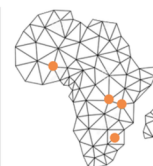


Addressing TB in Nigeria: LIGHT's Impact on Gender-responsive and Community-Led Approaches



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:



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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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