

Research Article

Overview of HTS: The Road Map to Achieving and Sustaining the USAID Target for 2030

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Abstract

The burden of HIV around the world especially in developing countries in West Africa is heavy, with a prevalence of 1.4% in Nigeria. The degree of new HIV infection among people in Nigeria should be exponential since the NAIIS survey that was conducted in 2018. This is one of the reason USAID intensified the 95:95:95 target to ensure that 95% of the population knows their status by screening for HIV, 95% of People Living with HIV (PLHIV) are linked to treatment and remain on treatment while maintaining 95% viral suppression. To achieve this target, HTS, which covers the first 95% target needs to be understood because, every other 95 goal is dependent on it. Apart from initiation of treatment for HIV positive clients after testing, HTS also have other outcome for clients whose HIV result is negative which can be categorized as preventive services, which is usually offered at the point of care. Healthcare workers and other relevant stakeholders in the HIV eco space needs a full grasp of this important first 95 to ensure proper viral load suppression and reduction of new infections. Hence, this synoptic review focuses on an overview of HTS as the road map to achieve and sustain the USAID goal for 2030 which include stakeholder collaboration, community engagement and outreaches, training of community testers, Index Case Testing, health promotion, embrace research breakthroughs, among others which are elicited in this paper.

Keywords

HTS, HIV, GoN, NASCP, SASCP, HFs, HCWs

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1. Introduction

HTS is the acronym for HIV Testing Service, and it involves the diagnosing of persons for HIV and linking them to prevention services or treatment [1]. HTS doesn't stop at just testing, but involves linkage to the next service which include preventive HIV service like PrEP or PEP uptake for HIV negative persons who choose to enroll for it, while HIV persons are linked to treatment and other support services like psychosocial, nutritional, GBV and OVC [2].

HTS holds on to some ethics such as client centered approach, free, accessible and available to people, comprehensive and integrative at health facilities. From the WHO standards, HTS client centred services focuses on 5 C' which are; Consent, Confidentiality, Counseling, correct result, connection to prevention, care, treatment and supportive services [3].

At counselling, which entails both pre test counselling (before HIV test) and post test counselling (after the HIV test) [4], the GoN staff at the health centres and other HCW should access the client knowledge on HIV, debunk any misconception of HIV, explain the meaning of HIV positive and negative, and what the client needs to do after the test no matter the outcome of the HIV result. HIV test must be done after client has given consent which is either verbal or written.

With the approach of the 5Cs' at the health facilities and the communities, there need to be more stakeholder collaboration, health promotion, uptake of PrEP and PEP among others are the ways to improving HTS in States. Improving HIV testing and linkage is the best approach that maximizes individual and public health benefits by offering referrals to appropriate, need-based, person centred such as Voluntary male circumcision, PrEP, and treatment services in an affirming manner for all who seek HIV services, hence, it is the best shot to achieving and sustaining the first 95% of the USAID target for 2030.

2. Stakeholder Collaboration

Stakeholder collaboration between MDAs and partners in the HIV space is the greatest strength to accomplishing the first 95% goal. In some state, partners and stakeholder works in silo and this can duplicate programs and create different data for the States. Stakeholders been at the driver seat for the implementation of this program will improve the acceptability of methodologies and approaches and new strategies to reaching out to more clients and unwillingly clients because of the sense of ownership.

In Edo State, the Ministry of Health have strong stakeholder collaboration with the Edo State Primary Health care Development Agency, Ministry of women Affairs, and Heartland Alliance Ace 6 project, which is our lead IP for HIV response. We also have engagement collaboration with Data. Fi by Palladium. We meet on a weekly basis to attend the HIV situation Room (HSR) at the Integrated Public Health Emer-

gency Operation Centre where Data. Fi support. This is where we meet with other partners like Heartland Alliance KP Care 1, ARFH, GHSC. In 2024, the situation room planed the world HIV testing day with SACA and involvement of our lead IP, Data. Fi HALG KP CARE 1, ARFH, RedAID, Edo Broadcasting Service among others. The outcome from this meeting was shown at the WHNTD where HIV testing was intensified in the communities across the 18 LGA by our trained community testers, while free TB screening was done paripasu.

At the National level, NASCP has done a lot of stakeholder collaboration in terms of HTS for HIV test kit to engage and train relevant stakeholders across the States and FCT on improved test kit on triple elimination (test for HIV, Syphilis and Hepatitis) for pregnant women in Nigeria.

Prior to this, NASCP had a collaborative stakeholder meeting with States to release the dual test kit which screens for HIV and Syphilis among pregnant women with to goal to prevent and eliminate mother to child transmission of HIV. The States were given timeline to draw distribution matrix for the commodity with timeline so the test kit will easily go to the health facilities. This was done to avoid wastage of the kits. This was done through the logistic management system in the Country to ensure that the kits gets to the final destination.

These successes above would not be possible if there is no active collaboration and involvement with Stakeholders. Hence, for HTS to improve, there must be continuous collaboration between the National and State with improved effort between the States and the IPs to avoid duplication of efforts among partners in a State.

2.1. Improve Counselling at Point of Care (POS)

Counselling can be defined as the dialogue between client or Program Participant (PP) about HIV test [3]. Counselling of client is the foundation of HTS because a skillful counselor will enable PP to initiate ART and remain on treatment. The counselors MUST understand that this is client centre, free, non judgmental, linguistically and culturally appropriate, accessible and available, confidential, voluntary and non coercive, and comprehensive and integrative [3]. The States would have to visit various Hfs to engage the management and HCWs to improve counselling at different POC in their facilities.

With our mPima machines in various State that can be deployed to alternate POC, we can easily counsel and test. Counselling for HIV testing should be intensified at various POC including ANC, Immunization, GOPD, and subtly introduced at the COPD, Pediatrics clinic, etc.

Community counselor tester (CT) should be train on the counselling skill inorder to test in the community and refer any reactive client to a master tester for confirmation.

In Edo State, because of the cases we get from communities, we have trained more than 60 CT across the three Senatorial

districts. We have also trained mentor mothers and TBAs on HTS, management of HIV PP and referral with the assistants of the LGA rovers, Mentor mothers from NEPHWAN and TB counselor testers (Figures 1 and 2).



Figure 1. Edo State Ministry of Health Training of Community Counselor Testers with support from Heartland Alliance ACE 6.



Figure 2. Edo State Ministry of Health Training of Community Counselor Testers with support from Heartland Alliance ACE 6.

The GC7 grant has enabled NEPHWAN to have mentor mother for linkage purpose and support groups to assist new Pregnant women take ownership of their health to remain on treatment while the REDAID does the same linkage for other general population

Counselling as a bed rock for HIV should be tied to what the client would benefit so they can make the decision which will facilitate owing their health [5].

2.2. Improve Index Case Testing (ICT)

ICT is defined as contact tracing of positive client or PP. It is the best approach to trace exposed contact (sexual partners, spouse, children, anyone who shares needle or sharp object) and elicit anyone that is positive [6]. From statistics, more positives are gotten from a positive (index) clients and as such GoN and partners should do more in this area in order to

appropriate utilize the test kit resources.

Just as NASCP gave a guideline that the dual HIV/SYPHILIS test kit for pregnant women, that CANNOT be used for other general population, there should also be restriction to test kit for ICT in all State of the Country.

2.3. Improve Uptake of PrEP and PEP

PEP means Post Exposure Prophylaxis (given to exposed individuals who test HIV negative) while PrEP, which means Pre-Exposure Prophylaxis (given to persons who are yet to be exposed or engage in risky behaviour) [7, 8].

(PrEP) should be presented to clients at counselling to improve its uptake. PrEP is an antiretroviral drug that is used to prevent persons from contracting the HIV. PrEP is usually administered to key population like female sex workers, MSM, and People who inject drugs (PWID), persons with risky behaviours and serodiscordant couple which is a scenario where one of the spouse is positive or may be positive and the other sexual spouse is negative. The negative sexual spouse, partner or KP should be given this option at the Health facilities irrespective of the users age as long as the person is above 18 years or is matured minor who is married, or pregnant and is mentally capable of making his/her decision [7, 9].

Though we advise people not to pulp PrEP as contraceptive, they should be aware to make there decision in the fight against further spread of the virus.

In Edo State, from our interview with persons and HCWs, it was observed that some persons didn't know about PrEP. So we had to make use of opportunities we had to talk about it. First, we paid advocacy visit to some our comprehensive HF's with our IP (HALG ACE 6) on the uptake of PrEP, before our indepth session during the State Technical Review Meeting organized by Heartland Alliance ACE 6 Project. We engaged an online live stream platform and made an IEC Jng on PrEP and advice officers to place of their WhatsApp status. HALG Nigeria also made T-shirt that promote the uptake of PrEP.

This step made more than 90% of HCW in the HIV health ecosystem heard of PrEP and started preaching it in their own little ways. From our data, we had 1251 on PrEP from the OSS and 335 from Gen Pop. However, Central Hospital Benin had 47% from the 335 Gen. Pop. After our effort, the number jumped to 1192 for May and June, 2024 for Gen. Pop. From this 1192, Alafia Hospital had 69, Afure Referral Medical Hospital 195 and UBTH 295 in May – June 2024 after the effort above (Figure 1).

In 2023, NASCP officers were sent to States to investigate for facilities CQI to investigate why PrEP is low. It was also noticed that people are not aware hence the uptake will be low. Action points were drawn and the next step for NASCP to roll out IEC and create workable strategies with State stakeholders on PrEP uptake before the end of the 4th quarter 2024.

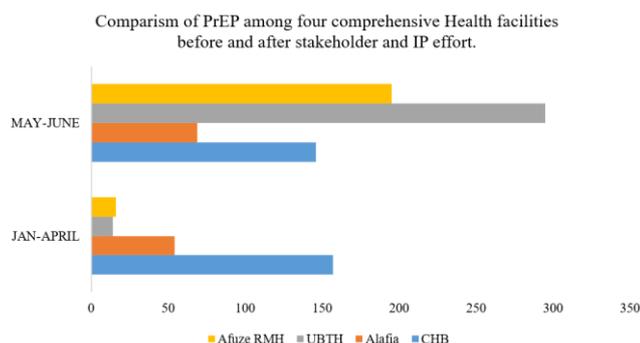


Figure 3. PrEP comparison in four comprehensive health facilities before and after stakeholders and IPs intervention.

While we await the finalization of CAB injectible PrEP which some person would prefer because of its long lasting effect and twice regimen in a year, we must work together as GoN (NASCP and SASCP as coordinating arm) to improve PrEP uptake to prevent new HIV infection among our people.

2.4. DSD/Home Service

Differential Service Delivery for HTS popularly called HTS-DSD is defined as person centred approach designed to enhance accessibility and effectiveness of HIV testing. HTS DSD aims to simplify and adapt HIV services to meet the diverse needs of individuals (including high profile persons) while alleviating the burden on health systems [10].

HTS DSD covers gaps and challenges in HIV testing while improving case finding and facilitating timely access to care, prevention and treatment.

In Edo State, we recently concluded the first training for HCW on DSD to desolve stable client from high burden facilities to selected health facilities and pharmacies having confidentiality in mind.

Home or office service delivery of HTS remains an untapped service in our States. However, this can be driven by State HTS FP who links CTs to persons who want the HTS service and can be made premium service for high profile persons who doesn't want to go to facility. Though this service is ongoing in few State like Lagos State, it can be intensified to drive viral load suppression for HIV positive PP who would prefer it to facility visitations.

3. Conclusion

To ensure that the first 95 target is achieved before 2030, the GoN including NASCP and SASCP must look carefully at the few points above and tailor it to our need in terms of policy domestication on the use of test kits for ICT, health promotion for HIV services including PrEP and PEP, improved counselling to ensure PP initiate early on ART and remain on treatment to avoid treatment interruption. GoN should also encourage index testing in Hfs across the State. After clients

are elicited, the GoN and adhoc should ensure referral for services like OVC, CaCx, nutritional support, TB, Maternal services etc. These continuous holistic effort will not only ensure we achieve this target of testing 95% of PLWHIV but sustaining the pace.

Abbreviations

NAIIS	Nigeria HIV/AIDS Indicator and Impact Survey
USAID	United State Agency for International Development
GoN	Government of Nigeria
NASCP	National HIV/AIDS, Viral Hepatitis ad STI Control Programme
HF's	Health Facilities
HCWs	Health Care Workers
PrEP	Pre Exposure Prophylaxis
PEP	Post Exposure Prophylaxis
GHSC	Global Health Supply Chain
IP	Implementing Partner
CaCX	Cervical Cancer
OVC	Orphan and Vulnerable

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Author Contributions

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Conflicts of Interest

The authors declare no conflicts of interest.

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