

STUDY SUMMARY

Development and Evaluation of gender responsive TB Interventions for community settings in Nigeria (DESTINE)

BACKGROUND TO THE STUDY

The global burden of TB shows a highly gendered pattern. According to WHO, 56% of all reported TB cases in 2020 occurred in men with 32% in women and 12% in children. Similarly, cumulated evidence from population-wide TB surveys from Nigeria and other countries show that, two out of every three missing people with TB (people with TB but not accessing care) are men. Men also experience significantly longer delay before accessing care, spending more time in the community untreated. Men who have undiagnosed and untreated TB are critical for the continued spread of TB in communities. There is strong evidence of a high level of undiagnosed TB amongst men in Nigeria. This has population-wide implications as men are the most likely source of transmission of TB to women, children and other men. Crucial evidence concerning how and what gender-related factors affect access to services and the gender-responsive interventions to help overcome the barriers.

STUDY SITES

This study is to be conducted in Nigeria which harbours the highest TB burden in Africa. The country is also one of the five countries responsible for more than half of the global pool of missing people with TB. In fact, nearly three-quarters (70%) of people who became ill with TB in 2020 did not access care.

FIGURE 1: NIGERIA STUDY SITES



Three states have been selected for the initial (qualitative) components of this research. These include: Nasarawa (North Central), Anambra (South East) and Abuja (FCT). See Figure 1. The choice of states was pragmatic and consideration was given to where stakeholders could be accessed as well as locations with minimal security and travel challenges.

AIM TO DEVELOP AND EVALUATE A GENDER-RESPONSIVE APPROACH TO DETECTING PEOPLE WITH TB FROM COMMUNITIES IN NIGERIA

TO ACHIEVE THIS AIM, THE PROJECT WILL:

- 1 Understand the gender-related factors affecting access to TB services in Nigeria;
- 2 Review the evidence of current interventions to improve linkage to TB services and explore their effectiveness disaggregated by gender;
- 3 Co-create, with key in-country stakeholders, a bespoke gender-responsive intervention to detecting people with TB; and
- 4 Implement the gender-responsive intervention and evaluate its acceptability and effectiveness to increase TB case detection.

METHODS THIS RESEARCH WILL ADOPT A MULTI-METHODS APPROACH TO ANSWER THESE QUESTIONS



QUALITATIVE RESEARCH

A qualitative study will be conducted to help understand the gender-related factors affecting access to care for men and women. This will comprise in-depth interviews with community men and women, focus group discussions with naturalised groups of men in their workplaces, and women, and key informant interviews with important stakeholders.

SCOPING REVIEW

A scoping review of the literature on the 'effectiveness of current interventions that aim to link people to various levels of TB services in LMICs and high TB burden countries' will be carried out. A lot of publications from these settings on the effectiveness of such interventions may still be in grey literature thus, a scoping review rather than a systematic review was deemed more apt to truly understand how effective the interventions are for men and women.

DELPHI & NGT APPROACH

Findings from these first two will then enable a co-creation of a bespoke gender-responsive TB intervention using consensus building research methodologies. Specifically, a combination of Delphi method and Nominal group technique will be used in series (rather than in parallel) for this approach.

IMPLEMENTATION TRIAL

The intervention so created will be implemented and evaluated in a field trial. A hybrid implementation-effectiveness trial design will be used given that a full trial is not practicable within the timelines of the PhD. The details of the package of implementation will emanate from the findings of the third objective, thus the implementation sites and other details have yet to be finalized. The REC application submitted for this PhD is to cover for the first three objectives, the fourth will be submitted latterly.

POTENTIAL IMPACT

EVIDENCE AROUND BESPOKE COMMUNITY APPROACHES TO ENHANCE ACCESS TO TB CARE FOR MEN WILL HAVE PROGRESSED IN A FEW SPECIFIC WAYS:

- 1 Gender related factors affecting men's access to TB care would be better understood
- 2 The level of consideration given to gender in already existing active community TB case finding initiatives would have been examined and gaps identified
- 3 An implementation-ready gender responsive community intervention model would be jointly developed with key stakeholders
- 4 The effectiveness of the gender-responsive TB intervention in finding the missing men in communities would be demonstrated.

Potentially transform active case finding and possibly lead to future gender-transformative interventions

Evidence generated would lead to four pieces of evidence that will merit peer reviewed publication

Research will provide opportunity for building the research capacity of the PhD student & other local participants

Research will provide a platform to apply for other funding opportunities to implement other researches

More information on the study is detailed in the protocol. For further information, please contact:

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