



Advanced HIV Disease Update: Nigeria

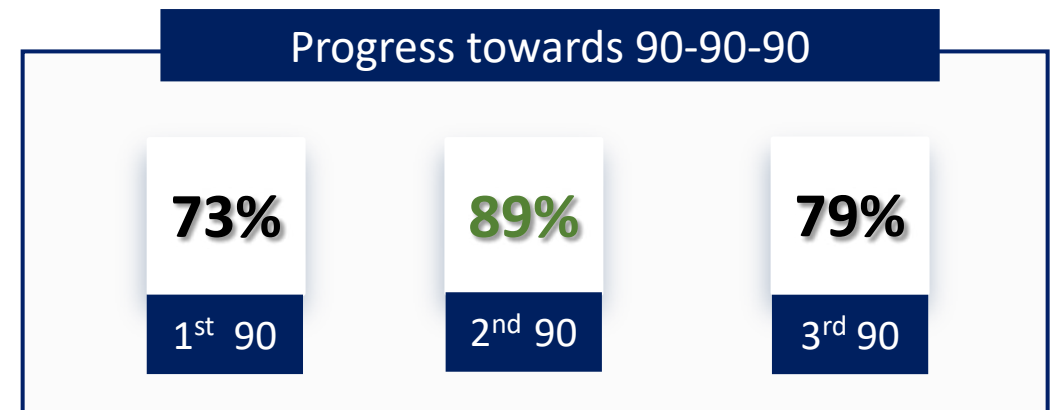
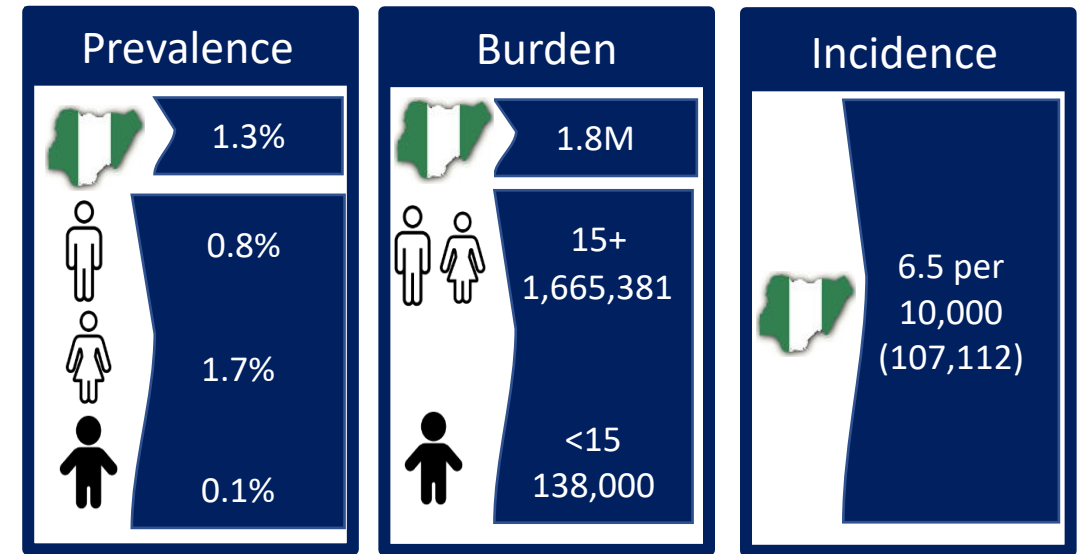
National AIDS and STI Control Program
28th July 2020



HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

HIV in Nigeria

- Final results from NAHS conducted in 2018 showed national HIV prevalence is 1.3%
 - ❖ Prevalence is higher in females
- Incidence rate is 6.5 per 10,000
- An estimated 1.8M persons are living with HIV
- 73% of PLHIV are aware of their status; 89% of these are on ART
- 79% of PLHIV on ART are viral suppressed



AHD in Nigeria

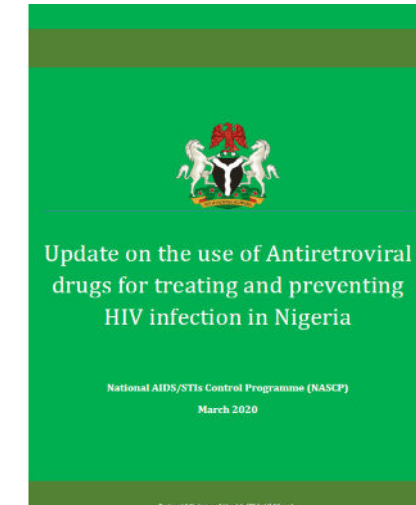
- National prevalence of AHD still unknown
- Review of CD4 test results on the National Data Repository showed approximately
 - ❖ 1 in 3 had immunologic AHD
 - ❖ 1 in 6 PLHIV highly immunocompromised
- AIDS mortality rate estimated at 0.22 per 1,000
- An estimated 45,000 AIDS related deaths occurred in 2019

National Data Repository

Variable	2018	2019
Number of CD4 tests done	156,035	7,750
Number of CD4 results <200 cells/mm3	50,315	2,338
Number of CD4 results <100 cells/mm3	26,152	1,174
Number of patients with WHO clinical stage 3-4 illness	10,746	1,656
Number of PLHIV died	16,189	
Number of PLHIV died whose baseline CD4 was <200 cells/mm3	4,296	4,296

AHD Coordination and Leadership

- NASCP instituted the AHD Working group (AHD WG) in 2019 to provide oversight for the AHD program in Nigeria
- AHD package of care for Nigeria developed by the AHD WG has been included in the updated National Treatment Guideline 2020
- Implementation of the AHD package of care will be phased
 - ❖ 1st phase at 28 high volume facilities across 4 states
 - ❖ National scale-up
- Training material for HCWs on management of AHD have been developed by the AHD WG



AHD Package of Care

- AHD package of care in Nigeria includes
 - ❖ Same day CD4 testing and WHO clinical stage 3 & 4 for AHD case identification
 - ❖ Screening for common OIs associated with AHD in PLHIV with AHD
 - ❖ Appropriate management of OIs, prophylaxis AHD with no OIs
 - ❖ Rapid ART initiation except in patients with TB and Cryptococcal meningitis
 - ❖ Intensive follow-up for first 4weeks of treatment
- 1st Phase of implementation limited to secondary and tertiary health facilities
- Hub-and-spoke approach being explored for scale-up

	Intervention	CD4+ count
Diagnosis	XPERT MTB/RIF as first test for TB diagnosis	Any
	TB-LAM LFA for TB diagnosis among people with signs and symptoms	<200 cell/mm ³
	Cryptococcal antigen screening	<200 cell/mm ³
	Screening for other OIs - PCP, Histoplasmosis, Toxoplasmosis, Severe bacterial infection	<200 cell/mm ³
Prophylaxis & pre-emptive therapy	Cotrimoxazole prophylaxis	Any
	TB preventive treatment	Any
	Fluconazole pre-emptive therapy for CrAg positive patients with no symptoms of meningitis	<200 cell/mm ³
ART initiation	Rapid ART initiation	Any
	Defer if clinical symptoms suggest TB or cryptococcal meningitis	Any
Adapted adherence support	Tailored intensive counselling to support adherence	<200 cell/mm ³

Laboratory Services: CD4 Testing

- National guideline recommends CD4 testing for PLHIV
- Flow cytometry is the standard for CD4 testing in-country
- CD4 – Lateral Flow Assay (LFA) to be assessed during the planned phased rollout
- Process of streamlining CD4 testing platforms ongoing
 - ❖ Hub and spoke approach utilized
 - ❖ CD4 samples are transported to hubs for testing and result returned via same process
- However, consistent decline in CD4 testing however evident on the National program



Monitoring & Evaluation

- National M&E indicators recently reviewed to include AHD specific indicators in line with the AHD package of care
- National M&E tools updated to include AHD indicators
- Updated tools to be rolled out with phased implementation of the AHD package of care

Status at ART Start							Opportunistic Infections Prophylaxis and Treatment				Pregnancy Status (P or BF)
WHO Clinical Stage	Weight (kg)	Height (m)	BMI/ MUAC	Functional Status	CD4 Count (c/ml)	Hepatitis Test Result (Use appropriate code) Hep B Hep C	INH Start date Stop date	CTX Start date Stop date	TB treatment Start date Stop date	Cryptococcal Meningitis treatment Start date Stop date	

Note: A callout bubble labeled "New addition" points to the "Cryptococcal Meningitis treatment" column.

Opportunistic Infections Prophylaxis and Treatment				
CTX Start Date ----- Stop Date	INH Start Date ----- Stop Date	TB Rx Start date ----- Stop Date	Pre-emptive Therapy for cryptococcal infection	Treatment initiation for cryptococcal Meningitis

Note: A callout bubble labeled "New additions" points to the last two columns.

Update on CHAI/UNITAID AHD Project

- The project aims to reduce morbidity and mortality by accelerating access to optimal products for AHD management
- Implementation updates:
 - ❖ Buy-in secured from key stakeholders in all project countries
 - ❖ Country specific package for AHD management being developed
 - ❖ Catalytic procurement of priority AHD health products commenced
 - ❖ Training of HCW on administering AHD package of care instituted

Unitaid Advanced HIV Disease Initiative



Reduce the price of priority health products through supply-side market interventions



Accelerate product introduction and build demand for AHD commodities through **catalytic procurement** and adoption and rollout support



Coordinate procurement and provide market visibility for AHD commodities

Priority Health Products

Diagnostic

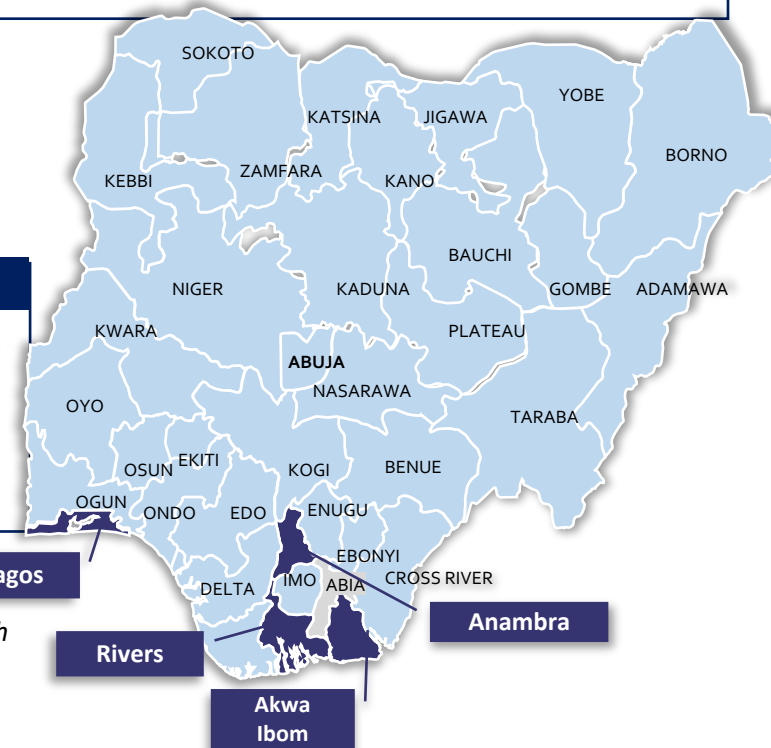
- CD4 LFA - Advanced disease
- TB-LF LAM
- CrAg LFA rapid test

Therapeutics

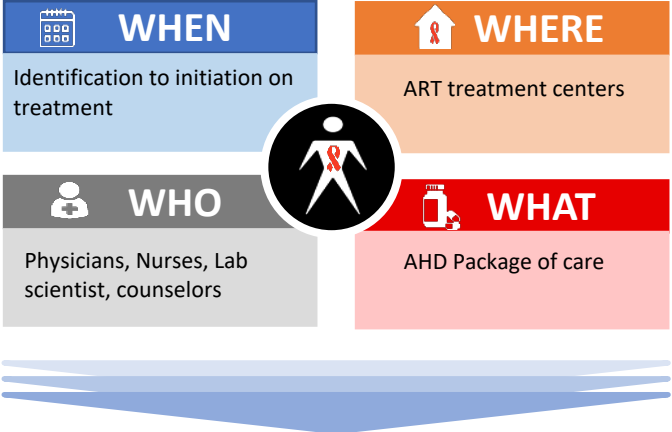
- TPT with focus on Q-TIB
- Liposomal -AmB
- Flucytosine
- Fluconazole

Phase 1 of implementation

Scale up of the AHD package of care across 23 high volume facilities in 4 high burden states



The AHD implementation plan in Nigeria provides a differentiated service delivery model for new patients diagnosed with AHD, prioritizing AHD patients at service delivery points.



Screening for AHD

- **Laboratory screening:** Patients confirmed positive for HIV will receive a CD4 LFA test (where available) and samples also collected and referred for routine CD4 testing using the flow cytometry
- **Clinical Screening:** A clinical assessment and WHO staging of the patient should be done using the adult clinical and evaluation form

Treatment of Opportunistic Infections (OIs)

- **Tuberculosis:** Tx supported by the NTBLCP
- **Cryptococcal Meningitis:**
 - Induction Phase: L - AmB + flucytosine for one week then, fluconazole for one week
 - Consolidation and Maintenance Phases: Fluconazole

Screening and diagnoses of Opportunistic Infections

- **Tuberculosis:** All AHD patients will be screened with TB LF-LAM, however, TB presumptives will be diagnosed using both the urine TB LF-LAM test and Xpert MTB/Rif assay
- **Cryptococcal Meningitis:** All AHD patients should be screened for Cryptococcal antigen using a *blood or plasma* CrAg LFA test, followed by CSF sample screened using the CrAg LFA test based on results

ART Initiation & Follow-up care

- Rapid ART initiation (within 7 days) is recommended for all PLHIV except in the presence of OIs or other factors that may necessitate delays in prompt ART initiation
- AHD patient will be followed up Intensively with weekly phone calls for the first four weeks and active tracking of missed appointments

Perspectives from National Network of People Living with HIV

- Some stakeholders within the PLHIV network were trained on AHD
- Stakeholders noted that focused AHD care is a proactive step that will
 - ❖ Improve treatment outcomes
 - ❖ Potentially reduce AIDS related mortality
- Reservations however expressed on the sustainability of the interventions
- Trained stakeholders committed to support patient literacy on AHD



Challenges



Challenges



Mitigation / Strategy

1

Implementation delays caused by COVID-19 pandemic:

- Delay in HCW trainings on AHD trainings

- Leverage virtual platforms

2

Delays in delivery of AHD product due to long lead times

- Delay in facility AHD implementation

- AHD project implementation roadmap revised

3

Declining access to CD4 testing

- Potential limiting factor AHD case detection

- Advanced disease LFA to be introduced for CD4 testing

4

Delay in inclusion of the AHD package of care national guidelines

- Process of national guideline review stalled

- Interim update document for the national treatment guidelines disseminated

Priorities for 2020 – 2021

AHD commodities



- In-country availability of AHD commodities
- Distribution to selected AHD phased implementation sites

Roll-out of facility implementation



- Implementation of package of care at selected facilities
- Follow-up mentoring and support
- Active pharmacovigilance for AHD products at facilities
- Monitoring and evaluation of implementation

Trainings



- Training of trainers
- Training of HCWs on AHD management

Engagement of Partners



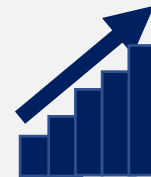
- Continued engagement with key stakeholders to support scale-up of AHD intervention

Community Engagement



- Community engagement at all levels to facilitate implementation

Scale-up of AHD program



- Scale-up of the AHD intervention across the country based on learnings from Phase 1

Acknowledgements

NASCP acknowledges the generous support of partner organizations in the implementation of the AHD program in Nigeria

