



NASCP NEWSLETTER

The National AIDs and STIs Control Programme
www.nascp.gov.ng

April 2021

NATIONAL DATA REPOSITORY (NDR)

Data used was downloaded from Nigeria National Data Repository on 01/04/2021

The National Data Repository (NDR) is a Federal Ministry of Health project supported by PEPFAR. The NDR is a repository of de-identified patient-level data collected from health facilities across the country. Patient data are collected at the facilities, entered directly into Electronic Medical Records (EMR) system, or transcribed from paper-based records into various EMRs, and then the data is sent to the NDR server. The NDR currently contains longitudinal patient clinical encounter data from enrollment into HIV care to the last date of a clinic visit. The system supports the real-time program and patient-level monitoring and tracks Nigeria's progress towards achieving the UNAIDS 95-95-95 target. The NDR can generate data required for public health response and interventions, monitoring recent HIV infections, sentinel events for HIV case-based surveillance, and data for care.



3,724,637

Number of individuals ever enrolled in care



336,518

Number of Patients who visited within the month



2,300

Registered Facilities on the NDR
Treatment facilities reported for Mar 2021: 1,842
*SURGE facilities reported for Mar 2021: 1,034

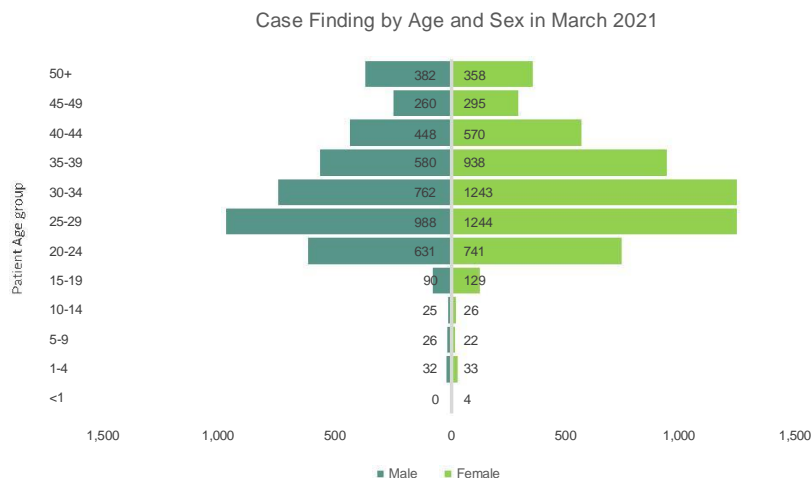
An analysis of the data above shows a downward trend compared to previous months (352,223) in the number of patients who visited the facilities during the month of March 2021. Additionally, it highlights the significant gap in the number of facilities that reported on the NDR (458 registered facilities on the NDR did not report on the NDR in March 2021). Nonetheless, this is an improvement from the non-reporting sites in February, 2021.

FIRST 90: NEWLY TESTED POSITIVE (CASE FINDING)



CASE FINDING BY AGE AND SEX

The chart below depicts newly identified HIV positives (Case Finding) disaggregated by age and sex as reported on the NDR by 19 states in March 2021. Reporting of HIV Testing Services (HTS) has just commenced on the NDR. Only 19 of the 36+1 states have uploaded a fraction of their HTS data in the month of March.



Clients newly Identified HIV Positive in March 2021 (**N= 9,827)

* SURGE facilities are subsets of treatment facilities

** Only 19 states reported HTS data on the NDR



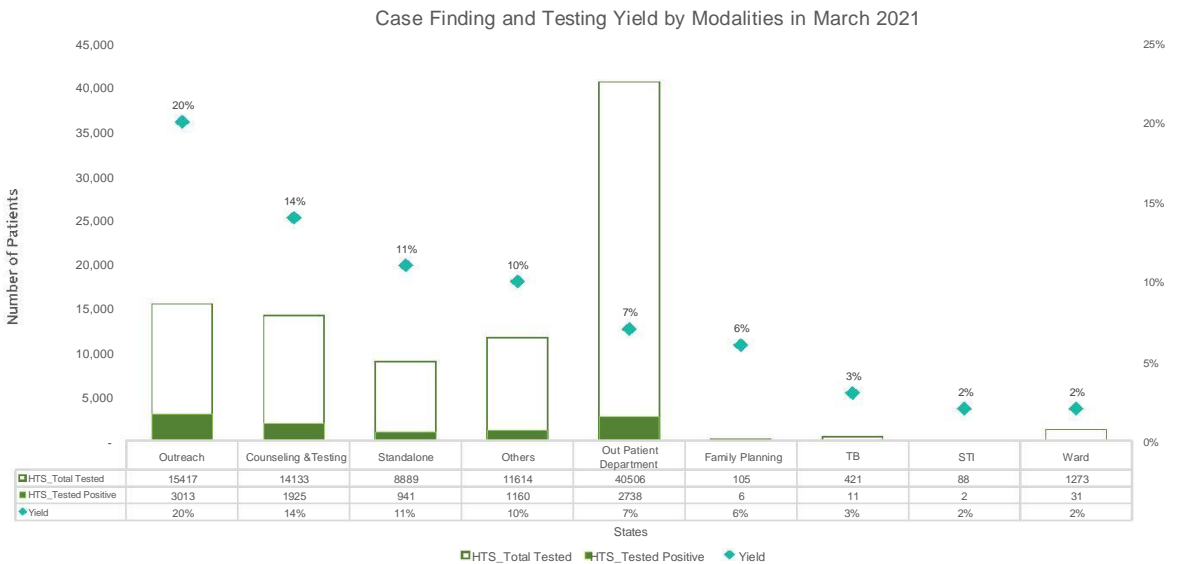
CASE FINDING BY STATES IN MARCH 2021

The chart below highlights the number of clients tested, those identified HIV positives and the yield (%) among states that reported HTS data to the NDR in March 2021.



CASE FINDING AND TESTING YIELD BY MODALITIES IN MARCH 2021

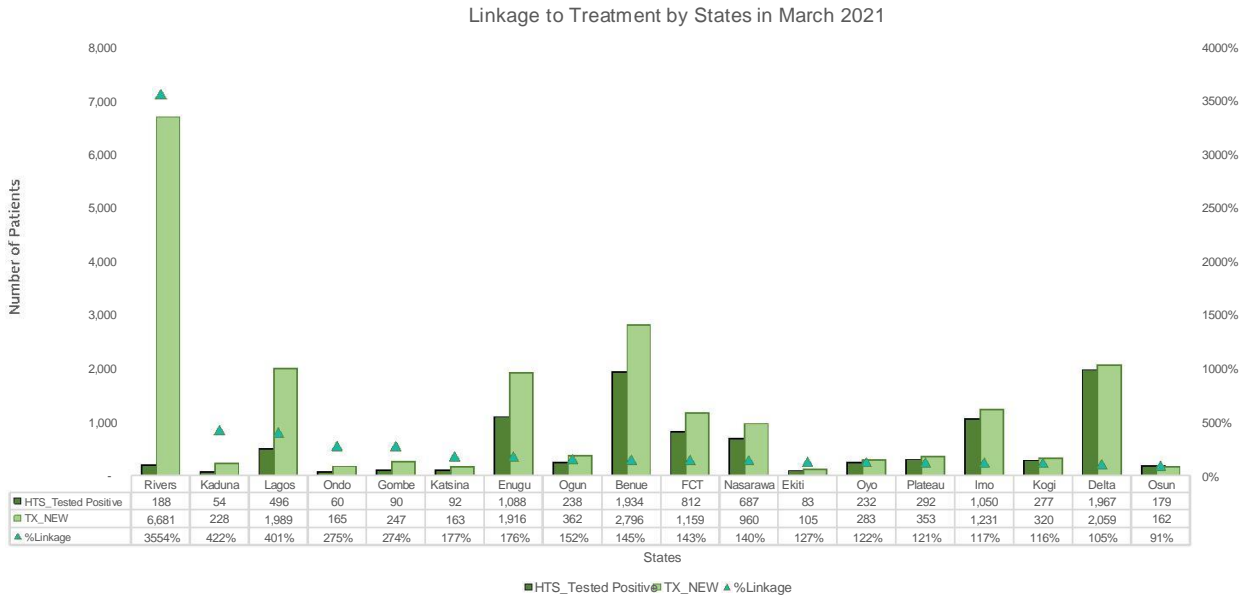
The charts below illustrates the number of clients tested, those who were identified HIV positive and the testing yield (%) by modalities. It shows the highest yield (20%) among tests conducted during outreach, while the lowest yield (2%) is found in test conducted in the wards/STIs clinics in March 2021





LINKAGE TO TREATMENT BY STATES IN MARCH 2021

The chart below depicts the newly tested HIV-positive clients linked (initiated) to treatment by ART by States in March 2021. Among all the states, the number of clients initiating treatment is higher than those identified positives because case-finding reporting on NDR remains sub-optimal.

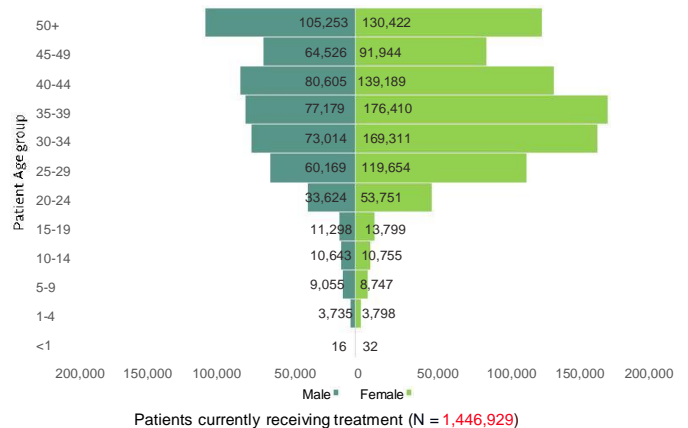
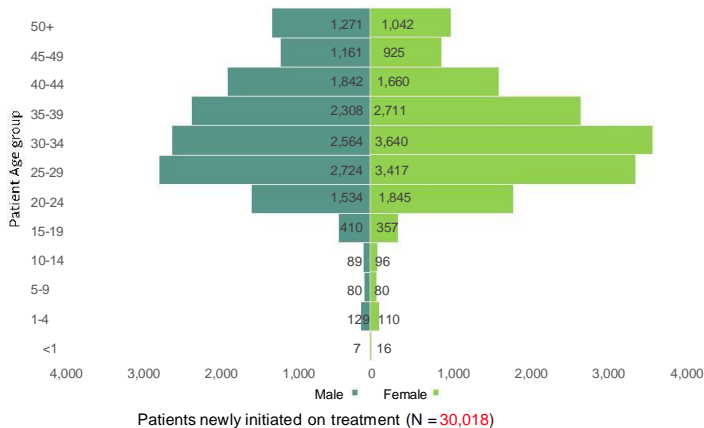


SECOND 90: PATIENTS IN HIV CARE AND TREATMENT



The chart below highlights the number of patients newly initiated on treatment. It shows the uptake of ART services. The disaggregation of newly initiated on ART clients by age/sex is vital to understand the percentage of ART initiations coming from priority populations.

The chart below shows uptake of ART services and continuity of treatment in ART programs and assesses progress towards coverage of ART for all eligible HIV-positive individuals. Disaggregation by age and sex can help better understand which populations have achieved epidemic control and which populations are lagging behind.





TREATMENT TREND BY STATE

The table below highlights the treatment trend analysis across the various states for the respective period under review.

States	Trend of Treatment Current				
	Jul-Sept 20 (Currently on Treatment)	Oct-Dec 20 (Currently on Treatment)	January 21 (Currently on Treatment)	February 21 (Currently on Treatment)	March 21 (Currently on Treatment)
Abia	1074	1,329	356	274	240
Adamawa	27,995	31,118	31,118	36,103	39,062
Akwa-Ibom	146,666	167,488	171,990	180,701	190,234
Anambra	46,700	74,285	19,217	14,144	9,188
Bauchi	17,607	19,863	21,395	26,153	23,202
Bayelsa	8,498	9,696	9,780	9,862	10,021
Benue	171,434	178,915	196,731	204,837	211,032
Borno	10,718	11,162	11,273	12,600	12,796
Cross-River	46,820	49,556	52,005	58,796	59,445
Delta	32,779	39,598	45,737	48,028	53,975
Ebonyi	7,254	7,351	8,038	7,698	7,257
Edo	16,145	16,295	19,600	18,540	16,811
Ekiti	3,543	3,738	4,124	4,712	4,744
Enugu	28,783	33,465	40,052	39,617	43,843
FCT	57,007	63,514	70,656	73,585	77,737
Gombe	24,675	25,866	27,773	28,258	28,872
Imo	21,162	23,324	32,375	28,189	34,123
Jigawa	6,582	6,621	7,814	7,937	7,661
Kaduna	52,050	53,394	58,594	58,872	58,982
Kano	27,580	28,817	27,502	27,896	26,849
Katsina	8,718	9,052	10,636	10,892	11,695
Kebbi	5,793	6,166	8,946	9,719	9,992
Kogi	19,939	20,154	22,488	22,632	23,701
Kwara	7,496	7,617	8,329	8,608	8,900
Lagos	88,636	93,868	90,200	94,375	98,856
Nasarawa	50,057	52,771	56,732	59,717	62,291
Niger	25,298	27,897	29,292	31,273	32,661
Ogun	13,120	13,685	16,936	22,163	22,076
Ondo	11,010	11,576	12,341	12,794	12,896
Osun	5,099	5,315	6,908	9,396	9,493
Oyo	17,292	17,671	22,146	25,560	25,768
Plateau	40,740	41,143	44,693	45,972	46,616
Rivers	99,568	107,627	131,888	136,774	144,122
Sokoto	6,217	6,256	7,261	7,711	7,919
Taraba	13,820	15,490	2,076	1,494	1,841
Yobe	4,435	4,576	4,906	7,037	7,260
Zamfara	3,199	3,353	4,560	4,403	4,768

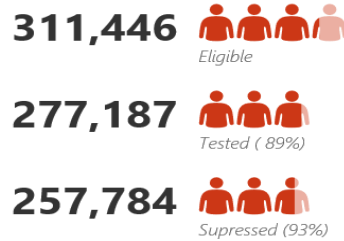
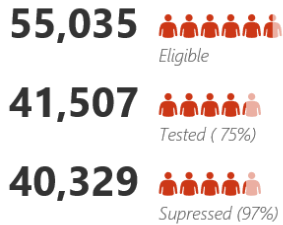


The chart below shows 41,507 out of 55,035 clients eligible for VL at 6 months after ART commencement were tested for Viral load, with a gap of 13,528 (25%).

The chart below highlights a major gap of 34,259 (277,187 out of 311,446 clients eligible for VL were tested for Viral load)

INITIAL VIRAL LOAD (SEPTEMBER 2020 COHORT)

ROUTINE VIRAL LOAD (AS AT MARCH 2021)

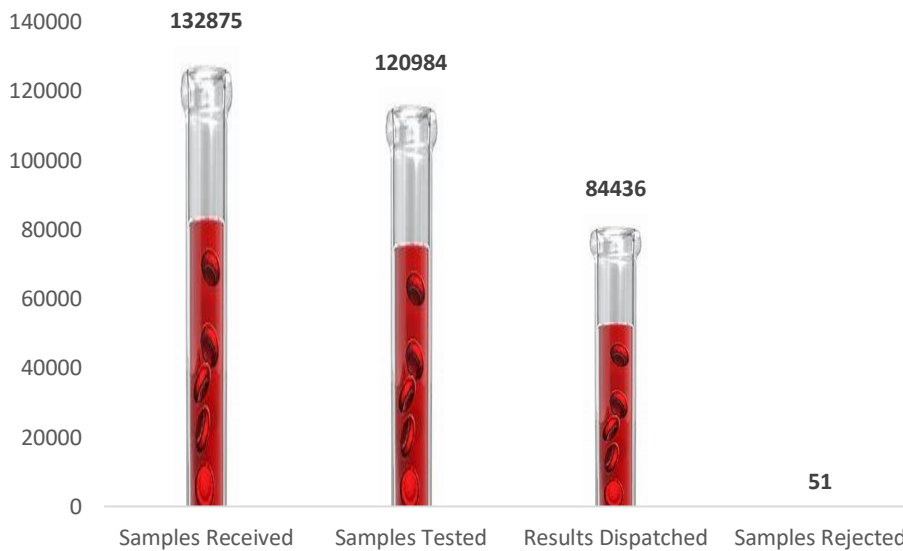


DATA FROM THE NATIONAL LABORATORY INFORMATION MANAGEMENT SYSTEM (LIMS) AS AT MARCH 2021



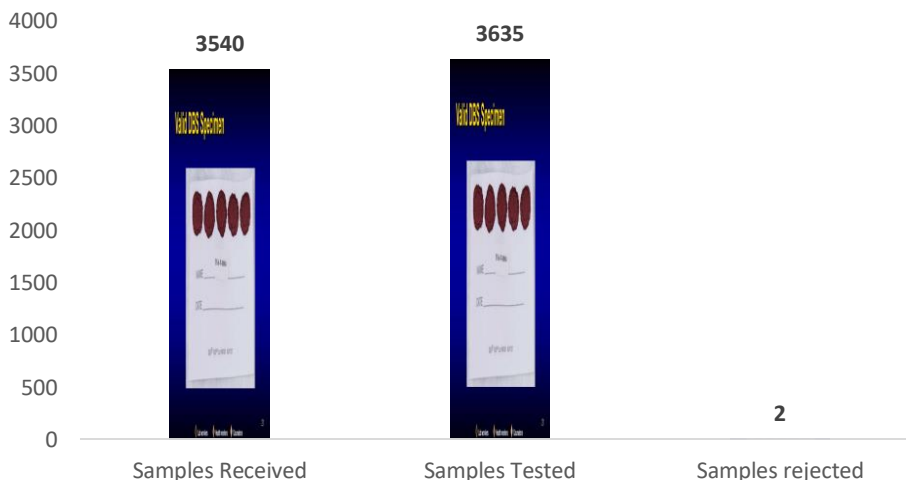
Data used was downloaded from Nigeria National Laboratory Information Management System (LIMS) on the 13/04/2021

Viral Load for March 2021



The Viral load data for March 2021 showed that the number of samples tested (120,984) was lower than the number received (132,875).

Early Infants Diagnosis (EID) Analysis for March 2021



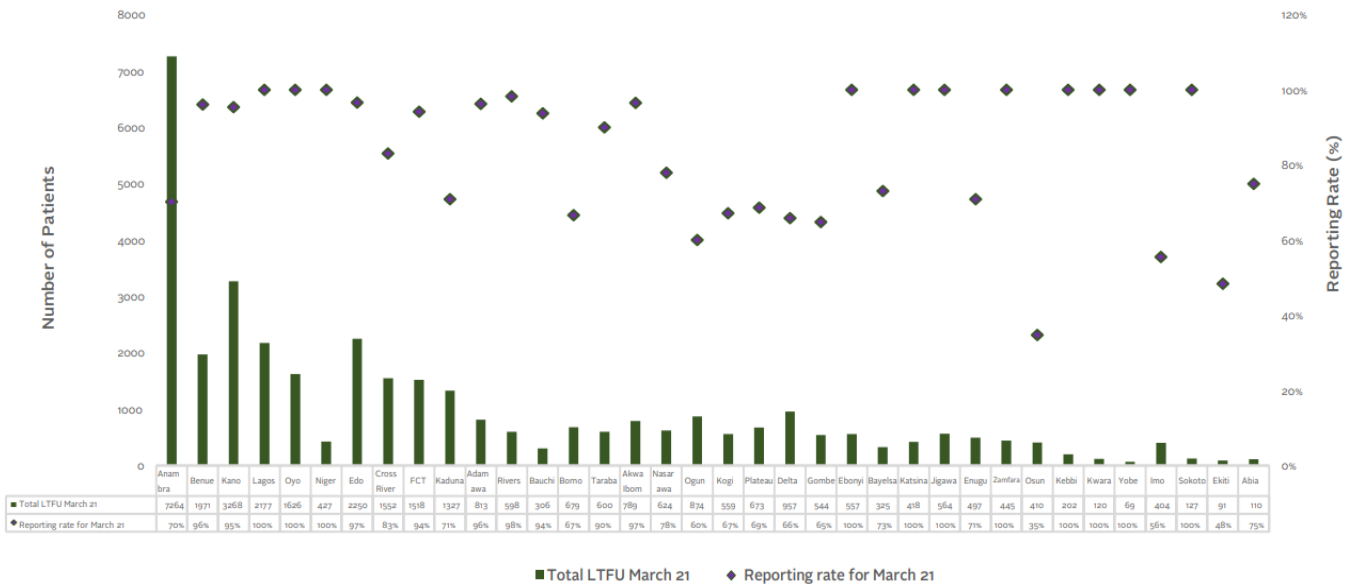
The EID data for March 2021 showed that the number of samples tested were slightly above the numbers received. This is mostly due to the recurrent problem of backlogs from previous months.

FACILITY REPORTING RATE AND NUMBER OF PATIENTS LOST TO FOLLOW UP



Facility reporting Rate and Number of Patients Lost to follow Up: March 2021

Timely and complete reports are essential attributes of the quality of data submitted across Health Facilities and by extension quality of decision making. The chart below shows the proportion of facilities that reported on the NDR among the facilities that are expected to report to the NDR within the reporting period of March 2021. Additionally, it shows the number of LTFU clients in March 2021 across the various States

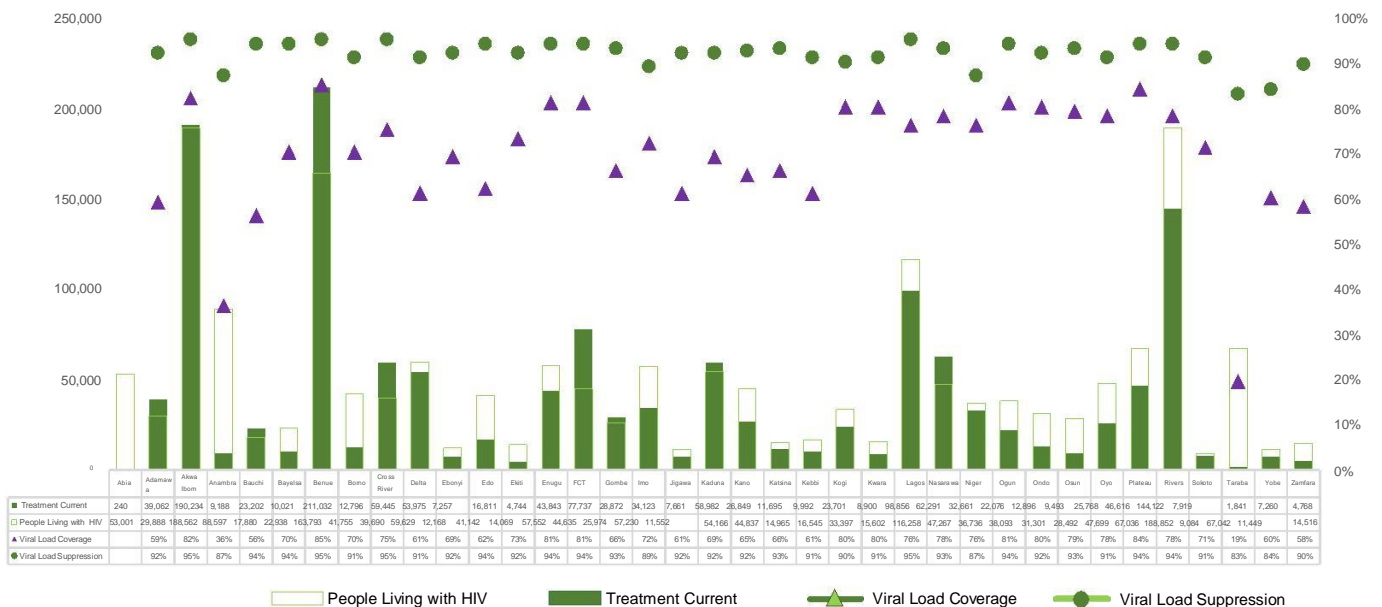


TREATMENT CURRENT, VIRAL LOAD COVERAGE AND VL SUPPRESSION



Treatment Current, Viral Load Coverage and VL Suppression: March 2021

The chart below illustrates the clients on ART, Viral load coverage, and Viral load suppression among the ART clients.



CONTINUITY IN TREATMENT



INDICATORS SUMMARY

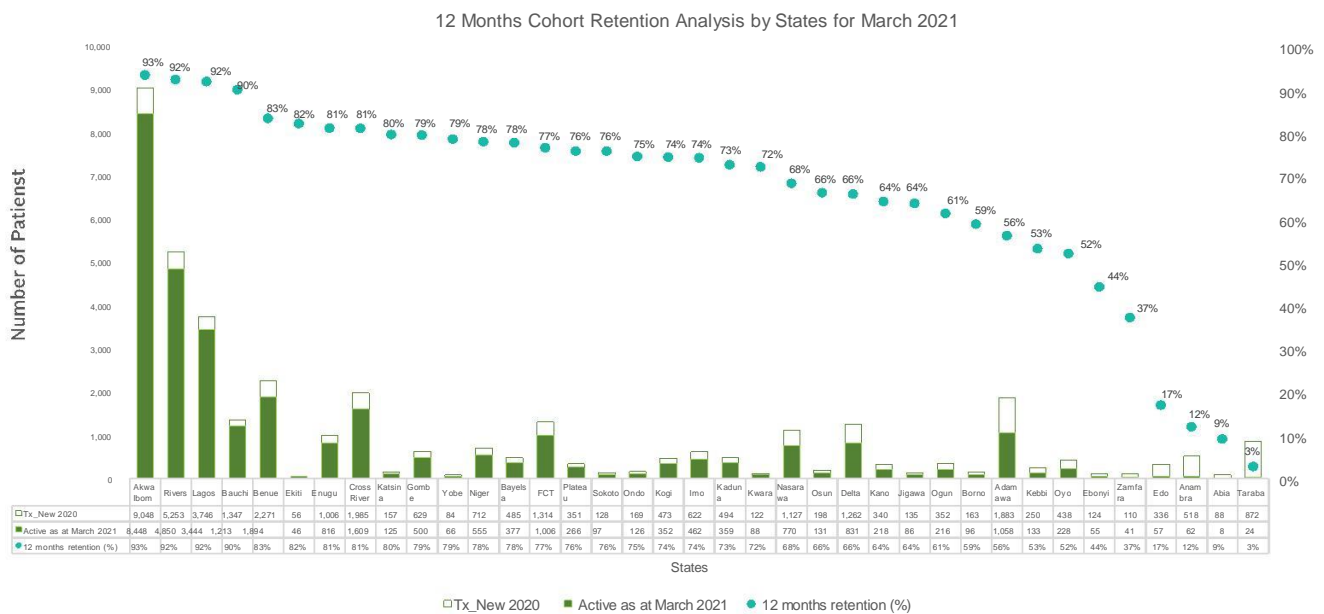
Patient records uploaded as at the end of March 2021

The table below clearly depicts greater LTFU (35,892) and attrition (LTFU + Death + Transferred out + Stopped treatment = total of 37,515) than the TX_NEW (30,018). This provides a better understanding of the fluctuations in the active ART patient population over time.

Indicators	Female (%)	Male (%)	Total (%)
Treatment New	15,899 (53.0)	14,119 (47.0)	30,018 (100.0)
Treatment Current	917,812 (66.0)	529,117 (34.0)	1,446,929(100.0)
Lost To Follow Up	24,011 (67.0)	11,881 (33.0)	35,892 (100.0)
Death	284 (55.0)	235 (45.0)	519 (100.0)
Transferred -Out	580 (67.0)	289 (33.0)	869 (100.0)
Transferred - In	342 (73.5)	123 (26.5)	465 (100.0)
Stopped Treatment	161 (68.5)	74 (31.5)	235 (100.0)
Return To Treatment	25,588 (35.2)	13,883 (64.8)	3,9471 (100.0)

12 MONTHS COHORT RETENTION ANALYSIS BY STATES FOR MARCH 2021

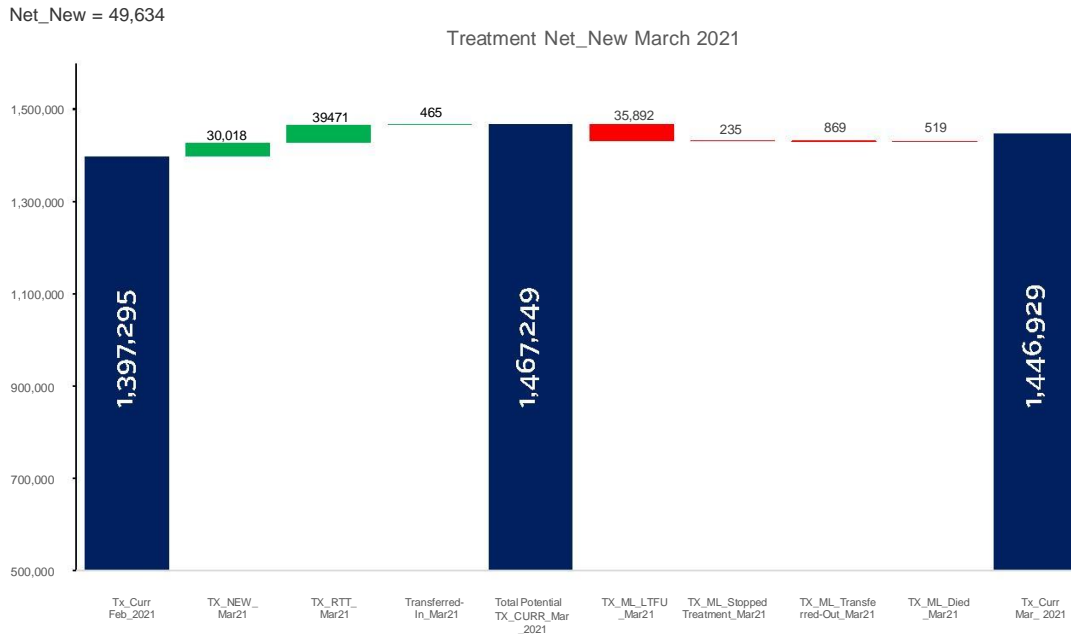
This graph presents percentage retention of patients who were on treatment as at March 2020 and remained active on ART by the end of March 2021 by States



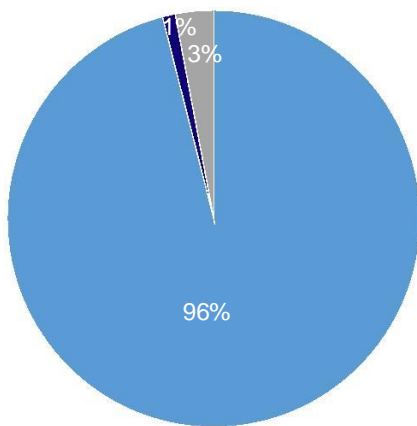


TREATMENT NET_NEW FOR MARCH 2021

The graph below shows the net gain/loss in treatment current between February and March 2021. It shows the TX_Curr as at end of February (1,397,295), the potential TX_Curr for March considering all the gains (including Treatment new, Transfer-in, and return-to-treatment) and the actual TX_Curr at the end of March having lost some patients (Including Those LTFU, Transfer-out, and stopped treatment). There was a net new of 49,634 patients (positive Net-New or gain) from February 2021

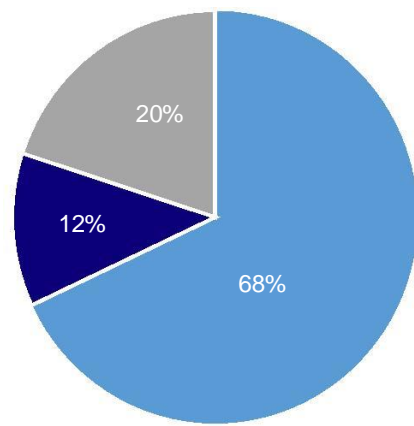


DTG is highly recommended for adults on ART for better health outcomes and quality of life. The chart below illustrates that a remarkable percentage of adults (96%) are on DTG while a small percentage of 4% are not on DTG.



Adults Regimen Analysis

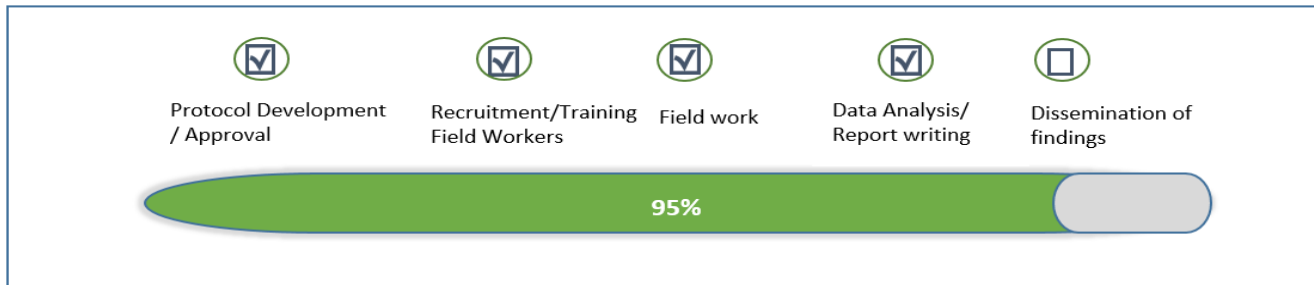
The chart shows that 68% of the pediatrics (6-14 years) are on TLD, 12% are on other 1st line regimen and 20% on 2nd line regimen.



Pediatrics (6-14 years) Regimen Analysis

■ TDF/3TC/DTG
 ■ Other 1st Line
 ■ 2nd Line

KEY: *TDF - Tenofovir *3TC - Lamivudine*AZT - Zidovudine
 *NVP - Nevirapine *DTG - Dolutegravir * VL - Viral Load



The goal of the Integrated Biological and Behavioral Surveillance Survey (IBSS) is to obtain serological, behavioral and HIV service coverage data on key populations with a view to developing and expanding the HIV prevention and care services suited to the context of these population groups. The progress of the 2020 IBBSS is shown above.

EVENT



ANNUAL OPERATIONAL PLAN REVIEW MEETING WITH 36+1 STATES HELD FROM 23RD -24TH MARCH 2021



In line with the mandate of providing technical support to the State Ministries of Health (SMOH), NASCP held a meeting with representatives of the State AIDS and STIs Control Programme (SASCP) of the 36 states and the FCT.

The meeting provided technical assistance to the State Programmes in the development and finalization of their Annual Operational plans for 2021.

Certificates were presented to State AIDS Programme Coordinators (SAPCs) who completed the University of Washington Leadership and Management in Health Course supported by Catholic Relief Services (CRS).

Amongst other things the meeting highlighted the need to strengthen leadership and coordination of the HIV Health Sector response at the State level.



Presentation of Certificate to Niger State SAPC Dr Shehu Mairiga



The National AIDS and STIs control Program (NASCP) of the Federal Ministry of Health (FMoH) coordinates the National Health sector response on HIV/AIDS. NASCP ensures the formulation and implementation of National policies, guidelines and SOPs for Prevention, Care and Treatment of HIV infections as well as STIs and Hepatitis.