



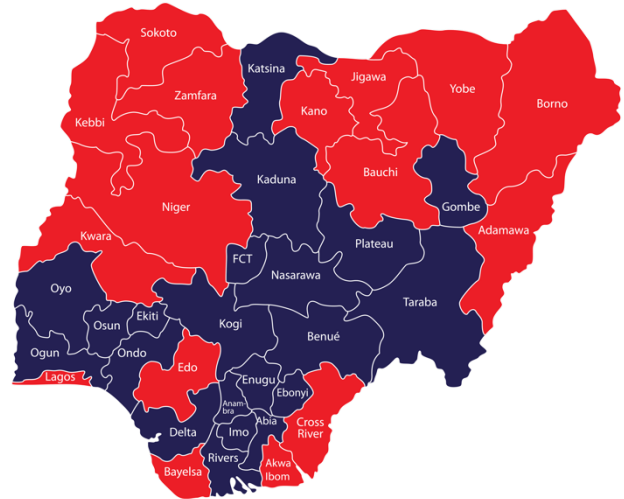
Identifying People Living with HIV and Improving ART Coverage in USAID-Supported States in Nigeria

INTRODUCTION

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

Implementing partners (IPs) funded by the United States Agency for International Development (USAID) under the U.S.

President's Emergency Plan for AIDS Relief (PEPFAR) program currently work in 16 states in Nigeria (red states in map) to improve HIV care continuum outcomes for more than 740,000 people living with HIV.¹ Despite large investments to address the HIV epidemic and reach the 2030 goal, coverage for the first two 95 goals remains low in most of these states. In this brief, we highlight barriers to HIV testing and ART coverage in 11 states in Nigeria and present efforts by USAID IPs and state governments to address testing and treatment gaps.



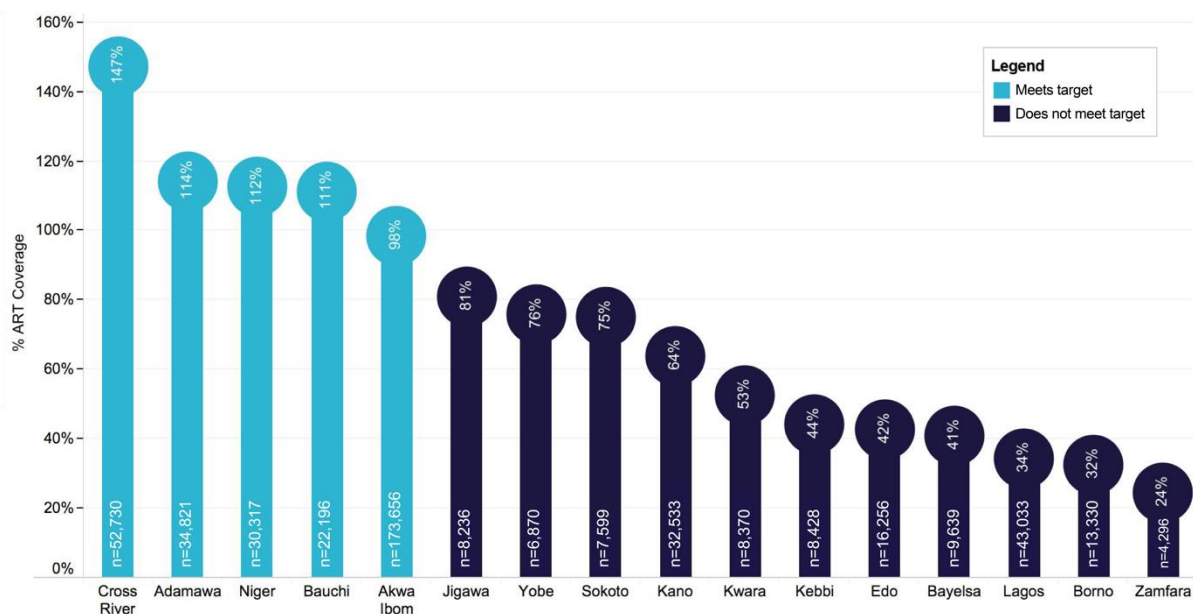
Source: Map of Nigeria by Shutterstock

ANALYSIS SHOWING SERVICE GAPS IN HIV DIAGNOSIS AND ART COVERAGE

For the past year and a half, the Data.FI/Nigeria team collaborated with IPs by sharing the results of analyses on key program indicators for review and feedback on a weekly basis. In mid-January 2021, during PEPFAR's Country Operational Plan (COP21) preparation process, Data.FI analyzed and shared results of an ART coverage analysis with the USAID/Nigeria team. The analysis compared the 2021 Spectrum estimated number of PLHIV with the number of PLHIV on ART in each state. Findings showed that 11 out of the 16 USAID-supported treatment states did not meet the 95 percent ART coverage target. In these 11 states, only 43.9 percent (n=158,590) of the estimated PLHIV (N=361,406) were on ART at end of January 2021. In late January, Data.FI shared these results with IPs for further review by stakeholders and team leads at the state level.

¹ According to the 2018 National AIDS Indicator Impact Survey (NAIS), HIV prevalence in Nigeria is 1.4%.

Figure 1. ART coverage in the states supported by USAID-funded IPs, January 24, 2021



To determine the causal factors for high unmet ART need in the 11 states, Data.FI held meetings January 29 – February 1, 2021 to review ART performance with IPs and their respective national and state teams. During these meetings, stakeholders identified a number of potential causes for the low ART coverage reported:

- A low understanding among service providers of how to provide index testing services, including how to identify eligible clients.
- A low partner elicitation ratio by clients during index testing. Often index clients who are offered index testing services do not share that they have multiple sexual partners, due to fear of intimate partner violence. This is especially common among key populations (KPs).
- Provision of services in communities is challenging in hard-to-reach areas such as creeks and offshore in coastal regions in some of the implementing states like Lagos and Akwa Ibom. Various logistical barriers limit service provision to communities living in these areas.
- A high number of clients with treatment interruption. These clients miss appointments or discontinue ART.
- Migration of KP groups due to the demolition of brothels by government actors, and similar disruptions in other types of hotspots (for example, in Lagos State).
- Incessant harassment of KP groups by law enforcement agents; KPs are criminalized in Nigeria.
- A high level of insecurity related to insurgency and banditry in the northern part of the country. This insecurity limits service provision to PLHIV and contributes to the out-migration of people from their communities.

STAKEHOLDERS AGREE TO ADDRESS GAPS

During the January/February stakeholder meetings, IPs at the country level, the state technical team, the Data.FI team, and other stakeholders discussed and agreed on the following strategies, all of which have been implemented:

- Ensure that case finding is optimized across all implemented states through capacity strengthening and by mentoring services providers so that they understand the index testing services process and ensure that index counselling and testing is offered to eligible clients.
- Deploy innovative technology such as geographic information systems; review index testing registers to identify index clients who elicited multiple sexual partners for possible follow-up on HIV testing; integrate the HIV testing services (HTS) risk stratification tool in testing sites and

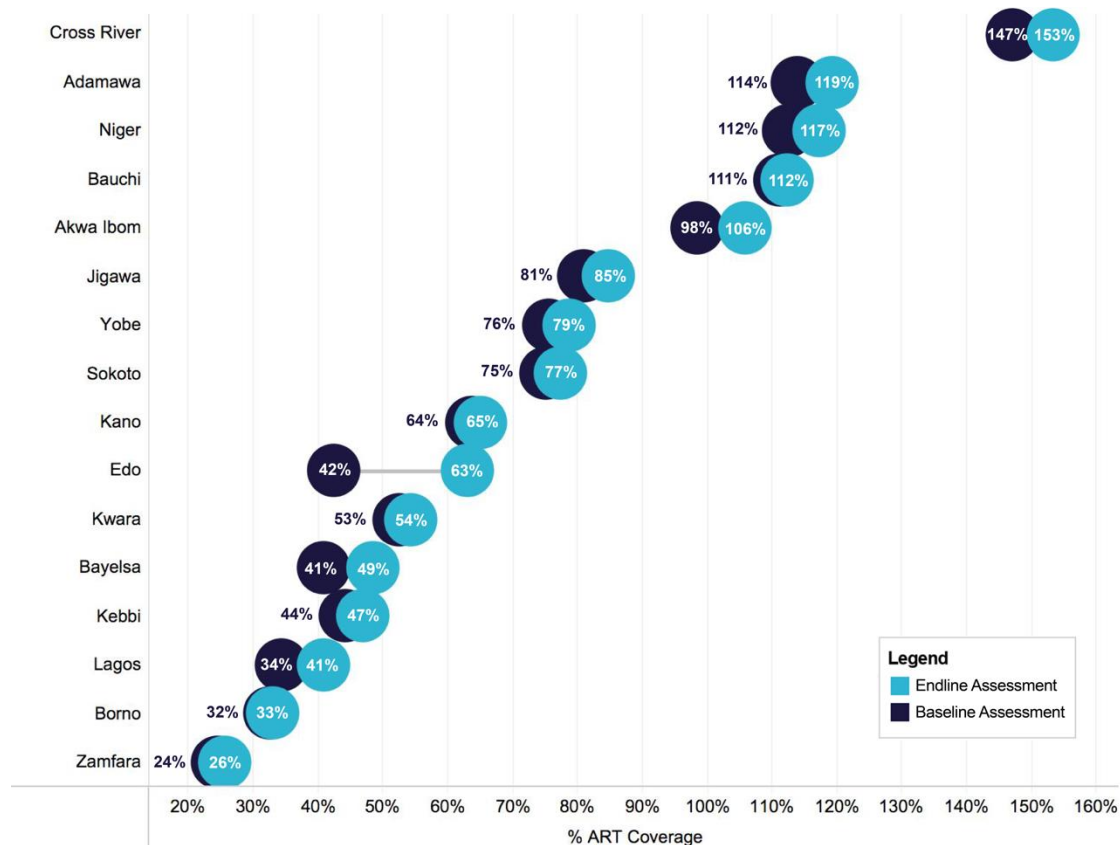
optimize the use of the biometrics system designed specifically to protect the identity and confidentiality of clients by providing index clients with a unique ID number not linked to their name or other personally identifying information.

- Engage community health extension workers and set up mobile units for testing and linking HIV-positive clients to ART in hard-to-reach communities.
- Deploy a social media strategy to reach more KP networks with HIV testing services.
- Engage virally suppressed PLHIV as role models to track and reach out to clients who interrupted their treatment.
- Review client line lists to identify the clients who interrupted their treatment and distribute lists of these clients to engage client trackers at the community level.
- Conduct advocacy visits to stakeholders at different levels of operation, such the State Agencies for the Control of AIDS (SACA), the State Ministries of Health (SMOH), and law enforcement agencies to address undue harassment of KPs.
- Adhere to all security protocols and deploy healthcare workers to selected camps for internally displaced persons.

OUTCOMES OF THE IMPLEMENTED STRATEGIES

After eight weeks of implementing the strategies enumerated above by the teams, Data.FI conducted a comparative analysis of baseline ART coverage (performance as of January 24, 2021) with the end line ART coverage (performance as of March 28, 2021). Findings from the analysis showed that 49.7 percent of clients (n=179,448) were on ART at end line. This is a 5.8 percentage points increase in ART coverage compared to baseline, with 20,858 more clients on treatment (13.2 percentage points increase in the number of clients on ART). See Figure 2 for details.

Figure 2. Improvements in ART coverage in the states supported by USAID-funded IPs from January 24, 2020 to March 28, 2021*



* Note: Based on the Spectrum estimated number of PLHIV in 2021, Adamawa, Akwa Ibom, Bauchi, Cross River and Niger states exceeded their treatment saturation.

STAKEHOLDERS SUSTAIN ACTION

To ensure improvement is sustained, stakeholders will continue to scale up index testing services across all health facilities and build the capacity of healthcare workers to provide those services. In addition, they have committed to ensuring continuous collaboration with state actors (SMOH, SACA, and other agencies) to create an enabling environment for HIV interventions, especially interventions for KPs faced with discrimination and harassment by government law enforcement agencies.

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