

IAS Educational Fund and APIN Public Health Initiatives Virtual Symposium for West and Central Africa

1-2 June 2022

Reflections on the COVID-19 pandemic and its application to the HIV response in West and Central Africa

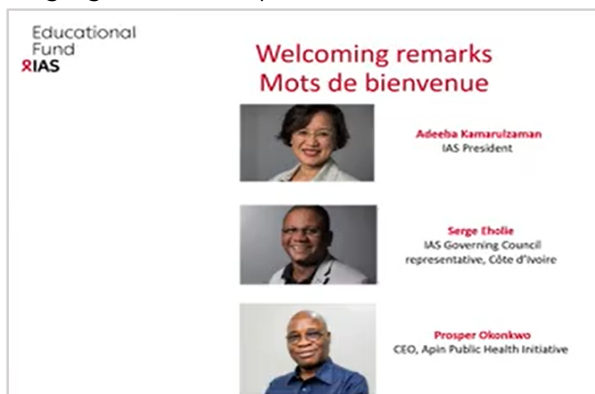
Meeting Report

This report was developed in collaboration with APIN Public Health Initiatives. The views expressed in the report do not necessarily reflect the views of IAS – the International AIDS Society.

IAS - the International AIDS Society – organized an Educational Fund virtual symposium in collaboration with APIN Public Health Initiatives on 1-2 of June 2022 with the theme, “Reflections on the COVID-19 pandemic and its application to the HIV response in West and Central Africa”. The aim of this symposium was to reflect on key regional issues in the wake of the COVID-19 pandemic: sustaining HIV care through the pandemic; innovation in HIV testing and diagnostics; HIV treatment for key populations; and viral load suppression in paediatric care. The meeting brought together distinguished speakers, experts and participants from across Western and Central African (WCA) who deliberated upon these topical issues, highlighted best practices and successes,

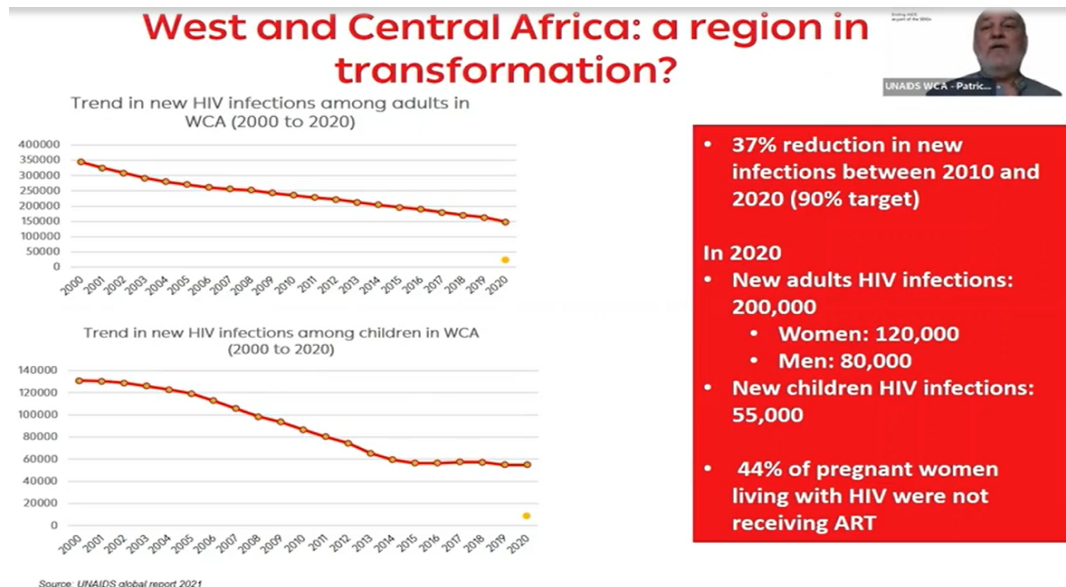
discussed challenges and proffered solutions. **The detailed programme is available [here](#) and the session recordings can be accessed [here](#).**

Adeeba Kamarulzaman, IAS President, Serge Eholie, IAS Governing Council representative, and Prosper Okonkwo, CEO, APIN Public Health Initiatives, gave the Welcome Remarks. In his remarks, the Chair of Session 1, Prosper Okonkwo, stated that although the COVID-19 pandemic stretched health systems across the world and threatened the cumulative gains made by HIV programmes, many countries rose to the challenge and in the process showcased best practices which would be highlighted in the course of the symposium.



Session 1. HIV and COVID-19: West and Central African Success Stories (Chair: Prosper Okonkwo)

Patrick Brenny (UNAIDS Regional Director for West and Central Africa (WCA)), highlighted that WCA is fast becoming a region in transformation rather than one left behind in view of its changing epidemiology landscape of HIV. UNAIDS data showed that there was a 37% reduction in new infections between 2010 – 2020 (90% target).



Several areas of success include:

- **policy** - differentiated prevention, testing, treatment and care strategies, including pre-exposure prophylaxis (PrEP) and HIV self-testing (HIVST), scaled up in over 90% of countries; also, putting HIV back on the political agenda (Dakar High Level Summit in November 2021);
- **programmatic** - progress in the care and treatment (95-95-95) cascade (from 53% - 38% - 27% in 2015 to 77% - 73% - 59% in 2020) and strengthening of national information systems;
- **financing** - increased allocations from donor bodies like the Global Fund (GF) and PEPFAR and advocacy for domestic funding / co-financing; and
- **strengthened partnerships** (revitalized links with community-based organizations).

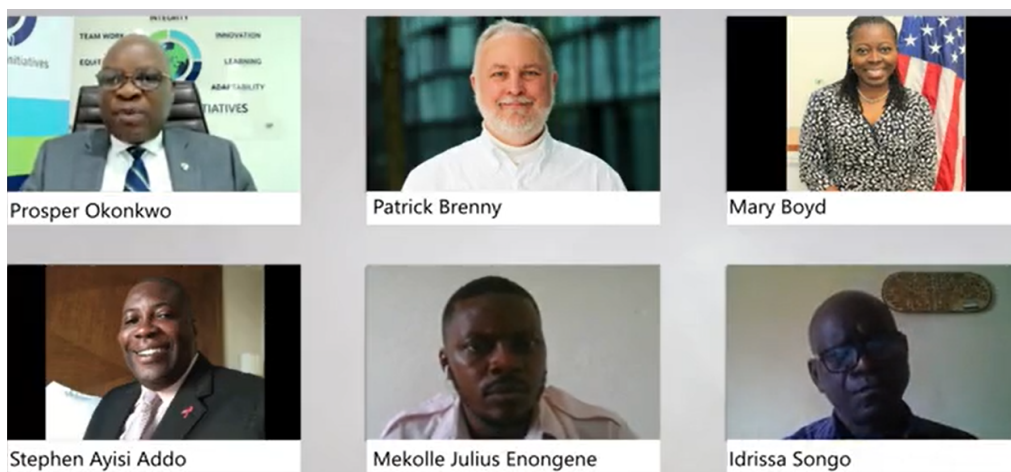
Mary Boyd (US Center for Disease Control, Nigeria), spoke on the opportunities for HIV programmes brought during the pandemic in Nigeria. The Nigeria HIV/AIDS Indicator and Impact Survey (NAIIS) in 2018 unlocked key information for strategic planning and showcased the astronomical growth in the Nigeria programme which was largely due to the Surge intervention that kicked off in 2019. The largest growth in the number of people on antiretroviral therapy (ART) in Nigeria, as well as across the PEPFAR programme, occurred in the last two years. The winning strategy of the Surge was the application of Comprehensive, Integrated, Resilient ART System (CIRAS) principles which had the following elements: Adaptability, Autonomy & Accountability, Timeliness & Accuracy, Transparency, and Connectivity, all operationalized through the Incident Command System.

Stephen Ayisi Addo (National AIDS Control Programme (NACP), Ghana) spoke on the opportunities for HIV programming during the COVID-19 pandemic in Ghana. NACP leveraged the increased funding for COVID (from GF, WHO, UNICEF) to improve service coverage (via 64 additional Differentiated Service Delivery (DSD) sites, DSD scale-up plan developed); improve service access and quality (stigma reduction interventions, community ART and PrEP delivery, index testing (IT) scale-up); deploy virtual solutions (HIVST

kit and ART distribution and training modules for healthcare workers); innovations like viral load (VL) report automation, point-of-care (POC) testing for EID/VL; and improve use of data for decision making (M/E for DSD, PrEP & HIVST, community-led monitoring).

Mekolle Julius (Public Health Clinician, Cameroon) equally highlighted some of the best practices from Cameroon: integrated health and prevention messaging for COVID and HIV with strict implementation of safety measures; adaptation of delivery of HIV testing and initiation through expansion of HIVST and community-based testing, as well as, increased use of community-based organizations and community ART groups, MMD3-6 scale-up; adoption of online platforms for data review meetings; and harmonization of ART pick-up for families.

Idrissa Songo (Network of HIV Positives, Sierra Leone - NETHIPS) shared insights on best practices in Sierra Leone while emphasizing the collaborative and integrated approach used. Development and roll-out of HIV/TB/COVID service delivery and management protocols, trainings for HCWs, DSD scale-up (MMD-3, CART groups and home delivery of ART) and use of virtual platforms for programme monitoring were some of the measures taken.



Session 1 Moderator and Speakers

Session 2. Innovations in HIV Testing and Diagnostics: the path forward to scaling up (Chair: Kyeremeh Atuahene)

Joseph Lamarange (French Institute for Sustainable Development, CEPED, and Scientific Coordinator, ATLAS Project, France) spoke on the impact of COVID-19 measures on HIVST distribution as well as the lessons learnt from the ATLAS Project in Côte d'Ivoire, Mali and Senegal. He highlighted how peer educators and Key Populations (KPs) have been adaptive in deploying strategies to ensure continuity of HIVST distributing activities.

Kingston Omo-Emmanuel (USAID, Nigeria) spoke on the recent advances and successes in rapid diagnostics and advanced HIV disease (AHD) despite the COVID-19 pandemic and lockdown. He added that the implementation and subsequent scale-up of AHD implementation has improved the quality of care for PLHIV in Nigeria.



Session 2 Moderator and Speakers

Highlights of the HIV response during the COVID-19 pandemic and key recommendations for innovations in HIV testing and diagnostics

- ✓ Provide differentiated service delivery to improve ART access to clients, especially to those in difficult-to-reach areas.
- ✓ Scale up the use of drone technology for ART delivery as was explored in Ghana during the pandemic
- ✓ Prioritize robust investment in health rather than mere donations to a cause. The lag between budgeting and disbursement of State funds needs to be addressed.
- ✓ Integrate HIVST strategies into existing platforms. HIVST is a strong tool for reaching key and vulnerable populations.
- ✓ Ensure that proper M&E processes are put in place, while expanding the distribution of HIVST through secondary channels (2° distribution),
- ✓ Community engagement strategies are critical to increasing the uptake of HIVST while assuring confidentiality and retention in care. The use of mobile technology for follow-up, drop-in centers / One-Stop Shops (OSS) for key and vulnerable populations, and the role of mentor mothers are helpful in strengthening service provision and retention in care.
- ✓ Learning from the Ghana experience on HIV self-testing kits (HIVST):
 - Adopt measures on cost-effectiveness and efficiency for HIVST kits when several manufacturers are available on the market.
 - To ensure quality assurance of HIVST kits, WHO pre-qualified HIVST kits should first be considered and then reviewed by national food and drug agencies. The sensitivity and specificity need to be assessed and recommendations subsequently need to be made to the public.
 - Conduct lay user assessments to make HIVST kits available in pharmacy retail shops
 - Conduct consultations with pharmacy groups and collect feedback from clients for adequate pricing of HIVST kits to make them readily affordable for all.
- ✓ Advocate to manufacturers for innovations to make point-of-care rapid VL testing available to monitor patient care within the community. Address the tedious nature of monitoring VL that currently exists (most POC for VL are not rapid and still require a lot of infrastructure).

Session 3. HIV Treatment and Care for Key Populations in West and Central Africa (Chair: Morenike Ukpong)

Regina Oladokun (University College Hospital, Ibadan, Nigeria) focused on the treatment and care for adolescents and young people living with HIV (AYPLHIV) in West and Central Africa. Oladokun discussed the unique issues AYPLHIV faced during the pandemic. She highlighted that this sub-population is often grouped with children or adults despite their peculiarities, which include: showing the desire to be treated with respect and have their confidentiality protected, loss of parents/ guardians, delayed onset of puberty, difficulty coping with ART adherence and stigma. She stated that there is an urgent need to ensure HIV service delivery is deliberately tailored to suit the distinct and diverse needs of AYP to be able to meet the 95-95-95 (age and context-specific programming). She also gave examples of peer-driven adolescent models of care (e.g. adolescent clubs, OTZ, REACH, etc). Nigeria for example, has a national package of care for AYPLHIV that provides a guide for the implementation of a standardized care for this sub-population. The package focuses on the provision of adolescent-friendly health services in line with WHO recommendations.

The pillars of the minimum package of care include:

- Strengthened clinical care
- Differentiated service delivery
- Psychosocial support
- Peer support
- Positive living
- Transitioning to adult care
- Prevention of mother-to-child transmission
- Community linkages
- Disclosure support
- Retention

Oladokun also discussed ART and its usage in TB co-infection, emphasizing the rapid ART initiation in people living with HIV and TB improves outcome regardless of the CD4 count. This measure prevents loss to care following HIV diagnosis and is a recent recommendation following further studies on HIV/TB co-infection versus risk of immune reconstitution inflammatory syndrome (IRIS). Caution is however still exercised for those with meningitis. She also discussed AHD management in AYPLHIV and emphasized that AHD screening should be done upon entry / re-entry into care. Additionally, she highlighted some research gaps that need to be filled such as development of better, simplified POCT (diagnostics for PCP and CMV pneumonia in AHD; treatment experience and outcomes (e.g. burden of AHD among AYPLHIV, HIV drug resistance and need for 3rd line regimen); and adolescent and youth-friendly services.



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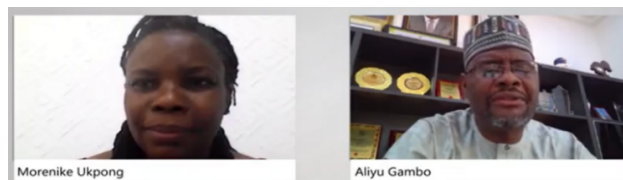
Abdulkadir Ibrahim
National Coordinator,
Network of People Living
with HIV and AIDS in
Nigeria (NEPHWAN)

Rachel Mudekereza (ICAP/CQUIN, Côte d'Ivoire) spoke on the DSD success stories from the pandemic, sharing that DSD started in 2017 with its rapid adoption in East and Southern Africa (e.g. CART, fast-track and facility-based models) while WCA initially had a slower response. The pandemic has however catalyzed DSD uptake and innovations in the region. Mudekereza highlighted some challenges that HIV programmes faced due to COVID-19:

- Health facility closures
- HCWs re-assigned to COVID response
- ART supply chain interruptions
- Lockdown preventing access to health facilities
- Fear of acquiring COVID at health facilities

Adaptations made to circumvent these challenges included: decreasing visit frequency for stable patients, de-linking medication dispensing from clinical care, community services, extending clinic hours to decrease crowding, expansion of MMD of medications, and telemedicine.

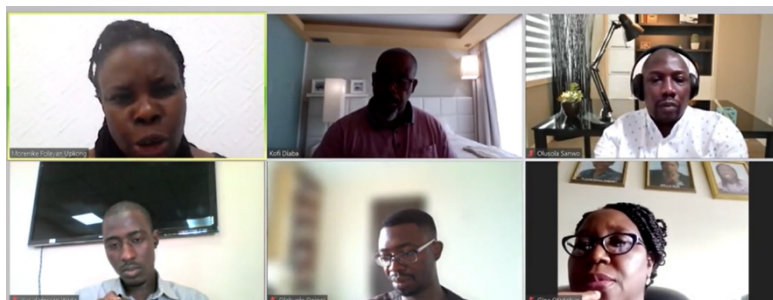
In her conclusion, Mudekereza stated that diffusion of innovation was aided by the CQUIN learning network. She also reiterated that it is essential to engage communities and recipients of care while planning, implementing and evaluating new models.



During the panel discussion, Aliyu Gambo (Nigeria) highlighted some steps taken by the government to ensure access to care in hard-to-reach places during the pandemic:

- Services were moved from facilities to communities
- Passes were granted to Civil Society Organizations, Network Of People Living With HIV/AIDS In Nigeria (NEPHWAN) and Key Populations to bypass restrictions created by the lockdown and enable these people to access deliver services
- Services were provided for COVID-19, HIV and TB testing simultaneously (Integration)
- Reaching out to clients through virtual platforms

Abdulkadir Dangirma (NEPHWAN, Nigeria), Kofi Diaba (Ghana-West Africa Program to Combat AIDS and STI (WAPCAS), Ghana) and Olakunle Oginni (Obafemi Awolowo University, Nigeria) all drew attention to some challenges faced by key population during the pandemic such as limited access to services (including PrEP) and commodities, economic hardship, stigma and discrimination especially in health facilities, increased risk of mental health issues (among AYP), reduced compliance to drugs on account of poor socio-economic status, poor access to government-distributed relief services, and uncertainty about the impact of COVID-19 on the future.



Olakunle Oginni however added that the existence of key populations-led NGOs made it easy for key populations to seek care services and support systems which help them in keeping up with treatment. These NGOs also had a better reach with information to help destigmatize the population. Sola Sanwo pointed out that beyond protecting the gains of the HIV program, an additional benefit of many innovative service delivery models during the pandemic, was the improvement in self-efficacy and self-management of PLHIV. He also emphasized the need to ensure the cost-effectiveness and sustainability of these models.

On how issues of human rights infringement regarding the disclosure of HIV status and law enforcement during the pandemic were handled in respective countries, panelists shared the following:

- In Nigeria, poor knowledge of human rights among the population is a major contributor and efforts are in place (e.g. patient education programme; done in collaboration with PEPFAR and Government of Nigeria) to inform/ educate clients and empower them. Also, there's a need to strengthen grievance communication mechanisms.
- In Ghana, community-trained paralegals stand in to tackle issues of violation of human rights.
- A team of pro-bono lawyers assigned across the region to represent the under-served / under informed population.
- Collaboration with national agencies in Nigeria to tackle issues on human rights abuse.

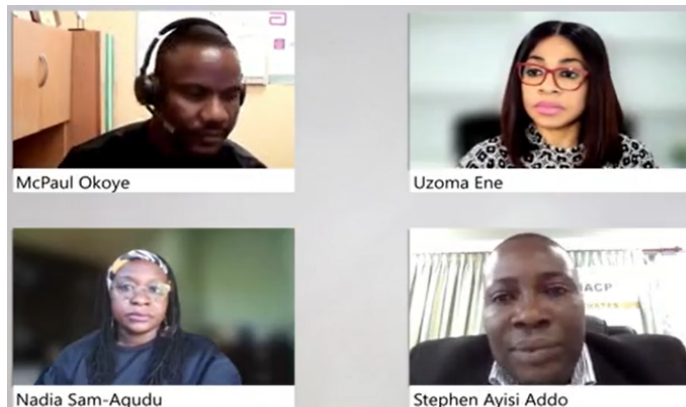
Key recommendations on HIV Treatment and care for key populations in West and Central Africa:

- ✓ There is need to strengthen age and context-specific programming with appropriate models of service delivery for AYPLHIV.
- ✓ The key populations' community needs economic empowerment.
- ✓ Integrate key-populations-led groups into mainstream health facilities for service delivery to help mitigate issues of stigma and discrimination in health care settings.
- ✓ Assess the cost-effectiveness of community DSD models and integration with existing community structures and services as well as linkages with the private sector.

Session 4. Achieving and Sustaining Viral Load Suppression in paediatric Care: Challenges and Opportunities (Chair: McPaul Okoye)

Uzoma Ene (CDC, Nigeria) spoke on the sub-optimal VL suppression among paediatric sub-population, highlighting the factors contributing to paediatric non-suppression and discussing the best practices in improving it that should be adopted, prioritized and implemented at scale across WCA. Efforts should be made to address age and sex disparities in VL coverage particularly for the under 5 years old age group.

Nadia Sam-Agudu (Institute of Human Virology, Nigeria) spoke on the updates on drug resistance in paediatric care. Sam-Agudu highlighted the prevalence of pre-treatment HIV drug resistance to NRTIs among treatment-naïve infants newly diagnosed with HIV from 2012-2020. High levels of resistance to Epstein-Barr Virus (EBV) or Nevirapine among infants living with HIV were not surprising. There is accelerated ongoing transitions to WHO-recommended regimens which are based on Dolutegravir (DTG). HIV drug resistance (DR) in adults (including pregnant and postpartum women) influences DR in children. Protease inhibitors like boosted Darunavir are available for use in cases where DTG is not available or not acceptable for use.



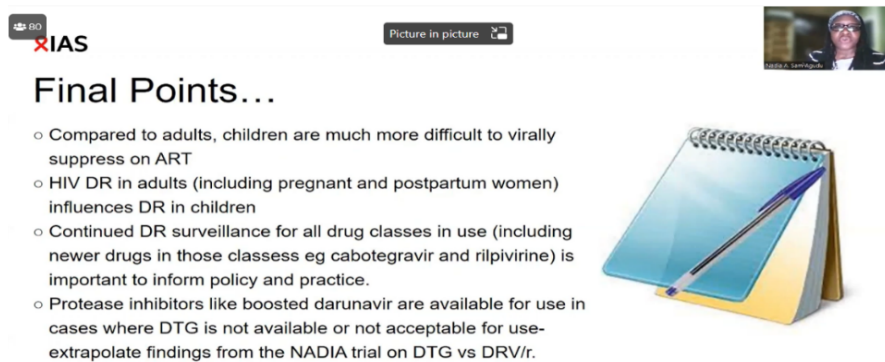
Session 4 Moderator and Speakers

Stephen Ayisi Addo presented on improving turn-around time (TAT) for VL testing among children and pregnant/breastfeeding women. He discussed key complementary interventions employed in Ghana to increase access to VL testing, reduce TAT and ultimately improve the third 95:

- Implementation of the sample transport system: all ART sites (577) were mapped to VL testing labs (9) in a hub and highlighted ways to ensure that the maximum travel time for referred samples was 3 hours. Results return was via a mix of hard copy printout delivery by Ghana Post and soft copy via WhatsApp by the testing lab.
- Ayisi Addo acknowledged however, that there are still challenges to TAT due to other systems issues such as frequent equipment downtime, reagent stock-outs, etc.
- Pilot of an electronic system for test requisition and results return in Ghana with ongoing scale-up (Viral Load Data Management System (VLDMS) – a web-based software on DHIS 2).
- Integration of point-of-care tests (POCTs) into the national testing system. A pilot was conducted in March 2020 using GeneXpert platform (UNICEF support received) in 5 facilities.

Nadia Sam-Agudu highlighted several factors that could be contributing to children lagging behind in viral suppression compared to other groups: immunological immaturity, drug adherence, social determinants, and difficulty with 'child-unfriendly' meds prior to paediatric DTG scale-up.

The implementation of family-centered care services where families come for hospital visits was stated as one of the measures to address the issue of stigma concerns among paediatric caregivers. Sam-Agudu added that there is a need to address stigma not just at the individual level, but also at the community level and within health facilities.



Final Points...

- Compared to adults, children are much more difficult to virally suppress on ART
- HIV DR in adults (including pregnant and postpartum women) influences DR in children
- Continued DR surveillance for all drug classes in use (including newer drugs in those classes eg cabotegravir and rilpivirine) is important to inform policy and practice.
- Protease inhibitors like boosted darunavir are available for use in cases where DTG is not available or not acceptable for use- extrapolate findings from the NADIA trial on DTG vs DRV/r.

Uzoma Ene gave an address on clients with low-level viraemia (LLV) becoming unsuppressed despite maintaining same level of adherence and/or undergoing enhanced adherence counselling (EAC). She emphasized that there is a need to sustain proper and quality EAC across service delivery points and also explore other socio-biological issues such as concomitant or intercurrent illness, and previous history of undetectable VL. Stephen Ayisi Addo highlighted other issues including: caregiver factors especially for children, social issues in adolescents, school-related challenges such as inadequate school infirmary set-up and fear of stigma among peers.

Key recommendations on achieving and sustaining viral load suppression in paediatric care:

- ✓ Diagnostic point-of-care testing (POCT) has shown most significant improvement in TAT to facilitate patient-centered management services and should be prioritized for scale-up for vulnerable groups such as children, pregnant and breastfeeding women.
- ✓ Efforts should be made to address stigma at individual, health facility and community levels.

Testimonials

"The symposium has provided me with new knowledge to contribute to the HIV response. I will use this new knowledge to improve on my existing research on HIV innovations and strategies during pandemic; pandemic preparedness in HIV response; Community engagement with people affected with HIV."

Researcher at an NGO

"As an HIV/AIDS monitoring and evaluation professional, the knowledge I have gained during the symposium will enable me to improve research practices to generate accurate data that can aid in improving the ability to engage in HIV responses and improve and develop new HIV policies."

Healthcare worker in a Hospital

"In the aim to achieve epidemic control, I will use what has been learnt to intensify paediatric case finding, by ensuring paediatric and adolescents are identified by the community testers strategically by identifying women on ART of child bearing age and ensure their children have been offered HTS services and the necessary care."

Physician at an NGO

"I will ensure to use the knowledge gained to improve HIV policy development for a better outcome in my society. Help reduce the rate of HIV infections through rigorous awareness campaigns."

Student in Academia