

EPIC NIGERIA

Activity 1: HIV prevention and treatment in Bayelsa, Edo, and Lagos Summary of Achievements

March 2021–January 2022

Between March 10, 2021, and January 31, 2022 (Q2 FY21 to Q2 FY22), the Meeting Targets and Maintaining Epidemic Control (EpiC) project worked to accelerate progress toward HIV epidemic control in Nigeria through the implementation of evidence-based HIV interventions across the three states of Bayelsa, Edo, and Lagos (referred to as EpiC Nigeria Activity 1). EpiC promoted self-reliant management of Nigeria's HIV program to improve case finding, treatment programming, and viral load testing services. The project was funded by the U.S. Presidents' Emergency Fund for AIDS Relief (PEPFAR) through the U.S. Agency for International Development (USAID) and implemented by a consortium led by FHI 360. This brief summarizes the achievements of EpiC Nigeria in Bayelsa, Edo, and Lagos during the project's period of performance.

BACKGROUND

The promise of ending the HIV epidemic by 2030 relies on the achievement of the global 95-95-95 targets by 2025—that is, 95% of people living with HIV (PLHIV) diagnosed, 95% of those diagnosed access treatment, and 95% of those accessing treatment are virally suppressed. At the end of 2020, Nigeria's percentages toward the targets were 73%-89%-78%, indicating significant gaps still existed in the country's HIV response. Closing the gaps requires using more effective and efficient approaches to reach PLHIV who remain undiagnosed and improving uptake of HIV treatment and viral load (VL) testing services.

EpiC collaborated closely with Government of Nigeria (GoN) health authorities at national and subnational levels to implement the program in Bayelsa, Edo, and Lagos states where HIV prevalence ranges from 1.3% to 1.8%.¹ The project served the general population and delivered interventions mostly through health care facility channels, while also implementing a limited package of services within community settings for targeted HIV and tuberculosis (TB) case identification and linkage to care. The facility component covered 15 public secondary level and seven private facilities

Highlights

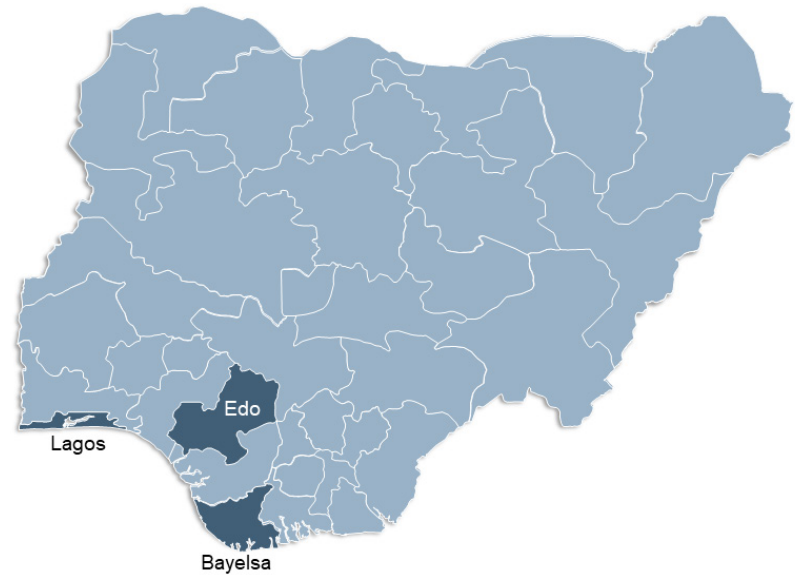
- Reached 100,573 individuals with HIV testing services (HTS), newly diagnosed 2,674 PLHIV, and linked 2,565 (96%) to treatment
- Achieved a viral suppression rate range of 93% to 95% among PLHIV enrolled on treatment over the life of project
- Successfully implemented index case testing, contributing 9% of total project case finding for HIV
- Scaled up biometric enrollment of PLHIV from 43% to 83%

across the three states. Key local partners that supported implementation were Achieving Health Nigeria Initiative (AHNi), Howard University Pharmacy and Continuing Education (HUPACE), and two faith-based organizations (St. Raphael Divine Mercy Hospital and Evangel Model Hospital).

Implementation was focused on three main objectives:

- Improve targeted HIV and TB case identification and linkage to care and treatment in both community and facility settings
- Enhance enrollment and continuation on HIV treatment with minimal interruption in treatment in community and facility settings
- Achieve viral suppression among all PLHIV who are on treatment

Nigeria: States with EpiC Activity 1 interventions



KEY PROGRAMMATIC ELEMENTS

EpiC Nigeria Activity 1 delivered a comprehensive package of services across the entire HIV/TB cascade that included prevention, HIV testing, linkage to care, initiation, adherence to and continuity of antiretroviral therapy (ART), and VL services (Table 1).

Table 1. EpiC Nigeria Activity 1 Core Package of Services

FIRST 95	SECOND 95	THIRD 95
<p>Prevention</p> <ul style="list-style-type: none"> • Prevention messaging, condom distribution and promotion • Pre-exposure prophylaxis (PrEP) • Post-exposure prophylaxis (PEP) • Prevention of mother-to-child transmission (PMTCT) • TB screening <p>Testing</p> <p>HIV testing services (HTS), including peer education, risk assessment, counselling, and risk reduction planning</p> <p>Targeted testing services</p> <ul style="list-style-type: none"> • Index case testing • HIV self-testing (HIVST) • Recency testing 	<ul style="list-style-type: none"> • Linkage to care and treatment services, including ART initiation • Prevention of mother-to-child transmission (PMTCT) • Differentiated service delivery (DSD), including multmonth dispensing (MMD) and fast-track models for ART • Community ART services • Facility and community package of basic care and support services 	<ul style="list-style-type: none"> • Viral load testing and monitoring • Enhanced adherence counselling (EAC) for viral suppression

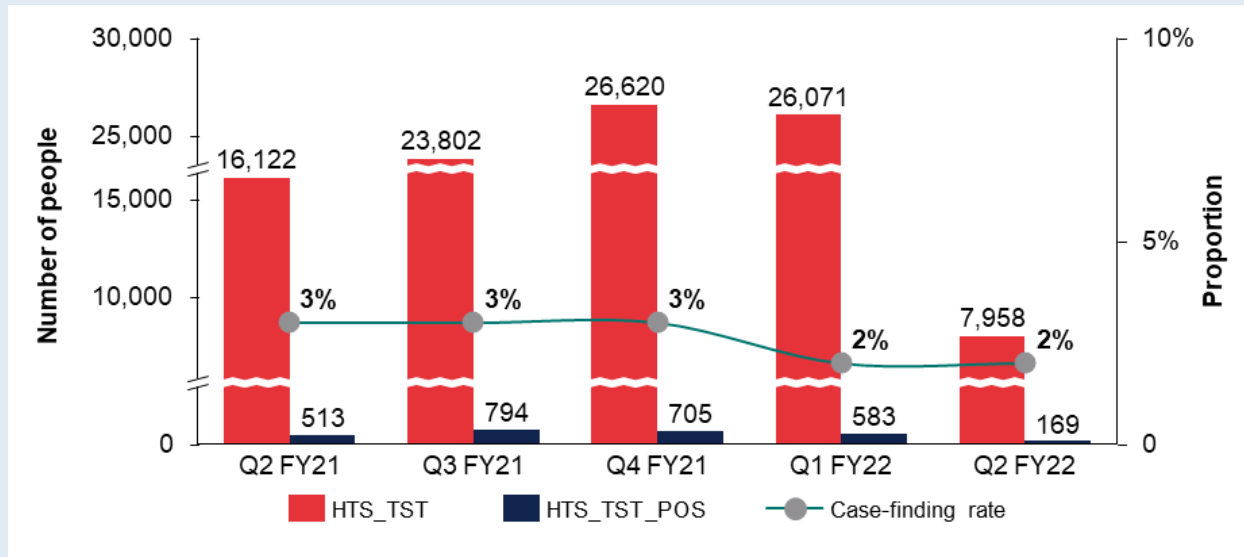
SERVICE DELIVERY IMPACT

FIRST 95

Between Q2 FY21 and Q2 FY22, EpiC reached 100,573 individuals with HIV testing services across the three states. Of those tested, 2,674 were newly

diagnosed HIV positive, resulting in an overall case-finding rate of 2.7%. Over the life of project, the case-finding rate ranged between 2% and 3%, consistently above documented prevalence estimates for the three states: 1.3%–1.7% (Figure 1).

Figure 1. Trend data over life of project: case-finding rate Q2 FY21–Q2 FY22

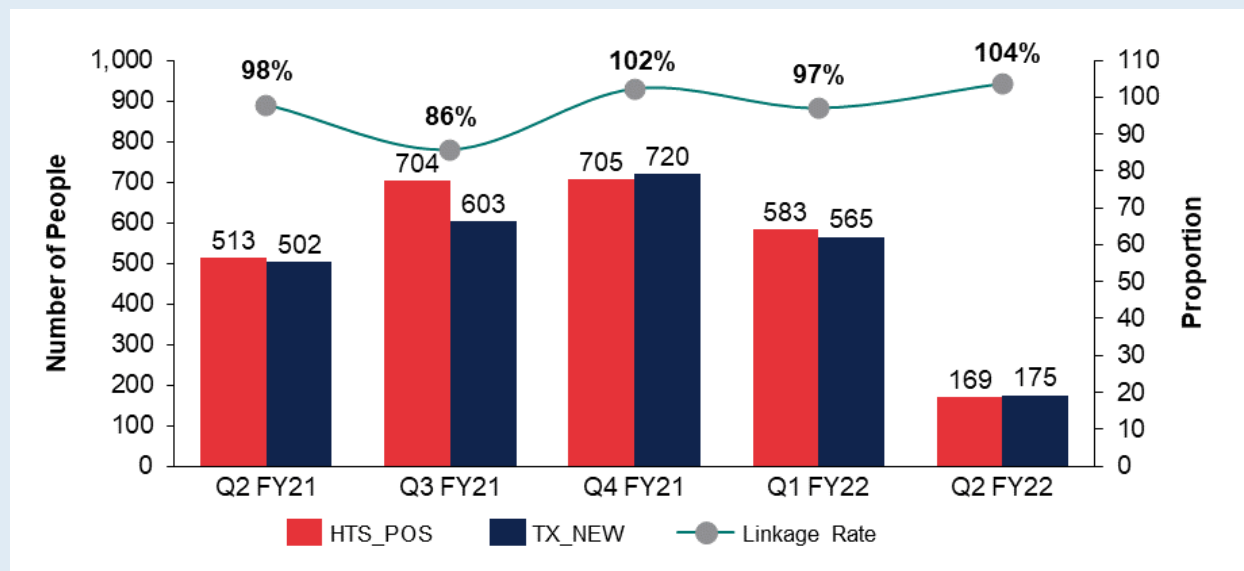


SECOND 95

EpiC achieved an overall HIV treatment linkage rate of 96% (2,565 of 2,674 people). The rates by quarter were consistently above 95% over life of project, except Q3

FY21 where a dip resulted from uncompleted referrals at the start of community HIV testing services. Intensified tracking, follow-up, and case management restored rates to 97% and above in subsequent quarters (Figure 2).

Figure 2. Trend data over life of project: linkage rate Q2 FY21– Q2 FY22

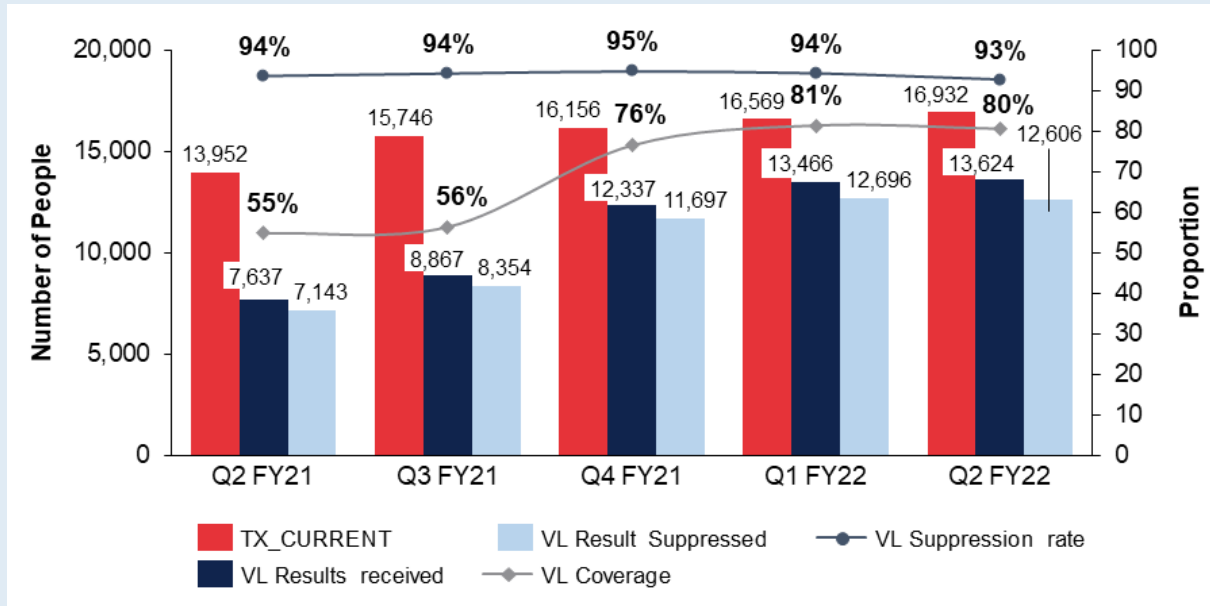


THIRD 95

At the beginning of the project, EpiC's VL testing coverage was 55%, reaching 7,637 PLHIV enrolled on treatment with VL testing in Q2 FY21. Sustained efforts were made to improve VL coverage at both the facility and community level. Some of the critical interventions included refocusing case management approaches to optimize demand for VL testing, which involved aligning

drug refill appointments with VL appointments, and line listing and tracking eligible PLHIV for VL testing. The approaches proved effective as the project achieved sustained increases in absolute numbers of VL tests completed and coverage of VL testing over time, peaking at 81% in Q1 FY22. The viral suppression rate among PLHIV who had VL tests ranged from 93% to 95% over life of project (Figure 3).

Figure 3. Trend data over life of project: viral load cascade Q2 FY21 –Q2 FY22



TECHNICAL HIGHLIGHTS

One of EpiC's approaches to achieving 95-95-95 targets was the implementation of tailored, more efficient programming to improve the reach and use of health services among PLHIV and those most vulnerable to or at risk of contracting HIV. The project team made important progress in the following key technical areas: (1) index case testing, (2) HIVST, (3) PrEP, (4) PMTCT, (5) differentiated service delivery (DSD), (6) Operation Triple Zero (OTZ), and (7) biometric data capturing.

Index Case Testing (ICT)

EpiC's package for safe and ethical index case testing (ICT) consisted of three critical steps: (1) training service providers on counselling and communication skills, including screening clients for risk of intimate partner violence (IPV) from potential contacts and provision of first-line support for victims who disclose violence; (2) conducting continuous client education about ICT during health talks, and modifying facility service flow for ICT, allocating a space for privacy in

EpiC approach to delivering index case testing

When?

Continually

- Introduced index case testing services concepts and benefits at pre-test information or counselling
- Immediately after HIV diagnosis
- At least annually as part of HIV treatment services
- After a change in relationship status

Who?

- Trained HTS counsellor, a nurse, a client supporter, or a case manager

Where?

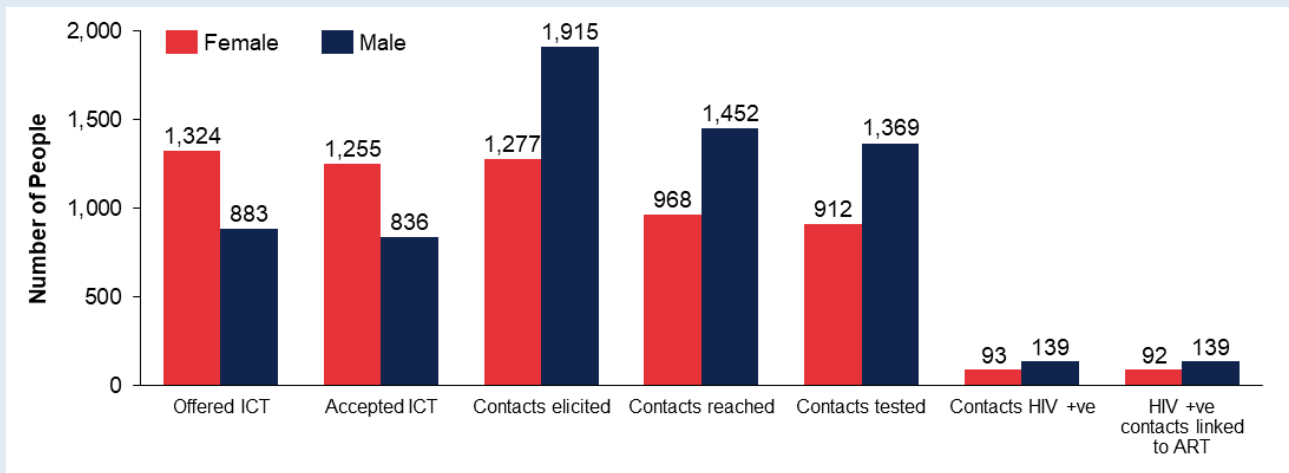
- At all facility-based HIV testing service delivery points (e.g., PMTCT, ANC, TB, etc.)
- At all facility-based HIV treatment sites (e.g., PMTCT, ART, etc.)
- As part of all community-based HIV testing programs (e.g., mobile, home, workplace, etc.)

the health facility; and (3) tailoring delivery models to the needs and circumstances of each person living with HIV, their partners, facility, and their communities. Where necessary, EpiC integrated ICT into already existing testing streams within facilities and communities such as general and couple HIV testing services (HTS), PMTCT, antenatal care (ANC), and TB. Regardless of the model and context, EpiC implemented ICT consistently and systematically, using established methods and

standards for upholding clients' rights to confidentiality, consent, and safety.

Over the period of implementation, 2,091 PLHIV accepted ICT of which 3,192 contacts (including 1,915 men and 1,277 women) were elicited, and 76% of whom agreed to be tested. Through ICT, a total of 232 individuals were found HIV positive, which represented 9% of EpiC's overall total case finding. Among PLHIV identified through ICT, 99% of them were linked to HIV treatment (Figure 4).

Figure 4. Index case testing cascade Q2 FY21-Q2 FY22

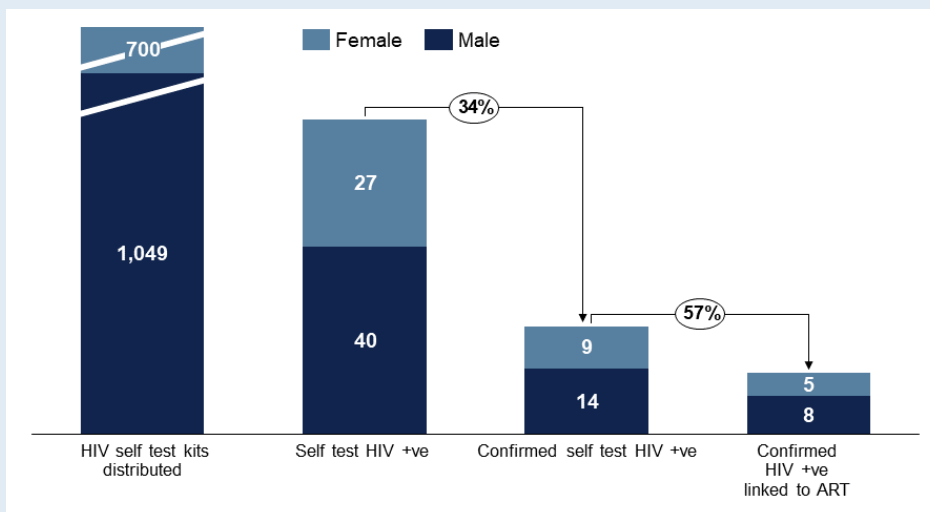


HIV Self-Testing (HIVST)

In line with global and national recommendations, EpiC implemented self-testing as an avenue to reach undiagnosed PLHIV who may have been left out of the traditional testing approaches. EpiC began implementing HIVST in May 2021. Over the life of project, 1,749 HIVST kits were distributed across various channels in health

facilities and communities. Of this number, 67 people (40 men and 27 women) had reactive results; 23 of them were confirmed HIV positive (translating to a 1.3% case-finding rate) and 13 were linked to HIV treatment, representing a 57% linkage rate (Figure 5). Attempts were made to reach the 44 people with unconfirmed HIV-positive results. Some clients gave incorrect or poor

Figure 5. HIV self-testing cascade Q2 FY21-Q2 FY22



descriptions of home addresses that hampered further tracking; some were in denial of their own results, while others promised to come to the facility for confirmation and linkage to treatment before the end of the project. As part of the remediation and transition plan, line lists of these individuals with unconfirmed HIV positive test results were shared with the facility focal persons for further follow-up and tracking.

Pre-Exposure Prophylaxis (PrEP)

EpiC supported national prevention efforts to increase access and uptake of PrEP among eligible individuals. EpiC's experience in HIV prevention, care, and treatment, and capacity to scale up innovative, differentiated service delivery models laid the groundwork for integrating PrEP into a robust continuum of comprehensive HIV services.

EpiC's contributions included supporting development of national PrEP policies and plans, setting up systems for supply chain management, identifying and addressing delivery considerations, developing communications strategies to promote PrEP demand and uptake, and ensuring program quality and progress through monitoring and evaluation.

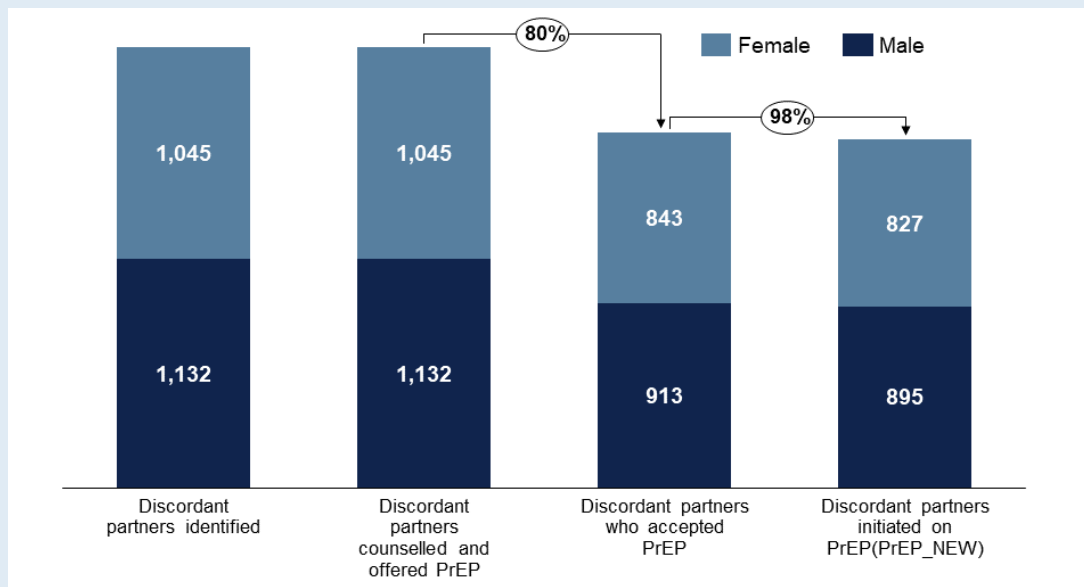
EpiC Nigeria's PrEP implementation focused on discordant partners in line with the project's defined scope. Between Q2 FY21 and Q2 FY22, EpiC directly supported PrEP provision in 21 health facilities across

11 local government areas. Given the target to enroll 2,471 eligible individuals, EpiC identified and offered PrEP to 2,177 clients (88% of eligible clients). Of those, 1,756 clients accepted PrEP (80%), and 1,722 (98%) were initiated on PrEP (Figure 6).

EpiC PrEP flowchart

1. Potential PrEP eligible client assessment: All potential clients assessed using an eligibility assessment form.
2. Clinical evaluation and laboratory tests at PrEP initiation and follow-up: HIV test, sexually transmitted infection (STI) screening, hepatitis B and C screening and creatinine tests.
3. PrEP enrollment: PrEP users are provided with a one-month refill.
4. PrEP follow-up: PrEP users return one month after commencement for adherence counselling, laboratory tests, assessments for adverse drug reactions.
5. Decision on PrEP continuation.
6. Set schedule for quarterly follow-up.

Figure 6. PrEP cascade Q2 FY21-Q2 FY22

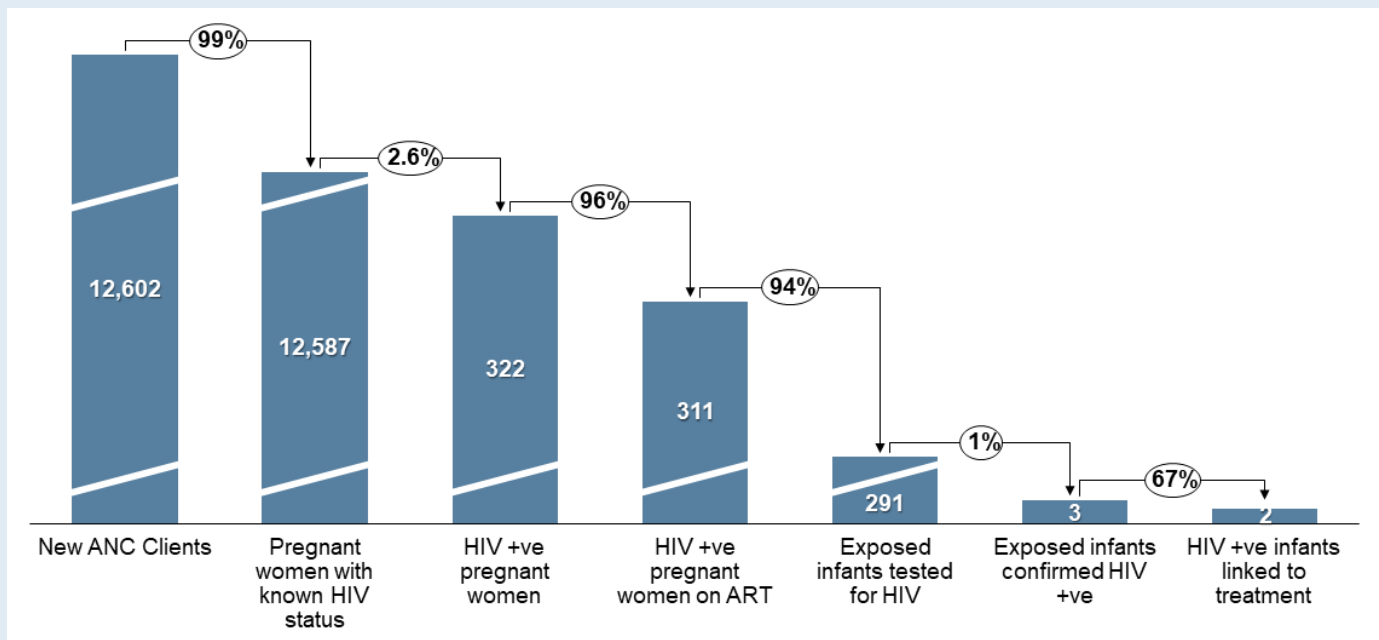


Prevention of Mother-to-Child Transmission (PMTCT)

EpiC deployed a wide range of interventions targeting and engaging all stakeholders involved in delivering PMTCT services within health facilities and communities, including informal channels of health service provision. EpiC engaged vital community-level actors such as traditional birth attendants (TBAs), primary health centres (PHCs), and private health facilities by establishing and strengthening community-facility referral and linkages to deliver comprehensive PMTCT and early infant diagnosis (EID). A notable feature of EpiC's intervention included the use of mentor mothers

to provide in-facility escort services for pregnant women and facilitate community-facility referrals. Part of EpiC's approach also strengthened logistics for EID to improve turnaround time for EID test results and facilitated linkage of diagnosed infants to treatment. Over the life of project, 12,585 (99%) of all pregnant women who presented for ANC knew their HIV status, including those previously known to be HIV positive. A total of 322 pregnant women (2.6% of 12,587) were HIV positive, and 311 (96%) were linked to ART (Figure 7). Similarly, EID tests were conducted for 291 HIV-exposed infants within 2 months of age; three were identified as HIV positive and two (67%) were linked to care.

Figure 7. PMTCT and EID cascade Q2 FY21–Q2 FY22



Differentiated Service Delivery (DSD)

In response to challenges posed by the COVID-19 pandemic, EpiC introduced and scaled up DSD models to help PLHIV overcome barriers to treatment access within facilities and communities. EpiC implemented six models based on the expressed need of PLHIV to have more friendly and convenient modes of accessing treatment (see box).

EpiC transitioned 80% of enrolled PLHIV from facility-based drug delivery to different models: 71% through fast-track, 13% on DARF, 9% on CPARP, and 5% on CARG. All received multimonth dispensing of ART medication (Figure 8).

EpiC differentiated service delivery models

ARC: Adolescent Refill Club

DARF: Decentralized ARV Refill Facility

CPARP: Community Pharmacy ART Refill Program

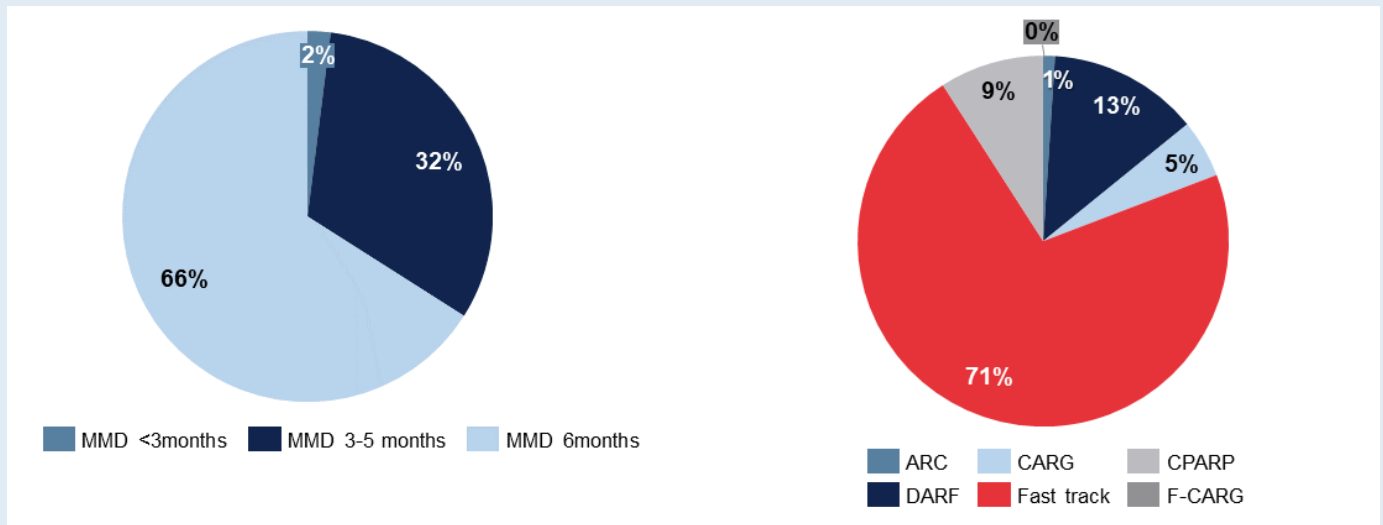
CARG: Community ART Refill Group

F-CARG: Family-Community ART Refill Group

Fast-Track: Service fast-tracked to reduce clients waiting time in the facility

MMD: Multimonth Dispensing

Figure 8. Multimonth dispensing (MMD) and differentiated service delivery (DSD) Q2 FY21-Q2 FY22



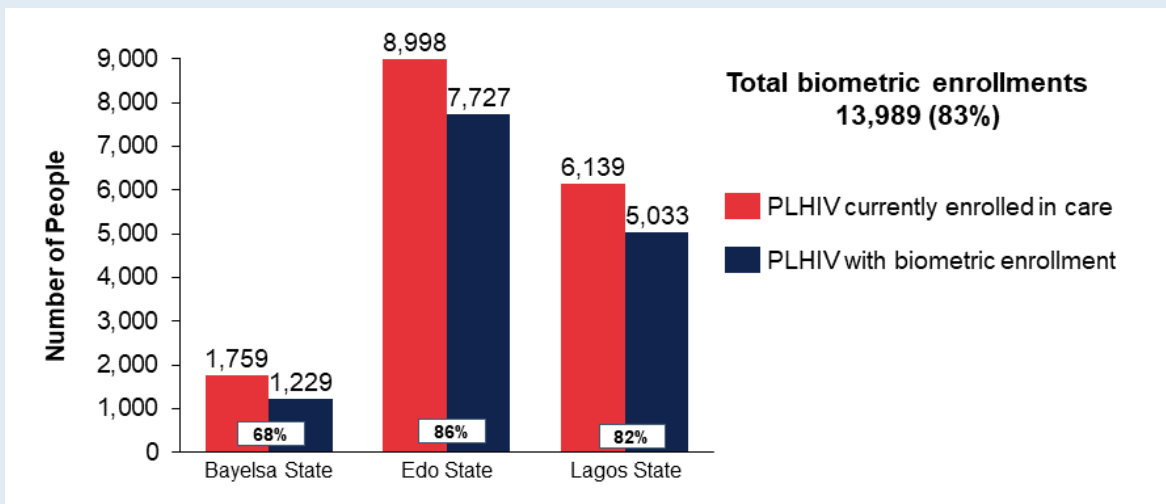
Operation Triple Zero (OTZ)

Adolescents and young people constitute a priority population in the fight against HIV. To address challenges and improve outcomes for this group, EpiC implemented *Operation Triple Zero* (OTZ) to improve the adolescent friendliness of services and achieve the triple goals of zero missed clinic visits, zero missed pills/medications, and zero VL. EpiC’s OTZ model included regular meetings that incorporated drug refills, VL sample collection, adherence and psychosocial counselling, reproductive health services, and continuous orientation on OTZ modules. To improve enrollment, EpiC strengthened the HIV disclosure process by training facility focal people and caregivers of young adolescents. Over the life of project, 927 of 960 eligible adolescents and young people across all EpiC-supported facilities were enrolled. Of all OTZ enrolled adolescents living with HIV, 98% percent were virally suppressed.

Biometric Capturing for HIV Care Enrollment

EpiC supported the rollout of biometric enrollment of PLHIV to establish better systems of client identification for improved program planning. From a coverage of 43% at baseline, by the end of the project, EpiC increased enrollment to 83% (13,989 clients) across all three states (Figure 9). Strategies used included line listing clients for active call back and enrollment, deployment of LAMIS Lite tablets for a mobile community biometric drive, and weekly upload of enrolled biometric data to the National Data Repository (NDR). EpiC demonstrated that biometric enrollment is feasible in low- to middle-income settings like Nigeria, using a combination of community and facility optimization approaches.

Figure 9. Client biometric enrollment by state Q2 FY21-Q2 FY22



ABOVE-SITE ACHIEVEMENTS

In addition to closing some of the gaps in the 95-95-95 cascade by expanding access to high-quality comprehensive HIV services among the general population, EpiC forged partnerships and used program data to advocate for policy changes, strengthen data systems, and contribute to other improvements in the environment that would accelerate progress toward national and global HIV goals.

Policy and Advocacy

EpiC provided technical support to the national review of the strategic framework for elimination of mother-to-child transmission of HIV. This support contributed toward a revised national framework with newer implementation timelines, and a national dissemination strategy. EpiC also participated in strategic engagement with relevant stakeholders to work toward sustainability and local resource mobilization; including the Ministry of Health (MOH), State Agencies for the Control of AIDS (SACA), Network of People Living with HIV (NEPWHAN), facility and community gatekeepers, religious/traditional influencers, civil society organizations, and professional associations such as Pharmacists Council of Nigeria (PCN), Association of Community Pharmacists of Nigeria (ACPN), and Pharmaceutical Society of Nigeria (PSN).

Development of Local Partner Capacity for Monitoring and Evaluation

EpiC met donor and stakeholders' demand for an efficient and effective data management system by building the capacity of local stakeholders at national/subnational administrative levels to oversee data collection, collation, transmission, and use for decision-making. EpiC strengthened the existing Integrated Health Data Management (IHDM)* team at the state and local government level to collect, collate, validate, and transmit all health data within states and respective

* At the state level the IHDM team comprises representatives of relevant government ministries, departments, and agencies (MDAs) and key monitoring and evaluation (M&E) program staff of health development partners. MDAs represented include Department of Planning Research and Statistics, Department of Public Health, Primary Health Care Development Agency, AIDS and STI Control Program, Agency for the Control of AIDS, Tuberculosis and Leprosy Control Program, Malaria Control Program, Immunization Unit, Sexual and Reproductive Health Division, and the State Planning Commission. In addition, the private sector is represented in the expanded team by Association of General and Private Medical Practitioners and the Guild of Medical Directors, which owns and heads private health facilities. At the local level, the IHDM teams are composed of local government representatives equivalent to state MDAs.

LGAs. With EpiC support, the IHDM strategy facilitated knowledge transfer and capacity building of GoN institutions to be better custodians and users of data.

EpiC supported external data quality assurance (DQA) processes in addition to routinely conducting internal DQA. In January 2022, a USAID-led folder-audit external DQA was conducted by Data.Fi in selected facilities across EpiC intervention states (General Hospital Ikorodu, Lagos; Central Hospital Benin, Edo; and Deite Koki Memorial Hospital Yenagoa, Bayelsa). The process yielded a concurrent rate of 96%–99% across the facilities for TX_CURR in Q1 FY22 (Oct–Dec 21). The external DQA outcomes validate EpiC's effectiveness at ensuring a high standard of data quality and data accountability.

One of EpiC's main approaches to sustaining the gains in data strengthening was instilling a culture of regular data review meetings, enabling the use of data for decision-making. Examples include monthly data review meetings, facility Health Management Team meetings, internal monthly performance review meetings, and state quarterly review meetings.

Navigating the Challenges of COVID-19 Pandemic

The COVID-19 pandemic was a new chapter in an old story of threats to progress in achieving the 95-95-95 targets in Nigeria. Key challenges brought by the pandemic included health service disruptions due to government-imposed restrictions. A critical task was to urgently facilitate the safe delivery of HIV and other health services while curbing COVID-19 pandemic transmission. EpiC contributed to the effort by supporting in-country strategic planning at national, regional, and local levels, including incorporating global guidelines on maintaining essential services into the national HIV protocols and guidance. A notable outcome was the accelerated scale-up of MMD and other differentiated HIV models. This effort facilitated early and safe resumption of HIV drug delivery and ensured care continuity for PLHIV.

Furthermore, EpiC provided medical supplies and personal protective equipment (PPE) to enable health workers to comply with hygiene and physical distancing requirements. Other vital operational support was shifting from face-to-face training of health workers and volunteers to internet-based virtual platforms. These shifts enabled the continuation of a wide range of HIV and other public health functions. EpiC also worked with the GoN at all levels to develop communication

guidance, messages, and materials to address misinformation while closely engaging with local chief executives, community leaders, and communities. This close engagement at the local level bridged resource gaps for robust case finding and retention in care within communities. As the GoN continues the path to restoring the health care system toward achieving the 95-95-95 targets, the measures put in place by EpiC will equip the country with the knowledge and experience that can help forestall the worst impacts of future outbreaks.

FUTURE DIRECTIONS

EpiC made important contributions to national efforts to close gaps in reaching the 95-95-95 targets by expanding access to comprehensive HIV services in Edo, Lagos, and Bayelsa states and strengthening local capacity for a country-led HIV response. However, more work is still required to achieve epidemic control. For future interventions, FHI 360 and its partners will strengthen the HIV response for the general population and priority groups through advocacy for increased funding (including through new mechanisms such as social insurance systems), capacity strengthening of local partners, improving national data systems and client identification database, and addressing structural barriers that limit access to services including stigma, discrimination, and violence.

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