Assessing the Differentiated Service Delivery (DSD) Model for HIV Testing Services (HTS) in Anambra and Taraba States, Nigeria: Current Landscape, Effectiveness, and Challenges

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BACKGROUND / INTRODUCTION

METHODOLOGY

Men

Children

Pregnant

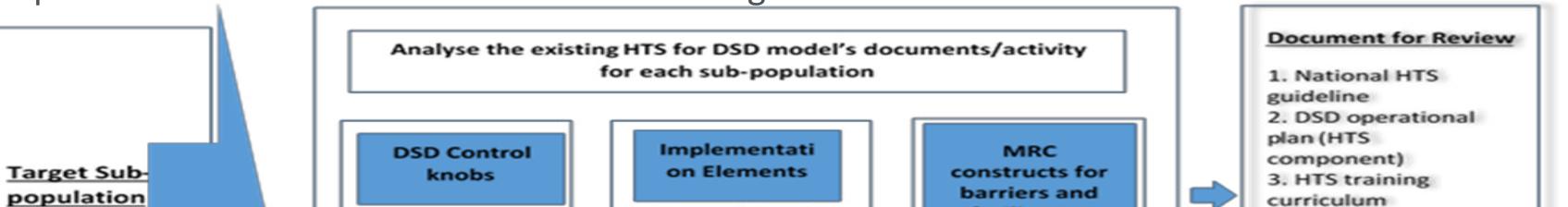
women

Adolescent

Key populations

- The National AIDS,STIs and Viral Hepatitis Control Programme (NASCP) in Nigeria, supported by APIN Public Health Initiatives, assessed the implementation of Differentiated Service Delivery (DSD) models for HIV Testing Services (HTS) in Anambra and Taraba States to understand the current landscape of service delivery, its effectiveness, and the challenges faced.
- The goal is to reduce new infections, improve care, and achieve the UNAIDS 95-95-95 targets by 2030.
- High-quality HIV Testing Services (HTS) are essential for effective prevention, treatment, and care of HIV.

Key informant interviews were conducted among 52 national and state-level stakeholders and 60 beneficiaries (Key Populations – Female Sex Workers, Men that have Sex with Men, People Who Inject Drugs), Men, Pregnant Women, Adolescents and Young Persons across twelve health facilities (2 tertiary, 4 secondary, 5 primary health centers, 1 government facility) in the 2 implementation states. The information collected centered around the DSD control knobs and implementation elements as described in the figure below.



- The 2021 National DSD Operational Manual provides guidelines for highquality, client-centered HIV prevention, treatment, and care tailored to various populations.
- Since the first AIDS case in 1986, Nigeria has reduced HIV prevalence from 5.8% in 2001 to 1% amongst adults aged 15-64 in 2024 (Nigeria Data Reporting Repository-NDARS)
- Anambra and Taraba States are two states with HIV prevalence higher than the national average 2.2% and 2.9% respectively.
- The assessments conducted in Anambra and Taraba aimed to identify barriers and facilitators to improve HTS implementation, ensuring robust and efficient service delivery in these states.

Iden tify exist ing HTS for DSD	1.Governance and Coordination structure 2. Service delivery and operationalizati on	For each knob, <u>find out.</u> 1.Strategic plan/document/b udget plan 2.Strategy communication design 3.Mangement by	barriers and facilitators 1.Leadership and governance 2. Political and social context 3. Resource constraints 4. Passive		curriculum 4. SOPs, Job aids 5. Review reports 6. Activity and process reports 8.Service monitoring tools
mod els	3. Clinic process flow 4.QA and QI strategies 5.M&E Structure 6. Logistic management/S upply chain 7. Patient centeredness	objectives 4.Action/operatio nal plan 5.Program documents such as SOPs, Job aids, guidelines 6. Change management plan 7.Strategy monitoring plan	attitudinal resistance 5.Lack of data and information technology 6. External forces combating change	•	Proposed Stakeholders for interview 1.State Health managers in MDA focused on HTS 2. Implementing partners 3. HTS providers at service delivery points 4. Beneficiaries of services

RESULTS

Themes	Anambra State	Taraba State	Results
Awareness of HIV	 All participants were aware of HIV. 	 All participants were aware of HIV. 	70%, Importance of 100%, Awareness of HIV,
Knowledge about HIV	 HIV is understood as a virus that attacks 	 HIV is recognized as a severe 	Counseling, 21 30
	white blood cells.	health concern.	70%, Positive Feedback
Preference for Testing	 The majority preferred hospital testing 	 Preference leaned towards self- 	Counseling, 21 77%, Knowledge - White blood cells, 23
Location	due to trust in facilities and professionals.	testing due to privacy and	biood cells, 25
		autonomy.	63%, Hospital Preference,
Experience with Testing	 Positive experiences were reported, 	 Positive experiences were 	19
	highlighting the speed and efficiency of the	reported, emphasizing the privacy	83%, Knowledge - Severe health, 25
	testing process.	and autonomy of self-testing.	
Barriers to Testing	 Broadcasting of results and improper 	 Broadcasting of results and 	83%, Confidentiality Concerns, 25
	disposal of testing materials were	improper disposal of testing	Concerns, 25
	significant concerns.	materials were reiterated as	
		concerns.	37%, Testing Outside
HIV Self-Testing	 Mixed awareness about HIV self-testing. 	 Limited awareness about HIV self- 	Acceptance, 11 93%, Hospital Testing, 28
		testing, but seen as a method to	
		reduce stigma.	
Concerns about Testing	 Broadcasting of results leading to 	 Broadcasting of results and 	53%, Free Testing, 16
	potential stigmatization.	potential stigmatization were	33%, Self-Testing, 10
		concerns.	
Cost Implications	 Suggest that tests be free, primarily if the 	 Advocacy for free testing to 	37%, Proper Disposal, 11 40%, Positive Exp.
	government provides the kits.	increase accessibility.	Hospital, 12
Suggestions for	 Ensuring confidentiality, especially in non- 	 Ensuring confidentiality, proper 	43%, Confidentiality (Non
Improvement	hospital settings.	disposal of testing materials, and	Hosp), 13 Testing, 8
		advocating for free testing.	
Community Views on	 Varied views on testing outside health 	 General acceptance of testing 	67%, Free Tests, 20
Testing	facilities; some see no issue, while others	outside health facilities, but with	Results, 22
	prefer hospitals.	concerns about confidentiality.	50%, Potential 67%, Improper Disposal,
Post-Test Counseling	 Positive feedback on post-test counseling 	- Emphasis on the importance of	Stigmatization, 15 50%, Reduce Stigma, 33%, Limited Awareness, 20
	received.	post-test counseling.	15 10 43%, Mixed Awareness, 13

• All participants in both states were aware of HIV. In Anambra, HIV is understood as a virus attacking white blood cells; in Taraba, it is seen as a severe health concern.

- Anambra: preferred hospital testing due to trust in facilities and professionals, there are reports of positive experiences with speed and efficiency and also a mixed
 awareness of self-testing.
- Taraba: Preferred self-testing for privacy and autonomy, there were reports of positive experiences with privacy and autonomy. Limited awareness of self-testing, but it is seen as a stigma-reducing method, there's a general acceptance of testing outside health facilities. Emphasis on post-test counseling, with confidentiality concerns were observed especially in non-hospital settings. Both states highlighted the importance of post-test counseling and showed a high level of awareness about HIV, with preferences for testing methods differing between hospital-based and self-testing.

DISCUSSION

• The implemented HTS-DSD model in both states leverages the repeated engagements with service providers to keep patients aligned with their health goals, fostering trust and positive outcomes, preventive measures are incorporated like risk reduction counselling, pre-exposure (PrEP) education, condom distribution and provision of dedicated services for at-risk individuals, such as sexual assault victims and those with occupational or accidental exposure. Quality assurance was sub-optimal with challenges like inadequate training for healthcare workers which affects adherence to protocols and service quality and other issues like the use of expired kits due to

human error or poor handling. Although community outreach initiatives have improved service uptake and early detection, the current infrastructure remains strained. The role of community volunteers is crucial in managing demand and ensuring efficient service delivery.

CONCLUSION

The DSD model for HTS in Anambra and Taraba States shows strengths and areas for improvement. The assessment offers a clear roadmap for refining the model to ensure it is responsive, efficient, and patient-centric. Addressing the identified challenges and implementing the recommendations could significantly enhance health outcomes for residents in both states.







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