Nigeria Global Alliance Action Plan

Implementation Update

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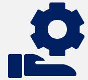
Background

The Global Alliance to end AIDS in Children by 2030 was launched in August 2022 with the vision to address disparities of the HIV/AIDS response and close the significant gaps in service provision for children living with HIV.

Nigeria, due to the low coverage of testing and treatment among pregnant and breastfeeding women living with HIV as well as children living with HIV joined the global alliance as part of the phase 1 countries and committed to meeting the targets of the alliance.

The Journey so far…



In line with the objectives of the Alliance, the country paediatric action plan for Nigeria was developed using the bottom top approach. The 36+1 states developed specific plans for children/adolescents based on identified gaps in state data.

In November 2022, the National plan was developed through a consultative process involving the states, CSO, FBOs, PEPFAR, UN, GF, and IPs.

The national plan was developed in accordance with the 4 pillars of the alliance.

- Pillar 1. Early testing and optimized comprehensive, high quality treatment and care for infants, children, and adolescents living with HIV and children exposed to HIV
- Pillar 2 : Closing the treatment gap for pregnant and breastfeeding women living with HIV and optimizing continuity of treatment towards eliminating vertical transmission
- Pillar 3: Preventing and detecting new HIV infections among pregnant & breastfeeding adolescents and women
- Pillar 4. Addressing social/structural barriers that hinder access to services

Strategic Vision & Enabling Pillars

VISION

An end to AIDS in children, achieved through a strong, strategic, and action-oriented alliance of multisectoral stakeholders at national, regional, and global levels that works with women children and adolescents living with HIV, national governments, and partners to mobilize leadership, funding, and action to end AIDS in children by 2030.

PILLAR 1

Accessible testing, optimized treatment, and comprehensive care for infants, children, and adolescents living with and exposed to HIV

PILLAR 2

Closing the treatment gap for pregnant and breastfeeding adolescent girls and women living with HIV and optimizing the continuity of treatment

PILLAR 3

Preventing and detecting new HIV infections among pregnant and breastfeeding adolescent girls and women

PILLAR 4

Addressing rights, gender equality and the social and structural barriers that hinder access to services

Current Status.

Pillar 1		Pillar 2		Pillar 3		Pillar 4	
Indicator	**%**	**Indicator**	**%**	**Indicator**	**%**	**Indicator**	**[Yes/No]**
EID Coverage among children aged 6-8 weeks	15**	ART coverage among PBAW	34*	HIV retesting coverage among PBAW	1.8*	Availability of sex and age disaggregated data on coverage of HIV treatment and prevention services	Y
18-month final status for infants exposed to HIV	79*	Retention in care among PBAW	NA	Access to PrEP among PBAW	NA	Community monitoring and participation of PLHIV in the response	Y
Paediatric ART coverage among children aged 0-14 years	25*	VL Suppression coverage among PBAW	Y?	Adoption and implementation of WHO recommended HIV retesting of negative PBAW **[Yes/No]**	Y	Standardized HIV monitoring tools, indicators and definitions available as part of the community health information system	N
VL suppression coverage in children aged 0-14 years (children on ART)	85*	Adoption and implementation of VL suppression and undetectable for PBAW **[Yes/No]**	Y			Adoption and implementation of policy elements to promote gender equity	Y
% of children (0-9 years) on DTG for 1st line	50***					Social protection policies	Y
% of children (0-9 years) on DTG for 2nd line	NA					Community monitoring tool	Y
						Adoption and use of standardized community monitoring tools and indicators	Y

* 2021 HIV Health Sector Annual Report

** UNAIDS 2022 Estimates

*** 2021 Programme data (NHLMIS)

Key issues/gaps affecting progress on key indicators

Pillar 1	Pillar 2	Pillar 3	Pillar 4
• Sub-optimal testing of children of known adults living with HIV. • Low testing of children in related points of service provision e.g Immunization • Low testing coverage for HIV-exposed infants at 6-8 weeks (EID) • Sub-optimal retention in care for children/adolescents living with HIV	• Low PMTCT service delivery coverage • Sub-optimal linkage of pregnant women living with HIV to treatment • Limited data on retention in care of pregnant & breastfeeding women living with HIV	• Limited retesting of pregnant and breastfeeding women for HIV following initial negative test during pregnancy • Limited operationalization of PrEP for pregnant and breastfeeding women at increased risk of HIV	• Low antenatal coverage due to sociocultural barriers in selected states • Limited inclusion of HIV services in health insurance schemes • Sub-optimal data availability at the community level to support decision making

PILLAR 1

Activities and Achievements

Targets versus Performance (Pillar 1)

Pillar 1					
Indicator	**Baseline (2021)**	**2022**	**2023**	**Targets 2023**	**2024**
EID Coverage for children aged 6-8 weeks	15%	12%	18%	40%	70%
18-month final status for infants exposed to HIV	79%	51%	76%	95%	95%
Paediatric ART coverage for children aged 0-14 years	25%	26%	29%	50%	75%
VL suppression coverage in children aged 0-14 years (children on ART)	85%	90%	88%	95%	95%
% of children aged 0-14 years on DTG for 1st line	50%	89%	100%	95%	95%
% of children aged 0-14 years on DTG for 2nd line	Not applicable	Not applicable	Not applicable	Not applicable	

95-95-95 CASCADE - CLHIV

35%

Know their status

...of which

84%

are on ART

...of which

88%

are virally suppressed

Overview and Objectives of Pillar 1

Pillar 1 focuses on improving access to HIV testing and treatment for children, enhancing the quality of care, and ensuring comprehensive support through various interventions.

The goal is to ensure timely diagnosis, effective treatment, and sustained care for children living with HIV.

Key Objectives

1. Increase paediatric and adolescent case finding through optimal testing strategies and early infant diagnosis (EID).
2. Optimize antiretroviral therapy (ART) access and adherence for children
3. Achieve high viral load (VL) suppression rates and improved quality of care

Pillar 1: Activities and Results

#	Activities	IN PROGRESS	DONE	RESULT COMMENT
1	**Line listing and testing** of children (0-14 years) of all PLHIV across all ART facilities in Nigeria.	✓		• Planning phase completed
2	**Strengthen documentation and reporting** of testing and treatment services for children	✓		• Q3 ‘24
3	**Quantify RTKs** needs based on universal testing			• Completed for children; awaiting line lists.
4	**Conduct Needs Assessment** to identify facilities for point-of-care (POC) devices		✓	• Identified 76 facilities; 85 facilities now equipped with mPIMA machines.
5	**Procure and Distribute POC Machines**		✓	• GeneXpert machines increased from 103 to 141; PMTCT SDPs linked to 141 sites
6	**Develop and Implement** standardized adherence and retention programmes		✓	
7	**Expand Patient** literacy program and strengthen Community led monitoring			• Q3 ‘24

Roadmap to Achieving Activity 1

Jun. 24	Jul. 24	Aug. 24	Oct. 24
• **ETG meeting:** Decision taken to accelerate line listing and testing of all children of PLHIV. • **NASCP engagement with PHIS3/Data.FI:** Official request for preliminary aggregate Family Index Testing data to meet 60-day timeline. • **PHIS3/Data.Fi response:** Line list not available electronically. However, available within physical Family Index Testing registers.	• **Alignment on facility level FIT data abstraction:** Decision taken to abstract patient-level facility level data. • Development of implementation strategy	**Preparatory phase:** • Development of the FIT data abstraction questionnaire. • Alignment on the use of NDARS for patient-level data abstraction. • Alignment on strategies to reduce HCW burden, improve data accuracy, and reduce need for extensive data validation	**Implementation phase:** • **Stakeholder consultations.** • Implementation – data abstraction and targeted testing of unreached children. • Analysis and report writing.

Pathway to Achieving Activity 1: Optimizing Family Index Testing

- **Family index testing (FIT)** remains the **highest-yield approach** to identify children of PLHIV, recommended in all relevant national HIV guidelines and strategic documents
- Though donors have invested heavily in FIT, the unavailability of data limits coverage tracking and informed decision-making. NASCP will leverage NDARS to collect patient level FIT data

Key Objectives

- Line list all children of Index HIV cases across all ART facilities in Nigeria
- Determine the national family index testing coverage for children 0-14 years
- Implement targeted testing strategies to identify CLHIV 0-14 years

The target population are the children of all index clients currently on ART as of the end of August 2024. NASCP will accelerate data collection by prepopulating the NDARS tool with preliminary data of all HIV-positive women of reproductive age (15 - 49 years) currently in care from the National Data Repository.

Tools for FIT Deployment - 1

- Developed FIT Module on NDARS for line listing of Index and all their Children

National Data Reporting System (NDARS) - Capture

Program: Family Index Testing in Nigeria (2024) | Organisation unit: Choose an organisation unit | Create new person | Search | Clear selections

Active enrollments | Completed enrollments | Cancelled enrollments

Enrollment status | Enrollment date | Assigned to | Index ART ID | More filters

Index ART ID	Date of ART enrolment	Date of Birth	Index Age	Sex	Education level	Occupation	Marital status	Current ART Status	Current VL Status
FCT03504730	2024-07-05	1986-09-19	38	Female	Post Secondary	Employed	Married	Active	Unsuppressed
FCT11902939	2024-01-11		28	Female			Married	Active	
FCT63300275	2017-10-30	1993-06-05	31	Female				Active	Suppressed
FCT14203110	2014-10-20	1989-03-08	35	Female				Active	Suppressed
FCT50803268	2022-01-25	1980-02-14	44	Female	Senior Secondary	Unemployed	Married	Active	Suppressed
FCT45200891	2016-10-12	1976-01-30	48	Female				Active	Suppressed
FCT45201129	2007-05-13	1967-05-23	57	Female				Active	Suppressed
FCT45200943	2011-12-19	1986-01-01	38	Female				Active	Suppressed
FCT32207368	2022-01-26	1983-09-01	40	Female				Active	Suppressed
FCT44802133	2022-02-17	1987-07-07	37	Female				Active	Suppressed
FCT31900989	2021-08-24	1983-01-04	41	Female				Active	Suppressed
FCT45200725	2015-07-07	1979-11-11	44	Female				Active	Suppressed
FCT45201322	2007-11-07	1981-11-03	42	Female				Active	Suppressed
FCT45201326	2015-05-13	1985-12-26	38	Female				Active	Suppressed
FCT45201268	2007-06-18	1984-05-10	40	Female				Active	Suppressed

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Tools for FIT Deployment - 2

- Developed Dashboard on NDARS visualization
  - Dashboard enhancement ongoing

National Data Reporting System (NDARS) - Dashboard

Online

Search for a dashboard | 1. ART | 2. PMTCT 2024 | 3. HTS | 4. Viral Hepatitis | 5. NSHIP KPIs | 6. National Clinical Mentorship Dashboard | 7. PREP | EMR Assessment | Family Index Testing (FIT) | PMTCT 2023

Family Index Testing (FIT)

Edit | Share | Add filter | More

Number of Eligible Index

2024: 689; 7

Active, Transferred, Stopped ART, LTFU, Dead, N/A

Number of Eligible Index with Children

2024: 126; 578

No, Yes

Number of Eligible Index with Children less than 15 years

2024: 109; 310; 104; 47; 8

0, 1, 2, 3, 4

Number of Children (0-14 years) enlisted

FCT: 489

2024

Enlisted CHildren tested for HIV

No: 2; Yes: 450; N/A: 0

2024

Number of Children (0-14 years) enlisted tested HIV positive

2024: 82; 0

Yes, N/A

PILLAR 4

Activities and Achievements

Pillar 4 Priority Interventions in Nigeria

- Utilize community programme to address sociocultural barriers to antenatal care and PMTCT services

- To reduce programme costs and out-of-pocket expenditure to enhance access to, and sustainability of PMTCT and paediatric HIV service

Intervention 1: Utilize community Programmes to address sociocultural barriers to antenatal care and PMTCT services

Milestones achieved	Success recorded
Training Ward Development Committees (WDCs) on mobilization for PMTCT in 20 states with lowest PMTCT coverage	3,510 members from the WDCs were trained as community mobilizers who visited gatekeepers in 201 LGAs across the 20 red states. 402 out of the 3,510 were PLHIV
Developed and deployed a community-led monitoring tool and app	Meetings with NEPHWAN, ASWHAN, & APYIN to discuss on Pillar 4 with the inclusion of Global Alliance champions
Improve male engagement to address gender inequalities for service accessibilities along the cascade of care	Consultations and advocacy at national and state levels commenced

Intervention 2: To reduce programme costs and out-of-pocket expenditure to enhance access to, and sustainability of PMTCT and paediatric HIV service

Milestones achieved	Success recorded
Advocacy for inclusion of HIV-related services in social health insurance packages (National Health Insurance Authority – NHIA and State Health Insurance Agencies – SHIAs	• Engagement with NHIA and SHIAs ongoing • Mapped comprehensive HIV/AIDS services benefit package for health insurance inclusion • Reference & advocacy document articulating the goals & strategies developed • Conducted a survey among 630 PLHIV in 6 States to determine the willingness of PLHIV to procure health insurance"
Kickstart the process towards Integrating HIV services into the established programs in the country for sustainability as a part of strengthening the health system	Consultations and advocacy at national and state levels commenced

Coordination Platform for the Global Alliance implementation in Nigeria

- National level- HMSFH, DG NACA, NC NASCP, UNAIDS,PEPFAR, WHO.
- This TWG has its TOR, meets every 2 weeks
- TWG further sub-divided into two groups:

  Service delivery team- Pillars 1 &2

  Multisectoral team- Pillars 3 & 4

Challenges

- Suboptimal capacity of subnational entities on programme management
- National care givers literacy programme not yet started
- Low male engagement in addressing gender inequalities
- Sub optimal advocacy conducted during the reporting period.

Lessons learnt

- Community programmes can help address sociocultural barriers to ANC & PMTCT, hence the need for more engagement
- The use of existing structures in the public setting at state and local government levels made it possible to expand PMTCT services at scale nationally in a shorter period and at a lower cost compared to the usual model involving the use of implementing partners.
- This new model holds promise for integration, long-term programme sustainability and system-wide effects, including reducing maternal and neonatal mortality.
- Integration of HIV services with maternal and child health programmes to enhance access and continuity of care.

Thank You!