HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

icap Global Health

Community based testing and linkage to treatment: The RISE Nigeria Experience

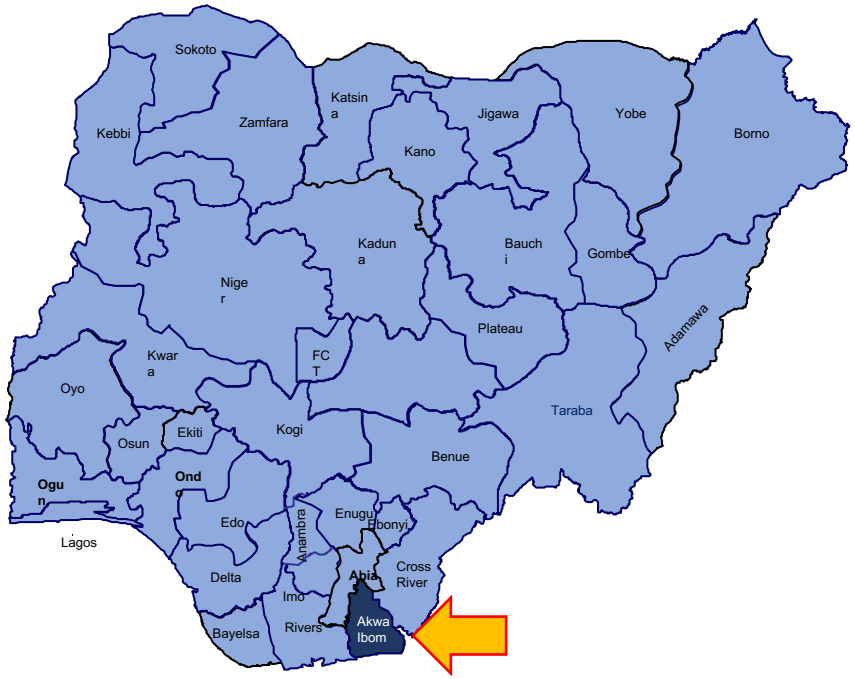
Dr. Chinyerem Immanuel
Care and Treatment Lead, ICAP Nigeria

CQUIN Differentiated Service Delivery Across the HIV Cascade Workshop
August 15 – 19, 2022 | Kigali, Rwanda

OUTLINE

- Background: RISE Nigeria
- What was the challenge
- DSD Community Based Testing Activities and Strategies
- DSD Linkage to ART
- DSD Resources: Team Composition and Capacity building
- Lessons learned
- Best Practices
- Picture Speaks

Brief History – Akwa Ibom State in Perspective



- Nigeria's national HIV prevalence is 1.4% with an estimated 1.9 million people living with HIV (National AIDS Indicator Impact Survey)
- 7/36 states account for > 50% of people living with HIV
- The top 3 states by HIV prevalence include Rivers, Benue, and **Akwa Ibom** states
- Akwa Ibom state has the **highest prevalence in the country** at 5.5% with an estimated 178,000 people living with HIV

Factors contributing to the relatively high HIV prevalence in Akwa Ibom state include:

- Low HIV risk perception amongst the populace
- Difficult geographic terrain in parts of the state resulting in poor access to available ART services.
- High-risk sexual behavior, especially among young people
- Entrenched socio-cultural practices and religious/superstitious beliefs about HIV/AIDS
- Stigma and discrimination within the various communities

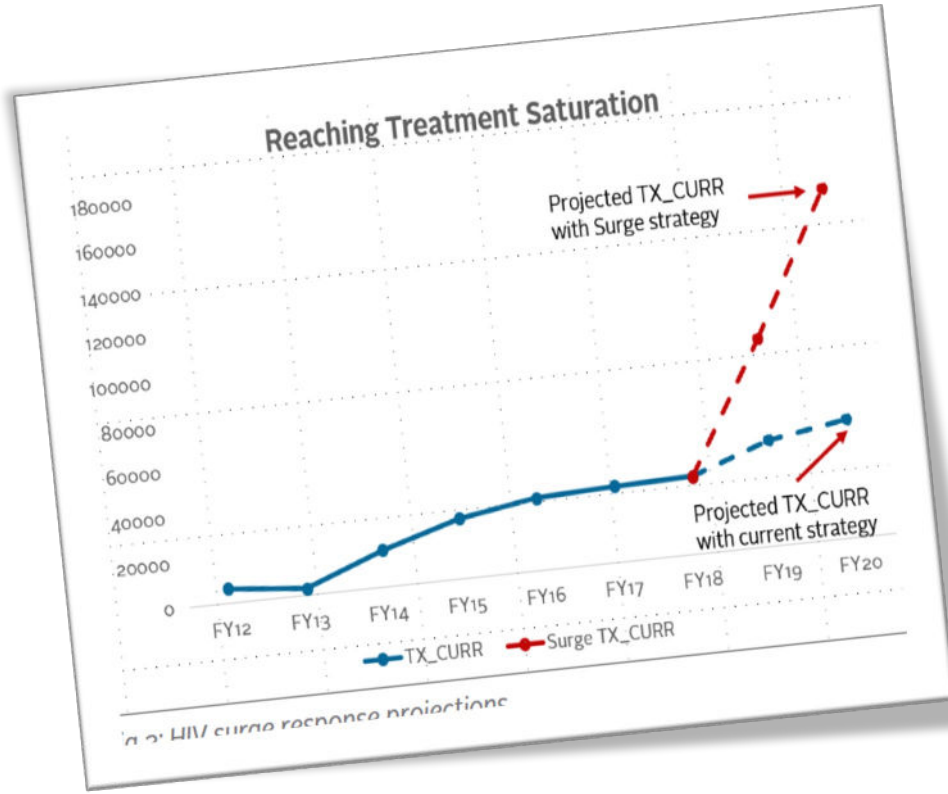
Brief History – Akwa Ibom State in Perspective – 2

01 RISE Nigeria commenced implementation in Akwa Ibom State in October 2019, with a treatment current (TX_CURR) of 17,026

02 Implementing in the northern part of the state with 62 health facilities

03 Deployed the SURGE strategy, a mix of community and facility interventions targeted at observed "barriers and drivers" to make ART more accessible and achieve treatment saturation.

04 Currently the state has 55,296 clients on ART across RISE-supported facilities and a state-wide TX-CURR of over 203,000 people including KP.



05 **Since late 2019, RISE Nigeria in Akwa Ibom identified over 40,000 people newly diagnosed with HIV (16,638 males; 23,671 females) from October 2019 till July 2022, with a linkage rate of 100%**

Health Systems Barriers to Testing and Linkage in Akwa Ibom State

Key challenges:

- Over-dependence on PITC
  - Caused very slow progress towards case finding targets
- Severe constraints on community-based service delivery
  - Limited human resources for community-based testing and linkage activities
  - Hospitals had little/no infrastructure or resources for community mobilization and engagements, especially in the difficult rural terrain/hinterlands
- Suboptimal HIV testing coverage amongst pregnant women
  - Most women prefer TBAs
- Difficulty finding men and linking them to treatment
  - Limited health seeking behavior, especially amongst younger men
- Suboptimal testing coverage and case finding amongst the pediatric subpopulation
  - Sociocultural dynamics, policies and stigma associated with testing children and adolescents

RISE NIGERIA: Community-based Case Finding Strategies

- **Targeted Community Testing:** HTS is offered in the communities to individuals that are identified to be at a higher risk of HIV infection during HIV risk stratification. E.g., via Social Media platforms, beer parlors etc.
- **Early Morning and Moonlight testing:** HTS done early hours/evenings/nights. This is predicated upon the idea that most individuals in the communities are at work during the daytime when HIV testing is usually offered in the communities.
- **Marine community testing:** Specific to the various riverine communities. This is to accommodate the peculiarities of providing HTS in these areas. These communities are relatively poorly accessed because the only way to access these communities is through the waterways. This approach explores the engagement of residents of these marine communities to provide HIV testing services in their communities with linkages to ART.
- **Third party testing and referrals in private labs and pharmacies (Clinical Platform)**: Many persons patronize the various private laboratories/pharmacies across the state for HIV testing services. This approach leverages on the existing HIV testing being done in these labs/pharms by ensuring the proper linkage of the HIV positive clients to community ART services.
- **PMVs (Patent Medicine Vendor) testing & referrals:** Patent medicine vendors are usually patronized by the members of public. This provides an opportunity to offer HIV testing at these points.

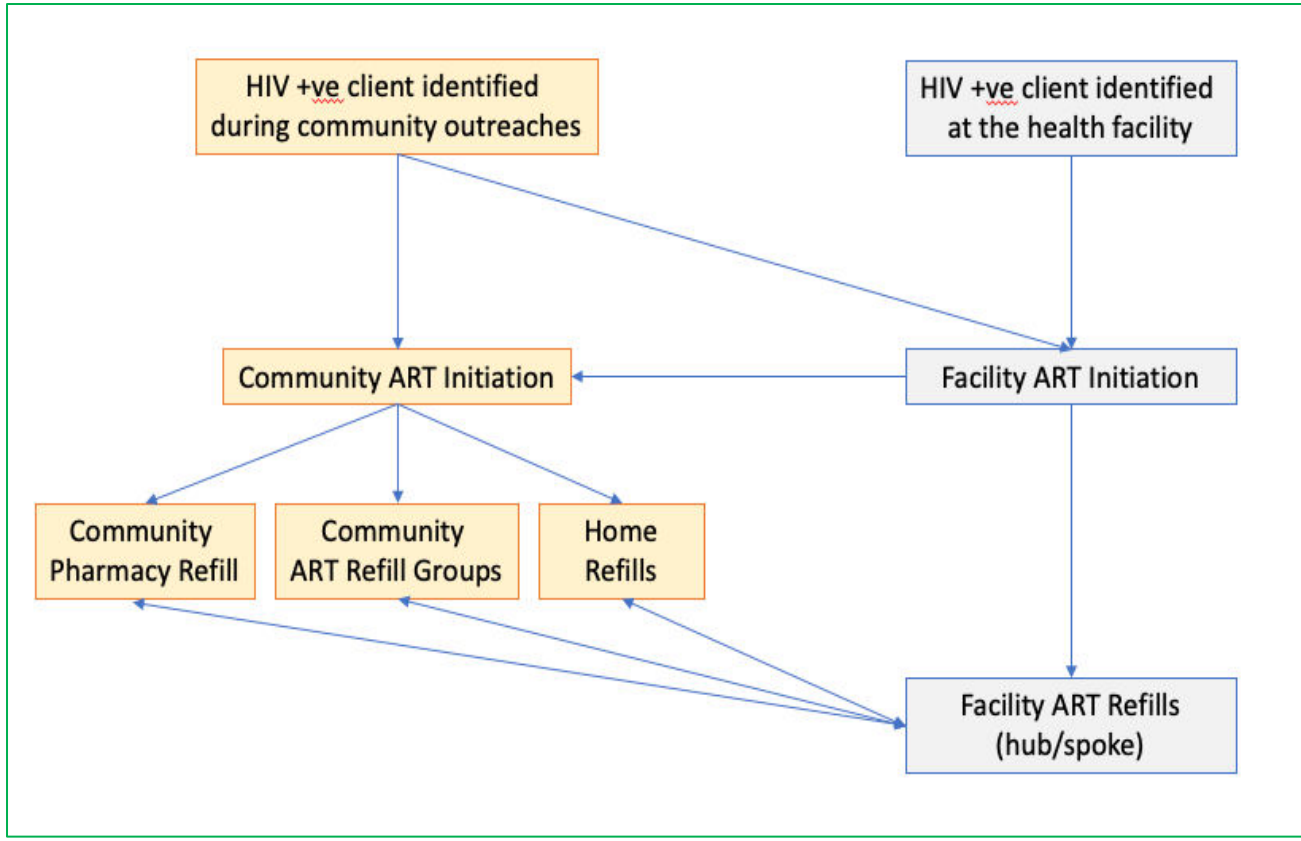
DSD LINKAGE: Initiation of clients on ART in the community

A client-centered approach to ART initiation informed by client preference, health (disease stage), and context (distance to health facility etc.)

ART linkage options in the community by a mobile ART management team:

- Test and start ART at point of test by a mobile community ART team
- Test and same day referral to start ART at a hospital
- Test and start ART at point of test with multi-month starter pack (MMD3), intensive virtual adherence support, then referral to hub for review

ART initiation and treatment models are flexible and based on client preference



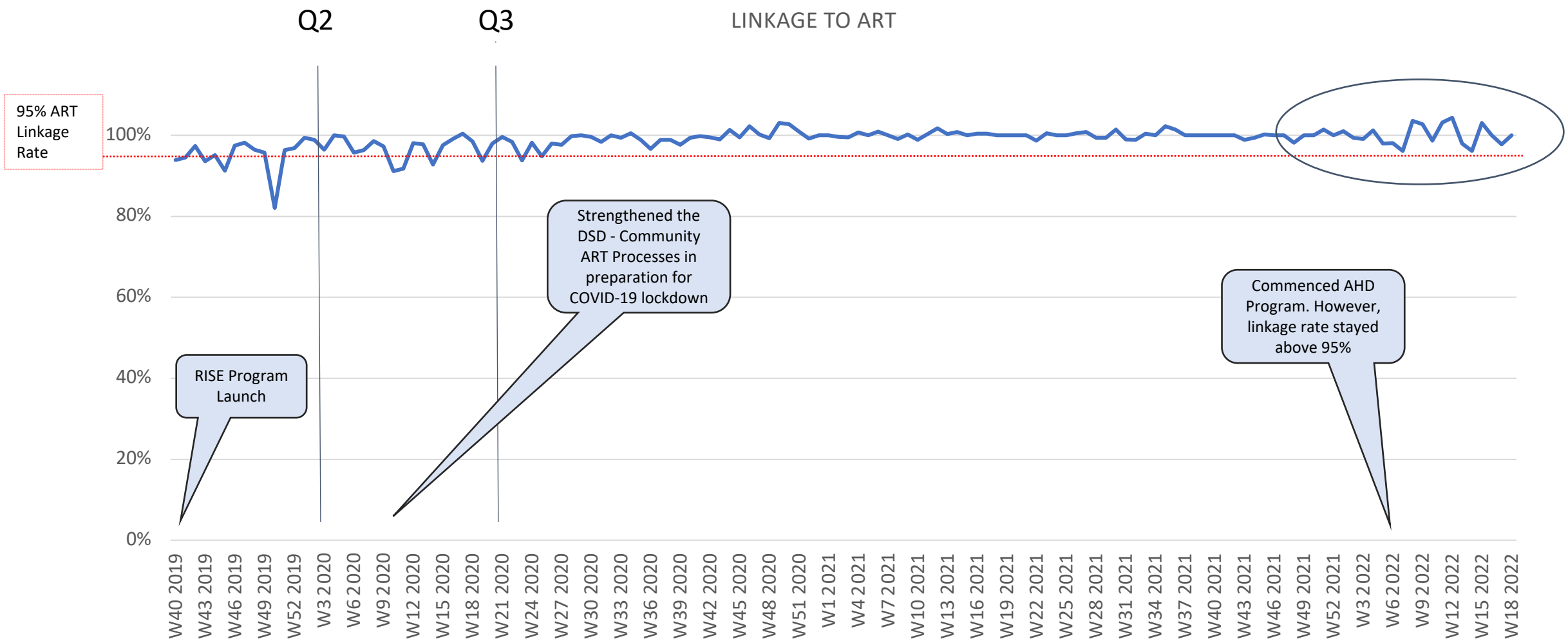
DSD LINKAGE: Community-based ART Initiation

- Utilization of the adherence strategy work plan and 28-day/16-week adherence calendar and employing a multidisciplinary approach to treatment preparation.
- Case management approach to ensure close follow-up within the first month of ART which is critical to long-term retention. This makes use of the 30 – day adherence schedule, as the first month is critical.
- Close client support including home visits/phone calls within 72 hours of being initiated on ART.
- Cross program biometric and geo-mapping (address) systems to document the client's point of ART initiation and home address.

DSD Linkage: Roles and Responsibilities of Mobile ART Team

Personnel	Roles & responsibilities
Clinician	• Provides technical and operational leadership to the community ART management team. Provides HIV treatment services for HIV positive clients identified in the community.
Pharmacist	• Provides pharmaceutical care for the identified clients and manages ARV and drug logistics for the team.
Laboratory Specialist	• Provides the laboratory support to the team. Ensures logistics support & documentation for RTKs and lab commodities for the team.
HIV Counsellor – testers	• Conducts HIV counselling and testing activities within the community teams.
Case Managers	• Provides adherence and treatment support to clients. Supports client retention activities.
Community Mobilizers	• Facilitates community entry for the various community surge activities.
LGA Treatment Support/ Nurse Lead	• Coordinates the various community activities at the LGA level with the various healthcare facilities and service delivery points.
Data Entry Clerks	• Ensures the proper documentation of the various community surge activities and performance.

DSD LINKAGE: AKWA IBOM IN PERSPECTIVE - LINKAGE RATE (TREND ANALYSIS)



Lessons Learned – 1

The investment in differentiated testing and linkage strategies was worth it!

- ✓ Community-based service delivery markedly increased case finding with sustained excellent linkage rates
- ✓ Enhanced program resiliency during COVID pandemic and other shocks/stresses
- ✓ Met the needs of recipients of care

Lessons Learned – 2

Rapid, sustained and intensive stakeholder engagement is critical

- Involving people living with HIV and their advocates during the design of service delivery interventions/innovations is essential
  - For example, home service delivery systems were more effective when led by PLHIV support groups and expert clients
- Key stakeholders in Akwa Ibom state included:
  - State Ministry of Health: SASCP, SACA, PHCDA
  - Private Sector: Private pharmacies, private labs, PMVs, Hospitals, Health Posts
  - Community: Civic/Religious Leaders, Village Heads, Cults and CBOs
  - Implementing Partners: CCCRN/OVC, KNCV/TB
  - Recipients of Care
  - CSOs such as Network of People Living with HIV (NEPWHAN)

Lessons Learned – 3

Evidence-based advocacy can lead to enabling policy changes

- Need to professionalize non-clinically credentialed outreach workers responsible for community-based ARV delivery systems
- Counsellor testers, case managers, peer educators, peer navigators, and other community-based cadres are an essential part of the ART health workforce

Adaptation of data systems is important

- Consistent iteration of client data (especially those with missed appointments due to travel distances) helped to make the case that home service delivery would greatly support clients and improve rapid ART initiation and retention
- Documentation of HTS and linkage to ART required both conventional paper-based data capture tools and the use of software like LAMIS-lite and daily DHIS uploads to ensure proper documentation and availability of data for decision making

Best Practices – Protecting Client Confidentiality

- Privately contacting clients to obtain consent and to assess and minimize the risk of violence or other harm that may be associated with DSD delivery of ART services
- Obtaining consent for home visits from clients as they initiate ART
- Identifying alternate locations as per client preference – for example, at the bus station, the village entrance/market, or the park.
- Discreet utilization of pre-packed medicines so contents cannot be identified

Best Practices – SOPs and Tools

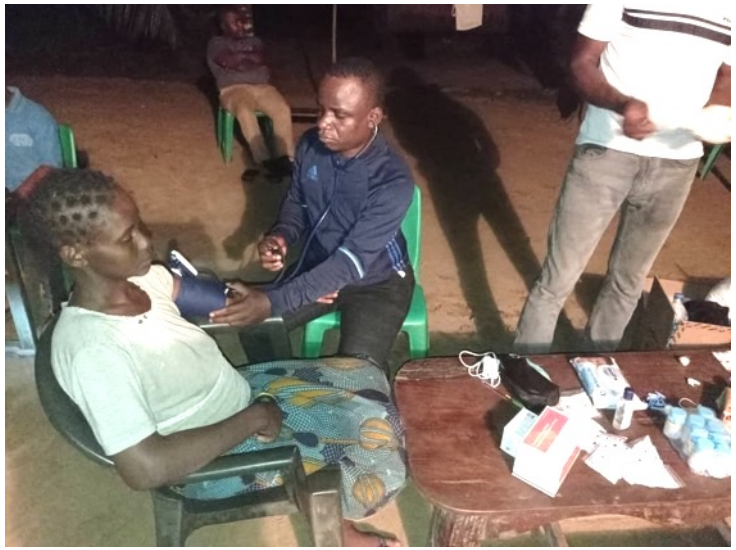
Development of handy SOPs/tools, including:

- 28-day/16-week adherence calendars to bolster ART adherence at initiation
- Screening and referral tools for:
  - Opportunistic infections (TB)
  - Gender-based violence
  - COVID-19 symptoms

Best Practices – Protection for Project Staff

- Designed IECs on COVID-19 preventive measures such as physical distancing and hand washing and provision of PPE such as face masks, gloves, and hand sanitizer
- Equipped teams with rain boots, torchlights, umbrellas, mosquito nets and raincoats as protective gears to avert unfavorable conditions (rainy seasons, swamps, bush camping, moonlight/early morning testing)
- Use of ID cards, and pre-entry community assessments using the village heads/community gatekeepers

PICTURE SPEAKS



Acknowledgments

This presentation was made possible with support from the U.S. President's Emergency Plan for AIDS Relief, through the United States Agency for International Development funded RISE program, under the terms of the cooperative agreement 7200AA19CA00003. The contents are the responsibility of the RISE program and do not necessarily reflect the views of USAID or the United States Government.

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

USAID
FROM THE AMERICAN PEOPLE

RISE
Reaching Impact, Saturation, and Epidemic Control

Thank you!