



CQUIN Differentiated MCH Workshop

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Catalyzing Congenital Syphilis Elimination: Nigeria Demonstration Project

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HIV Learning Network

The CQUIN Project for Differentiated Service Delivery

Nigeria has the 2nd greatest burden of maternal syphilis among the 46 countries in the WHO African region.

HIV and Syphilis Disease Burden in Nigeria



Nigeria has a population of over **177 million people** with an **estimated 1.9 million living with HIV** (i.e a prevalence of **1.4%**)



Nigeria accounts for **30% of the global burden of mother-to-child transmission of HIV** and in 2015, recorded the greatest number of HIV+ infants in the world



The national prevalence of **Syphilis among women attending ANC is 0.7%** i.e. an **estimated 33,967** pregnant women are infected with Syphilis annually.

Barriers and enablers of syphilis eMTCT efforts

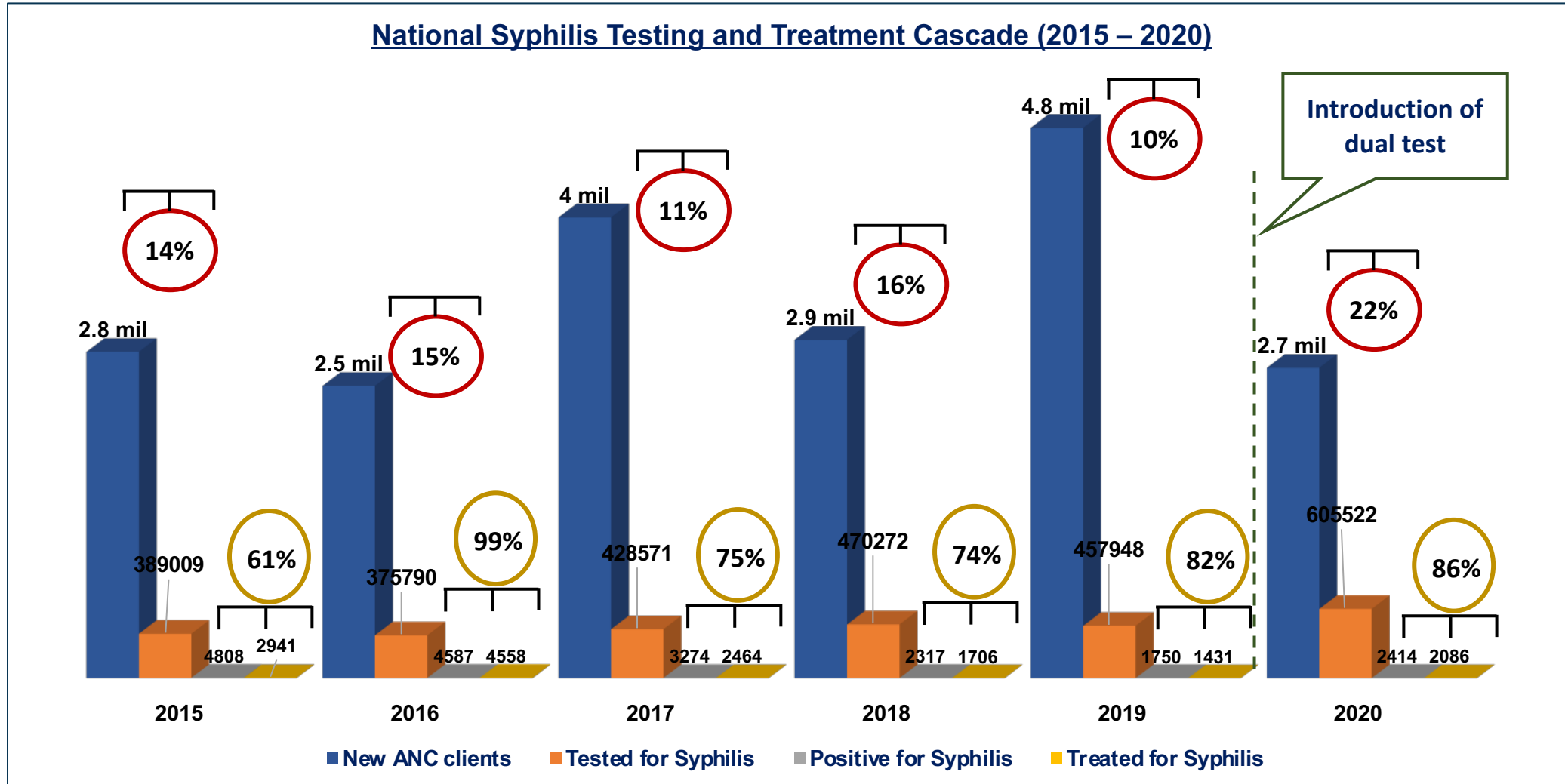
Barriers

- Syphilis screening in ANC setting is **not provided free**.
- Sub-optimal HCW capacity to manage Syphilis and provider concerns associated with BPG use
- Prequalified, affordable point-of-care diagnostics not widely available

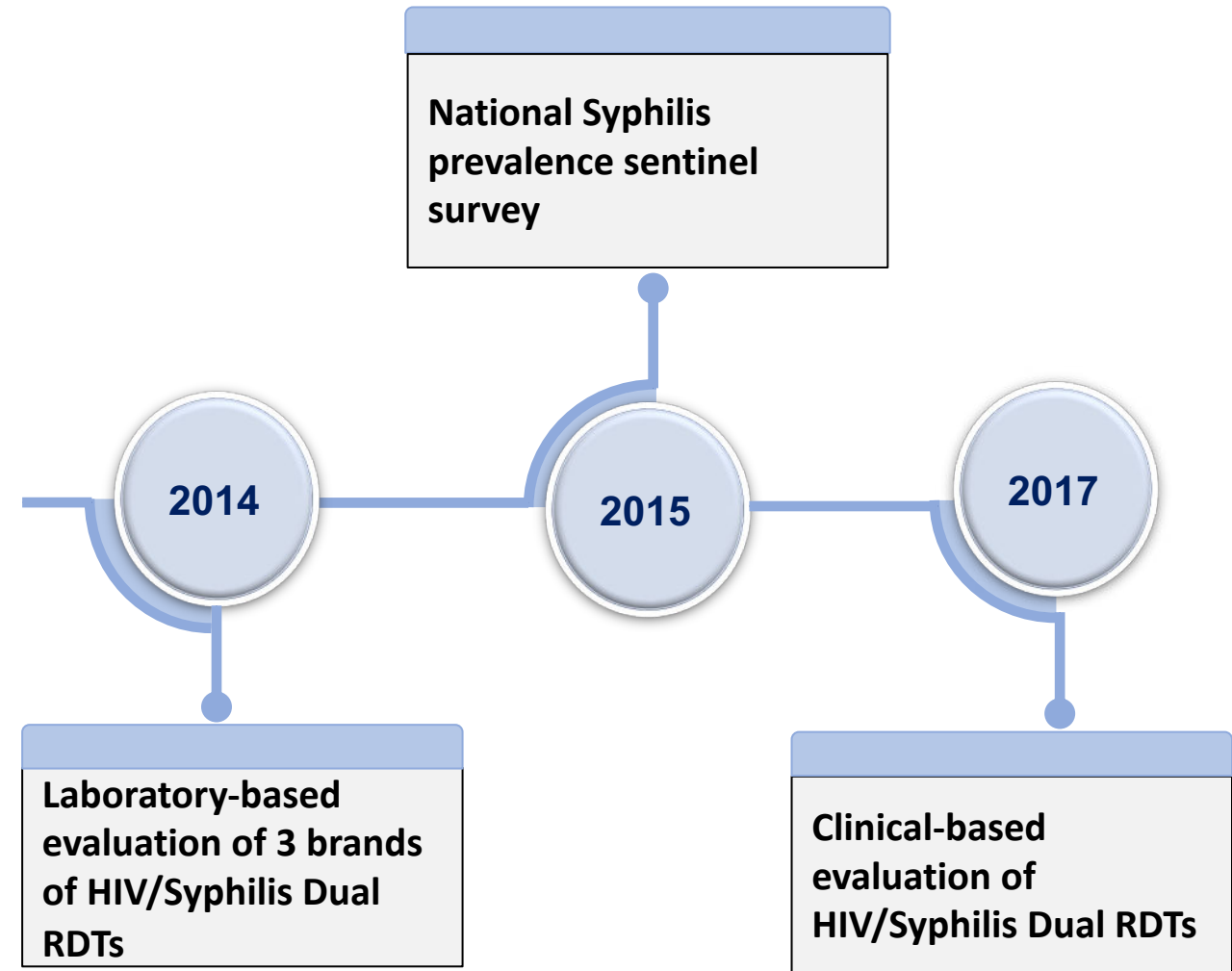
Enablers

- Early detection and timely intervention of pregnant women infected with HIV and/or syphilis is critical in the prevention of Mother to Child Transmission of HIV and Syphilis.
- Funding and prioritization of Syphilis eMTCT
- Policy development to guide Syphilis eMTCT efforts

Problem statement: Low syphilis testing coverage in pregnancy drives the burden of congenital syphilis



The Federal Ministry of Health (FMoH) adopted the global initiative to expedite access to and uptake of HIV/Syphilis dual test kit in ANC



Clinic-based evaluation study: 4,550 pregnant women were enrolled between February 2017 and May 2017

Primary Objective

To determine the performance of SD Bioline dual Rapid Test for HIV and syphilis in pregnant women compared to

Secondary Objective

- I. To determine the acceptability of dual RDTs among study participants.
- II. To assess the minimal operational characteristics and acceptability of these dual HIV-syphilis POCTs among healthcare providers. (48 HCWs participated)

Key Results

- 99.5% of women in the study reported a preference for the dual HIV/syphilis RDT over a single test for HIV and Syphilis (0.1%)
- 99.5% of women were willing to wait at the clinic their test results

Between 2019 and 2021, NASCP collaborated with CHAI to conduct a demonstration study on the use of the dual HIV/Syphilis RDT in 31 high-burden ANC facilities in Anambra, Rivers and Akwa Ibom state.

Project Title:

Catalyzing Congenital Syphilis Elimination

Goal:

Introduction, implementation and scale-up of Dual Test kit use in the ANC population to improve HIV/syphilis diagnosis and treatment to reduce the overall burden of congenital syphilis in Nigeria.

Objectives:

- I. Catalyze country momentum through technical advocacy to ensure prioritization of EMTCT of syphilis
- II. Increase access to ANC diagnosis using the dual test kits
- III. Ensure BPG treatment supply security
- IV. Scale-up dual testing and treatment nationally

1

Policy

- Catalyze country momentum through technical advocacy for prioritization of Syphilis eMTCT
- Support development of dual HIV/Syphilis testing algorithm
- Facilitate National guideline reviews to incorporate use of dual HIV/Syphilis RDTs

2

Capacity building

- Build capacity of HCWs/partners on the use of Dual test kits, BPG treatment and Data visibility

3

Systems strengthening & Scale Up

- Increase access to ANC diagnosis and treatment using the dual test kit and BPG
- Support the Scale-up of the Dual testing and treatment in the country

Relevant print and audio-visual training tools, SOPs and demand generation materials were produced . A 24-hour toll-free call line provided information and counseling services

STANDARD OPERATING PROCEDURE FOR THE USE OF HIV/SYPHILIS DUAL TEST KITS

All test materials must be used immediately once open. **BEGIN THE TEST**

<p>Check expiry date on test pack</p> 	<p>Add a drop into the round hole in the bottom line of serum blood.</p> 
<p>Put on your hand gloves</p> 	<p>Insert the capillary pipette horizontally in the drop hole.</p> 
<p>Open the test pack and see the test device</p> 	<p>Add 3 drops of Assay Buffer (Buffer) to the device well.</p> 
<p>Wave the pipette identification on the device</p> 	<p>Read the result clearly in 10 minutes for cheap interpretation. Do not read the result after 10 minutes as the result may give false reading.</p> <p>Interpretation:</p> <ul style="list-style-type: none"> • Negative result: No "C" line in the result window • Positive HIV only: One "C" line in the HIV window • Positive Syphilis only: One "C" line in the Syphilis window • Positive HIV & Syphilis: Two "C" lines in the HIV and Syphilis windows
<p>Obtain the patient's finger with a cotton swab after cleaning the finger if it is not clean. Immerse the finger in the assay buffer solution and hold it for 10 seconds. Do not shake.</p> <p>Do not touch or wipe.</p> <p>Remove the protective cap of the device by rotating.</p> 	<p>Insert the pipette into the round hole in the bottom line of serum blood.</p> 
<p>Insert the protective cap of the device and insert the pipette in the assay buffer solution.</p> 	<p>Discard the test strip waste into the assay waste container.</p> 
<p>Seal the end of the pipette with a cap and insert the pipette into the assay buffer solution.</p> <p>Separate blood out of the pipette cap.</p> <p>Draw blood into the capillary pipette (20 µl volume). The amount of blood collected as controls must be 10 µl minimum and more on top.</p> 	<p>Remove test result.</p> 

Testing and Treatment for Syphilis and HIV are FREE for Pregnant Women



Visit the under listed hospitals early for antenatal care (ANC) Services to protect you, your partner and unborn baby

- | | |
|--|--|
| <ul style="list-style-type: none"> • St Luke's Hospital, Anua • University of Uyo Teaching Hospital • General Hospital, Ikot Ekpene • Immanuel General Hospital • St Lukes Hospital Anua, Uyo • General Hospital, Oron | <ul style="list-style-type: none"> • PHC BASE, UYO • Methodist Hospital, Ituk Mbang • PHC Ewang, Ibo • Cottage Hospital, Ukana • PHC Base, Nung Udofe |
|--|--|

Call 6222 free of charge

Pregnant women in your community who have Syphilis & HIV can pass them to their unborn babies



Protect your community

Encourage pregnant women to register early and attend Antenatal Care for at least 8 times before delivery to access Syphilis and HIV services

Call 6222 free of charge

A quick simple test gives two results (Syphilis and HIV)

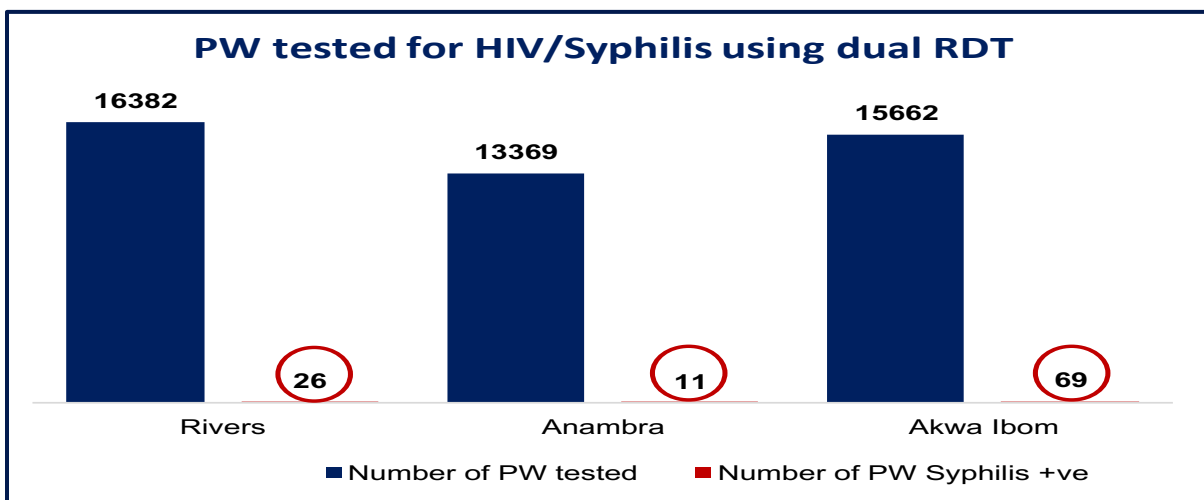
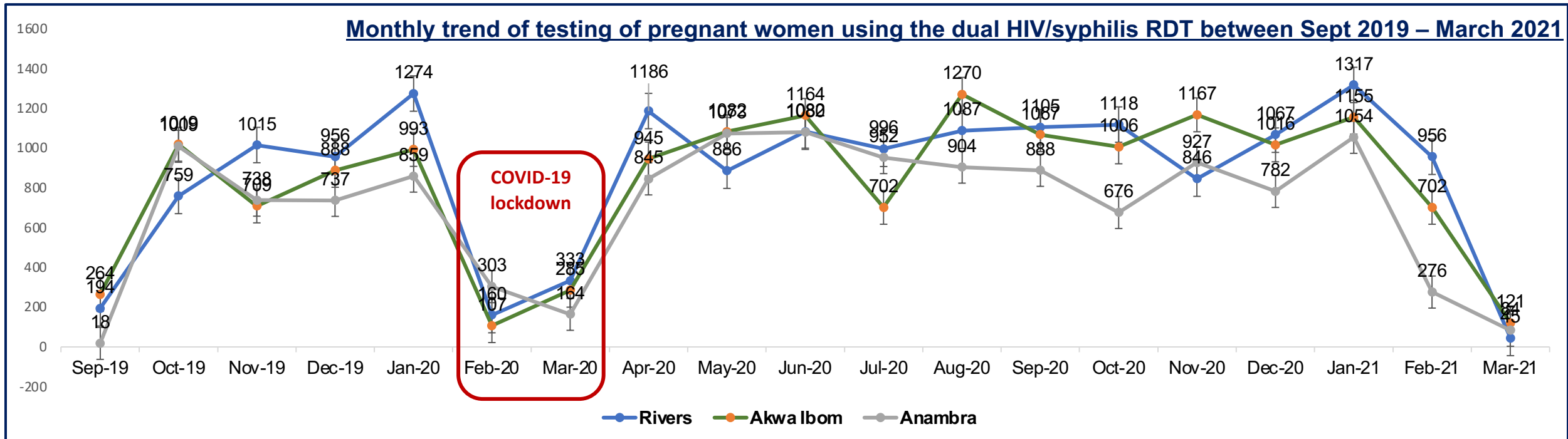


Speak to your health care worker about testing for Syphilis & HIV

Both tests save you, your partner and your unborn baby

Call 6222 free of charge

Across 31 demonstration sites, 45,413 Pregnant women were tested for HIV/Syphilis using the dual RDTs representing 100% HIV/Syphilis testing coverage.



Key project Indicators	
Total number of pregnant women tested for HIV/Syphilis	45,413
Syphilis positive pregnant women	106
Percentage treated using BPG	93%
Percentage of partners of Syphilis positive pregnant women tested	80%
Health care workers trained	1,790
Literacy materials distributed	9,000

Key Learnings and Next Steps



- The dual program strengthened existing HIV systems through harmonized data management, improvement in health care workers capacity, dual EMTCT



- Access to dual HIV/Syphilis testing increase the ANC attendance coverage among pregnant women



- Evidence from the demonstration project has informed government and partners decision to include the dual program in their respective operational plans
- PEPFAR Nigeria program has committed to procure sizeable amount of dual HIV/Syphilis RDTs for pregnant women to support countrywide scale up.



- This dual HIV/Syphilis algorithm was incorporated into the National HTS Guideline (2017 edition).
- The STI Guideline review scheduled in June 2021 is expected to also incorporate the dual HIV/Syphilis RDTs strategies.

THANK YOU
Questions?