

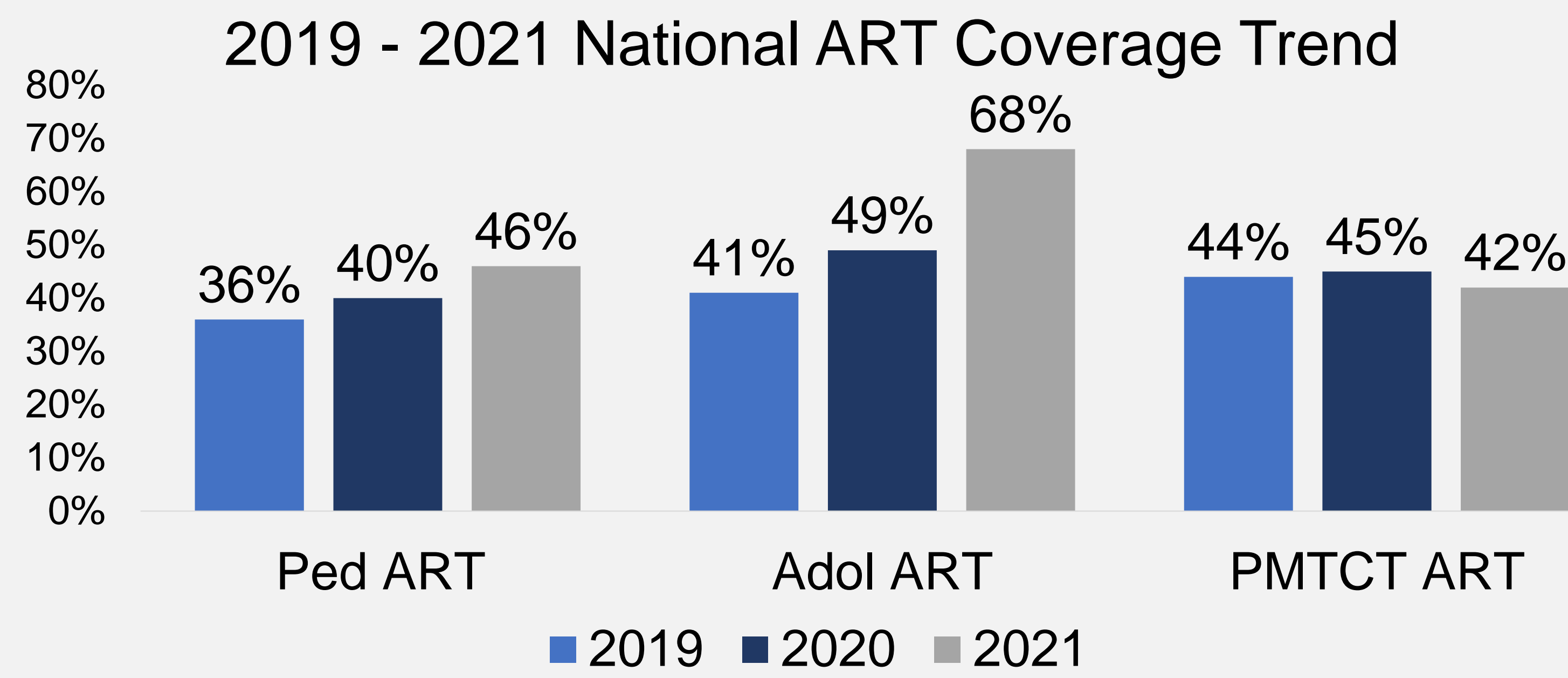


HIVST among children, adolescents and pregnant and breastfeeding women: implementation results and enablers for scale-up

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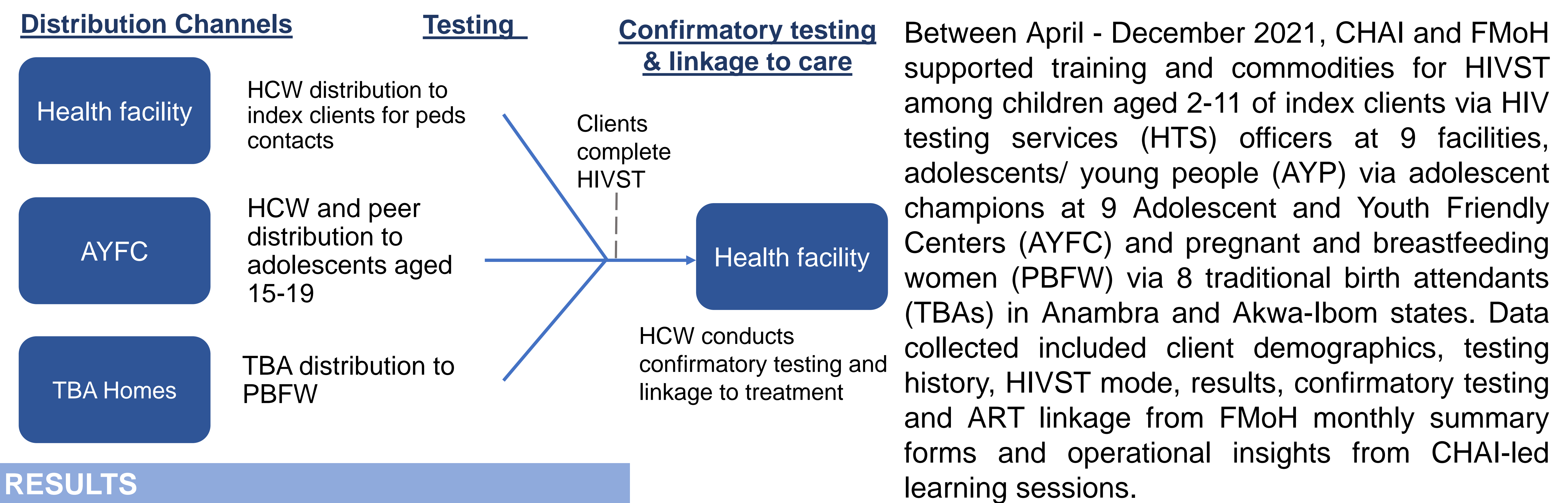
BACKGROUND



Since 2016, WHO has recommended HIV self-testing (HIVST) for under-reached populations, and in 2019, approved use among children aged 2-11 years by trained professionals. National guidelines for HIVST further allow caregiver-assisted testing; however, HIVST for all populations is limited. CHAI is supporting the Federal Ministry of Health (FMoH) to demonstrate effective HIVST delivery models and identify enablers for scale-up.

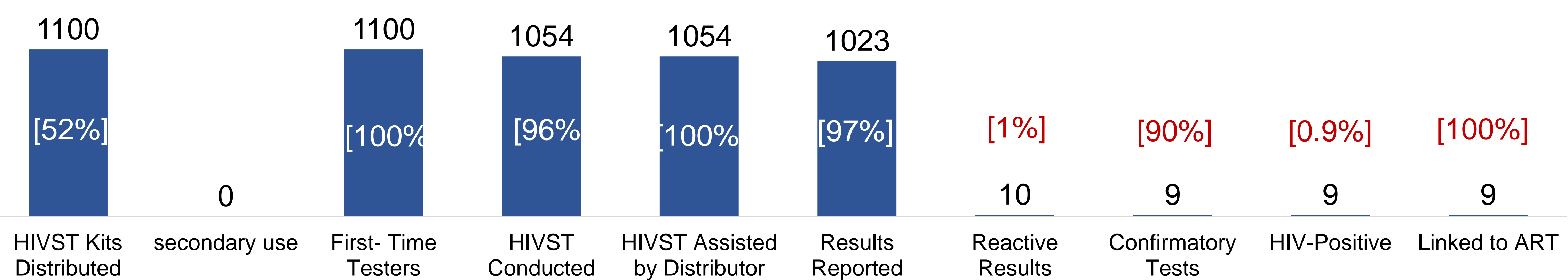
METHODS

- CHAI supported national HIVST tools development
- CHAI procured 5,000 Oral-based HIVST kits
- HCW, adolescent champions and TBAs were trained on HIVST
- CHAI and MOH collected & analyzed implementation data
- CHAI facilitated learning sessions on operational feasibility with HCW

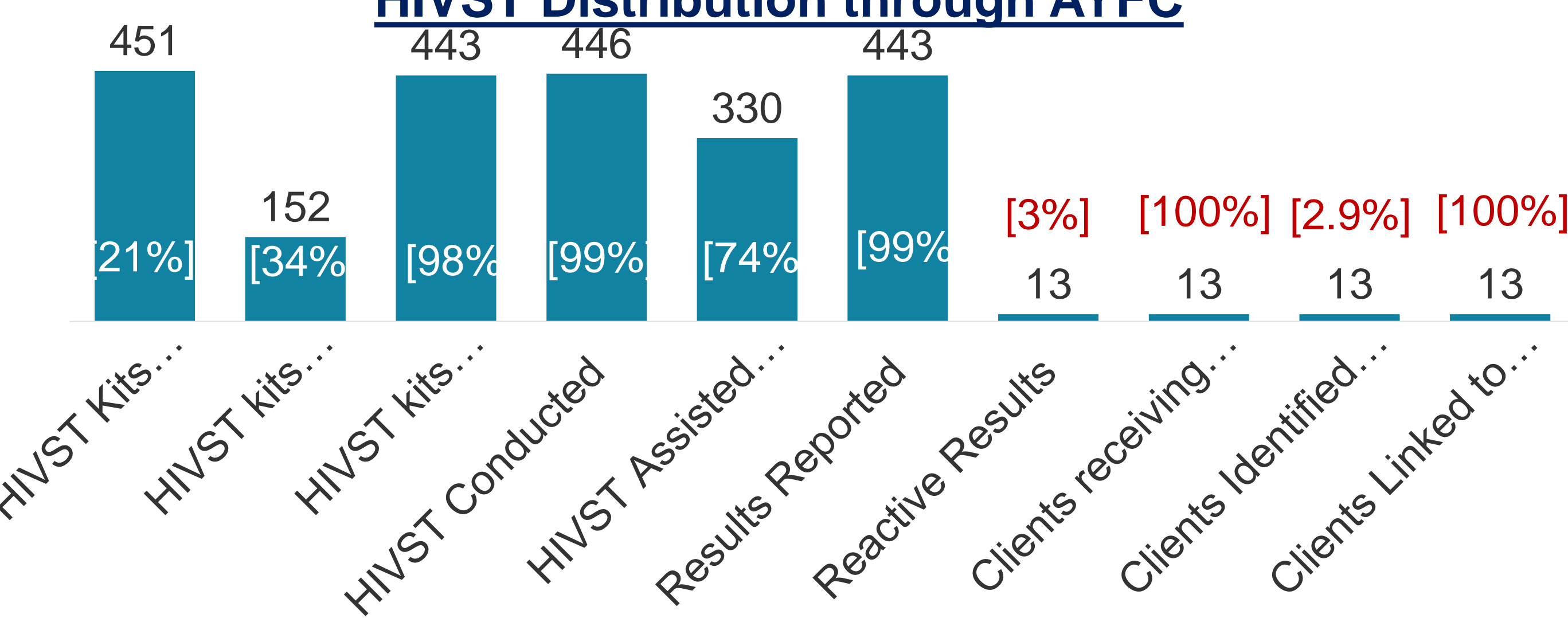


RESULTS

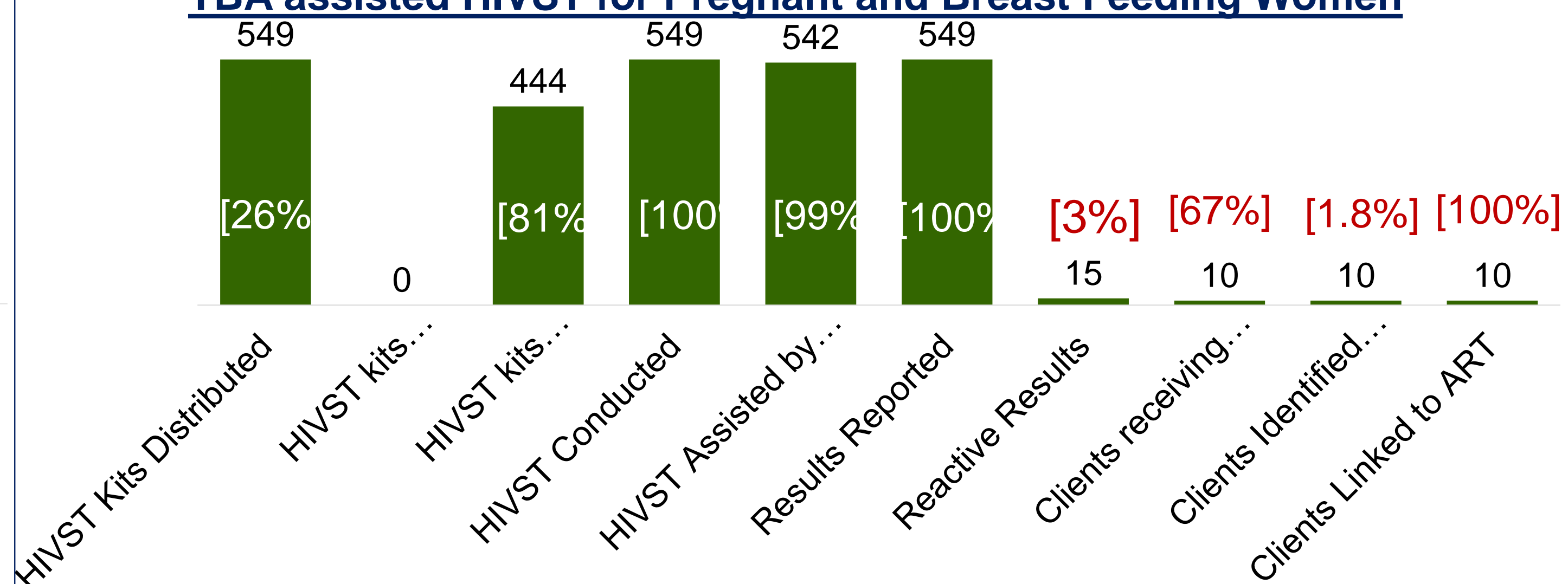
Facility index testing for children aged 2-11



HIVST Distribution through AYFC



TBA assisted HIVST for Pregnant and Breast Feeding Women



CONCLUSION

Decentralized, peer-driven models for HIVST can be effective for testing, including adolescent social network testing, and ART linkage; however, uptake was low and further research is needed on improving yields among children. To optimize impact, HIV programs should leverage existing venues and cadres serving target populations, prioritize demand generation and train distributors to provide support aligned with client preferences.