



DATA.FI IMPACT STORY

Data.FI team visit health facility in Akwa Ibom.

If it's Wednesday, we're talking data.

AKWA IBOM STATE—In the face of COVID-19, program managers and decision makers in Nigeria needed to ensure that HIV services were not interrupted. In Akwa Ibom, a state with high HIV prevalence, health officials knew HIV testing, linkage to care, treatment monitoring, and retention in care are all crucial to improved health outcomes for people living with HIV (PLHIV) and continued reduction in the spread of HIV within the community.

As a nationwide lockdown was implemented, HIV stakeholders in Akwa Ibom strategized ways to minimize a disruption in case identification and the continuity of care for HIV clients. Working with the Akwa Ibom State Ministry of Health (SMOH) in April, Data.FI Nigeria shifted an established series of Wednesday in-person Epidemic Control Room meetings (locally called “Situation Room” meetings) to a virtual format.

Already used to functioning as a team that reviewed HIV data collaboratively, the group—SMOH officials, partner organizations, and key program actors—pivoted to reviewing data virtually to ensure patient care was optimized during the pandemic. Despite initial logistical challenges, they continued to meet weekly to discuss data dashboards and analyze performance issues.

COVID-19 Lockdown in Akwa Ibom State, Nigeria

On April 1, 2020, Akwa Ibom recorded its index case of COVID-19. The following day, the federal government enforced a nationwide lockdown, effective immediately, that was expected to last through the month of April.

The lockdown was prohibitive:

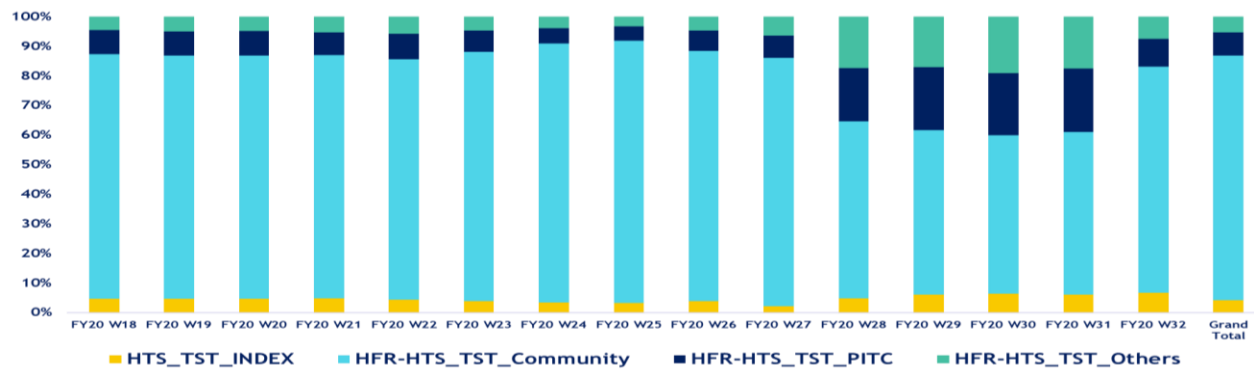
- No movement for non-essential workers
- No movement for non-essential reasons
- No gatherings of any kind allowed
- Compulsory use of face masks

On May 4, 2020, the lockdown was extended as the number of COVID cases in Nigeria continued to rise.

Then, in the second week of May, Akwa Ibom transitioned to a partial lockdown. A curfew was decreed, along with a ban on large gatherings, social distancing rules, and a continued requirement that people use face masks in public spaces.



Figure 1. Percent contribution of HIV testing by testing modality in Awka Ibom State by month



NAVIGATING SERVICE DELIVERY DURING THE LOCKDOWN

Their efforts paid off. IPs and the SMOH came up with a set of strategic approaches to support continuity of care and adjust HIV programs in response to the COVID-19 pandemic. These included the following:

Focusing HIV testing services (HTS) and case identification

- The lockdown restricted movement, inhibiting clients from accessing drugs and receiving care at facilities and community volunteers from continuing to conduct drives for HIV testing services (HTS) at the same capacity. A reduction in case finding was unavoidable, so the SMOH and partner organizations prioritized the most at-risk individuals for HTS. Key populations and index case contacts were identified through use of a risk stratification tool to confirmed positive cases. Provider-initiated HIV testing and counseling (PITC) was also prioritized, ensuring that anyone who showed up at the facility received PITC. While the volume of testing was reduced, the more targeted approach to testing increased the testing yield.

- The SMOH ramped up efforts to make it safe to attend health facilities, by continuing to ensure that facility staff were equipped with proper personal protective equipment (PPE) and trained on safety measures. Basic precautions allowed the facilities to continue providing services and referrals to care.

Linkage to care

- To ensure clients were linked to care, IPs continued to work with community teams and PLHIV support groups to provide home- and community-based antiretroviral therapy (ART) services.
- Community teams, equipped with appropriate PPE and official passes to allow them movement, visited clients at home to immediately initiate newly diagnosed clients on ART.
- The state decided to enforce same-day ART initiation for all newly diagnosed with HIV, in line with the World Health Organization’s “test and treat” strategy.¹ Clients are linked to treatment in the community, reducing delays that could be experienced with administrative processes at the facility.

¹ World Health Organization. (2015). Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Retrieved from <https://www.who.int/hiv/pub/guidelines/earlyrelease-arv/en/>

Retention in care

- Partner organizations explored differentiated models of care to ensure that clients would continue to have access to drugs through community distribution and access to adherence support at the community level. These approaches aimed to ensure that as many clients as possible remained on treatment.
- Partner organizations intensified their use of community strategies for drug refills through community ART groups (CAGS), community pharmacies, and multi-month dispensing (MMD)—also known as extended refills. Facility and community treatment teams worked together to ensure the supply of MMD/refills to clients.
- MMD eligibility criteria previously included clients who were stable on treatment—i.e., who were adhering to treatment and had achieved viral suppression. During the lockdown, however, eligibility criteria were revised, and clients were upgraded to different MMD levels (3 months, 6 months, etc.). A “COVID pack” containing a minimum of a three-month drug supply was introduced for clients newly initiated on treatment.
- During the Situation Room meetings, the team decided not to update the criteria for the loss to follow-up (LTFU) indicator, even though the date of the next visit would change with MMD. This was done to encourage pre-emptive tracking of clients,

especially with those newly initiated on ART. Case managers would continue following up with clients on a monthly basis. The team aimed to reduce potential LTFU cases by having facilities and care providers prioritize clients in need of intensified virtual or in-person support (e.g., those with a history of poor adherence, pregnant women, and breastfeeding women living with HIV, etc.).

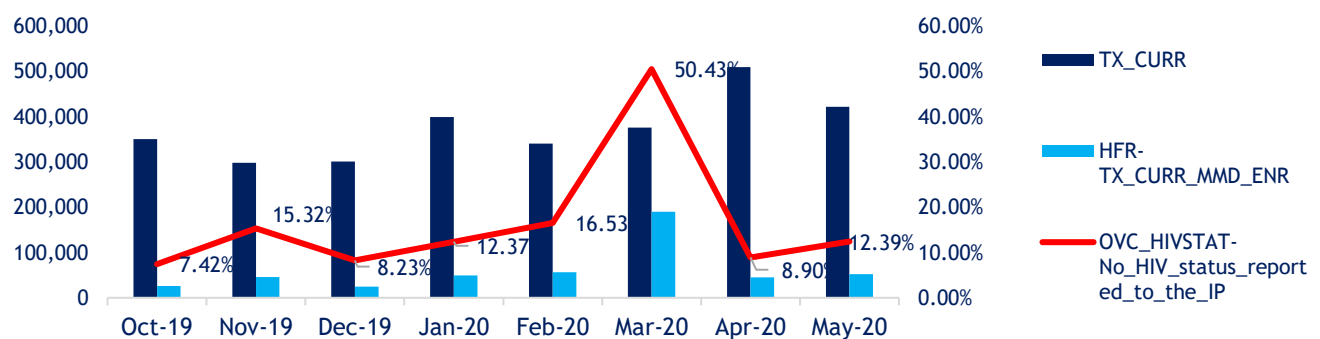
- Partner organizations encouraged community-based organizations and PLHIV networks to reach clients and empower them to provide peer support.

Rapid Results Reported and Change in Action

With these strategies in place, the team continued working to monitor HIV services to clients. Analyzing data from April and May, the team found an increase in the contribution of index-case testing (Figure 1, in yellow) and PITC (in dark blue), suggesting that the more targeted approaches to HTS and case identification (from April 6 to May 3) were paying off. The “others” modality also includes community pharmacies and self-testing.

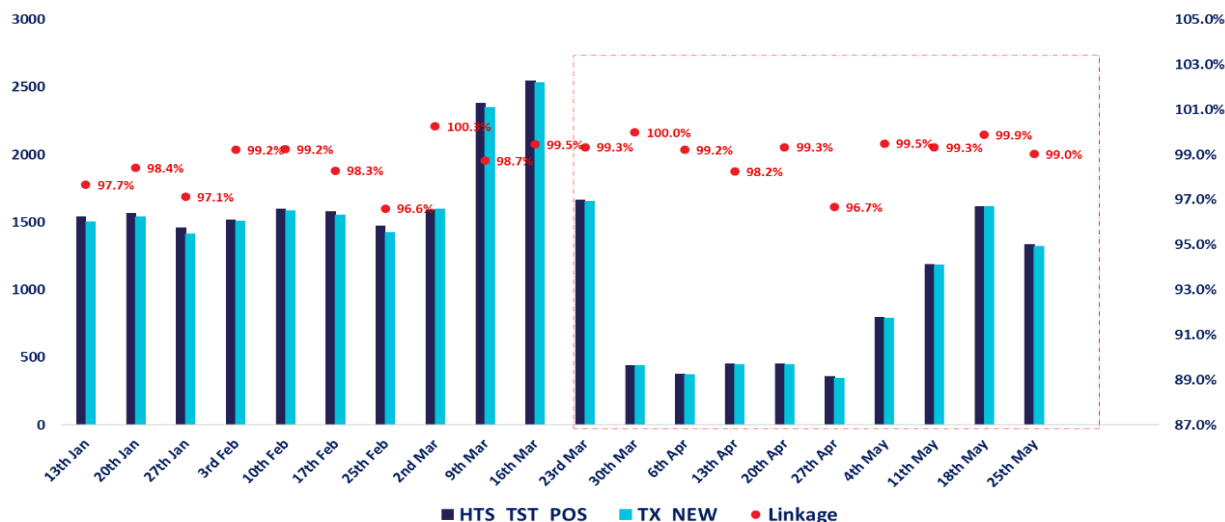
Data for March 2020 showed an increase in clients’ eligibility for MMD (see the dark blue portion of the bars), and a corresponding increase in enrolment for MMD (see Figure 2). This confirms that more clients were enrolled in MMD in line with the COVID lockdown strategies.

Figure 2. Number of HIV clients in Akwa Ibom State enrolled in multi-month dispensing of ART, by month



As a result of more targeted case identification, weekly linkage to care rates remained high (see Figure 3), despite lower HTS volumes. Clients identified during the state’s lockdown period (30 March 2020–10 May 2020) were initiated on treatment as expected.

Figure 3. Linkage to care rates in Akwa Ibom State, by month



STAKEHOLDERS SUSTAIN ACTION

“The data review meetings continue to ensure all stakeholders are abreast of program progress and challenges and provide a forum for us to explore strategies to improve health service delivery, especially to our clients who were most vulnerable,” says Dr. Ime Usanga, state AIDS program coordinator with the SMOH. “The advent of the COVID-19 pandemic has further exposed the shortcomings in the health system, especially in HIV care and treatment. Despite the limitations that came with the pandemic, we needed to continue to play our role in making data-driven decisions to improve service delivery.”

In collaboration with the SMOH and other IPs, Data.FI continues to ensure that the Wednesday Situation Room meetings are held virtually, supporting conversations on continuing the supply of essential HIV/AIDS services. The virtual gatherings provide an avenue for the SMOH to monitor the performance of IPs on targeted HIV testing and linkage to care. As Nigeria enters its next phase of the COVID-19 pandemic, Data.FI will continue working to support decision making based on data.

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