INNOVATION TO ACHIEVE THE SECOND 95 AMIDST COVID-19 IN KEY POPULATION IN NIGERIA

00893

Ezinne Akinola[1], Bolanle Oyeledun[1], Obioma Azurunwa[1], Christian Onyia[1], Collins Imarhiagbe[1], Francis Ogirima[1], Pius Izere-Christopher[1], Inyang Ayo[1], Evelyn Urueye[1], Emeka Kanebi[1]

[1] Centre for Integrated Health Programs, FCT-Abuja, Nigeria

Background

Key Populations (KP) makeup 3.4% of the general population, yet account for ~32% of new HIV infections in Nigeria (NACA, 2017). With criminalizing laws, and ~3000 active KPs hotspots in Lagos state alone, it is increasingly challenging for civil society organizations to reach these groups with the much needed HIV services. With the COVID-19 outbreak in the South-West region of Nigeria, Lagos state in early March, 2020 and attendant lockdown leading to restriction in movement, it became even more challenging to reach KP members with a complement of comprehensive HIV services. We describe our experience implementing innovatively evidence and community-based strategies to scale active HIV case-finding using a COVID-19 guided protocol during the 6-week lockdown in the state.

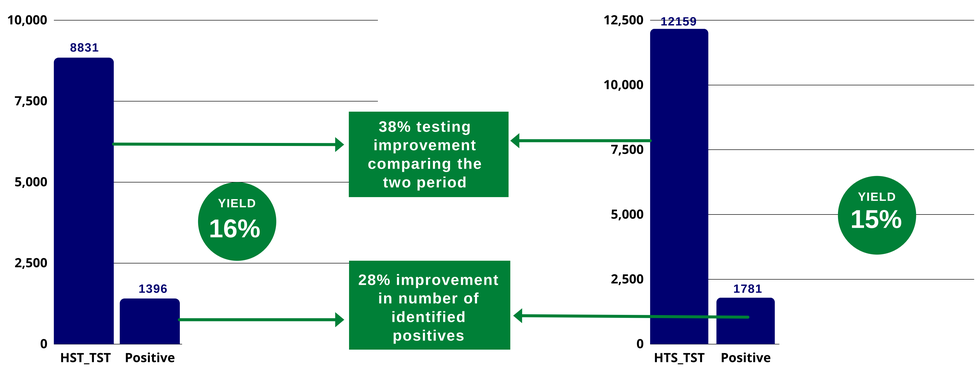
Methods

We set up 22 Community ART (cART) teams split into an 8-person KP peer-led sub team comprising (community health worker, pharmacist, laboratory technician, four counselor testers, and a community mobilizer) that conducted HIV Testing Services (HTS) in 78 communities across 7 districts using the “moonlight testing” (nightly testing) approach. The teams were equipped with a line-list of index clients for elicitation of sexual and needle-sharing partners. Community engagement of gate keepers of pre-mapped KP communities was innovatively conducted, to seek approval, grant access and provide security during testing of elicited partners. Following an orientation on COVID-19 protocols for clients assessing services, index partners who accepted HTS were provided HIV prevention information, condom messaging, demonstration and distribution; those who tested positive were retested and provided with ART immediately.

Using Peer-led ***Community ART (cART),*** *we* accelerated ***HIV case finding*** and **sustained community ART delivery** among **Key Population** against the odds of **COVID-19.**

Results

Prior to the lockdown (February –March 2020), 8,831 clients were offered HIV testing services with 1,396 (positivity yield of 16%). Following the lockdown period which lasted for 6 weeks (March- May, 2020), HIV testing among key population increased by 38% (12, 159) with a 28% increase (1, 781) in HIV positives and 15% positivity yield.



KP community HTS Intervention during COVID-19 lockdown

Conclusion

Despite the pre-existing challenge with KP access to comprehensive differentiated services worsened by current COVID-19 realities, peer-led cART showed significant promise in accelerating KP HIV case finding and sustaining community ART delivery.

