

The outcome of HIV testing services among adolescents using differentiated service delivery model and prospect for national scale up

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BACKGROUND / INTRODUCTION

In Nigeria, Adolescents living with HIV are underserved due to inadequate programs required to address their unique and peculiar needs. A number of innovative strategies were implemented to enable the country to achieve the 95-95-95 global targets and sustain HIV epidemic control. Despite all the effort, huge gaps still exist among adolescent and children living with HIV. An estimated 176,000 children (0- 15) years living with HIV in Nigeria are having a low coverage of 34% with 81% virally suppressed as of December, 2021. Thus, improving adolescent access to HIV interventions requires effective use of persons centered program approaches, a form of differentiated service delivery model (DSD) using adolescent club was implemented in three States, Benue, FCT and Kogi from year 2020 to increase access to HIV services.

METHODS

A Club consisting of 6 – 10 Adolescents living with HIV were formed in FCT, Benue and Kogi States in Nigeria. Members of the Club are adolescent aged 10 – 24 years taking antiretroviral and had viral load suppression less than 1000 copies/MI. “Expert clients” who are older adolescents with superior knowledge in HIV prevention and treatment cascade leads the Clubs.

The clubs operates on a tripod approach involving healthcare workers (HCWs), caregivers and adolescents. A total of 485 healthcare workers were trained on adolescent friendly services with a view to providing effective support to the clubs. In Benue, FCT and Kogi states, a total of 212, 181 and 92 Health Care Workers (HCWs) respectively provides mentorship as well as strengthen capacity of the adolescent club members to take responsibility of their health and peers. 96 facilities were implementing the adolescent club model in Benue state, 62 and 15 facilities in FCT and Kogi respectively.

A total of 284 (221, 34 and 29 clubs in Benue, FCT and Kogi respectively) adolescent clubs were formed in the three States. The club members on weekly basis congregate in various facilities to conduct HIV activity reviews, receive mentorship from HCWs, and thereafter disperse into the communities (event centres, game centres, youth-friendly centres, and social gatherings) where the club promotes HIV testing, abstinence, , viral load sample demand creation among positive adolescents, and campaign on stigma reduction. The club is very vital in accompanied referrals of peers to the facilities for HIV testing.

The Club members who have attained the age of 24 years are graduated and called Club Champions. They serve as volunteers at the facilities and given the role of registering new members, providing psychosocial support to newly identified HIV-positive adolescents, provides Enhanced Adherence Counselling (EAC) and support other club activities.

The progress in HIV case finding using the Clubs in the three States was determined by comparing percentage HTS yield among adolescents before the club activities in 2020 and inception of the model in 2021. The outcome of the HIV testing services in these States were analysed and recommendations provided for national scale up to improve HIV case finding among adolescents.

RESULTS

Table 1. The result of HIV case find among adolescents age 10 – 24 years in Benue, FCT and Kogi State between year 2020 to 2021.

S/n	States	2020			2021			
		No. tested	No. Positive linked to Care	% Yield	No. tested	No. Positive linked to Care	% Yield	
1	Benue	37117	1461		4	52202	3000	6
2	FCT	27346	443		2	19914	850	4
3	Kogi	9997	112		1	11977	182	3
	Total	74460	2016		7	84093	4032	13

The use of adolescent club as catalyst to provide HIV testing services yielded 67%, 50% and 33% annual increase in Benue, FCT and Kogi State respectively as shown in figure 1 below.

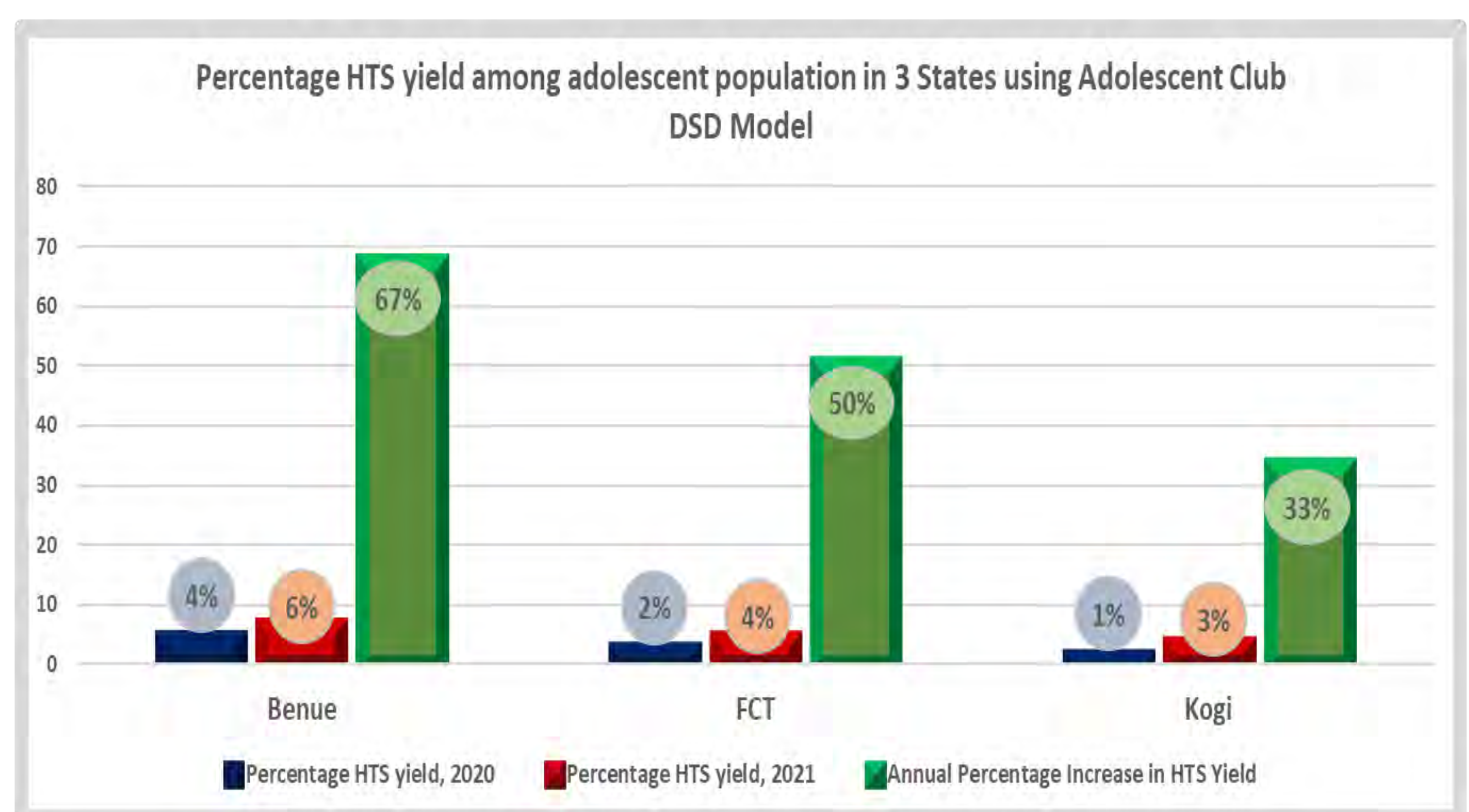


Figure 1: Percentage HTS yield in three States between year 2020 and 2021.

DISCUSSION

The use of person centered service delivery model such as adolescent clubs have shown to increase access to HIV testing services among adolescents. The strategy helped to break barriers such as fear of the HIV testing outcome and stigma. The HTS interventions were tailored to the needs of adolescents and invariably eliminated barriers, build confidence, guaranteed confidentiality, thus, improved HTS uptake and yield across the 3 locations. This model when scaled up to all the States in Nigeria will bring the country closer to achieving total HIV epidemic control by 2030.