



# CQUIN 5<sup>th</sup> Annual Meeting

Virtual: November 16-19, 2021

## AHD Case Study - Nigeria

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18 November 2021



HIV Learning Network  
The CQUIN Project for Differentiated Service Delivery

# Outline

1. National-level Planning
  - a. Brief Overview of AHD Epidemiology
  - b. Establishment of the AHD Coordinating Body
  - c. National AHD Package of Care
  - d. AHD Training
  - e. Establishing AHD SCMS
  - f. Establishing AHD M&E Systems
  - g. AHD Dashboard (CQUIN AHD Dashboard Data)
2. Sub-National Level AHD Implementation, Scale-up and Monitoring
  - a. Regional planning for AHD implementation
  - b. Establishing the AHD Model
  - c. Results on AHD Facility and Patient Coverage
  - d. AHD Scale-up plan
3. Challenges & Opportunities

# Brief Overview of AHD Epidemiology

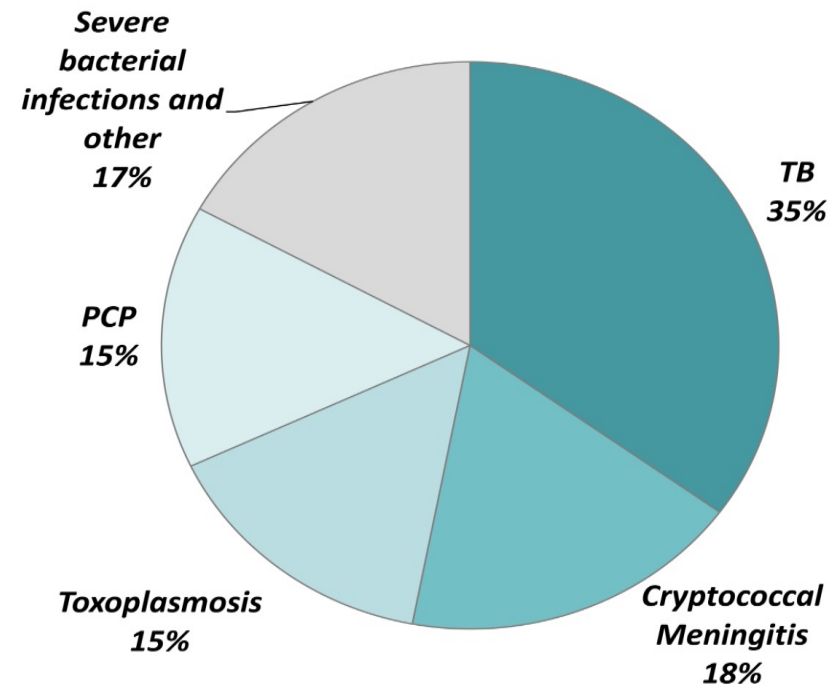
- AHD is associated with high morbidity and mortality
- WHO defines AHD as -
  - Adults, adolescents and children older than five years as CD4+ cell count  $<200\text{cells/mm}^3$  or WHO stage 3 or 4 disease
  - All children younger than five years old with HIV are considered as having advanced HIV disease
- In Nigeria, about **32%** of PLHIV that commenced ART in 2018 presented with CD4+ cell count  $<200\text{cells/mm}^3$
- Emerging evidence on AHD necessitated the development of a package of care to promptly identify and manage AHD

# Brief Overview of AHD Epidemiology 2

*1/3<sup>rd</sup> Of people  
initiating ART in  
Sub-Saharan  
Africa have  
AHD*

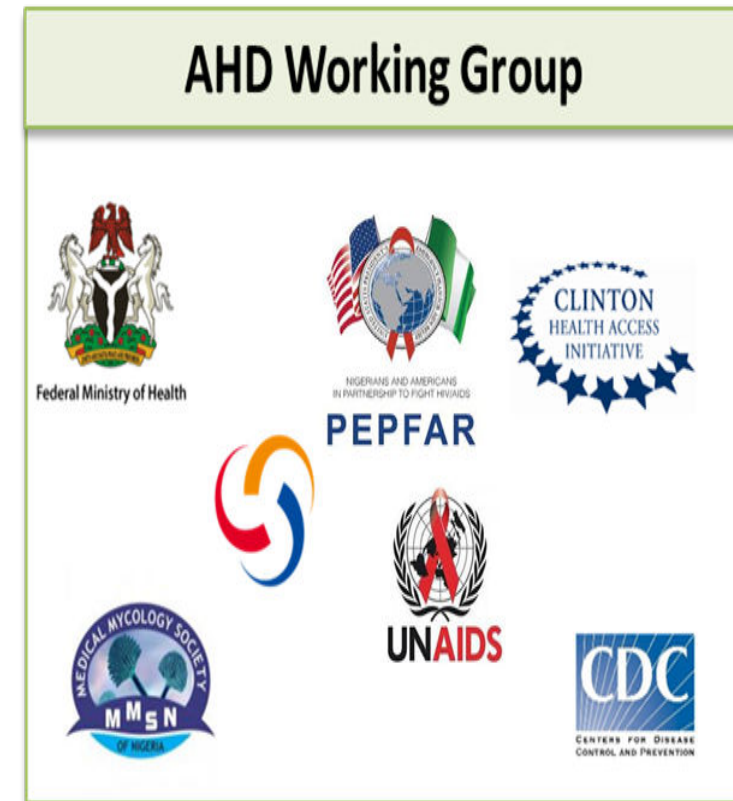
**Challenge:** There is an ineffective global response to advanced HIV disease (AHD), and an urgent need to accelerate access to critical, life-saving products for diagnosis, prevention, and treatment of AHD.

*The majority of AIDS-related deaths of hospitalized adults are caused by opportunistic infections, including:*



# Establishment of the AHD Coordinating Body

- The AHD working group is tasked to provide oversight for the AHD implementation in Nigeria. The AHD working group convenes biweekly virtual meetings and adhoc in-person meetings. Key achievements of the working group include:
  - Supported the inclusion of **AHD package of care** in the National treatment guidelines
  - Development of **capacity building plan** and AHD training modules
  - Coordinated the **review of the national M&E tools** to include AHD indicators (for project sites)
  - Development of an **AHD Implementation protocol**
  - Facilitated a **site readiness assessment**
  - Successfully conducted **ToT for AHD implementation**
  - Involved in the **AHD implementation monitoring** across the states
  - Coordinates the **AHD implementation scale up** across the country



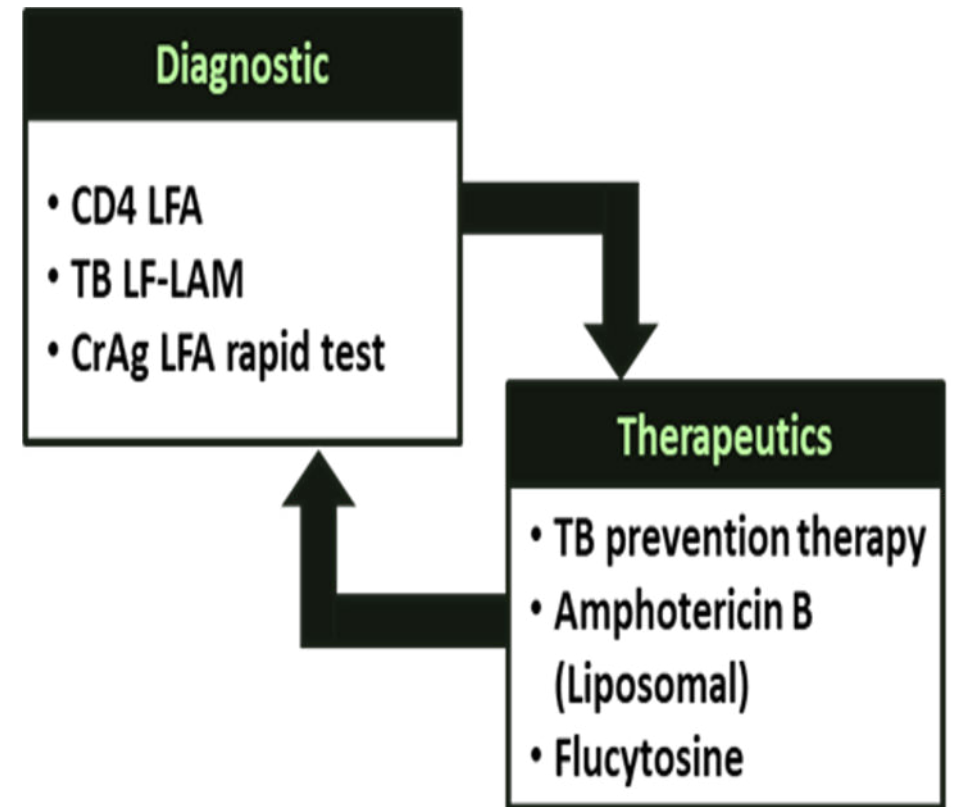
# AHD Training

- The AHD working group developed training slides for HCWs on the AHD package of care
- Training slides include didactic and practical sessions
- Training were conducted in 2 stages
  - Training of trainers - October 2020
  - Facility level HCW training - December 2020
  - Refresher trainings were conducted during the implementation among the HCW.
  - Zonal trainings both didactic and practical sessions conducted in preparation for the national scale up (October 2021)



# Establishing AHD SCMS

- AHD **commodity quantification** for the phased implementation was done
- UNITAID through CHAI made **catalytic donations** of quantified commodities
- Catalytic donations were distributed to the implementation sites
- The AHD **commodities for the AHD scale up** currently being procured and distributed to the facilities



# Establishing AHD M&E Systems

- The NASCP SI team updated the M&E tools with **AHD indicators**
  - Trained the 28 sites prior to commencement of implementation
  - The **Job aids and SOPs** for the AHD implementation package reviewed and updated
- A total of 15 AHD indicators
  - 6 indicators as minimal requirements for routine reporting
  - Indicator reference sheet developed



# Central data repository

- A **central server** for the project domiciled at the HIV AIDS division of the FMOH
- Data from all 28 participating site feed into the central repository
- Access to the central server shall be limited to AHD working group
- The overall project data officer shall have the responsibility of pulling the data from all the 28 sites
- All the **additional hubs and spokes** will be fed into the Central server with the rapid scale up of AHD by PEPFAR



# Nigeria AHD Dashboard – October 2021

Domain	Results
Policies	Dark Green
Guidelines	Dark Green
Implementation plan	Light Green
SOPs	Light Green
Coordination	Dark Green
Engagement of RoC	Dark Green
Training	Light Green
Diagnostic Capability 1 (Identifying AHD)	Dark Green
Diagnostic Capability 2 (Identifying OI)	Light Green
Facility Coverage	Dark Green
Patient Coverage 1 (Testing for AHD)	Light Green
Patient Coverage 2 (OI Screening)	Light Green
Patient Coverage 3 (OI Prophylaxis)	Red
Patient Coverage 4 (OI Management)	Red
Supply Chain Management	Dark Green
M&E System	Light Green
Quality	Orange
Impact	Light Green

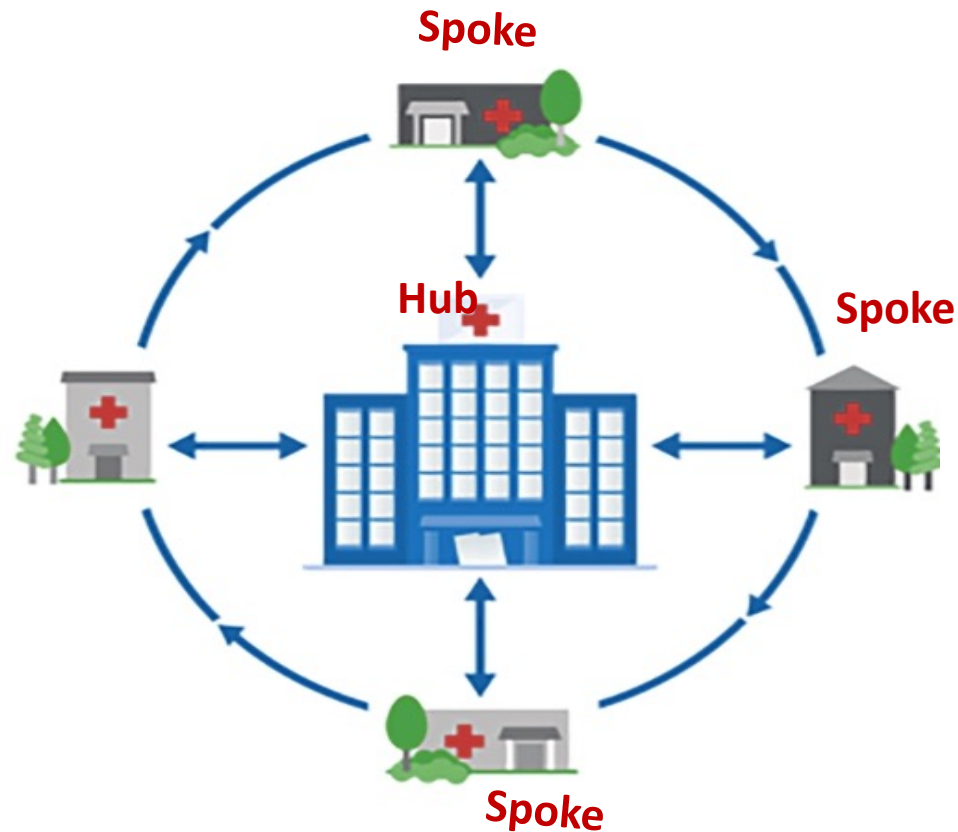
- Self assessment by FMoH Nigeria and the AHD TWG
- Conducted on 7 Oct 2021 by a 17-member team led by the FMoH
- Most domains are mature depicted by the light green and dark green colors
- Patient coverage 3&4 and Quality domains are the areas of focus for FMoH and the AHD TWG

# Regional planning for AHD implementation

- Mid term review and the planning meeting for the AHD implementation scale up have been conducted
- Training of Trainers as well as the Zonal level training of HCW for the AHD scale planned for the third week of October.
- The AHD commodities for the AHD scale up currently being procured and distributed to the facilities
- Identification and activation of the Hubs and Spoke sites for the AHD scale in the states ongoing.

# Establishing the AHD Model

## A hub and spoke system:



Involves setting up local networks based on expertise and infrastructure of health facilities identified for AHD care (e.g. Cryptococcal Meningitis care in hub hospitals)

Provides reliable linkage to appropriate AHD services, including timely referral where need be e.g. Referral from spokes to Hubs for relevant care and support

Streamlines and permits easier coordination and communication by implementing partners and national programs to monitor uptake of AHD services, and to ensure quality

# AHD care Models for patients (Hub and Spoke)

## Hubs:

- ❑ **Definition:** Hospital level facilities where comprehensive packages of AHD care can be implemented with;
  - Clinical expertise in management of AHD patients with danger signs
  - Appropriate storage facilities
  - Laboratory capacity (timely and reliable laboratory monitoring e.g. renal function monitoring; basic microbiology including CSF culture)
- ❑ Will serve as referral sites for spokes and will manage patients in need of hospitalization and regular monitoring e.g. in treatment of cryptococcal meningitis

## Spokes:

- ❑ **Definition:** Include primary health care facilities and hospitals with;
  - limited clinical expertise and diagnostic capacity for AHD care.
  - limited to no storage capacity (including cold chain) for AHD commodities
- ❑ The spokes will;
  - Offer outpatient and routine care to stable AHD patients.
  - Refer AHD patients with danger signs in need of in-patient care to hubs within their proximity

# HUBS and Spoke AHD Sites



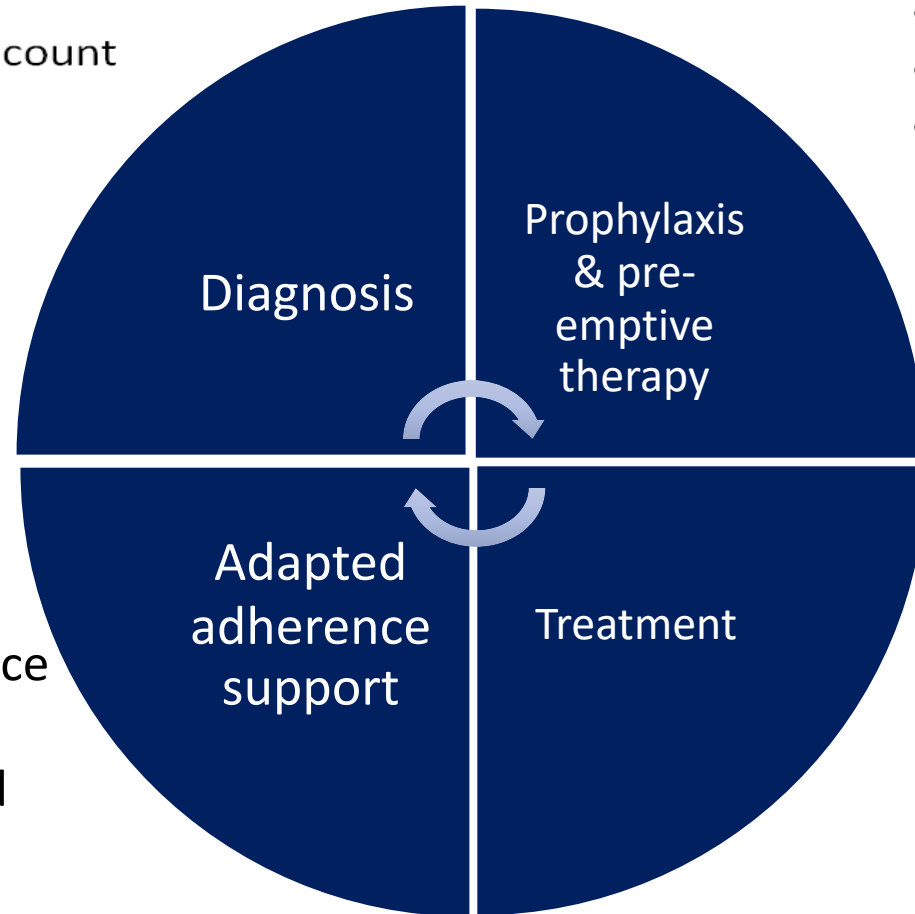
State	Name of ART site
Lagos	General Hospital Ajeromi
	General Hospital Ifako Ijaiye
	Lagos State University Teaching Hospital Ikeja
	General Hospital Ikorodu
	General Hospital Lagos
	Mainland Hospital Yaba
	Nigerian Institute of Medical Research (NIMR)
	Lagos University Teaching Hospital (LUTH)
	General Hospital Isolo
	General Hospital Alimosho
Rivers	Saint Catherine of Sienna Hospital, Mafoluku
	General Hospital Bori
	Health of Sick Hospital
	University of Port Harcourt Teaching Hospital
	Ahoada General Hospital
	Braithwaite Memorial Specialist Hospital
	General Hospital, Okrika
Akwa- Ibom	University of Uyo Teaching Hospital
	Oron General Hospital (Iquita)
	Ikot Ekpene General Hospital
	Etinan General Hospital
	Saint Luke Catholic Hospital, Anua Uyo
	Primary Health Center Enwang
Anambra	General Hospital Onitsha
	Anambra State University Teaching Hospital (ANSUTH) General Hospital Awka
	Nnamdi Azikiwe University Teaching Hospital
	St Charles Borromeo Hospital Onitsha
	General Hospital Ekwulobia

	<b>SPOKE SITES</b>
	<b>HUB SITES</b>

# AHD package for hospitalized patients (Hub)

- CD4+ lymphocyte count
- CrAg – blood /CSF
- TB LAM, Xpert
- LP
- Haematology & chemistry

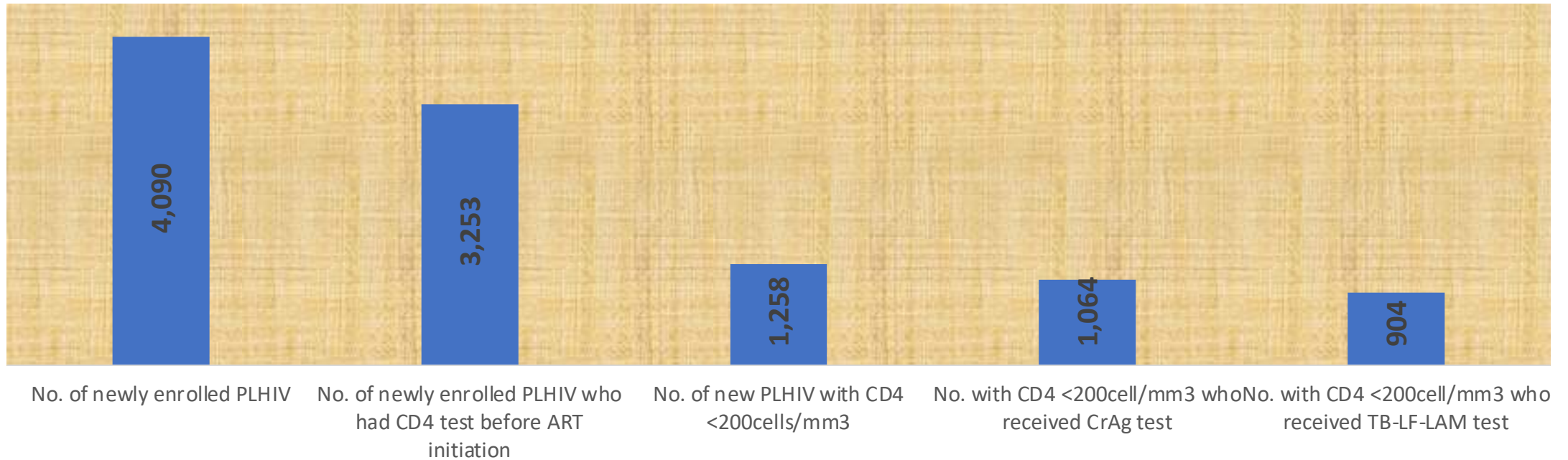
- Intensive adherence Counselling
- Community-based support



- TPT
- Fluconazole
- CPT

- Clinical Expertise
- CCM Treatment
- TB treatment
- Other OI treatment\*
- Appropriate ART timing

# Results on AHD Facility and Patient Coverage



Q1 and Q2 2021 data from the 28 AHD implementation sites



# AHD SCALE UP PLAN

	<b>Activity</b>	<b>Timelines</b>	<b>Responsible</b>
1	Update the National M&E indicators	July	NASCP
2	EMR updates	September	NASCP/UMB
	Printing of the M&E tools	September	IPs
3	Develop an AHD referral network based on the criteria outlined	2 <sup>nd</sup> Week August	IPs
4	Workshop to finalize AHD IECs and SOPs	August	NASCP, IPs, Funders, CHAI
5	2 Levels of training <ul style="list-style-type: none"> <li>• National (virtual)</li> <li>• Zonal training</li> <li>• Facility level training</li> </ul>	3 <sup>rd</sup> week September 1 <sup>st</sup> week October 2 <sup>nd</sup> week October	Funders IPs
6	AHD commodities LMD	September	PSM
7	Site activation for AHD implementation	October (end)	

# Challenges & Opportunities

The **knowledge and capacity of different levels of HR to urgently manage complex cases** e.g., cryptococcal meningitis

**In-country policies for who can perform specific tests/procedures** e.g., LP and prescribe certain medications

Short half life of some of the VISITEC CD4 test kits and reagents supplied at the beginning of the project

The **availability and frequency of sample transport and result delivery mechanisms**

**Ability of the site to ensure quality control**

**Access to CD4 testing** remains a key bottleneck for the AHD cascade even where there exists referral systems to existing CD4 diagnostic centers due to non availability of CD4 reagents for Flowcytometry

Low utilization of available **AHD commodities** e.g., TB-LAM and CrAg test kits and treatment of clients due to poor communication between the facility laboratory focal persons and the managing clinicians on the AHD commodity stock-on-hand

**Long TAT for TB positive** results to facilities

# Opportunities

- Periodic Monitoring and supervisory visits to the implementing facilities in the states helps to identify some of the major challenges and proffer immediate solution.
- Biweekly virtual meetings by members of the AHD WG provides avenue for discussions regarding coordination and management of the AHD implementation.
- The WhatsApp platforms involving most facility HCW also provides a means of reporting and troubleshooting and sharing information's and best practices among the implementing facilities.
- The Quarterly mid term Review meeting also provides opportunity to discuss on the challenges and way forward for the AHD package implementation by all the stakeholders.

# END

