

Linkage to Treatment for Men in Nigeria

Dr. Nwaokenneya Peter
Assistant Director, AHD, TB/HIV
Treatment care and Support
NASCP/FMOH

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Outline

- ❑ Introduction
- ❑ Reaching men with HIV services: Key challenges
- ❑ Strategies to improve HIV testing among men
- ❑ Methods of enrollment/linkage to care for men
- ❑ Linkages to care services for all identified HIV+ men
- ❑ Trends in Linkage to care and treatment services for men
- ❑ Challenges to effective linkage to care for men
- ❑ Strategies toward solving some of the identified challenges

Introduction/Country Profile

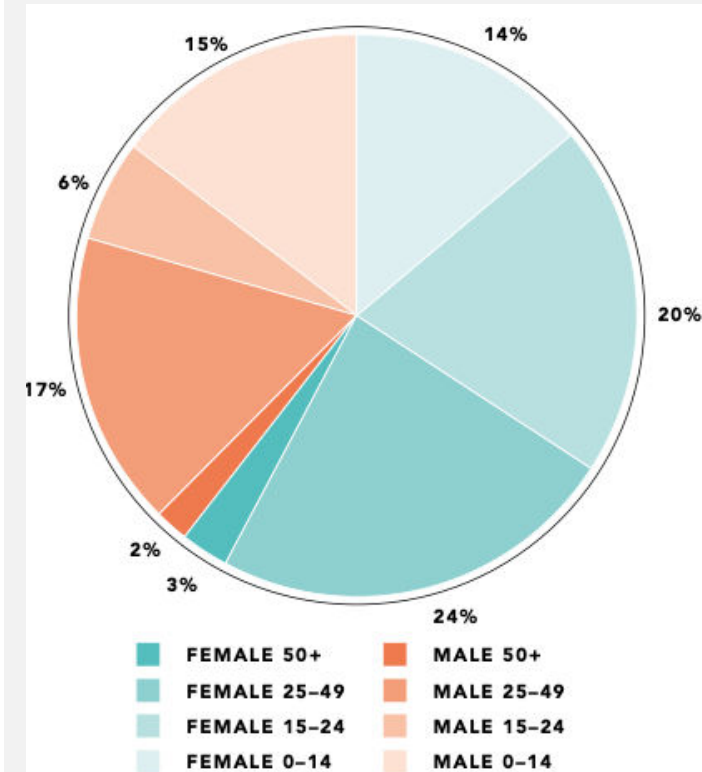
- Nigeria has an estimated population of over 200 million people, with HIV prevalence of 1.3% (NAIIS,2018)
- ~1.9 million people are living with HIV, and over 1.8 million are currently on ART.
- The HIV epidemic in our nation remains a mixed epidemic partly driven by urban key populations, particularly female sex workers (FSW), men who have sex with men (MSM) and people who inject drugs (PWID)
- Although HIV incidence in men aged 25-49 years is not as high as in these key populations, knowledge of HIV status and linkage from testing to treatment is a particular challenge for men



Reaching Men: Challenges

- Men typically have lower rates of health seeking behavior than women
 - Less likely to know their HIV status
 - Less likely to link to HIV treatment after testing positive
 - But once linked to treatment, equally likely to be virally suppressed
- In Nigeria:
 - Men contribute about 0.9% of the current HIV incidence in the country
 - HIV positivity rate is about 4.0% and men between the ages of 25-29 years accounted for about 8.2% of the total positivity rate.

Distribution of new HIV infections in Western & Central Africa by Sex and Age, 2021

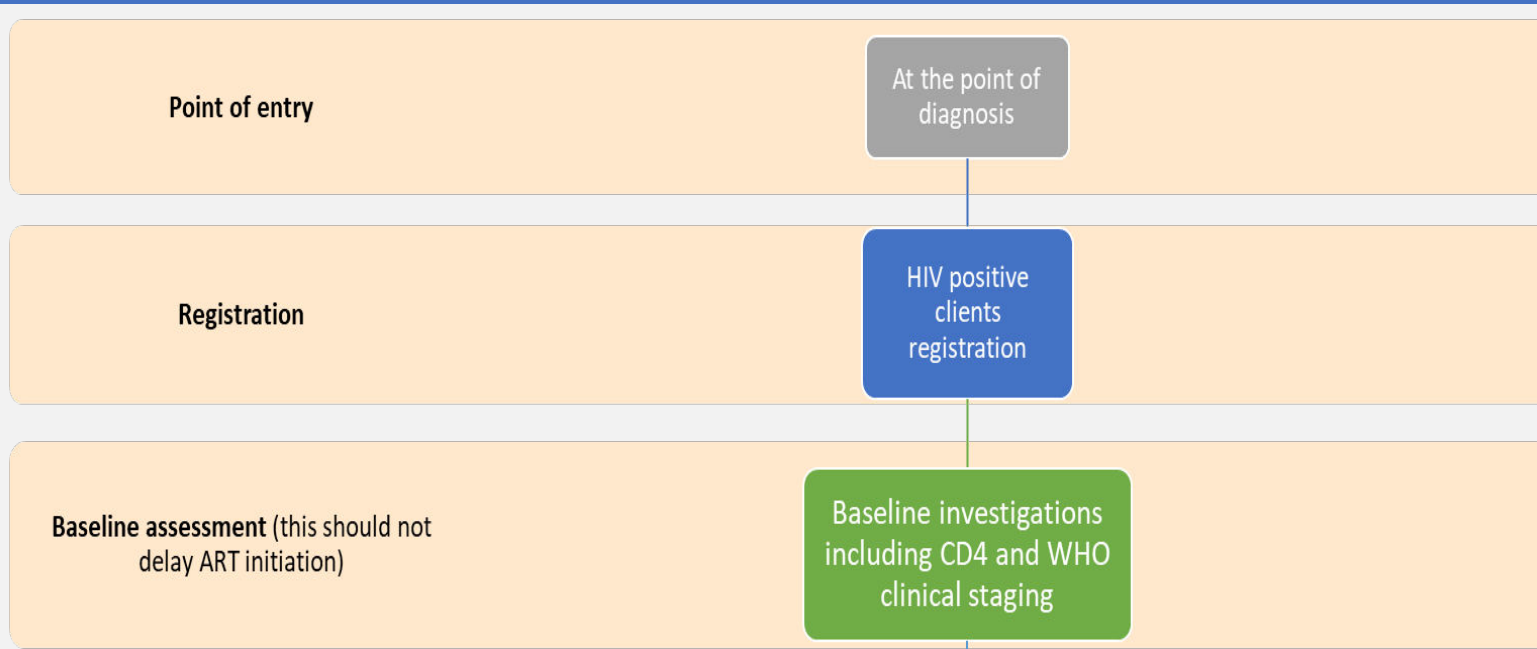


UNAIDS Global AIDS Update 2022

Strategies to improve HIV testing among Men

- Community-based HIV testing
- Index testing and Partner Notification services
- HIV self testing
- Social network testing
- Recency testing

Algorithm for ART Initiation



ALL CLIENTS

All approved ART and PMTCT sites should offer ART initiation.

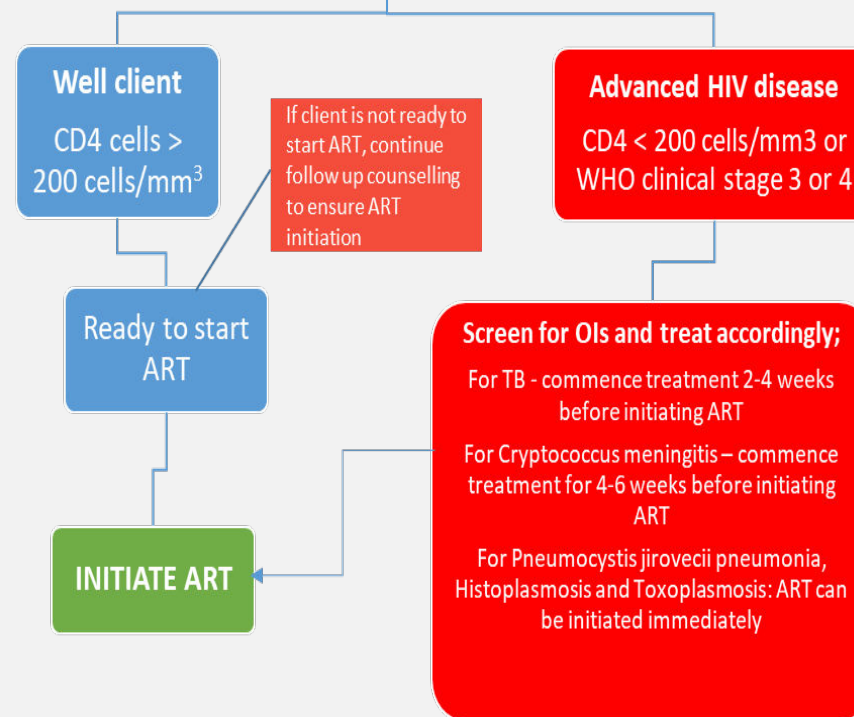
Aim to initiate ART using approved optimal regimen on same-day or as early as possible within the first two weeks of diagnosis unless there is a clear clinical or psychosocial contraindication.

ART preparation must include an assessment of clinical and psychological readiness following the steps outlined in the National Treatment Guidelines (2020).

CD4 Test should be done for ALL new clients to also help guide differentiation for ART initiation [determine whether the client has early or advanced HIV disease (WHO clinical stage 3 or 4 and/or CD4 < 200cells/mm³).

Those identified with AHD should receive the appropriate package of care (see AHD manual)

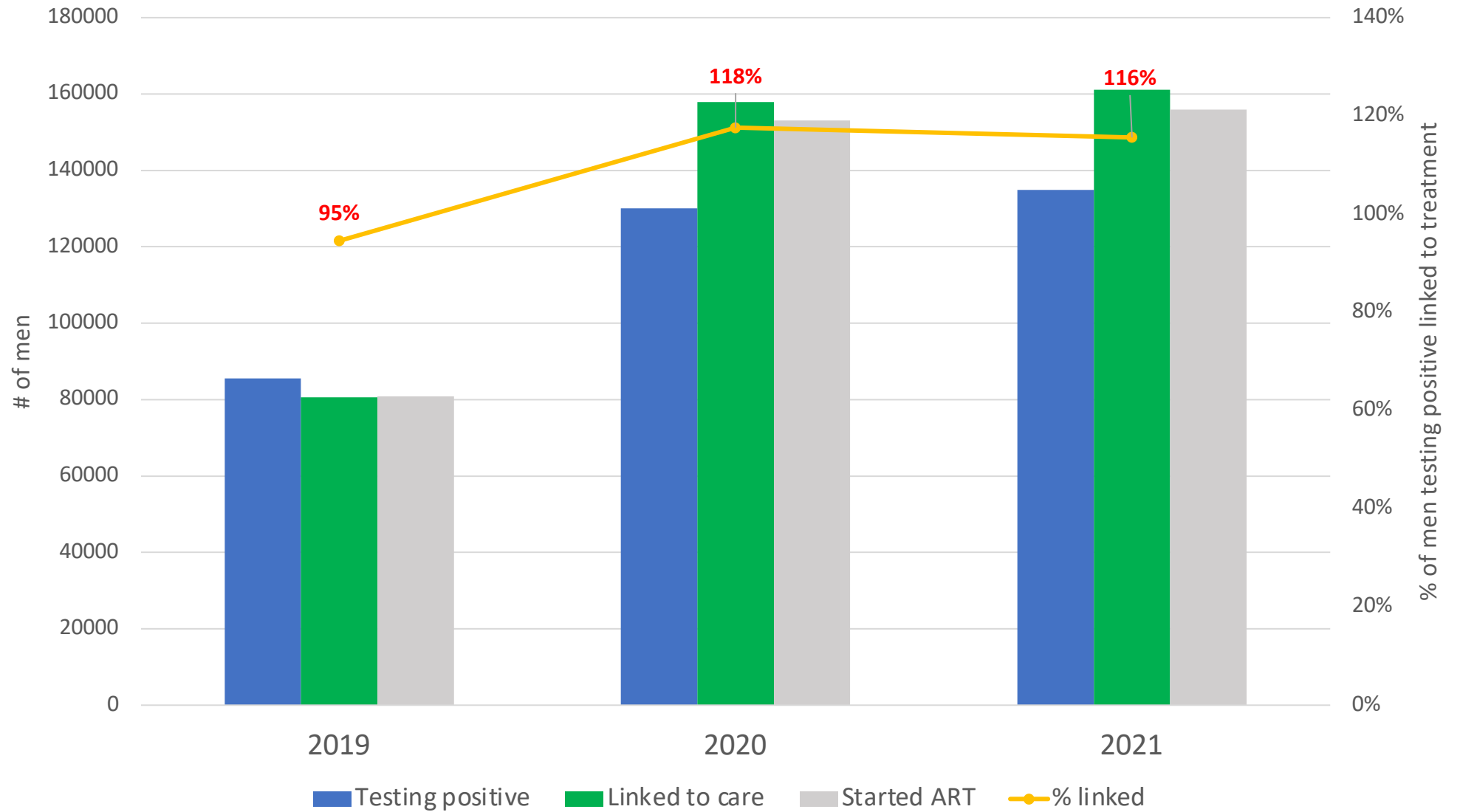
Performance of routine baseline laboratory tests should not delay initiation of ART if the client is otherwise clinically and psychologically ready to start ART. 'Baseline' refers tests done in the early stages of ART initiation and not only tests done prior to initiation where clinically indicated.



Linkages to Care Services for all Identified HIV+ Men

- All identified HIV+ men should be effectively linked to Comprehensive Health facilities for continuity of quality care.
- Effective referral mechanisms should be in a place for transfer to specialist health services and for access of specialist health providers
- The Hub and spoke model is usually explored to ensure that all HIV+ clients receive adequate care and treatment to facilities closer to them.
- The use of Escort services is also a strategy used to increase linkage of all identified HIV+ clients to facilities for quality care services.

Trends in Linkage to Care for Men (2019 – 2021)



Challenges to effective linkage to care for men

- Sub optimal linkage/follow up mechanism
- Ineffective tracking mechanism for identifying and reintroducing or returning to care those referred that did not access services.
- Perceived discrimination/stigma from health care workers
- Long waiting time /turn around time for some of the HIV test results.
- Client convenience and accessibility
- Poor referral network
- Occasional stock out of HIV commodities and HIVST kits

Strategies toward solving some of the identified challenges

- Strengthen linkage and follow up mechanism (telephone, reminders, partner service)
- Strengthen the tracking mechanism for identifying and reintroducing or returning to care those referred that did not access services (use of trackers)
- Integration of HIV services into routine care
- Introduction of the Test and treat approach /same day ART Initiation.
- Reducing waiting time for the initial appointment
- Development of referral Guides/Directories for effective linkages to care
- Engagement of the Hub and Spoke models for HIV services
- Use of Escort services for all identified clients.

Thank you!

