Addressing TB in Nigeria: LIGHT's Impact on Gender-responsive and Community-Led Approaches

THE LIGHT CONSORTIUM

What is the Challenge?

Nigeria bears the highest tuberculosis (TB) burden in Africa, with 30% of cases missed meaning many individuals remain undiagnosed and untreated. Globally, Nigeria is one of eight high-burden countries accounting for two-thirds of all TB cases.

Men are disproportionately affected by TB, yet are significantly less likely to access care. This gender gap is driven by a mix of social, behavioural, and structural factors – including risky informal work, poor knowledge, stigma, and masculine norms –discouraging timely access to care and therefore continued TB transmission.

What did the LIGHT Consortium do about it?

To address this issue, LIGHT partner in Nigeria, **Zankli Research Centre (ZRC)**, worked closely with the National Tuberculosis and Leprosy Control (NTBLCP), and engaged affected communities, healthcare workers and local stakeholders to:

Zankli Research Center

- **Implement and test community-based research intervention, co-created alongside local stakeholders**. It included mobile, AI-assisted chest X-ray screening delivered in male-dominated community spaces and male-led information dissemination (**DESTINE research project**).
- **Inform national TB policies and guidelines.**
- **Strengthen sex-disaggregated data systems** including routine data collection and analysis.

LIGHT's Impact in Nigeria

A direct testimony from Dr Obioma Chijioke-Akaniro, a Consultant Paediatrician, Deputy Director of Health, a Public Health Expert and a Senior Monitoring and Evaluation Manager at NTBLCP summed up some of LIGHT's key impacts in Nigeria:

1. LIGHT highlighted the need for full **data disaggregation** along the TB care cascade. Now the whole cascade is visible, showcasing key areas through persons reached, screened, tested, identified, and treated – showcasing the dynamics of key gaps and male vulnerability across all age groups.

2 Evidence from LIGHT's and the DESTINE research study informed Nigeria's National Strategic Plan (NSP) for TB Control 2021–2026 and led to the **incorporation of a new objective on "Human rights and gender considerations in provision of quality TB services"** - with detailed activities and workplan.

3 LIGHT answered the question on **how to find men who contribute hugely to the missing TB cases** in the country.

4 LIGHT piloted a community intervention model – led by men, for men and to men – in a bid to identify sick men torn between providing for families and seeking medical care.

5 LIGHT showed that it's possible to roll out **effective, low-cost community intervention** if local gatekeepers are involved in designing it.

6 LIGHT intervention model proved it is possible for adaptive **scale-up – allowing real-time learning** and expanding without waiting till the end of the study/final results.

L to R: Chidi Aneke; John Bimba; Chukwuebuka Ugwu; Obioma Akaniro; Nathan Zoakah; Chimaroke Obasi; Oluwafunmilayo Omosebi; Olawumi Olarewaju

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