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TECHNICAL REPORT

Strides Toward HIV Epidemic Control in Northern Nigeria

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NIGERIA SHARP TO 03
Strategic HIV/AIDS Response
Program Task Order 03

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

Strides Toward HIV Epidemic Control in Northern Nigeria

SHARP TO 03 contributed to epidemic control in Northern Nigeria by improving linkages to care and treatment, improving adherence, and strengthening the capacity of local actors, including governments and communities.

Launched in March 2020, the USAID/PEPFAR Strategic HIV/AIDS and TB Response Program Task Order 3 (SHARP TO 03) was implemented by a consortium comprised of Chemonics International Inc., Institute of Human Virology Nigeria and University of Maryland, Baltimore. Aligned with the UNAIDS **95-95-95 framework**, the project goals were to 1) **Improve HIV/AIDS and TB case identification and linkages to care and treatment** through targeted, client centered, and efficient approaches; 2) **Enroll patients on HIV/AIDS/TB therapy** with adequate adherence and minimal loss to follow-up; 3) **Achieve successful HIV viral load suppression**; and 4) **Increase state and local government capacity** to expand, oversee and finance HIV/AIDS and TB services.

Building on the success and momentum of USAID's previous work and leveraging PEPFAR's investments, SHARP TO 03 partnered with the Government of Nigeria, community structures and key stakeholders **to support 126 health facilities with effective evidence-based interventions** in Adamawa, Bauchi, Borno, Jigawa, Kano and Yobe States, resulting in improved HIV/AIDS service delivery and strengthened health systems. In addition, SHARP TO 03 provided technical assistance to sub-national governments to plan, budget, and manage HIV/AIDS services and tuberculosis (TB) programs. By leveraging local knowledge, resources, and expertise of community-based organizations (CBOs), the project helped to strengthen and sustain HIV interventions at the community level.

SHARP TO 03 ACHIEVEMENTS

Despite launching at the start of the COVID-19 pandemic, SHARP TO 03 and partners successfully mitigated multiple challenges—service delivery disruptions, security challenges in Northern Nigeria, and weak health systems with limited human resource capacity— to achieve project goals, including the following major achievements.

HIV Testing

Counselled and tested **1,668,483** people with **27,374** confirmed positive, resulting in a positivity yield of **18%**.

Linkage to Care

Out of the **27,374** positive clients identified across all testing modalities, **27,181 (99%)** were successfully linked to care and initiated on ART during the life of the project. The time from diagnosis to start on ART reduced drastically from **3.7 days** at the start of the project to **1.1 days** at the close of the project.

Retention in Care

The project started with **75,068** clients on treatment and ended two years later with a total of **116,276** active clients on treatment, a **55%** net increase.

Antiretroviral Treatment Optimization

106,712 (92%) adult clients were placed on the optimized Tenofovir, Lamivudine, and Dolutegravir regimen, while **1,742 (100%)** children were placed on the pediatric Dolutegravir. During the project, a total of **4,375 (99%)** HIV-positive patients with virologic failures were switched to second and third line antiretrovirals (ARVs).

Viral Suppression

95% of the **116,277** clients who were on treatment achieved viral suppression at the end of the project.

Gender-based Violence

A total of **6,081** GBV survivors were identified and provided with post GBV care in line with the standard package of care.

Strengthened HRH

Provided daily support to over **7,000** front-line health workers in **126** health facilities and implemented an HRH optimization tool to identify capacity gaps in case manager numbers and performance and prioritized capacity building for these case managers with a defined specialization along the 95-95-95 cascade of HIV care and treatment.

Stakeholder Engagement and Capacity Building

Improved the capacity of states and local government areas for supportive site supervision, budgeting, and facility level resource allocation for improved HIV clinical service delivery.

Increasing HIV Testing in Northern Nigeria

Provider-Initiated Testing and Counselling (PITC)

The SHARP TO 03 project trained health care providers across supported facilities in the use of an HIV risk assessment tool. Trained HIV counsellors were then deployed to all points of entry at health facilities, specifically in high HIV volume ones. Health care providers screened all new and return patients for high-risk behaviors using the HIV risk assessment tool and tested patients for HIV if they were found to be exhibiting risky behavior. Providers initiated HIV-positive clients on treatment immediately after testing. Using this method, 1,426,328 patients were screened, and 1,211,363 were tested for HIV. A total of 14,928 people were identified as HIV-positive through PITC.

Index Testing

The SHARP TO 03 project built the capacity of HIV counsellors to elicit information on sexual partners from HIV patients during clinical encounters, track and inform partners that they may have been exposed to HIV (assisted partner notification) and offer services to them at the community or facility level. SHARP TO 03 tested 31,538 clients using efficient index case testing approaches. Out of this number, 5,245 tested positive and were linked to treatment. Index testing contributed 19 percent of all positive cases identified throughout the life of the project.

Genealogy Testing

Across project-supported sites, SHARP TO 03 ensured biologic children of female index clients received HIV testing. This approach resulted in the identification of 1,124 pediatric cases over the life of the project.

Self-testing

The SHARP TO 03 project provided the option of HIV self-testing to clients to increase access to testing, especially among young adolescents and other hard-to-reach populations who are at risk of HIV or those with an undiagnosed HIV infection who may not otherwise receive testing from conventional services. The project ensured that HIV self-testing was also conducted at the community level (e.g., community pharmacies). SHARP TO 03-supported states and clients were presented with the option of either assisted or unassisted testing. Index clients whose partners refused to visit a health facility for HIV testing were counseled and provided test kits for their partners. Partners who reported testing positive on a self-test were referred to the health facility for a confirmatory test, after which they were linked to the appropriate treatment and care. Over the life of the project, SHARP TO 03 distributed 9,743 HIV self-testing kits.

Photo Credit: USAID HRH2030

A major challenge with HIV self-testing was the inadequate supply of test kits.

Targeted Community Testing

The SHARP TO 03 project identified HIV hotspots using GIS spatial analysis and behavioral mapping. The project utilized day and moonlight testing to reach the prioritized populations and deployed mobile teams to specific areas identified as high yield spots such as brothels, bars, clubs, and cruising sites, with the support of local community-based organizations. The involvement of the Network of People Living with HIV/AIDS in Nigeria (NEPHWAN) in community case finding led to increased mobilization and identification of at-risk individuals. Out of the HIV cases found throughout the project, 1,050 were found as a result of targeted community testing.

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PMTCT and Early Infant Diagnosis (EID) Service Optimization

The SHARP TO 03 project implemented the "Test all, Treat all" approach to ensure that all clients who came to health facilities for antenatal care (ANC) knew their HIV status. Pregnant women who tested positive were immediately placed on antiretroviral therapy (ART). The project prioritized early initiation on prophylaxis for HIV-exposed infants and ART for HIV-positive children across all supported facilities and conducted routine deep-dive data analytics for early diagnosis and closure of the cascade. Over the course of the project, 411,266 women were tested for HIV during ANC visits, 2,956 tested positive, 2,887 HIV-positive pregnant women received ART to reduce the risk of mother-to-child-transmission (MTCT) during pregnancy, and 3,721 infants born to HIV-positive women were tested for HIV by twelve months of age.

Photo Credit: Anthony Abu | USAID GHSC-PSM

Scaling Treatment for HIV/AIDS and Tuberculosis

Optimizing Linkage and Same Day Initiation on ART

Timely linkage to ART improved patient outcomes and curbed the spread of infection to HIV-negative partners. The SHARP TO 03 project built the capacity of healthcare workers to provide effective counseling on the importance of same day initiation to HIV positive clients. As a result, the time for clients to go from HIV diagnosis to initiate ART reduced drastically from 3.7 days at project start to 1.1 days by project end. SHARP TO 03 identified 27,374 HIV positive clients between March 2020 to December 2021, out of which 27,181 (99%) were linked to treatment. Linkage rates across most of the supported states were sustained above the 98 percent benchmark.

Read more: Restoring Optimism by Increasing Access to HIV Treatment in Nigeria – Chemonics International

Retention in Care

To ensure adherence to care, the SHARP TO 03 project assigned clients to a case manager. These case managers then supported HIV positive clients with treatment literacy, appointment reminders, psychosocial support, peer education, and referrals for related services, which improved retention rates, and virological outcomes. The project began with 75,068 active clients on treatment and by the end of the project had 116,276 active clients, a 55 percent increase.

Differentiated Service Delivery Models

SHARP TO 03 implemented six differentiated service delivery models in supported states to ensure equitable access to continuity of care and viral suppression among people living with HIV/AIDS. These models included community pharmacies, patient-led community ART refill groups, provider-led community ART refill groups, decentralized ART refill centers, family ART refill groups, and standard of care facility-based ART refill centers. As a result, the project increased treatment retention rates to 98 percent across supported states and improved the quality of services in facilities by reducing wait times, and ensuring clients received prompt care.

Adolescent and Pediatric Care and Treatment

The project trained over 200 government health facility staff and volunteers on the Operation Triple Zero (OTZ) service-delivery model. OTZ groups engage adolescents living with HIV as active stakeholders and partners in their health by holding peer support group sessions, HIV counseling, and other group activities aimed at achieving the "three zeroes": zero missed appointments, zero missed drugs, and zero viral load. The SHARP TO 03 project established 33 OTZ groups across the supported states and supported 400 adolescents' transition from OTZ clubs to adult care clinics to ensure they continue receiving the care and support they need. The project also collaborated with partner organizations that worked with orphans and vulnerable children (OVC) across project-supported states to ensure children of index clients with unknown HIV status were tested.

To promote continuation of HIV care treatment, the project held a back-to-care campaign that tracked and returned 78 percent of children and adolescents who had stopped receiving services back to care.

By the end of the project, a total of 111,782 people living with HIV were screened for TB, 463 co-infected clients were identified, 91 percent of identified clients were linked to TB treatment, and 45,750 clients were initiated on TPT.

Additionally, caregivers and older children received psychosocial support, including disclosure and adherence counselling, at health facilities and the community level. These groups were also linked with community-based organizations to access household economic strengthening interventions.

These interventions led to 87 percent viral suppression among adolescents and young people in supported states. By the end of the project, 4,263 adolescent and pediatric clients continued receiving care across SHARP TO 03 supported facilities.

Identifying and Treating TB/HIV

The SHARP TO 03 project integrated tuberculosis and HIV services across service delivery points and identified HIV/TB co-infected patients through routine screening. Healthcare workers used a comprehensive checklist and instituted well-coordinated referral linkages, which encouraged prompt enrollment of co-infected patients into HIV and TB care. The TB case identification strategy targeted all people living with HIV. To improve TB case findings among people living with HIV, the project also utilized the package of care for people with advanced HIV disease, which includes rapid testing for TB using TB LipoArabinoMannan (LAM). Tuberculosis Preventive Treatment (TBT) was also given to people living with HIV to prevent the development of tuberculosis. Project staff actively monitored clients' TPT uptake during clinic visits and integrated refills of isoniazid into the community refill model.

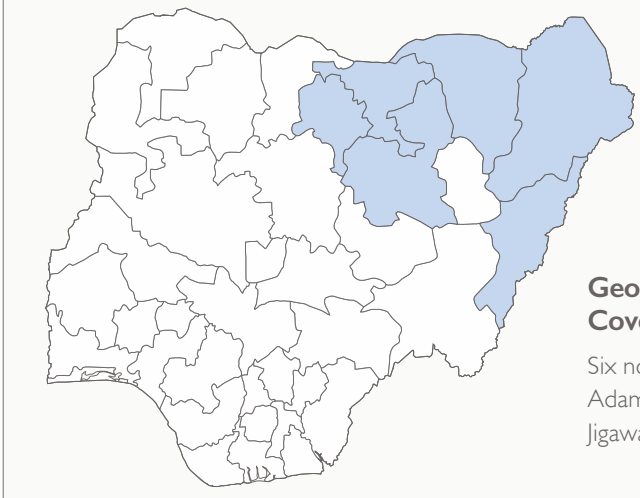
By the end of the project, a total of 111,782 people living with HIV were screened for TB, 463 co-infected clients were identified, 91 percent of identified clients were linked to TB treatment, and 45,750 clients were initiated on TPT. Additionally, 19,414 new and relapse TB cases were identified and 99 percent of them were offered HIV testing. Of the registered TB cases tested, 1,160 were identified as new or previously known HIV-positive clients and were linked to, or continued, treatment.

Read more: Living Without Fear and Regaining Hope after an HIV and TB Diagnosis – Chemonics International

Achieving Viral Load Coverage and Suppression

Optimized Drug Regimen

The SHARP TO 03 project, in partnership with the Global Health Supply Chain-Procurement and Supply Management (GHSC–PSM) project, transitioned all eligible people living with HIV to Tenofovir, Lamivudine, and Dolutegravir (TLD). First, the project worked with supported facilities and GHSC–PSM to quantify the TLD need. From there, focal points in each supported facility were trained on the effectiveness of TLD to improve acceptance of the regime transition in health facilities and communities. Information, Education and Communication (IEC) materials and job aids targeting clients and service



Geographic Coverage

Six northeast states: Adamawa, Bauchi, Borno, Jigawa, Kano, and Yobe

providers were developed and disseminated across all supported facilities. As a result, the project successfully transitioned 99 percent of HIV positive clients to TLD.

Enhanced Adherence Counseling

To ensure all clients remained virally suppressed, the project implemented enhanced adherence counseling. Trained counselors worked with clients to understand the cause for unsuppressed VL. Counselors then supported clients to address those challenges. They reminded clients by text message or phone call to take medicine and became treatment partners for clients until they achieved viral suppression. Patients with unsuppressed VL were taken through three stages of EAC lasting three months in total, followed by repeat VL sample collection and appropriate medication changes for those whose VL remain unsuppressed despite confirmed and documented adherence. SHARP TO 03 supported 2,869 clients through EAC and of that number, 84 percent achieved viral suppression.

The SHARP TO 03 project achieved a program wide viral load coverage of 90 percent and a suppression rate of 95 percent.

Viral Load Specimen Collection

Through the implementation of intensive sample collection drives, extensive folder audits, enhanced collaboration with third-party logistics providers, granular analysis of viral load (VL) results, and health facility staff mentoring, the project achieved a program wide VL coverage of 90 percent and a suppression rate of 95 percent.

SHARP TO 03 increased VL testing and instituted a communication protocol that ensured every client was promptly notified of their VL result availability at the facility. To further reduce virological non-suppression, SHARP TO 03 made concerted efforts to identify barriers to treatment and provided support for struggling patients including individual case management, enhanced adherence counselling, and repeat VL testing. The project used DSD models and multi-month dispensing (MMD) to address structural barriers to treatment such as frequency of visits and distance to facilities. A register was used for clients with a high VL, with designated focal points to review the registers and track clients, looking for interruptions in care and delays in repeat VL testing.

HIV Prevention

Pre-Exposure Prophylaxis (PrEP)

SHARP TO 03 offered oral PrEP to people with substantial risk of HIV infection, as part of a combination HIV prevention program. The project team targeted HIV negative partners of discordant couples, HIV negative partners/contacts of index clients, high-risk individuals identified with the risk stratification tool, past survivors and potential victims of GBV, adolescent girls and young men (AGYM) for PrEP treatment. Case managers created a list of all serodiscordant couples, tracked these clients, then offered and initiated them on PrEP. Strategies for PrEP delivery included demand creation efforts to increase awareness. PrEP was integrated into HIV testing services, both at the community and

Photo Credit: Anthony Abu | USAID GHSC-PSM

facility level. As a result, 6,900 clients were enrolled on PrEP, surpassing the project target of 3,438 clients.

Combating Gender-based Violence Among People Living with HIV

Implement the First Line of Support

SHARP TO 03 built the capacity of health care workers in administering LIVES (Listen, Inquire, Validate, Ensure Safety, and Support) for all identified cases of gender-based violence (GBV). Across 126 health facilities, the project trained 97 health workers in LIVES, who subsequently reached 6,858 people (2,508 affected by sexual violence and 4,352 for physical violence, respectively) with LIVES and other post-GBV clinical care services.

Continuous Collaboration

To expand screening, LIVES and other post-GBV service providers collaborated with critical service delivery points within the 126 supported facilities. The project mapped, engaged, and provided technical assistance to Sexual Assault Referral Centres (SARC) across the six project states. This collaboration contributed to identifying a record number of cases, and connecting GBV survivors to support services. Beyond the immediate results, SHARP TO 03 strengthened these collaborations and the referral system to continue GBV screening and service provision well after the end of the project.

Engaging and Building the Capacity of the Public and Private Sector to Sustainably Lead Progress Toward HIV Epidemic Control

In partnership with key stakeholders within the State Action Committee on AIDS (SACA) and State AIDS and STDs Control Programme (SASCP), SHARP TO 03 promoted their ownership of program decisions. Stakeholders participated in monthly meetings, which allowed the state teams to communicate with stakeholders across the board in one place, promoting knowledge sharing and strengthening investment in the project.

Stakeholders led resourcing and training decisions and solicited support from other state government officials, which led to the procurement of over 500,000 test kits to expand testing among pregnant women across the 126 health facilities supported by the project. The project developed the technical skills and expertise of Government of Nigeria staff to improve their oversight, budgeting, reporting, and data management skills.

Conclusion

The SHARP TO 03 project contributed greatly to the fight against HIV/AIDS and tuberculosis infection in Nigeria. In addition to achieving all targets across the 95-95-95 cascade, the project strengthened the Nigerian health system by strengthening the capacity of government stakeholders and engaging local organizations in project implementation.

Across 126 health facilities, the project trained 97 health workers in LIVES, who subsequently reached 6,858 people (2,508 affected by sexual violence and 4,352 for physical violence, respectively) with LIVES and other post-GBV clinical care services.