

EPIC NIGERIA

Activity 2: Provide quality comprehensive HIV care and treatment services Akwa Ibom and Cross River

Activity 4: Kebbi, Sokoto, Zamfara, Kwara, and Niger Summary of Achievements

July 2021–July 2022

The Meeting Targets and Maintaining Epidemic Control (EpiC) Activity 2 project was implemented from July 1, 2021, to July 31, 2022, across two states (Akwa Ibom and Cross River) in Nigeria with support from the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Prior to EpiC, the USAID-supported program working in these states—Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS)—was responsible for a cohort of nearly 120,000 treatment clients. SIDHAS concluded in September 2021, but the procurement process for USAID Nigeria's follow-on award had not been completed by that time. Therefore, USAID Nigeria requested EpiC to serve Akwa Ibom and Cross River states beginning July 1, 2021.

Building upon gains achieved under SIDHAS, EpiC continued services for people living with HIV (PLHIV) in the two states. EpiC Nigeria Activity 2 implemented a range of client-centered approaches and strategies designed to provide quality comprehensive HIV care and treatment services. The services included geographic information system (GIS) mapping to identify strategic locations for testing and counselling; test and start approach upon confirmation of a positive HIV status; screening for advanced HIV disease and management of newly enrolled clients and those who interrupted treatment; and Operation Triple Zero (OTZ) to improve the quality of care and clinical outcomes for adolescents and children.

From December 2021 to July 2022, EpiC also implemented COVID-19 response activities in Akwa Ibom and Cross River states with PEPFAR American Rescue Plan Act (ARPA) funds. This work built on the HIV infrastructure of the EpiC Activity 2 project and focused on expanding COVID-19 vaccination among eligible clients, especially those on antiretroviral medications at EpiC-supported sites and in local government areas (LGAs) in the two states. Also, within the Activity 2 period, a three-month bridge program—EpiC Nigeria Activity 4—was implemented from February 1 to April 30, 2022, in Kebbi, Sokoto, Zamfara, Kwara, and Niger states in North Central and North West regions. Activity 4 continued services during the transition from Strategic HIV and AIDS Response Program-Task Order 1 to new implementing partners (see Annex 1).

This brief summarizes the achievements of EpiC Nigeria Activity 2 and 4.

BACKGROUND

At the end of 2020, 73% of PLHIV knew their status, 89% were receiving treatment, and 78% of those on treatment were virally suppressed, indicating that significant gaps remained in the country's HIV response and progress toward the UNAIDS 95-95-95 targets. Closing these gaps required using more effective and efficient approaches to reach PLHIV who remained undiagnosed and improving uptake of HIV treatment and viral load (VL) testing services. EpiC provided quality HIV treatment services for PLHIV in Akwa Ibom and Cross River states (AKS/CRS) and provided support to the polymerase chain reaction (PCR) laboratory at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital (COOUTH) in Anambra State.

EpiC Activity 2 was implemented in Nigeria from July 1, 2021, to July 31, 2022, in collaboration with Government of Nigeria (GoN) at national and subnational levels in the two states. Key local partners were Achieving Health Nigeria Initiative (AHNi), Howard University Pharmacy and Continuing Education (HUPACE), and two faith-based organizations (FBOs): St. Luke's Hospital (SLH) Anua in Akwa Ibom and Holy Family Catholic Hospital (HFCH) Ikom in Cross River. Implementation was focused on a priority objective: to attain and maintain HIV epidemic control among at-risk adult men, women, and priority populations (PPs). EpiC was implemented in 34 LGAs across the two states (see Figure 1).

Highlights

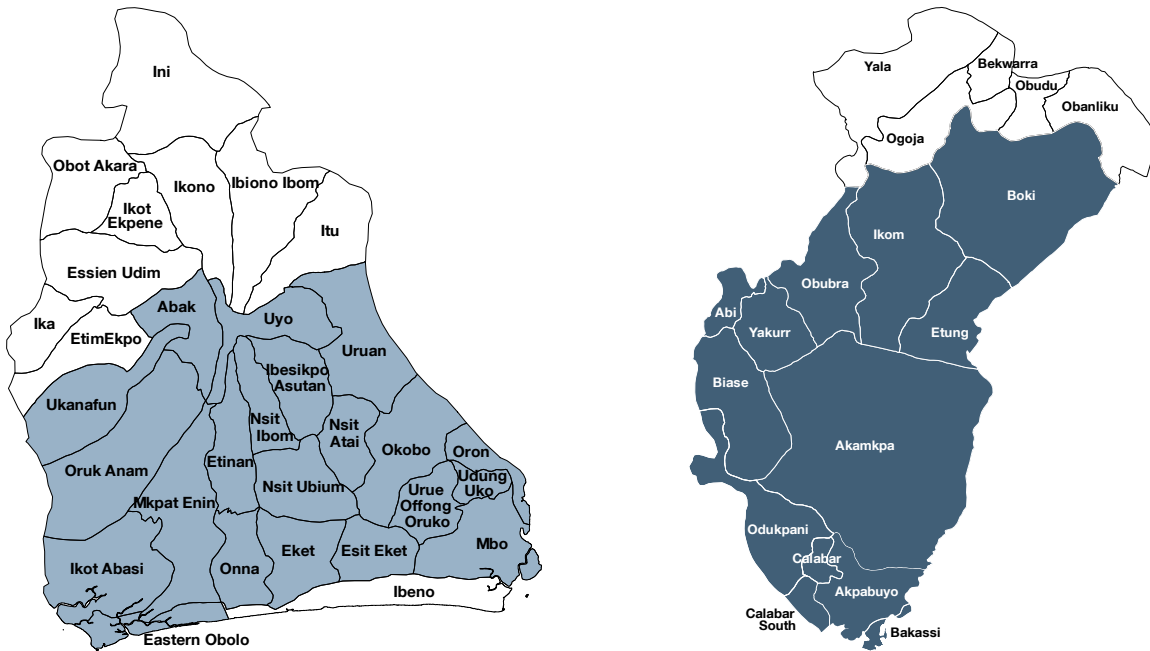
- Reached 635,155 individuals with HIV testing services (HTS)
- Newly identified 26,051 PLHIV and linked 25,950 (99.6%) to treatment
- Successfully implemented index case testing (ICT), which contributed 57% of the total project case finding for HIV
- Maintained a continuity-in-treatment rate of 98% for 186,174 clients in care
- Achieved a viral suppression rate range of 98% to 99% among PLHIV enrolled on treatment over the life of project
- Scaled up biometric enrollment of PLHIV to 99% of clients currently on treatment

KEY PROGRAMMATIC ELEMENTS

The EpiC Nigeria Activity 2 project delivered a comprehensive package of services aimed at improving the quality of care (QOC) for clients and their partners (with a focus on underserved populations of adolescents, pediatrics, and men). The core package of services included:

- Prevention messaging, condom distribution, and promotion
- Pre-exposure prophylaxis (PrEP)
- Post-exposure prophylaxis (PEP)
- Prevention of mother-to-child transmission (PMTCT)
- Tuberculosis (TB) screening
- HIV testing services (HTS), including peer education, counselling, and risk-reduction planning
- Provider-initiated testing with risk stratification
- Index case testing
- HIV self-testing (HIVST)
- Recency testing
- Linkage to care and treatment services, including antiretroviral therapy (ART) initiation
- Advanced HIV disease identification and management
- Decentralized drug distribution (DDD), including multimonth dispensing (MMD) and fast-track models for ART
- Community ART services provision
- Provision of basic care and support services
- Viral load (VL) testing and monitoring
- Enhanced adherence counselling (EAC) for those with unsuppressed VLs

Figure 1. Local Government Areas with EpiC implementation in Akwa Ibom State (left) and Cross River State (right)

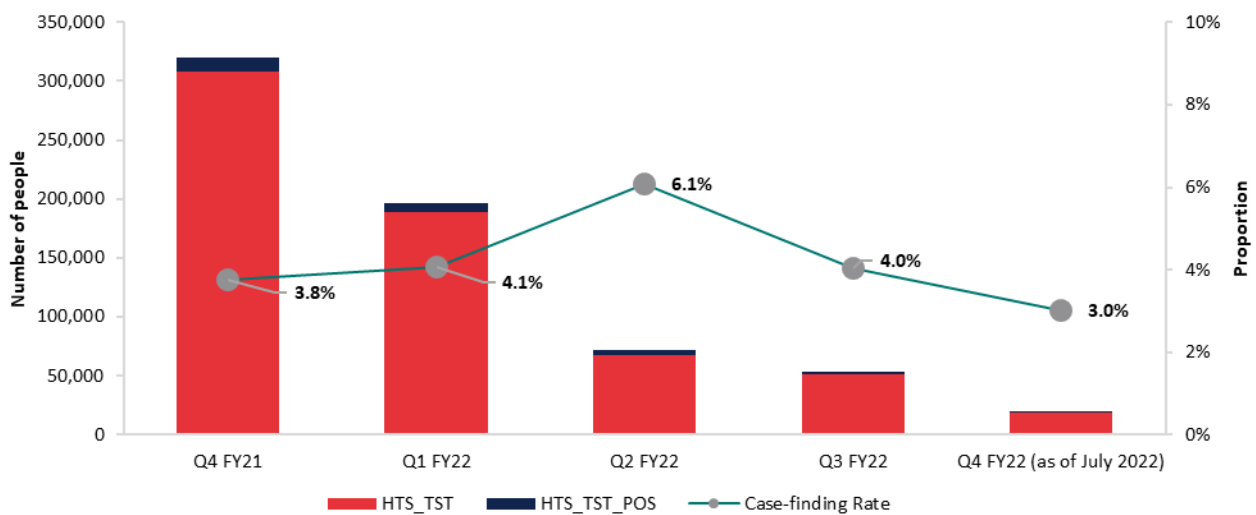


SERVICE DELIVERY IMPACT

FIRST 95

Using targeted and efficient client-centered approaches such as provider-initiated testing and counselling (PITC), ICT, HIVST, and recency testing, the EpiC Activity 2 project provided HTS to 635,155 people. A total of 26,051 were newly diagnosed HIV positive, resulting in a case-finding rate of 4%. Over the life of project, the case-finding rate ranged from 3% to 6.1% (Figure 2).

Figure 2. Case-finding trend by quarter: July 2021–July 2022



SECOND 95

EpiC Activity 2 implemented the national test and start policy and achieved an overall HIV treatment linkage rate of 99.6% (Figure 3), while implementing differentiated models of care that resulted in a continuity of treatment (COT) rate of 98.3% (Figure 4). Although COT declined

across quarters, a focus on intensified tracking, follow-up, and optimized case management approaches halted the decline. While COT was at 99% at the start of the project and had losses due to several incidences such as deaths and transfers out, the rate stayed above the 95% minimum dictated by PEPFAR.

Figure 3. Linkage to treatment trend by quarter: July 2021–July 2022

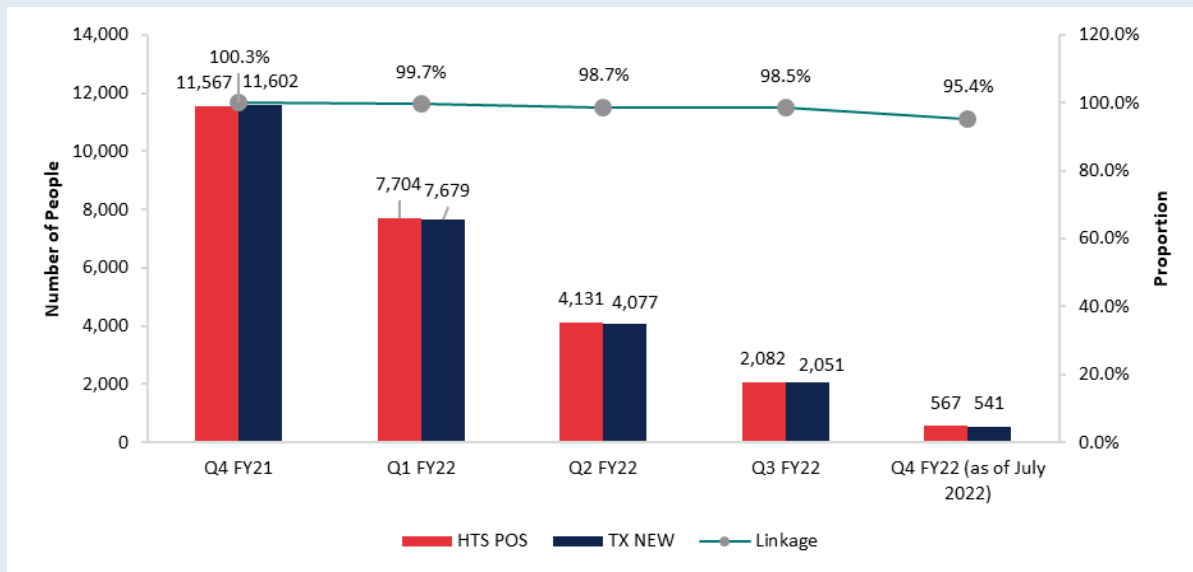
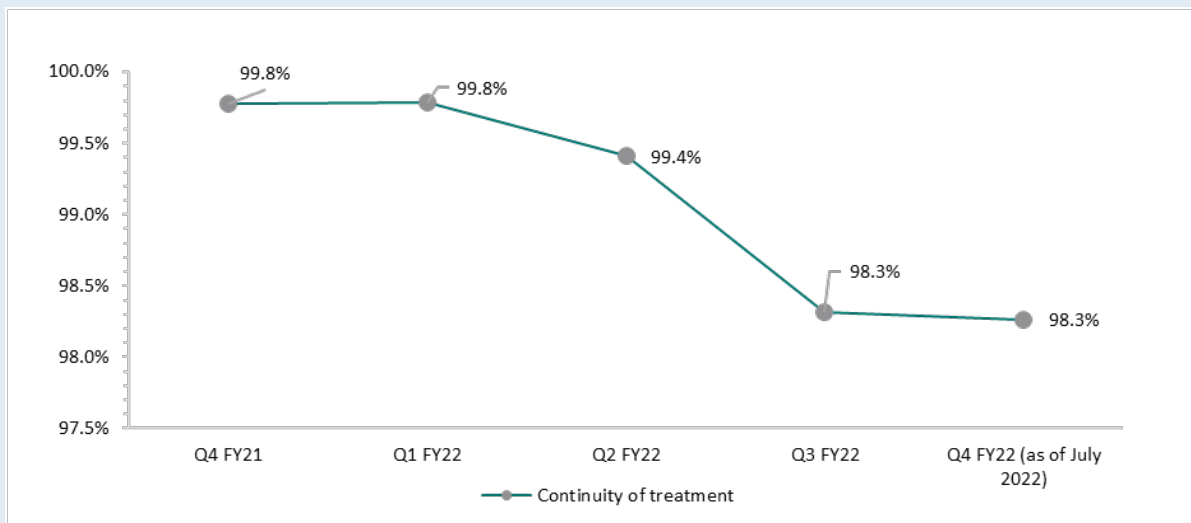


Figure 4. Continuity of treatment analysis by quarter: July 2021–July 2022

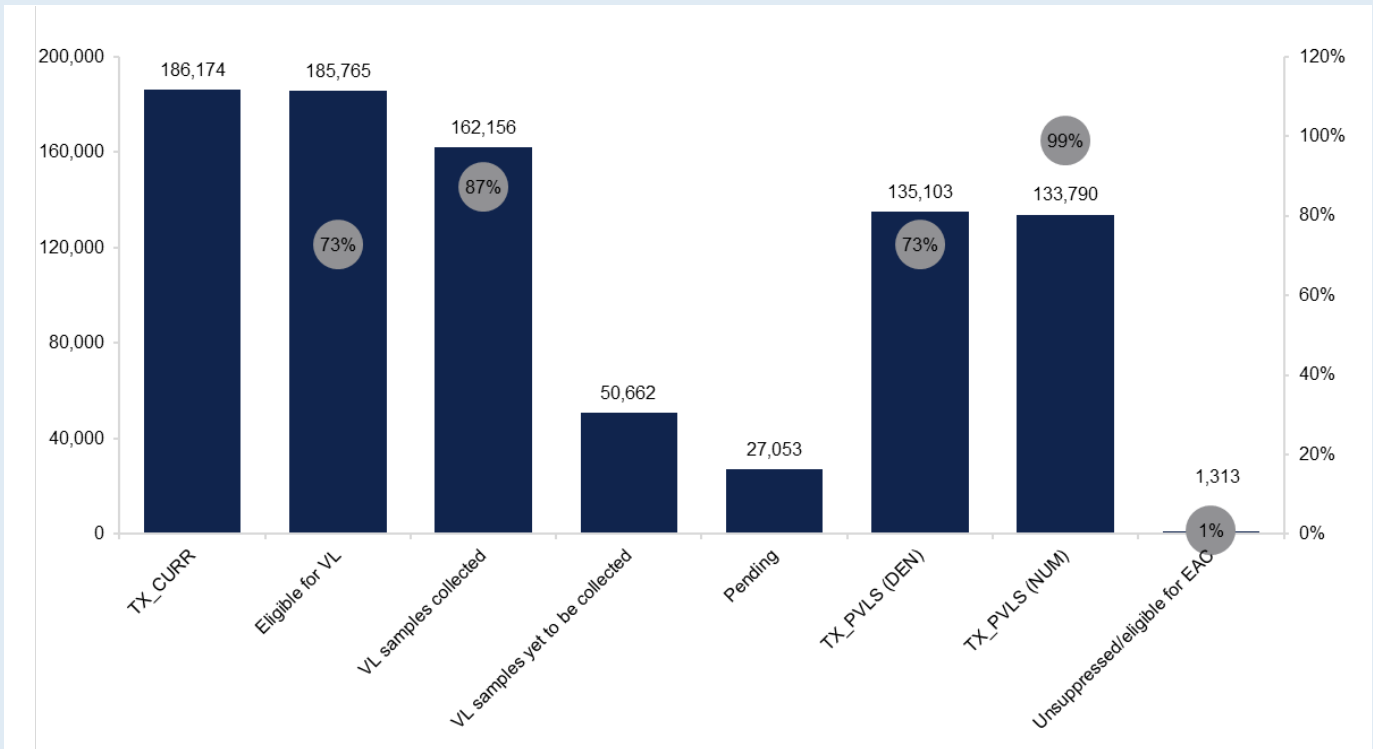


THIRD 95

At the end of Q3 (June 2022), EpiC had received VL results for 173,416 of the total 182,396 clients eligible for VL, a coverage rate of 95%. As of end of July 2022, an 87%

VL sample collection rate had been achieved. With the project's optimized VL log tracking system, a coverage rate of 73% was achieved similar to the same point in Q3 while maintaining a 99% VL suppression at the end of July 2022 (Figure 5).

Figure 5. Viral load cascade, July 2022



TECHNICAL HIGHLIGHTS

EpiC Nigeria Activity 2 adopted, refined, and customized strategies based on lessons learned from the SIDHAS project to deliver efficient programming and client-centered approaches toward achieving the 95-95-95 UNAIDS targets.

Provider-Initiated Testing and Counselling (PITC)

PITC was conducted in supported facilities with the use of risk assessment tools for adults to identify those with clinical signs or symptoms, and/or disclosed risks, and/or targeted self-testing in outpatient departments to expand coverage, reach target populations, and maximize efficiencies. Other models such as hinterland testing, creek testing, and targeted 'community camping' with embedded teams in hard-to-reach communities were also implemented to newly diagnose individuals.

Index Case Testing (ICT)

EpiC achieved an overall HIV treatment linkage rate of 57% at project end. EpiC deployed several strategies to scale up safe and ethical delivery of index or partner testing services. These included adverse events monitoring, quality assurance/quality improvement (QA/QI), and intimate partner violence (IPV) screening and referrals. Implementation of ICT across supported facilities and communities was further optimized using an incentivized voucher-based system and the partner elicitation and notification (PEN) tool. ICT's contribution to the total number of new cases identified was 57% at project end.

HIV Self-Testing (HIVST)

HIVST interventions were deployed in facilities and communities to ensure populations with increased likelihood of HIV infection not reached through traditional testing approaches were offered HTS. These groups

included men, partners of index clients, adolescents and young people, and others underserved. Over the life of project, 65,208 HIVST kits were distributed; 32,280 directly assisted and 32,828 unassisted across various channels within communities. Of this number, 1,320 people (559 male, 761 female) had reactive results, 1,168 of them were confirmed HIV positive (translating to a 1.7% case-finding rate), and all were linked to HIV treatment.

Pediatric Case Finding

Pediatric and adolescent-focused services were provided to target clients across Akwa Ibom and Cross River. This priority population constitutes 3% (5,228 of 186,174) of all clients. A total of 1,805 were newly diagnosed with HIV, and 1,862 (103%) were linked to ART. EpiC Activity 2 continued to use genealogy testing as a key tool for case identification and ensured all pediatric clients accessed optimal pediatric regimens. A total of 4,753 VL tests were done, with 4,624 (97%) being virally suppressed (<1000 copies/ml) at the end of the last full quarter (Q3 FY22). Of the 129 clients who were virally unsuppressed, 123 of them began EAC.

Pediatric Regimen Optimization

In line with PEPFAR's directive, the team transitioned pediatric clients weighing less than 20 kg as well as those between 20 to 29 kg to pediatric dolutegravir (pDTG) and dolutegravir (DTG) 50 mg, respectively. Key strategies employed to optimize the pediatric regimen included routine folder audit to ascertain actual gap and generation of line listing of eligible pediatrics, tracking and recall of eligible clients for transitioning, and daily monitoring of achievements on the dashboard. At the end of project, 3,054 pediatric clients (99%) of the total enrolled pediatric population weighing more than 20 kg (3,071) were on DTG-based regimen. Of the 2,152 clients weighing between 3 to less than 20 kg (99%), 2,139 were on pDTG-based regimen at the end of Q3 FY22.

Operation Triple Zero (OTZ)

OTZ served as a peer-led platform to support adolescents and young people living with HIV through the use of adolescent safe spaces across the 33 LGAs. Young PLHIV enrolled in OTZ clubs received guidance to enhance their capacity and knowledge of HIV care and treatment, and they were empowered to manage their care and commit to a simple treatment goal of achieving "three zeroes": zero missed appointments, zero missed drugs/medications, and zero VL. At project end, 84% of 13,719 (10,736 female;

2,983 male) young PLHIV were enrolled in OTZ, of which 12,275 had VL samples collected, achieving a VL coverage rate of 76% and a VL suppression rate of 99%.

Prevention of Mother-to-Child Transmission (PMTCT)

EpiC Nigeria Activity 2 supported the provision of comprehensive PMTCT and early infant diagnosis services ensuring testing of new antenatal care (ANC) attendees, linking pregnant and breastfeeding women identified as HIV positive to services, and providing these women with antiretroviral drugs (ARVs). HIV-exposed infant (HEI) classification was carried out with the provision of enhanced postnatal prophylaxis (ePNP) and DNA PCR testing at birth and linkage to care for all infants identified as HIV positive. HIV-syphilis dual testing was commenced for all initial screenings of pregnant women as a measure to improve quality of care to clients. At the end of project, 99.6% of new ANC attendees (100,645 of 101,014) knew their HIV status with 2,140 identified as HIV positive (2% case-finding rate), of which 2,092 accessed ARVs (98%). In addition, 2,404 HEIs were classified as high risk, accessed ePNP services, and had a DNA PCR test from which 82 children were confirmed positive and linked to ART. A total of 14,826 female PLHIV were screened for cervical cancer; 33 were found positive for precancerous lesions and 31 for acetowhite lesions. All were treated accordingly using thermal ablation therapy.

Recency Testing

EpiC Activity 2 implemented point-of-care recency testing (POC-RT) using the Asante HIV-1 Rapid Recency Assay and GIS mapping for targeted intervention and programming in identified locations. All individuals older than age 15 who tested HIV positive were offered recency testing to inform the timing of infection. The project also supported Recency Infection Testing Algorithm (RITA), a combination of laboratory tests used to classify an HIV infection as recent or long-term to reduce false recent classification. At the end of project, a total of 79 recent positives were identified out of 2,688 individuals tested using the Asante HIV-1 Rapid Recency Assay. All 79 samples were sent for PCR testing for confirmation out of which 53 results were received; 19 were confirmed recent and 34 were reclassified as long-term. The clients identified as having recent infections were prioritized for ICT to ensure their sexual networks were comprehensively tracked.

Differentiated Service Delivery (DSD)

EpiC Nigeria Activity 2 optimized various differentiated models of care to improve quality and availability of devolved services in response to the emerging challenges posed by the COVID-19 pandemic. The DSD models were scaled up providing the advantages of proximity and cost to supported clients; results included improved adherence and reduced workload at the facilities as well as better care outcomes and satisfaction for clients. A mix of community and facility models were deployed to ensure services devolved to clients were based on their needs and preferences. At project end, a total of 1,004 (351 male, 653 female) clients were devolved to community pharmacist ARV refill program (CPARP); 14,646 (6,611 male, 8,035 female) to community ARV refill clubs (CARCs) where community ART management teams supported refill services for clients in selected centers in the respective communities; 2,541 (1,113 male, 1,428 female) to community ARV refill groups (CARGs) where clients took turns picking up ARVs for other members and providing them to their

homes. Overall, all DSD models maintained from 96% to 99% refill rates through the life of project.

COVID-19 RESPONSE

The EpiC team identified and activated 43 high-volume health facilities as hubs and 112 spoke health facilities as mobile vaccination sites, including 2,723 pickup sites in communities across 34 supported LGAs in both states (Figures 6 and 7). The project conducted training on infection prevention and control (IPAC) for 423 staff members (AKS 281; CRS 142) as part of efforts to ensure adherence to COVID-19 prevention measures across EpiC-supported health facilities and community teams. The training was further stepped down to a total of 2,345 staff (AKS 1,626; CRS 719). A total of 300 (AKS 150; CRS 150) vaccinators were trained to address the gaps in COVID-19 vaccination uptake and coverage. Similarly, recorders and validators were trained to ensure adequate documentation and monitoring of implementation progress, data management, and service integration.

Figure 6. Akwa Ibom: EpiC-supported LGAs with 102 vaccination sites and 2,377 drug pickup points (mobile vaccination sites)

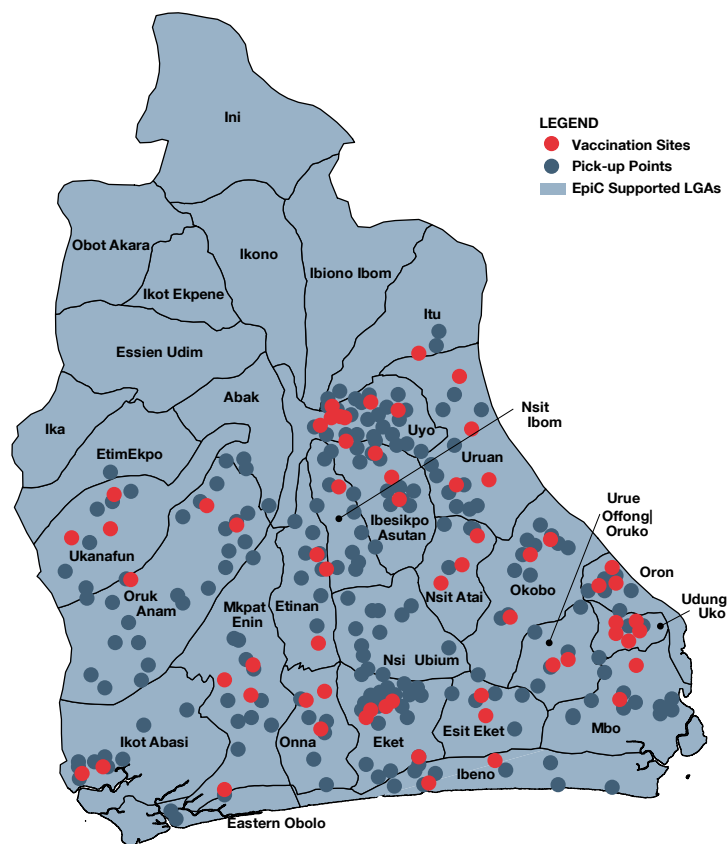
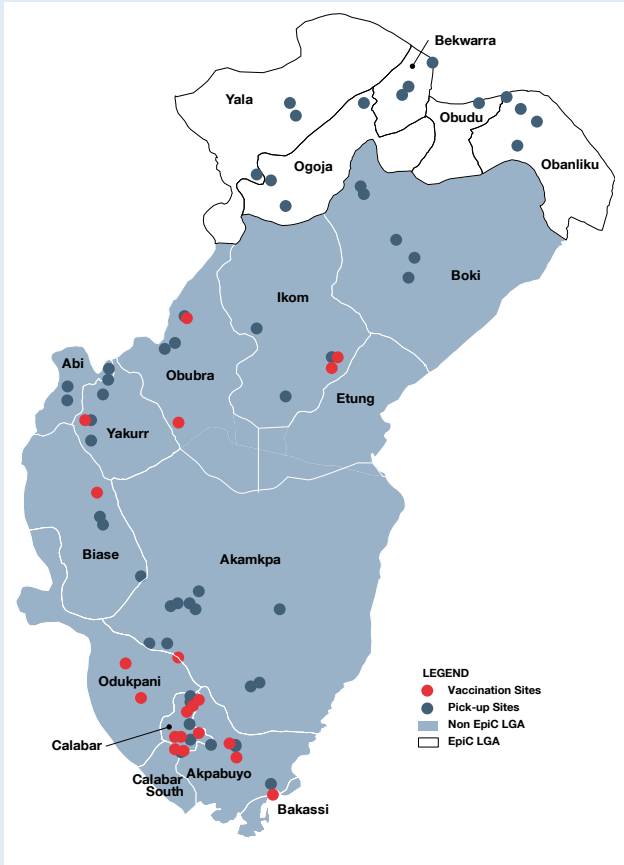


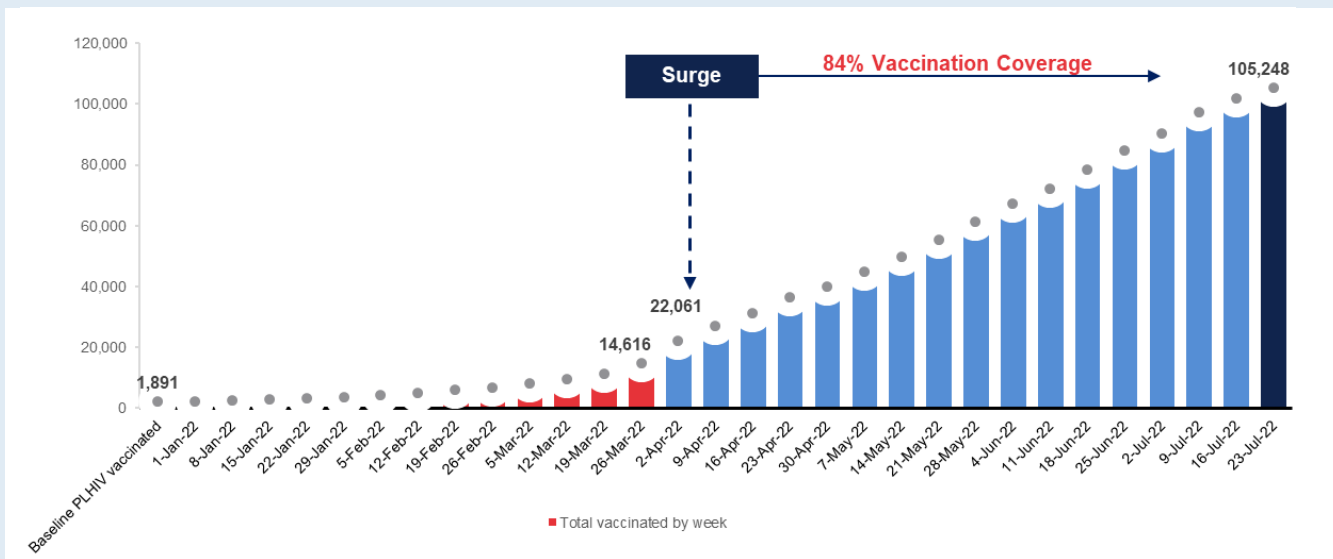
Figure 7. Cross River: EpiC-supported LGAs with 53 vaccination sites and 346 drug pickup points (mobile vaccination sites)



EpiC supported the GoN to vaccinate 110,285 individuals: of these 105,248 (84%) were PLHIV currently on treatment at EpiC-supported sites (Figure 8). Among PLHIV, 58% received the Johnson & Johnson vaccine; 17%, Moderna; 13%, AstraZeneca/Oxford; and 12%, Pfizer. To ensure the quality and completeness of reporting, the EpiC strategic information team led the development of the COVID-19 module for the Lafiya Management Information System Electronic Medical Record (LAMIS EMR) in consultation with the prevention and treatment team. The team was able to track vaccine offer rates, vaccinations, and hesitancy at the client level to inform data-driven interventions to improve vaccine coverage among PLHIV, PrEP clients, and other beneficiaries and care providers. The module was the first among all USAID implementing partners (IPs) in Nigeria. As a result, EpiC provided technical assistance through a community of practice for other partners to adopt the module.

EpiC supported operations and logistics for vaccination by facilitating procurement and distribution of materials, including two solar freezers and 106 (AKS 60; CRS 46) vaccine carriers, to improve the storage and availability of vaccines in rural and hard-to-reach LGAs. Mobile teams were constituted and trained to provide additional support to the LGA teams.

Figure 8. Cross River: EpiC-supported LGAs with 53 vaccination sites and 346 drug pickup points (mobile vaccination sites)



LESSONS LEARNED

- Daily situation room meetings (held virtually) with all project staff served as an accountability and monitoring platform that informed timely decision-making and led to improved project implementation and achievement of targets.
- The involvement of community pharmacists in HIVST kit distribution through total market approach and collaboration with adolescents and young people in tertiary institutions improved uptake of HIVST and helped increase HIV case identification in supported states.
- Handholding of pediatric unsuppressed clients and linkage of indigent clients to respective orphans and vulnerable children partners helped address barriers to medication adherence and improved viral suppression rate and overall treatment outcomes in the pediatric population.
- Implementation and scale-up of multiple DDD models at facility and community levels led to improved access to care, better client management, improved monitoring, and reduced waiting time, which led to increased client satisfaction. The DDD committees—set up by the respective ministries of health—charged with carrying out routine supportive supervisory visits to ensure ownership and sustainability was key to success.

FUTURE DIRECTIONS

EpiC Nigeria Activity 2 made important contributions to national efforts to close gaps in reaching the 95-95-95 targets by expanding access to comprehensive HIV services in Akwa Ibom and Cross River states and strengthened local capacity for a country-led HIV response. However, based on lessons learned, several recommendations have been made to improve future interventions. These include:

- Sustain advocacy to the various state governments to provide more human resources for the different cadre of health workers in health facilities to support service provision.
- Engage with relevant stakeholders to strengthen existing community peace arbitration mechanisms available in each community and state to ensure safety of teams sustaining HIV programming in hard-to-reach communities in Akwa Ibom and Cross River.
- Incorporate and strengthen social network testing for clients as a case-finding approach.
- Strengthen caregivers' participation in project activities with a view to improving health outcomes and viral suppression for adolescents and young people.
- Scale up the use of social media for clients to address knowledge gaps and provide self-care options.

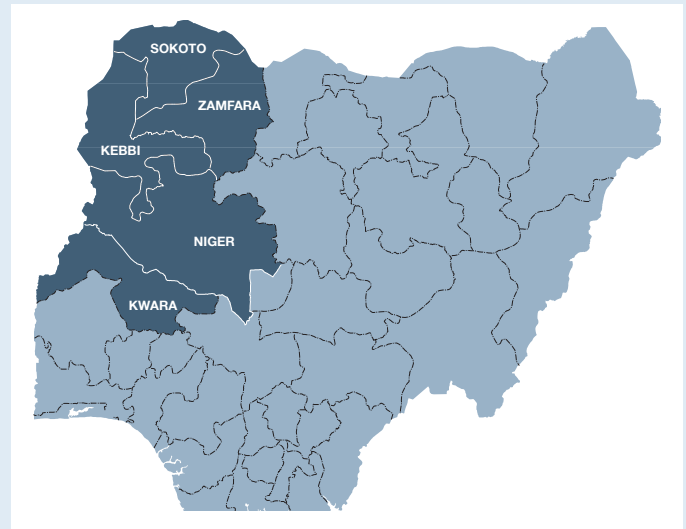
ANNEX 1: EPIC NIGERIA ACTIVITY 4

EpiC Nigeria Activity 4 was implemented as a bridge gap mechanism in the transition phase of the Strategic HIV and AIDS Response Program-Task Order 1 (SHARP TO1) across five states: Kebbi, Sokoto, Zamfara, Kwara, and Niger in North Central and North West regions of Nigeria (Figure 10). The period of performance was February 1–April 30, 2022. While service delivery was strongly promoted in February and March, the transition of the project to incoming implementing partners (IPs)—Health Systems Consult Limited (HSCL) and Center for Clinical Care and Clinical Research (CCCRN)—commenced in April and was concluded by April 30, 2022, with both HSCL and CCCRN responsible for program reporting beyond this period. EpiC Nigeria Activity 4 implemented a similar set of prevention, care, and treatment activities as those undertaken in Activity 2.

EpiC Activity 4 provided HIV testing services to 91,939 individuals, identified 1,430 PLHIV, and linked all to care. An additional 165 previously diagnosed HIV-positive clients not started on ART were also linked to treatment, which led to a linkage rate of 112%. Activity 4 achieved a VL coverage rate of 81% and a suppression rate of 93%.

- During the period of implementation, 66,703 (22,563 male; 44,140 female) people were provided HIV testing services and 1,022 HIV-positive individuals (404 male; 618 female) were identified with 107% (1,094) PLHIV linked to care and treatment services. ICT resulted in 117 new cases (11% of total).
- A total of 42 pediatric and adolescent clients were newly identified, and 55 (130%) HIV-positive children were successfully linked to ART.
- A total of 421 individuals were counselled, offered PrEP, and enrolled on PrEP to prevent HIV infection from their serodiscordant partners.
- PMTCT services resulted in 98% of new ANC attendees (15,777/16,099) knowing their HIV status, 87 identified as HIV positive (0.5% case-finding rate), and of those 66 accessed ARVs (75%). In addition, 123 HEIs were classified as high risk and accessed enhanced postnatal prophylaxis services; 77 HEIs had a DNA PCR test within the first two months of life and no positive results were returned by the end of the period.
- A total of 278 women were screened for cervical cancer; four who tested positive and had precancerous lesions were referred for expert care.

Figure 10. States with implementation of EpiC Nigeria Activity 4



- A total of 31,036 individuals were screened for TB; 282 presumptive TB cases were identified, of which 261 were investigated and 114 were diagnosed with TB and started on treatment. A total of 1,031 new and relapsed TB cases with documented HIV status were identified during the period February–March 2022, of which 63 coinfecting TB/HIV clients either continued or started ART while on TB treatment. In addition, a total of 2,188 clients were commenced on TB preventive treatment (TPT) while 81% of the 8,517 clients who started TPT from April to September 2021 completed TPT.

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