

# Strengthening Pediatric HIV Care & HIV Service Integration in Nigeria

Presenting Pediatric AHD Baseline Checklist



# Presentation Outline

## Context & Rationale

1

Why this tool was developed — the paediatric AHD burden in Nigeria

## Paediatric AHD Baseline Checklist

2

Tool purpose, domains, data capture structure, and implementation approach

## Field Experience & Lessons

3

Piloting insights, challenges encountered, and adaptations made

## Way Forward

4

Scale-up plans, national embedding, and recommendations for adaptation

## Results & Impact

5

Findings from deployment and how the tools drive quality improvement

# Paediatric AHD Baseline Checklist

# Context & Rationale

Children <15 yrs living with HIV  
in Nigeria (2024)

~50,344

ART coverage for children — below  
the 95% UNAIDS target

75%

HIV-infected children present with  
AHD at first clinic visit

...%

Higher mortality risk in children  
with AHD vs. non-AHD

...x

## The Challenge

Nigeria's HIV program has made significant strides, yet two critical gaps persist:

**1. Pediatric AHD is underserved:** Facilities lack standardized tools to assess readiness for diagnosing and managing AHD in children, leading to missed diagnoses and delayed treatment.

*These tools directly address these gaps — enabling data-driven facility improvement at the point of care.*

# Tool 1: Paediatric AHD Baseline Checklist

**PURPOSE:** Assess facility-level capacity and service readiness to identify, diagnose, and manage Advanced HIV Disease (AHD) in paediatric populations across all age-bands from <5 years through 19 years.

## A. Facility Profile

Ownership, level of care, staffing cadre, PLHIV in care by age-band

## B. Services Offered

AHD diagnostics (CD4, CrAg, TB LF-LAM), therapeutics, OI prophylaxis, DSD models

## C. Epidemiologic Data

HIV testing, AHD diagnosis, OI treatment, prophylaxis & vaccination — stratified by age

## D. Commodity Management

Treatment & lab commodities: stock on hand, average monthly consumption, critical gaps


## E. Data Reporting

EMR functionality, NDR upload status, data quality assurance systems

## F. Community & Training

CHW linkages, community groups, AHD-specific staff training, clinical case review meetings

# Paediatric AHD Baseline Checklist

 <b>NATIONAL AIDS, VIRAL HEPATITIS AND STIs CONTROL PROGRAMME</b> <b>FEDERAL MINISTRY OF HEALTH</b>			
Facility Assessment tool for Pediatric Advanced HIV Disease Care			
Domain assessed	Response		Remarks/comments
Assessment date:	__/__/____ (mm/dd/yyyy)		
Assessors' names:			
<b>Facility Contact Persons</b>			
<i>Name</i>	<i>Designation</i>	<i>Phone number</i>	<i>Email address</i>
<b>A. Facility profile</b>			
<b>1. Description of facility</b>			
1.1 Facility Name			
1.2 Facility Address			
1.3 LGA			
1.4 State			
1.5 Facility Ownership	<input type="checkbox"/> Government <input type="checkbox"/> Private <input type="checkbox"/> Faith-Based		
1.6 Level of Care	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary		
1.7 Supporting partner			
1.8 Number and cadre of staff	Doctors - Nurses - Pharmacist - Pharmacy technicians - Adherence counselors - Laboratory scientist - Laboratory technician -		

# Piloting & Implementation for Paediatric AHD Baseline Checklist

1

## Phase 1: Tool Development

Q3 ....2024

Stakeholder consultations, WHO/WHO AHD package alignment with the National Guidelines

2

## Phase 2: Pilot Testing

Q2.....2025

Pilot at 42 facilities across 6 states; assessors trained; HCWs trained across the 6 states (Gombe, Kano, Benue, Anambra, Rivers, and Lagos)

Q4 2023

3

## Phase 3: Refinement

Q2 2025

Respondent feedback incorporated; commodity lists updated; age-band disaggregation expanded to 5 bands

4

## Phase 4: Scale-up

Q2 2026

Not yet scaled because the pilot is still ongoing, however the indicators for paediatric AHD already captured into the National tools recently revised.

# Paediatric AHD: Diagnostic & Therapeutic Services Assessed

## DIAGNOSTICS

WHO Clinical Staging

CD4 Testing (VISITECT, BD FACS Presto, CyFlow)

CrAg Testing (Cryptococcal Antigen)

TB LF-LAM (Urine Lateral Flow)

Xpert® MTB/RIF / Truenat

Chest X-ray

EID (Early Infant Diagnosis, POC or PCR)

Full Blood Count, E/U/Cr, LFT, Blood Culture

## THERAPEUTICS & OI Tx

ART Initiation & Optimization

TB Treatment (First-line & drug-resistant)

Cryptococcal Meningitis (L-AmB + Flucytosine)

Lumbar Puncture Capability

PCP (Pneumocystis) Treatment

Severe Bacterial Infection Management

Severe Acute Malnutrition (RUTF/therapeutic foods)

Malaria Case Management

## PROPHYLAXIS & PREVENTION

Cotrimoxazole Preventive Therapy (CPT)

TB Preventive Therapy (TPT – INH 100mg/300mg)

Fluconazole Secondary Prophylaxis

PCP Prophylaxis

Malaria Prophylaxis

BCG, PCV, HPV, MMR Vaccination

Adherence Support & DSD Integration

Intensified Support for OI Patients

# Way Forward: Scale-Up & Recommendations

## 1 National Embedding

- › Both tools already endorsed as national NASCP assessment instruments
- › Include in national M&E frameworks and SIMS/QI verification protocols
- › Annual facility re-assessment cycle from 2027

4

## 3 Capacity Building

- › Train-the-trainer model for state programme officers
- › Facility-based self-assessment using simplified guides
- › Q3 Action Planning Workshop post-assessment

## 2 Digital Transition

- › Migrate to ODK/KoBoCollect for field data capture
- › Auto-push to national database via API integration
- › Real-time dashboards for state-level programme managers

## 4 Multi-Country Adaptation

- › Framework shared with CQUIN network for adaptation
- › Modular design allows country-specific domain additions
- › Consider integration with WHO AHD scale-up framework



# Thank You!

