Dynamic partnership to redefine community engagement in HIV programming in Nigeria

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Background

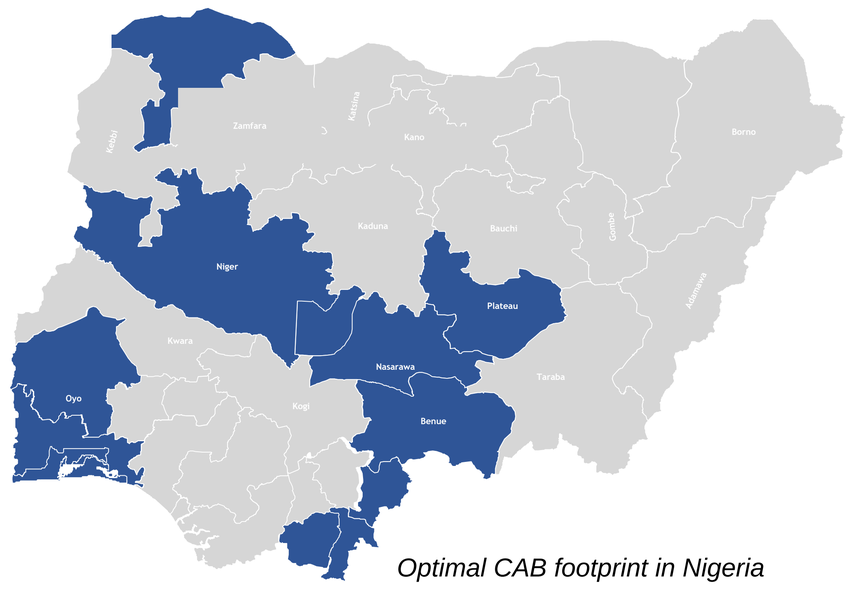
Since 2007, Clinton Health Access Initiative (CHAI) has introduced several transformational interventions to improve access to optimal HIV diagnostics, treatment, and technologies. The perception and acceptance of the interventions by the community is essential to sustained uptake of services. To enhance community engagement in HIV interventions, Unitaid and CHAI partnered with Afrocab Treatment Access Partnership (Afrocab) in 2016 to develop activities to improve treatment literacy among people living with HIV (PLHIV) and drive the uptake of optimal HIV products through the Optimal community advisory board (Optimal CAB).

Description

At the inception of the Optimal project funded by Unitaid, CHAI supported the Optimal CAB to implement community engagement activities across 56 health facilities in 12 states within Nigeria. The key deliverables of the Optimal CAB were:

1. To facilitate optimal product adoption,
2. To improve treatment literacy among PLHIV on optimal products to generate demand, and
3. Obtain feedback from PLHIV on optimal products to inform policy.

CHAI provided evidence on optimal products while Optimal CAB members revised the evidence into community friendly format and disseminated this information to the community.



Optimal CAB footprint in Nigeria

Lessons Learned

Product Adoption

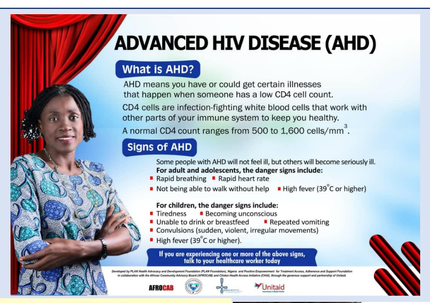
- The Optimal CAB supported the adoption and uptake of 9 HIV products in Nigeria: Tenofovir-Lamivudine-Dolutegravir, Lopinavir/ritonavir pellets, Pediatric Dolutegravir (pDTG), Darunavir/ritonavir, Liposomal Amphotericin B, Flucytosine, VISITECT, CrAg Lateral Flow Assay, and TB LF LAM.
- Optimal CAB advocacy contributed to the recommendation of DTG as the preferred first-line antiretroviral regimen, and over 1.8 million people are now on DTG-based regimens in Nigeria.
- Optimal CAB members trained 56 adherence counsellors on AHD and 148 mentor mothers on pDTG, disseminated information that debunked myths resulting in equitable and increased access to DTG among women.

ADR Management

- Optimal CAB observed low ADR and OI reporting rates, and as a result built PLHIV capacity to report these to improve management
- IEC materials on ADR were developed and disseminated among the community

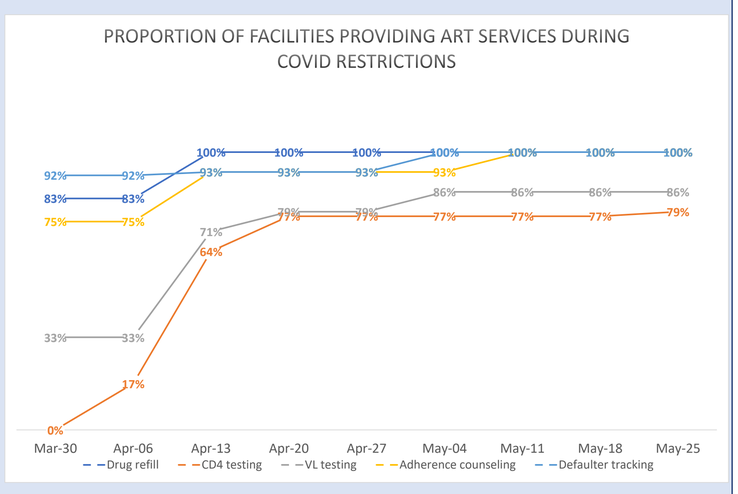
Treatment Literacy

- The Optimal CAB has produced 14 print and 5 audiovisual IEC materials to empower the community to demand for optimal HIV products and services
- These IECs have been disseminated to 54% (20) of states in Nigeria.
- All Optimal CAB IECs can be assessed here.



Service Support

- The CAB members supported tracking of HIV services and facilitated drug delivery in 24 ART sites across 10 states in Nigeria during the COVID-19 movement restriction
- Tracking showed decline in lab services during COVID-19



Conclusion

Community engagement has become a pillar of HIV programming in Nigeria and should be integrated into HIV interventions. More critically, the engagement should be targeted at treatment literacy on optimal HIV services to achieve better treatment outcomes. Government, partners and other stakeholder working on HIV treatment should embrace a community model to promote knowledge exchange and receive feedback from communities, especially when new HIV treatment or services are introduced.

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