

Sustaining VTP uptake through HIV counselling and testing for pregnant and breastfeeding women in the community

13th June 2025 Session 2 Country Spotlight

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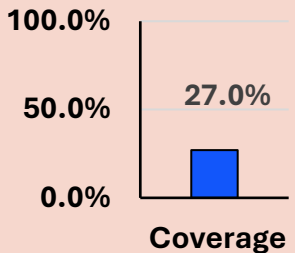
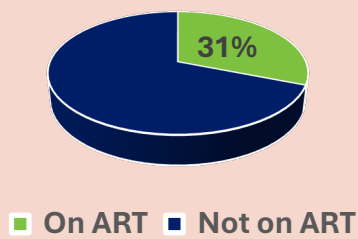
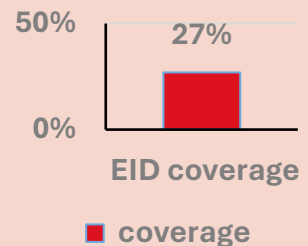

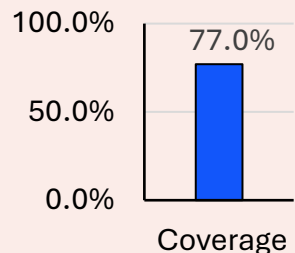
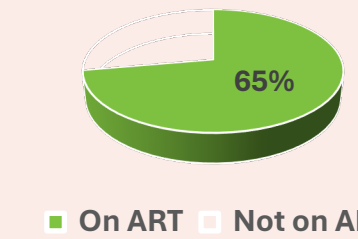
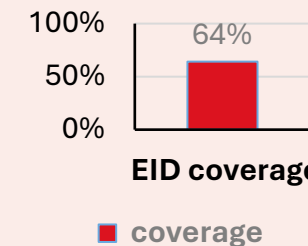

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Introduction: VTP Progress in Nigeria

	ANC HIV Testing Coverage	PMTCT ARV Coverage	EID Coverage	Health facilities with PMTCT services
National PMTCT Performance before PMTCT Scale-up (2021)	 <p>100.0% 50.0% 0.0%</p> <p>27.0%</p> <p>Coverage</p>	 <p>31%</p> <p>■ On ART ■ Not on ART</p>	 <p>50% 0%</p> <p>27%</p> <p>EID coverage</p> <p>■ coverage</p>	<6,000 
Current National PMTCT Performance (2025)	 <p>100.0% 50.0% 0.0%</p> <p>77.0%</p> <p>Coverage</p>	 <p>65%</p> <p>■ On ART ■ Not on ART</p>	 <p>100% 50% 0%</p> <p>64%</p> <p>EID coverage</p> <p>■ coverage</p>	32,000 

Rationale and Goals of Unconventional HIV Testing for Pregnant Women

Rationale

- **63%** of PW receive ANC services from skilled providers
- **46%** deliver with skilled attendance
- Many pregnant women seek care from **traditional birth attendants (TBAs)** and **faith-based centers**, often bypassing conventional HF
- **Community testing** extends HIV screening to these settings, reaching women missed by facility-based services.
- Leverages **local structures** to overcome late ANC registration and poor health-seeking behaviors.

Goal

- To identify pregnant women who are positive before delivery
- To link all HIV positive pregnant women to the facility for confirmation test and ART initiation
- To ultimately reduce mother-to-child transmission

Implementation Strategy for Testing Pregnant Women in Unconventional Settings

Demand Creation

Activities: Community dialogue, advocacy and sensitization of key stakeholders



Collaboration with informal birth centers,

traditional birth homes, healing/delivery homes, and faith-based centers



Active Case Search:

Identification and Testing (House to House Testing)



Linkage of HIV+ pregnant women

to VTP facilities for care and treatment (Mentor Mothers)

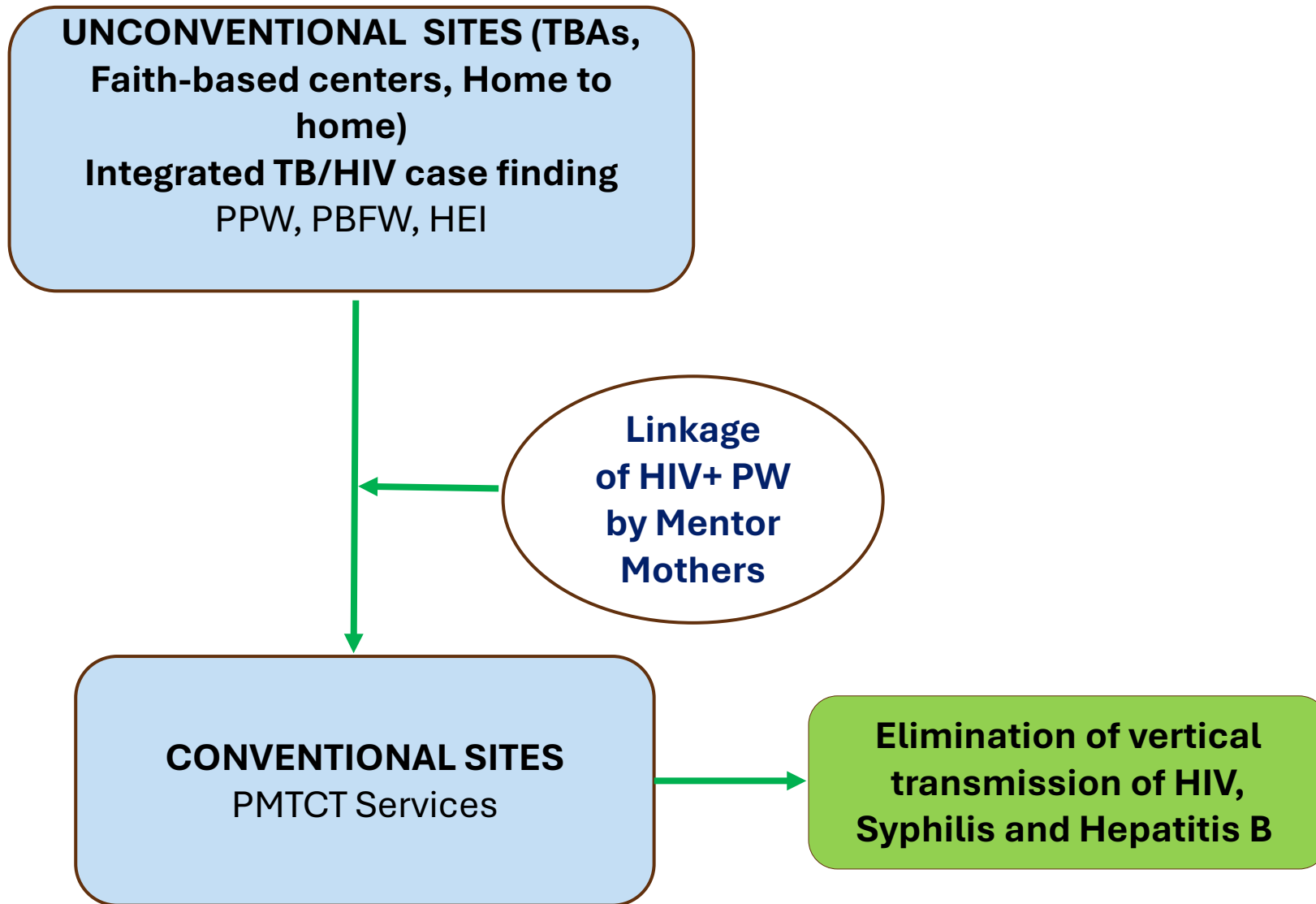


All HIV Negative pregnant women

identified and not enrolled are **referred** for ANC services



Referrals and Linkages Model



Implementation Strategy: Process and Monitoring & Evaluation

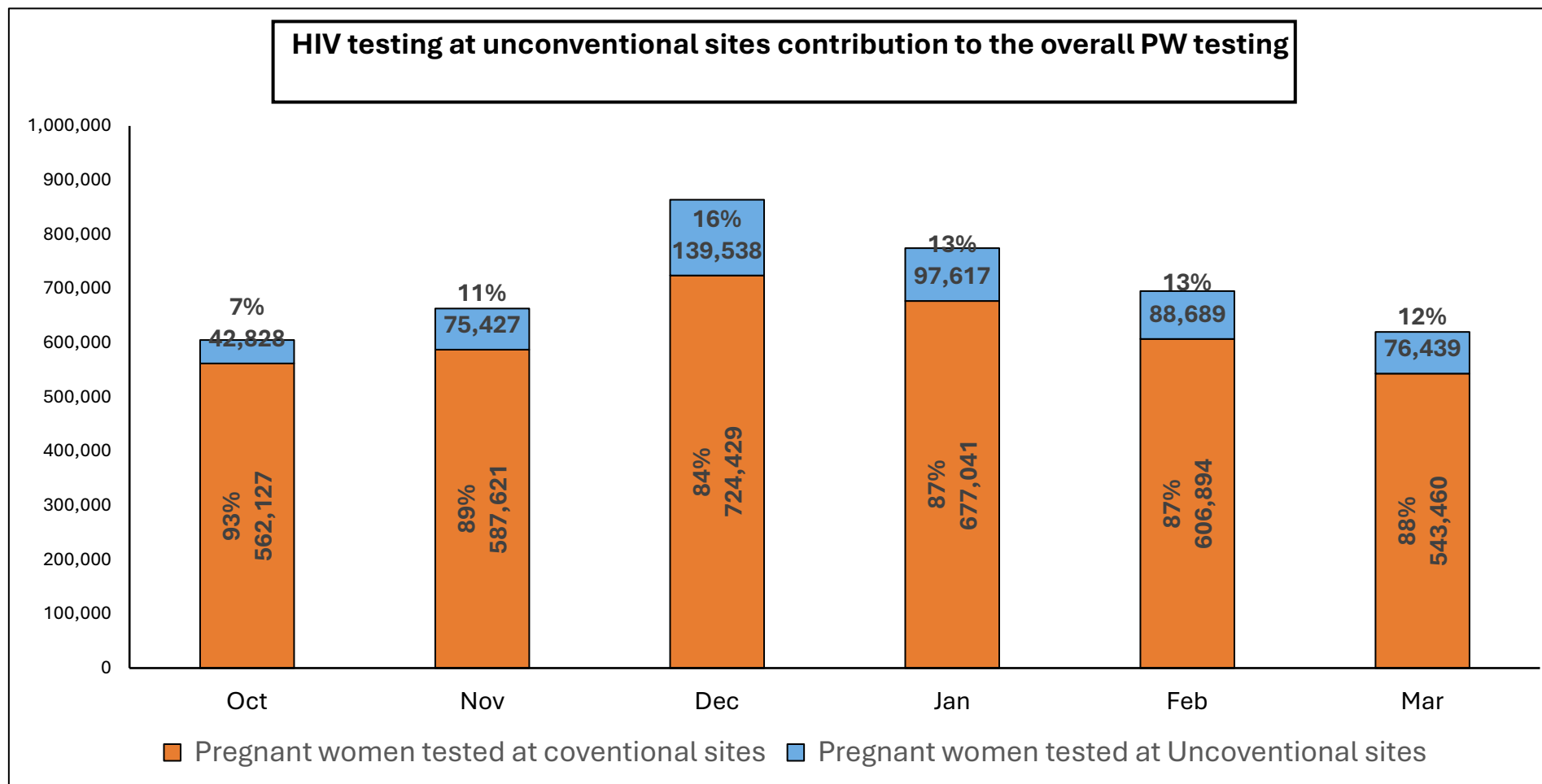
HTS process in the unconventional sites for PW

- Test all presumed pregnant women using Dual HIV/Syphilis RTK (A1), Hepatitis B RTK
- Link pregnant women diagnosed with HIV, Syphilis, and Hep B to conventional health facilities for further VTP
- Counsel and refer women with negative HIV test result to ANC services in the health facilities
- PW who decline testing in the unconventional sites are referred to local government area (LGA) teams for follow-up

Monitoring and Evaluation

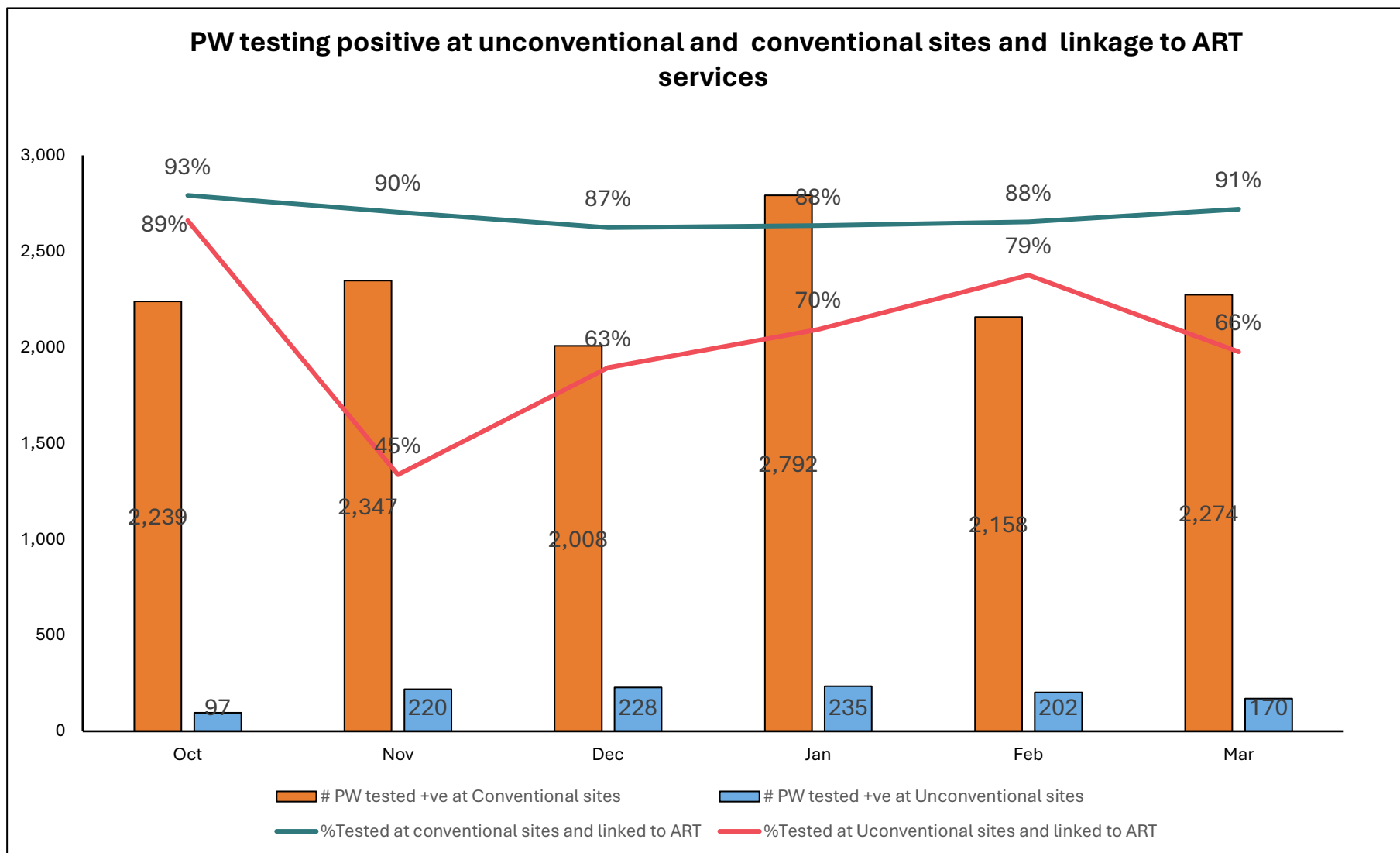
- Use of Home HTS registers, monthly summary form (MSF), and spoke/referral registers for data collection
- Monthly data validation by LGA team before NDARS submission
- Triangulation of HTS and consumption data to prevent duplication
- Line listing and proper documentation mandatory for accountability

Unconventional HIV testing Contribution to the Overall Testing for Pregnant Women



Over 520,000 pregnant women (16.8% of VTP tests) were tested in the community between October and March 2025

Identification of Pregnant Women in Unconventional and Conventional Sites and Linkage to ART



From October 2024 to March 2025, 1152 (7.7%) of pregnant women with HIV were identified in the unconventional sites

Impact of Funding Shift on Community VTP

Impacts

- Stock out of HIV test kits in some LGAs/districts of PEPFAR-supported partners
- Decline in HTS service provision and linkage to PMTCT services
- Suspension or scaling down of community-based HIV testing for Pregnant and Breastfeeding Women (PBFW)
- Reduced community outreach and case finding in hard-to-reach areas

Adaptation

- At the beginning of the US fund cessation, the Nigerian government procured HIV test kits to buffer for the low stock
- The Nigerian Government transitioned some donor-funded ad-hoc health workers to the public payroll to ensure continuity of VTP services
- A few states illustrated proactive adaptation by recruiting some affected health workers into the clinical settings

Conclusion

- Interventions to reach pregnant and breastfeeding women in the community with VTP services has shown to be an effective method of reaching women who otherwise could have missed/lost to follow up
- The USG funding shift in early 2025 has impacted the Nigerian HIV program mostly in terms of a reduction in HRH and commodities
- The Nigerian Government is in the process of responding to cushion and stop gap the impact of IP withdrawals
- These community-based interventions need to be sustained in order to reach the underserved women in the society

Thank you.



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