

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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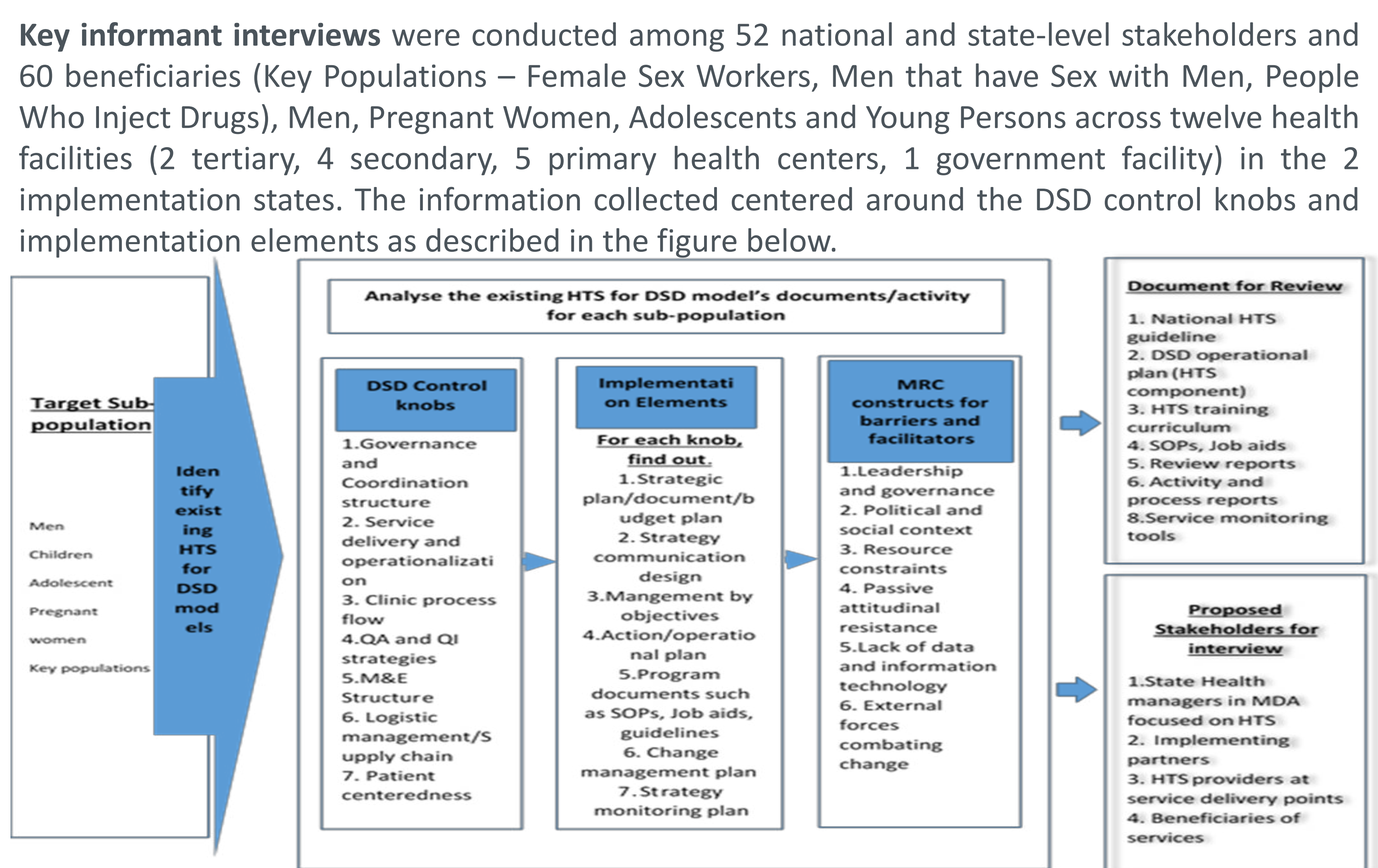
1. National AIDS, STIs and Viral Hepatitis Control Programme (NASCP)
 2. APIN Public Health Initiatives
 3. ICAP-Columbia University



BACKGROUND / INTRODUCTION

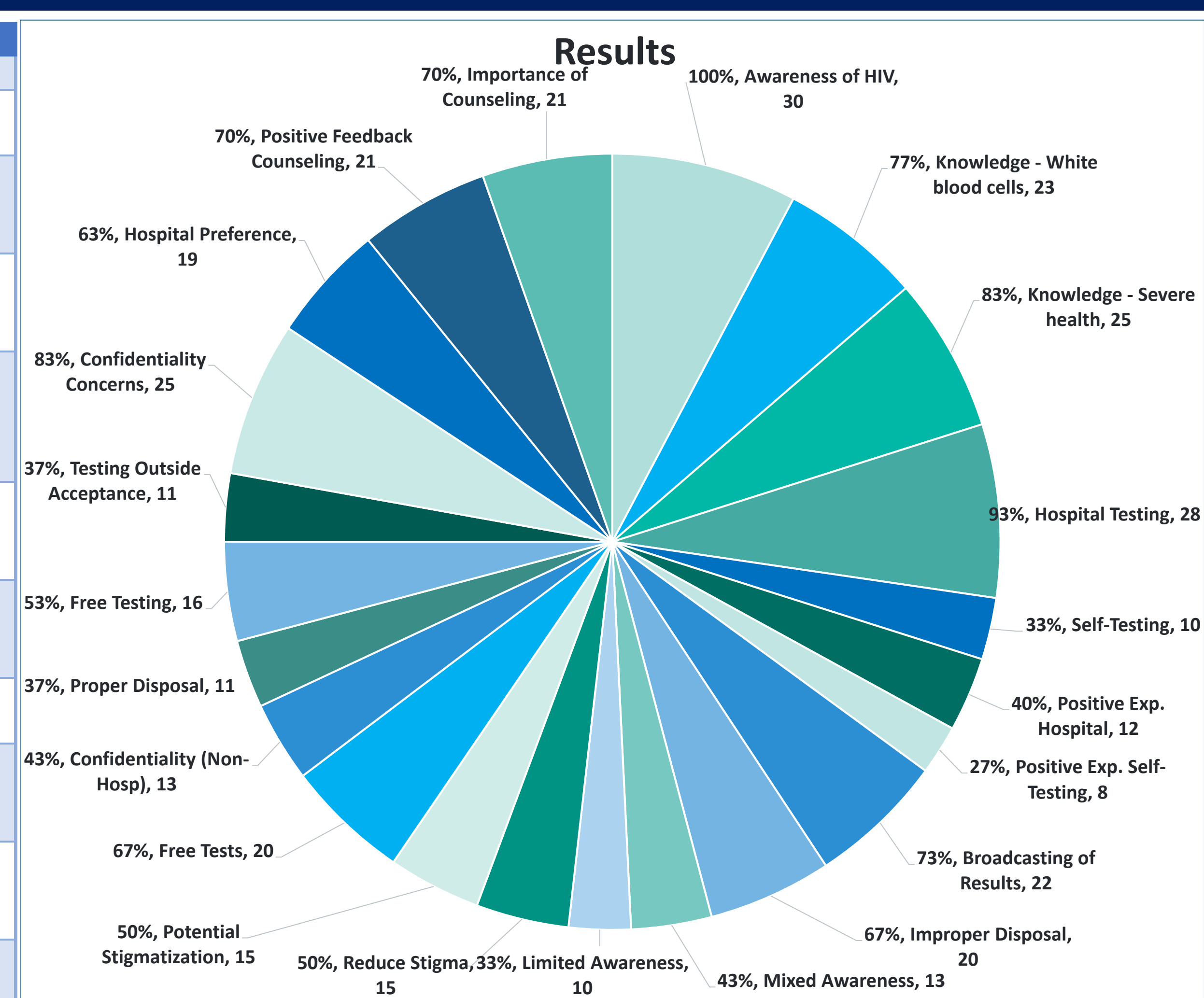
- The National AIDS, STIs and Viral Hepatitis Control Programme (NASCP) in Nigeria, supported by APIN Public Health Initiatives, assessed the implementation of Differentiated Service Delivery (DSD) models for HIV Testing Services (HTS) in Anambra and Taraba States to understand the current landscape 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.
- The 2021 National DSD Operational Manual provides guidelines for high-quality, 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.

METHODOLOGY



RESULTS

Themes	Anambra State	Taraba State
Awareness of HIV	- All participants were aware of HIV.	- All participants were aware of HIV.
Knowledge about HIV	- HIV is understood as a virus that attacks white blood cells.	- HIV is recognized as a severe health concern.
Preference for Testing Location	- The majority preferred hospital testing due to trust in facilities and professionals.	- Preference leaned towards self-testing due to privacy and autonomy.
Experience with Testing	- Positive experiences were reported, highlighting the speed and efficiency of the testing process.	- Positive experiences were reported, emphasizing the privacy and autonomy of self-testing.
Barriers to Testing	- Broadcasting of results and improper disposal of testing materials were significant concerns.	- Broadcasting of results and improper disposal of testing materials were reiterated as concerns.
HIV Self-Testing	- Mixed awareness about HIV self-testing.	- Limited awareness about HIV self-testing, but seen as a method to reduce stigma.
Concerns about Testing	- Broadcasting of results leading to potential stigmatization.	- Broadcasting of results and potential stigmatization were concerns.
Cost Implications	- Suggest that tests be free, primarily if the government provides the kits.	- Advocacy for free testing to increase accessibility.
Suggestions for Improvement	- Ensuring confidentiality, especially in non-hospital settings.	- Ensuring confidentiality, proper disposal of testing materials, and advocating for free testing.
Community Views on Testing	- Varied views on testing outside health facilities; some see no issue, while others prefer hospitals.	- General acceptance of testing outside health facilities, but with concerns about confidentiality.
Post-Test Counseling	- Positive feedback on post-test counseling received.	- Emphasis on the importance of post-test counseling.



- 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.

