



Improving Initiation of Pre-Exposure Prophylaxis among Key Populations in Akwa Ibom, Cross River, and Lagos States

INTRODUCTION

Key populations (KP), such as sex workers and men who have sex with men, have the highest HIV prevalence in Nigeria.¹ To reduce the HIV infection rate, Nigeria's HIV program integrated the use of oral pre-exposure prophylaxis² (PrEP) as a substantive additional measure to existing services for KP.

The USAID-funded KP CARE-1 project, implemented by Heartland Alliance Nigeria, established KP one-stop shops (KP OSS) to provide oral PrEP to KPs in three states—Akwa Ibom, Cross River, and Lagos. Each KP one-stop shop was provided with yearly targets for distribution of oral PrEP. In this brief, we describe findings from a Data.FI assessment of the work of Heartland Alliance to reach yearly targets for PrEP distribution, as well as measures taken to improve performance.



A staffer at a community one-stop shop for key populations in Nigeria provides PrEP to a client. Photo by Heartland Alliance Nigeria.

HOW DATA.FI SUPPORTED THE PREP DATA REVIEW AND USE PROCESS

Data.FI collated, validated, and analyzed weekly high-frequency report (HFR) data on the PrEP indicator to assess the achievement of FY20 targets against performance. The results of these weekly HFR analyses were disseminated to Heartland Alliance and discussed during Enhanced Site Management (ESM) cluster meetings supported by the U.S. Agency for International Development (USAID). During these meetings, Data.FI facilitated discussion among all USAID implementing partners (IPs) to review performance, identify gaps, and institute cause-corrective measures. The discussions provided IPs with opportunities to share best practices.

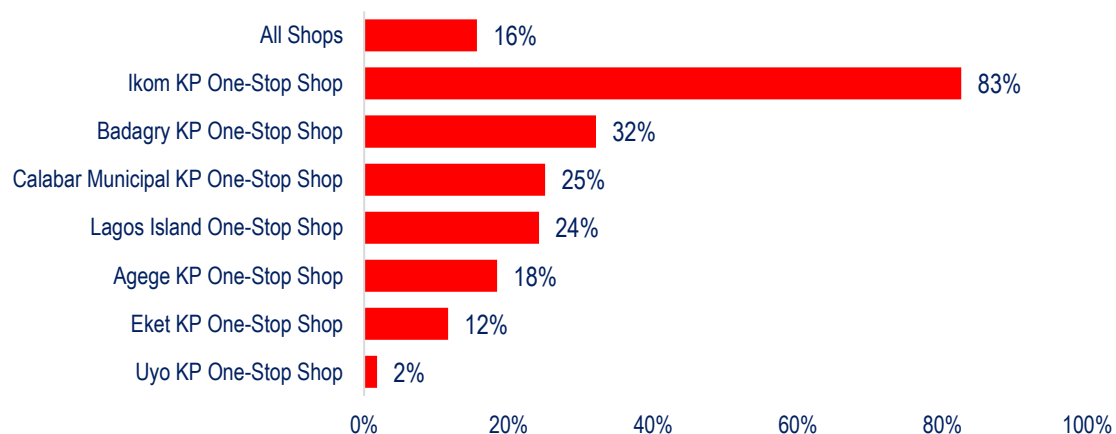
Data Analysis Found PrEP Initiation Gap in Most KP Community One-Stop Shops

The analysis revealed that PrEP initiation was low in all three states where Heartland Alliance was implementing KP one-stop shops. Data.FI then provided another level of analysis of each KP OSS in the three states, finding that the average PrEP initiation rate was 16 percent and that six out of seven KP OSS had an initiation rate between 2 percent and 32 percent (see Figure 1). Data.FI shared these results with Heartland Alliance in July 2020.

¹ Federal Ministry of Health. (2015). Integrated Biological and Behavioural Surveillance Survey (IBSS) 2014. Abuja, Nigeria: National Agency for the Control of AIDS (NACA). Retrieved from <https://naca.gov.ng/wp-content/uploads/2016/11/Final-Nigeria-IBSS-2014-report.pdf>.

² Pre-exposure prophylaxis is a course of HIV drugs taken by HIV-negative people to protect them against HIV infection.

Figure 1. PrEP Initiation Performance in KP One Stop Shops in Akwa Ibom, Cross River and Lagos State, September 30, 2019 - July 17, 2020



To understand the causes of low PrEP initiation in the six KP OSS, Data.FI facilitated a discussion with Heartland Alliance. The discussion points were also presented during a National Data Repository (NDR)/HFR weekly meeting that month. Based on these discussions about the performance gaps and possible corrective measures, the Heartland Alliance Nigeria strategic information team then conducted an internal review of the root causes of low PrEP initiation and uncovered the following contributing factors:

- **Unavailability of PrEP drugs in Q1 and Q2 FY20:** A central stockout of PrEP drugs and urinalysis test strips occurred during first two quarters of FY20.
- **Low demand creation for PrEP uptake:** The IP activities did not focus on creating demand for PrEP due to the unavailability of PrEP drugs.
- **Low understanding of PrEP initiation strategies among new staff:** Newly hired clinical staff in the states had low understanding of PrEP management and cascade intervention.

Heartland Alliance Proposed and Implemented Strategies to Address Gaps

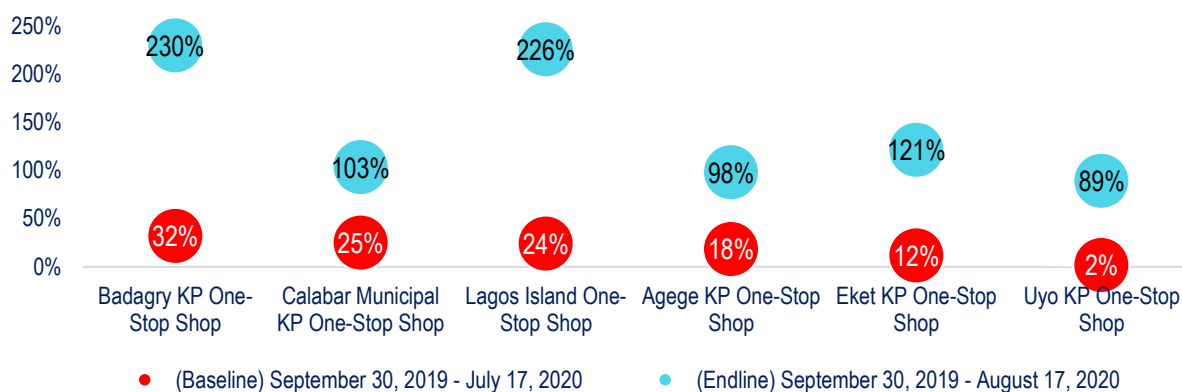
To mitigate the performance shortcomings in initiating PrEP, the Heartland Alliance technical team developed intervention strategies and adapted a continuous engagement mechanism with state clinical teams and the USAID Global Health Supply Chain-Procurement and Supply Management (GHSC-PSM) project. To accelerate implementation of these interventions, the following strategies were used:

- Engage each KP OSS clinical team to:
 - Make formal PrEP drug requests to GHSC-PSM using the Combine Report and Requisition Form (CRIFF) based on the target distribution rate and on the actual weekly uptake rate.
 - Provide daily performance tracking of the volume of PrEP initiation and the tracking of available PrEP drug stocks to the Heartland Alliance pharmacy advisor and logistics officer.
- Activate rapid demand creation for PrEP by engaging trained community health facilitators and other gatekeepers—such as brothels and other hot-spot business owners—to create an enabling environment so that their clients would be receptive to PrEP during community outreach efforts.
- Provide a refresher training to community health facilitators and outreach coordinators on how and why PrEP is used in HIV prevention, and on PrEP management and the intervention cascade.

Outcome of the Strategies Implemented

After four weeks of implementing these mitigation strategies, Data.FI conducted a comparative analysis of PrEP initiation during the periods of September 30, 2019 – July 17, 2020, and September 30, 2019 – August 17, 2020. This analysis showed a significant improvement in PrEP initiation compared to baseline. Across the six KP OSS reviewed, the average percentage of PrEP initiation increased from 13 percent of the annual target to 112 percent of the target, and four out of six KP OSS exceeded their annual target for PrEP initiation (see Figure 2).

Figure 2. Increase in achievement of PrEP targets between July 17 week and August 17 week assessments



Stakeholders Sustain Action

To institutionalize this PrEP initiation achievement across the KP OSS, Heartland Alliance will conduct weekly monitoring of the PrEP stock balance and will provide feedback to the GHSC-PSM team to ensure adequate PrEP supply, when needed. In addition, continuous education on the use of PrEP in HIV prevention will be scaled up to hard-to-reach communities (e.g., KPs living in riverine areas).

How Stakeholders Benefit from Weekly HFR Analysis

The weekly HFR analysis disseminated by Data.FI led to Heartland Alliance addressing and resolving low uptake of PrEP, based on data. This type of analysis also can support other IPs to use data for informed decision making. This analysis provides stakeholders at different levels with opportunities to identify gaps, discuss contributing factors, and develop and implement strategies to improve HIV care continuum outcomes.

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