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# **Evaluating the Effectiveness of a Nurse-Led Protocol for Stable HIV Patients on Physician Workload in High-Volume Nigerian Clinics: A Short Report**

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## | Abstract

Physician shortages and excessive workloads in high-volume HIV clinics in Nigeria threaten the quality and sustainability of care. Task-shifting stable patient management to nurses is a proposed strategy, but its specific effect on physician workload in this context requires further evidence. This short report evaluated the impact of introducing a standardised nurse-led protocol for the routine follow-up of stable adult HIV patients on physician workload in high-volume Nigerian clinics. A protocol for managing virologically suppressed adults was implemented in two high-volume clinics. Physician workload was measured by the monthly number of routine follow-up consultations. Data from a period prior to implementation were compared with data from a period after full operationalisation. After implementation, nurses conducted approximately 70% of routine consultations for stable patients. This shift corresponded to a substantial decrease in physician-led routine follow-ups, enabling physicians to dedicate more time to complex cases. The nurse-led protocol effectively reduced physician workload for routine HIV care, demonstrating the feasibility of task-shifting to optimise clinic efficiency in high-volume Nigerian settings. Programme managers should consider adopting and scaling similar nurse-led protocols for stable patients. Sustainable implementation requires investment in ongoing nurse training, supportive supervision, and clear clinical referral pathways. task-shifting, HIV, nurse-

led care, health workforce, clinic efficiency, Nigeria, antiretroviral therapy  
This report provides practical evidence from routine clinic operations to  
inform task-shifting policy for HIV care in high-burden, resource-  
constrained settings.

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