



Improving Linkages to HIV Treatment in Kebbi, Kwara, Niger, Sokoto, and Zamfara States

INTRODUCTION

To attain epidemic control, the Joint United Nations Programme on HIV/AIDS (UNAIDS) issued a fast-track strategy to reach the 95-95-95 goals by 2030: 95 percent of people living with HIV knowing their HIV status; 95 percent of people aware of their status being on treatment; and 95 percent of people on treatment having a suppressed viral load. To achieve the global treatment targets for epidemic control, people diagnosed with HIV need to be linked to health facilities to access antiretroviral treatment (ART).

The USAID-funded SHARP Task Order-1 (SHARP TO-1) project, led by the implementing partner (IP), Chemonics, works in five states in Nigeria to improve HIV care continuum outcomes, including ART linkages. In this brief, we describe how Data.FI collaborated with

SHARP TO-1 to review ART linkage data, identify linkage gaps, discuss contributing factors, develop and implement strategies to address identified gaps, and develop a list of sustained actions to further improve ART linkages. These efforts relate to the second 95 percent of the HIV care and treatment cascade.



Stakeholders reviewing linkage registers at a health facility providing care and treatment services. Photo credit: Chemonics Sharp TO-1

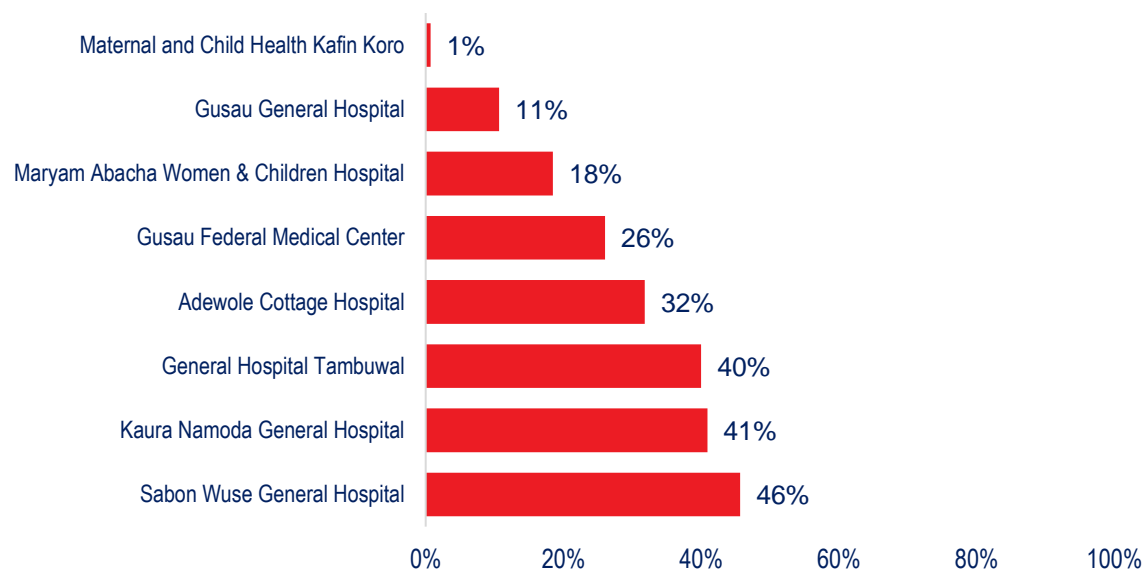
DATA ANALYSIS REVEALED LOW LINKAGE TO HIV TREATMENT AT EIGHT HEALTH FACILITIES

Two state-level engagement meetings were conducted in July 2020 (a cluster Enhanced Site Management meeting), at which USAID, Data.FI, and various IPs reviewed the weekly performance of the 95-95-95 cascade indicators and Data.FI presented findings from an analysis of ART linkages (for December 30, 2019 through July 3, 2020). The collation, validation, analysis, and use of weekly and monthly high-frequency reporting (HFR) data across UNAIDS' global 95-95-95 cascade indicators on a routine basis are important for effective monitoring of the HIV epidemic.

The baseline analysis encompassed data from 27 health facilities across the five states served by SHARP TO-1: Kebbi, Kwara, Niger, Sokoto, and Zamfara. A follow-up and more detailed facility-level analysis of ART linkages found that among 3,288 clients in all facilities who tested positive for HIV, only 1,512 (46%) were linked to treatment—far below the 95 percent target. This analysis also found that 71 percent of all clients not linked to ART services came from eight facilities in these states (Figure 1).

Stakeholders agreed that the overall performance of 46 percent required improvement and that the lowest-performing facilities needed special efforts to provide better care and linkages for their clients.

Figure 1. ART linkage in the lowest performing health facilities in Kwara, Niger, Sokoto, and Zamfara States, December 30, 2019–July 3, 2020



Based on the analysis, the SHARP TO-1 project held discussions with program staff and state-level stakeholders to understand the factors contributing to the low linkage of HIV-positive clients to treatment in the project states. The following contributing factors to low ART initiation gaps were identified during this collaborative process in each state:

- **Poor reconciliation of weekly performance data:** In some instances, due to time constraints for weekly reporting, HFR performance data were collated and reported by facility data entry clerks without verification with source documents.
- **ART initiation was not conducted at prevention of mother-to-child transmission (PMTCT) sites:** The PMTCT sites conducted HIV tests for clients and then referred them to other ART sites for treatment initiation, instead of linking them to treatment at the same site.
- **Low quality of pre- and post-test counseling sessions:** Some HIV counselor testers had inadequate skills to promote linkages to ART. During counseling, they did not stress the importance of starting treatment early, which depressed same-day ART initiation rates.
- **Low linkage coordination mechanism:** Follow-up on referrals for fast-tracked HIV treatment services from referring facilities (spokes) to receiving facilities (hubs) was low.
- **Low ART initiation among adolescents:** Treatment initiation among adolescents and young people was limited due to their age and, therefore, their ineligibility to consent.

STAKEHOLDERS PROPOSED AND IMPLEMENTED STRATEGIES TO ADDRESS THE GAPS

To address the identified challenges, SHARP TO-1 engaged with stakeholders at the state level for two weeks (July 27 to August 7, 2020) to propose and implement strategies to improve ART initiation rates:

- **Data validation at health facilities, testing points, and enrollment desk/clinics:** Stakeholders recommended that source documents for HIV testing services (HTS) and HTS registers be validated before entering clients as HIV positive in the database.

- **Introduction of a family center/hub-and-spoke model at PMTCT sites:** This model was introduced to address ART uptake bottlenecks at PMTCT sites by creating an ART drug collection point at those sites. Case managers were also assigned to each PMTCT site to ensure 100 percent enrollment in treatment.
- **Building the capacity of counselor testers in pre- and post-test counseling:** A step-down training in HIV testing using the national testing algorithm was conducted by the SHARP TO-1 clinical team to improve the skills of counselor testers. On-the-job mentoring was also provided for those testers who needed to build their skills.
- **Set-up of social media platform to improve linkage coordination:** *WhatsApp* digital platform groups were set up to link and allow for more efficient communication between the linkage coordinators in the referring facilities (spokes) and in the receiving facilities (hubs) ; this helped improve coordination of the referral process for HIV-positive clients.
- **Engagement of peer navigators to support adolescents in accessing treatment:** Peer navigators assisted in obtaining consent from the guardians of adolescents and guiding adolescents during ART initiation at health facilities.

IMPROVEMENT IN ART INITIATION GAPS

To review the changes resulting from the two weeks of strategy implementation, Data.FI:

- Compared the initial data analyzed with the now-validated data for the same time period (December 30, 2019–July 3, 2020).
- Conducted another iteration of comparative cumulative ART linkage data analysis from December 30, 2019 to July 3, 2020, and from December 30, 2019 to August 7, 2020, using validated data.

In the first validated dataset, only 1,782 clients tested HIV positive at all 27 facilities (compared with 3,288 in the initial data), and 1,481 (83%) were linked to treatment, compared with 1,512 (46%) in the initial data (Table 1). Among the eight lowest-performing facilities identified in the first analysis, the later data showed that only 45 percent of clients not linked to ART services came from these facilities, compared with 71 percent in the first analysis. This represents a decrease of 26 percentage points. (These data are not shown.)

Data.FI concluded that the increase in ART initiation from 46 percent to 83 percent was due to the data validation activities at the health facilities, testing points, and enrollment clinics. Moreover, in the second validated data set (December 30, 2019 through August 7, 2020), the findings showed that clients linked to ART increased by three percent (to 86%), which can be associated with the implementation of the intervention strategies described above. Table 1 provides an overview of the findings from the data analysis.

Table 1. ART initiation analysis of 27 health facilities in five Nigerian states before and after intervention implementation

Time period under review	Type of data under review	New HIV-positive clients, N	New clients on ART, N	Linked to ART, %	ART initiation gap, N	ART initiation gap, %
Dec 30, 2019–Jul 3, 2020	Initial	3,288	1,512	46%	1,776	54%
Dec 30, 2019–Jul 3, 2020	Validated	1,782	1,481	83%	301	17%
Dec 30, 2019–Aug 7, 2020	Validated	2,392	2,054	86%	338	14%

STAKEHOLDERS SUSTAIN ACTION

To further address persistent ART initiation gaps in some facilities (specifically at the Gusau Federal Medical Center and Adewole Cottage Hospital), the IP implemented the following sustained actions to improve ART initiation:

- Generate and review a list of HIV-positive clients to monitor ART initiation across facilities each week.
- Share an updated client referral directory with all supported health facilities in the states.
- Conduct routine monitoring visits to health facilities to ensure that documentation is complete in all source documents and in service provision documents, in accordance with national and international best practices.

HOW STAKEHOLDERS BENEFIT FROM WEEKLY HFR ANALYSIS

The weekly HFR analysis disseminated by Data.FI supports IPs, such as Chemonics, to use data for informed decision making. HFR analysis provides various categories of stakeholders an opportunity to identify gaps and discuss contributing factors so that more people are linked to ART and can become virally suppressed.

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