-led by the UN Interagency Task Force on the Prevention and Control of NCDs and the World Health Organization.

The mission found that NCDs and TB are both major public health challenges in Nigeria with an urgent need to scale up the response to NCDs and TB as part of the country's efforts to attain universal health coverage, and meet the commitments made at the highest level at the UN High Level Meetings on TB and NCDs, to end the TB epidemics and dramatically reduce NCDs. The Joint Mission identified significant gaps in fiscal, regulatory and legislative frameworks and in implementation capacity for both NCDs and TB.

The mission found that greater political leadership, domestic financing and coordination (in particular for implementation) are required to deliver the action needed to reduce the burden of NCDs and TB, with particular focus on financing and pursuing action at primary care level – which is the part of the health system that delivers the most cost-effective interventions. The mission also identified

the need for significantly greater

### Key findings

- NCDs and TB are major public health challenges for Nigeria.
- Despite achievements, there are significant gaps in the response.
- Political leadership is crucial.
- Financing is key to an effective response.
- A coordinated multisectoral response is crucial.

### 26 recommendations are made across 8 areas

1. Increase domestic and international financing to scale up TB and NCD responses to alleviate catastrophic costs.
2. Build human capacity for health care delivery and intensify infrastructure development.
3. Strengthen multisectoral engagement and build accountability.
4. Integrate human rights-based approaches to TB and NCD programming that encompasses service delivery and social, legal and structural determinants.
5. Develop and enforce legislative and policy framework for the prevention and control of NCDs and TB.
6. Intensify stakeholder engagement – civil society, private sector, academia, partners .
7. Improve data and surveillance for TB and NCDs, including through use of digital tools.
8. Enhance advocacy and awareness building efforts.

understanding of the public health and

economic burden of NCDs and TB at all levels across government and its partners (including the United Nations), which includes the need to enhance data and analysis and the need to raise awareness at the community level among the general population and health care providers.

The Joint Mission identified considerable opportunities to align and synergize responses to NCDs and TB, advance people-centred primary care and to integrate within the broader health and development agenda across government and the United Nations system. All require leadership from the very top at federal and state government levels, the UN system in-country along with

effective engagement with civil society organizations.

The mission has made 26 recommendations in 8 areas.

Though the task ahead of Nigeria is considerable, the country is however well-placed to lead an effective national response to TB and NCDs with a highly-skilled workforce and a growing economy. The response to NCDs and TB should be seen through the lens of investment and not expenditure. Investing in the health of Nigeria is investing in the well-being and prosperity of the country.



## INTRODUCTION

1. Fifteen agencies participated in a Joint High-level Mission among the United Nations system, development partners and the Government of Nigeria between 24-28 February 2020 to support Nigeria in galvanizing a multi-sectoral response to the challenges of non-communicable diseases (NCDs) and tuberculosis (TB).<sup>1</sup>
2. The objectives of the Joint Mission were as follows: (i) high-level advocacy on NCD and TB prevention and control to the Government of Nigeria, including with the Head of State, Government Ministers, the National Assembly and elected officials from selected states; (ii) high-level discussions with UN agencies and bilateral/multilateral organizations on opportunities to respond to NCDs and TB as part of the 2030 Sustainable Development Agenda; (iii) discussions with non-state actors (NGOs, academia, foundations and selected private sector entities) on opportunities to scale up action on NCDs and on TB; (iv) advance the Nigeria NCD investment case by validating data and conducting institutional context analysis; (v) support the Ministry of Health and its National Tuberculosis Programme on the strategic follow-up on the finding and recommendations of the TB Programme Review conducted in late January 2020; and (vi) follow up on the commitments made by the President at the UN High Level Meetings (UNHLM) on TB and NCDs, and other NCD commitments signed up to by the country.
3. The Mission was co-led by the UN Interagency Task Force on the Prevention and Control of NCDs and the World Health Organization with participation across all three levels (country, regional and headquarters). The Joint Mission programme is in Appendix 2.

## KEY FINDINGS

### NCDs and TB are major public health challenges for Nigeria

4. The mission highlighted the urgency of the issue: there are hundreds of preventable deaths from NCDs and TB every day in Nigeria. The costs of inaction grow by the day.
5. Nigeria features in WHO's three lists of high burden countries for TB, HIV-associated TB and Multidrug resistant-TB (MDR-TB), respectively. It ranks the highest TB burden in Africa and the sixth highest in the world, with 429,000 people with TB in 2018, 157,000 of whom died from it, and 75% of whom did not reach care (Annex 1).
6. According to the 2018 WHO NCDs country profile<sup>2</sup>, NCDs accounted for about 29% of all deaths in Nigeria, with cardiovascular diseases (CVDs) responsible for 11%, cancers 4%, chronic

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<sup>1</sup> Participating agencies were Africa Development Bank, Food and Agriculture Organization, International Atomic Energy Agency, International Organization for Migration, Office of the UN High Commissioner for Human Rights, Public Health England, Joint United Nations Programme on HIV and AIDS, United Nations Development Programme, United Nations office of the High Commissioner for Refugees, United Nations Children's Fund, United Nations Population Fund, United Nations office on Drugs and Crime, United States Agency for International Development, World Bank and the World Health Organization (which led the mission). The full list of participants is in Appendix 1.

<sup>2</sup> WHO 2018. Noncommunicable diseases country profiles 2018. [https://www.who.int/nmh/countries/2018/nga\\_en.pdf?ua=1](https://www.who.int/nmh/countries/2018/nga_en.pdf?ua=1)

respiratory diseases 2% and diabetes 1% (Annex 2). 22% of deaths in the country are premature deaths i.e. dying before 70 years as a result of NCDs. These deaths are from cardiovascular disease, diabetes, cancer and chronic respiratory diseases and they share common risk factors including tobacco use, unhealthy diets, physical inactivity, harmful use of alcohol and air pollution. A national NCD STEPS survey<sup>3</sup> has not been conducted in nearly 30 years. The joint mission was also informed that Nigeria has the highest burden of sickle cell disease in the world.<sup>4</sup>

7. The joint mission identified strong linkages between NCDs and TB as well as significant co-benefits of integrating targeted services for TB and NCDs, in particular, within the primary healthcare platform (Annex 3).

8. Progress in Nigeria on expanding access to primary health care and addressing TB and NCDs is critical to reach global targets set by the United Nations and the World Health Assembly, and overall efforts to leave no one behind in achieving the Sustainable Development Goals, and to ensure inclusion such as for migrants and refugees.

#### **Despite achievements, there are significant gaps in the response**

9. The WHO NCD Progress Monitor (2020) highlighted that while Nigeria has developed national NCD targets and indicators, there are major gaps with regards to: mortality data; risk factor surveys; tobacco, alcohol and unhealthy diet reduction measures; public education and awareness campaigns; and the availability of treatment and evidence-based guidelines for managing NCDs (Annex 2).

10. Achievements to address TB in recent years have included the rapid adoption of guidance in line with new WHO recommendations; the expansion of access to diagnostics and targeted screening; high rates of treatment success; the scale-up of TB services in primary health care across many states, as well as impressive scale-up of activities to address HIV-associated TB.

11. The recent programme review<sup>5</sup> highlighted *inter alia* the following: government ownership, accountability and stewardship of the TB response, most notably at sub-federal level could be strengthened, in particular in the form of budgetary allocation and release; the decision-making process would benefit from state-level strategic planning and resource mobilization; current case-finding strategies and coverage of WHO-recommended rapid TB diagnostics are

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