



Kano, Nigeria. Photo Credit: Anthony Abu/GHSC-PSM

USAID Nigeria Strategic HIV/AIDS and TB Response Program (Nigeria SHARP) Task Order (TO) 03

Background

Reducing the burden of HIV and TB in Nigeria is a critical public health challenge. With the world's second largest HIV/AIDS burden, an estimated two million people are living with HIV in Nigeria (*UNAIDS Nigeria, 2021*). Additionally, Nigeria has one of the highest burdens of TB and TB/HIV co-infection globally (*World Health Organization 2019*). Although HIV prevalence rates in northeast Nigeria are some of the lowest in the country (0.5-0.6%), there are significant barriers to controlling the epidemic.

Health system actors engaged in the HIV response face many unique challenges in northeast Nigeria. Extreme poverty, high levels of stigma and discrimination, and gender inequities exacerbate the impacts of HIV and TB on local populations. Ongoing armed conflict and terrorism in the region also prevent patients from accessing health services and severely limit the movement of health workers and the delivery of medicines.

Project Objectives

The USAID-funded Nigeria Strategic HIV/AIDS and TB Response Program (SHARP) Task Order (TO) 03 works in six northeast states to improve the quality of high-impact HIV and TB prevention and treatment services and to strengthen local health systems to respond to the epidemic with the following objectives:

- Targeted and efficient HIV and TB case identification and linkage to care and treatment
- Enrollment of patients on antiretroviral therapy (ART) with adequate adherence and minimal loss to follow-up
- Successful suppression of HIV viral load
- Increase in the Nigerian government's capacity to expand, coordinate, and finance HIV/AIDS and TB services.



Geographic Coverage

Six northeast states: Adamawa, Bauchi, Borno, Jigawa, Kano, and Yobe

 **126** health facilities in six states and **84** Local Government Areas

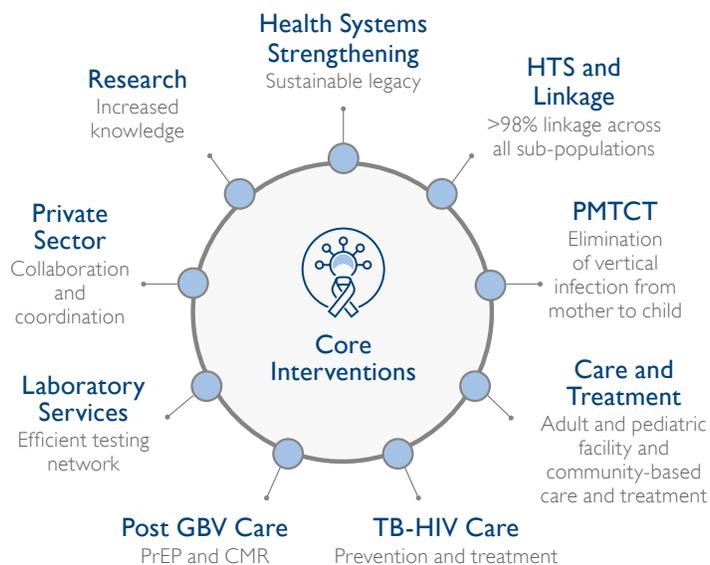
 **1,037,911** tested for HIV

 **17,747** tested positive for HIV

 **102,556** on HIV treatment

 **91,137 (93%)** virally suppressed

 **5,000** health care workers trained



Addressing HIV and TB Service Delivery Challenges in Northeast Nigeria

Overcoming insecurity with client-centered care: To ensure continuity of care for mobile and displaced clients, SHARP TO 03 implemented the use of biometrics as unique patient identifiers. This allows clients to receive personalized HIV care and treatment no matter where they receive services. By tying biometrics, such as fingerprints, to patient records, providers can supply accurate refills, do lab testing, and follow up on concerns regardless of whether the client previously visited that facility.

Adapting to COVID-19 to ensure ART retention: In March 2020, COVID-19 was first detected in Nigeria. Fears of contracting the virus caused movement restrictions and reluctance of clients to visit health facilities. To ensure that newly diagnosed HIV clients could continually access life-saving ART, SHARP TO 01 and 03 worked with Nigerian policymakers to approve dispensing three or six months-worth of ART medications at once, coupled with intensive case management to ensure adherence. This marked the first time multi-month dispensing (MMD) was used with new clients. After six months, this successful pilot achieved viral suppression for 94% of adults and 88% of children (<15 years old) in TO 03 states.

Strengthening health systems and private sector engagement: SHARP TO 03 partnered with the Pharmaceutical Society of Nigeria to accredit 55 community pharmacies for decentralized drug distribution (DDD). This client centered approach provides convenient places for clients to pick up their ART medications, decreases the distance patients must travel, and increases retention in care. It also strengthens the public sector's capacity and supports the business of local pharmacies.

Key Project Strategies

SHARP TO 03 supports the implementation and scale-up of comprehensive HIV and TB prevention, identification, care, and treatment programs, improving the ability of state and local health systems to coordinate, monitor, and finance HIV and TB services. Key strategies include:

- **Expanding access to HIV testing** through targeted community and facility testing modalities.
- **Addressing gaps along the HIV and TB prevention and treatment cascade**, and emphasizing data use to target places, populations, and service delivery areas requiring the most support.
- **Scaling-up interventions to reach at-risk and hard-to-reach populations** through strategies such as community ART groups, mentoring and job aids for case managers and population targeted services such as "male corners" and "youth days."
- **Providing training and mentorship for laboratory quality assurance** and performance standards to reduce turnaround times for viral load and early infant detection tests.
- **Improving data sharing and use** by improving the transfer of HIV, TB and laboratory data across health information systems and strengthening local government staff ability in data collection and analysis for managing the HIV response.
- **Providing technical assistance for health financing reform** including reducing user fees for HIV and TB services.
- **Optimizing case manager-to-client ratios** to improve case finding, viral load coverage, and continuity in treatment.
- **Conducting high impact quality improvement initiatives**, such as a series of PDSA cycles that improved viral load sample rates from 88% to 96%.