



Sokoto state, Nigeria. Photo Credit: Anthony Abu/GHSC-PSM

USAID Nigeria Strategic HIV/AIDS and TB Response Program (Nigeria SHARP) Task Order (TO) 01

Background

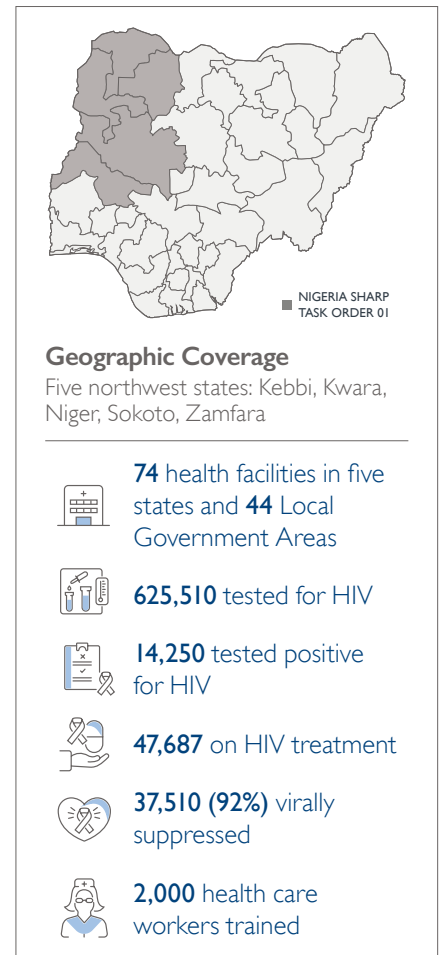
Reducing the burden of HIV and TB in Nigeria is a critical public health challenge. With the world's second largest HIV/AIDS burden, an estimated two million people are living with HIV in Nigeria (*UNAIDS Nigeria, 2021*). Additionally, Nigeria has one of the highest burdens of TB and TB/HIV co-infection globally (*World Health Organization 2019*). Although HIV prevalence rates in northwest Nigeria are some of the lowest in the country (0.4-1%), there are significant barriers to controlling the epidemic.

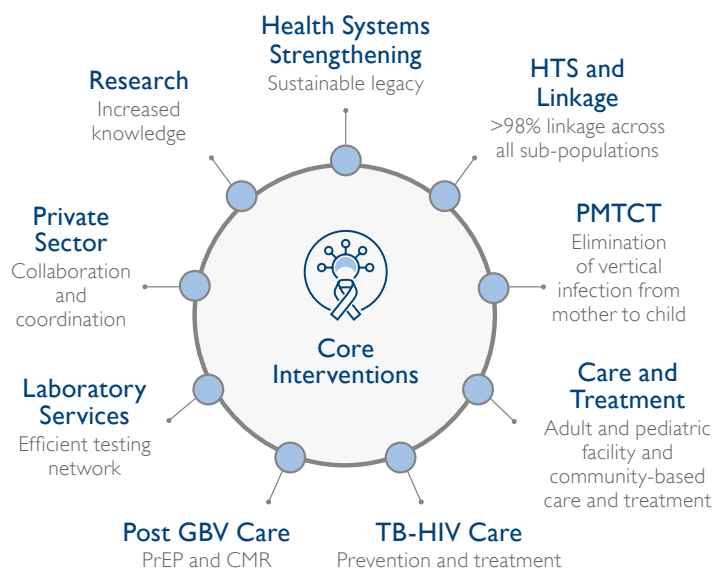
Health system actors engaged in the HIV response face many unique challenges in northwest Nigeria. Extreme poverty, high levels of stigma and discrimination, and gender inequities exacerbate the impacts of HIV and TB on local populations. Ongoing armed conflict and terrorism in the region also prevent clients from accessing health services and severely limit the movement of health workers and the delivery of medicines.

Project Objectives

The USAID-funded Nigeria Strategic HIV/AIDS and TB Response Program (SHARP) Task Order (TO) 01 works in five northwest states to improve the quality of high-impact HIV and TB prevention and treatment services and to strengthen local health systems to respond to the epidemic with the following objectives:

- Targeted and efficient HIV and TB case identification and linkage to care and treatment
- Enrollment of patients on antiretroviral therapy (ART) with adequate adherence and minimal loss to follow-up
- Successful suppression of HIV viral load
- Increase in the Nigerian government's capacity to expand, coordinate, and finance HIV/AIDS and TB services.





Addressing HIV and TB Service Delivery Challenges in Northwest Nigeria

Overcoming insecurity with client-centered care: To ensure continuity of care for mobile and displaced clients, SHARP TO 01 implemented the use of biometrics as unique patient identifiers. This allows clients to receive personalized HIV care and treatment no matter where they receive services. By tying biometrics, such as fingerprints, to patient records, providers can supply accurate refills, do lab testing, and respond to concerns regardless of whether the client previously visited that facility.

Decentralized testing to communities to increase HIV case finding: To identify undiagnosed people living with HIV, SHARP TO 01 scaled targeted community testing using GIS mapping to identify hotspots. Testing hours and methods (e.g., community testers, traditional healers, community pharmacies) were expanded and led to HIV testing yields as high as 8%.

Adapting to COVID-19 to ensure ART retention: In March 2020, COVID-19 was first detected in Nigeria. Fears of contracting the virus caused movement restrictions and client reluctance to visit health facilities. To ensure that newly diagnosed HIV clients could continually access life-saving ART, SHARP TO 01 and 03 worked with Nigerian policymakers to approve dispensing three or six months-worth of ART medications at once, coupled with intensive case management to ensure adherence. This marked the first time multi-month dispensing (MMD) was used with new clients. This effective strategy demonstrated higher levels of viral suppression, compared to patients not prescribed MMD, across TO 01 states.

Key Project Strategies

SHARP TO 01 supports the implementation and scale-up of comprehensive HIV and TB prevention, identification, care, and treatment programs, improving the ability of state and local health systems to coordinate, monitor, and finance HIV and TB services. Key strategies include:

- **Expanding access to HIV testing** through targeted community and facility testing modalities.
- **Addressing gaps along the HIV and TB prevention and treatment cascade**, and emphasizing data use to target places, populations, and service delivery areas requiring the most support.
- **Scaling-up interventions to reach at-risk and hard-to-reach populations** through strategies such as community ART groups, mentoring and job aids for case managers and population targeted services such as "male corners" and "youth days."
- **Providing training and mentorship for laboratory quality assurance** and performance standards to reduce turnaround times for viral load and early infant detection tests.
- **Improving data sharing and use** by improving the transfer of HIV, TB and laboratory data across health information systems and strengthening local government staff ability in data collection and analysis for managing the HIV response.
- **Providing technical assistance for health financing reform** including reducing user fees for HIV and TB services.
- **Optimizing case manager-to-client ratios** to improve case finding, viral load coverage, and continuity in treatment.
- **Carrying out targeted and high impact operational research** to inform and strengthen programming across the HIV cascade.