

# REDUCING PROVIDER-HELD STIGMA AND IMPROVING YOUNG CLIENT SATISFACTION IN STRENGTHENING INTEGRATED DELIVERY OF AND ACCESS TO COMPREHENSIVE HIV AND SEXUAL/REPRODUCTIVE HEALTH AND SUPPORT SERVICES FOR MSM IN LAGOS, NIGERIA

## BACKGROUND

Since 2007, Nigeria’s Integrated Bio-Behavioral Surveillance Surveys (IBBSS) have reported a steady increase in HIV prevalence among men who have sex with men (MSM) from 13.5 in 2007<sup>1</sup> to 17.2 in 2010<sup>2</sup> to 22.9 percent in 2014<sup>3</sup>. MSM engage in sexual behaviors that are criminalized and highly stigmatized in Nigeria. Consequently, these populations have limited access to basic public health services, including HIV testing services (HTS) and sexually transmitted infection (STI) services. The national prevention guidelines recommend interpersonal communication; peer education; HTS; condom messaging, demonstration and distribution; and STI counseling as effective prevention tools for MSM, when used in the right mix and intensity at the individual, community, and structural levels.

In 2012, Population Council set up a “one-stop shop (OSS)” community health center in Lagos to provide comprehensive HIV prevention and treatment services for this target population in a culturally sensitive manner in Lagos State, with the support of the U.S. Department of Defense and the U.S. President’s Emergency Plan for AIDS Relief.

Riding on the success of the OSS community health center, the Elton John AIDS Foundation (EJAF) engaged the Population Council to implement an integrated model providing comprehensive HIV, sexual and reproductive health (SRH) and support services to MSM in Lagos in 2016. The two-year project herein called the “EJAF Project” was designed to deploy a “hub and spoke” peer-led (or peer navigation) model to integrate comprehensive HIV and SRH MSM-friendly services in public health facilities (PHFs) in Lagos State. The goal of this project was to reach 9,500 MSM with HTS, and link and retain those in care who test HIV positive and/or present with an STI.



*A counselor/tester providing HIV testing services in one of the special events for MSM*



*Training of healthcare workers on the use of basic data analytical tools*



*EJAF and Population Council staff at the AIDS 2018 Conference in the Netherlands*

## PROJECT DESIGN

In the *hub and spoke* peer-led model, the Population Council community health center at Yaba is the “*hub*”, while 20 PHFs across 14 local governments in Lagos State are the “*spokes*.” The *hub* is a safe space community health center providing comprehensive HIV prevention, treatment and psychosocial support services for key populations. In addition the *hub* has a dedicated clinical team and network of peers creating demand for clinical services in a culturally sensitive manner. *Spokes* are public health care facilities providing comprehensive HIV treatment and trained by *hub* staff to provide MSM friendly services.

Key opinion leaders (KOLs) are trained MSM HIV testing counselors/peer educators while peer navigators are facility-based MSM-friendly community advocates. HIV treatment and combination prevention services (HTS, STI syndromic management, condom/lubricant demonstration and distribution) are provided by nine mobile teams consisting of five KOLs per team. Each mobile team gains access to MSM at the community level through a freelance mobilizer residing in that geographic community. These teams target physical and virtual hotspots where MSM socialize (e.g., lounges and bars, joints, bunks, brothels, parks, male-dominated venues like butchers, spare parts dealers, building materials markets, ports, and social media sites like Badoo, Grindr, Gayromeo, Manjam, Tinder, Instagram). Each MSM client is

offered pre-test counseling, testing and post-test counseling. When a client tests negative and reports substantial risk behaviors, he is referred to the *hub* for possible uptake of pre-exposure prophylaxis (PrEP). HIV-positive clients are linked to antiretroviral treatment (ART) through the peer navigator who escorts them to a PHFs (*spoke*) of their choice.

The role of the peer navigator is to track and integrate HIV-positive clients into their chosen *spoke* facilities until the clients initiate ART. Peer navigators work to ensure that clients are enrolled into treatment with ease and with minimal stigma and other facility-based structural barriers (e.g., complex clients flow, long turnaround time) at the *spoke* facilities.

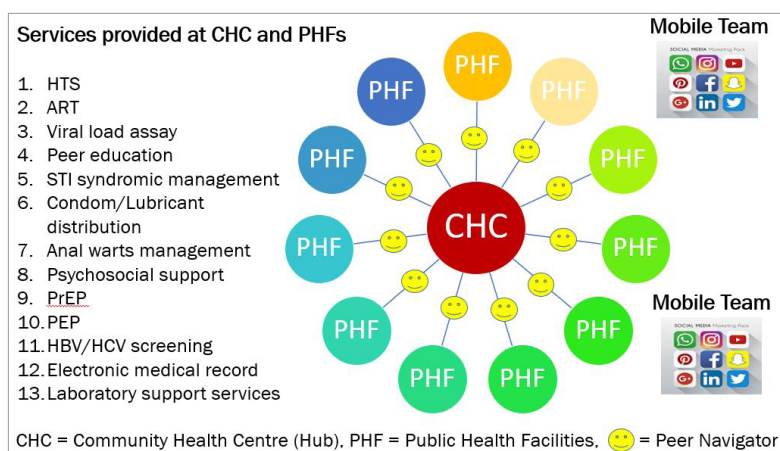
The project implemented the following to create an enabling environment: monthly electronic social networking small group meetings, quarterly community advisory committee meetings, quarterly HIV proficiency testing for mobile team members, quarterly data quality assessment meetings, and annual mystery client survey at the *hub and spoke* facilities.

## RESULTS

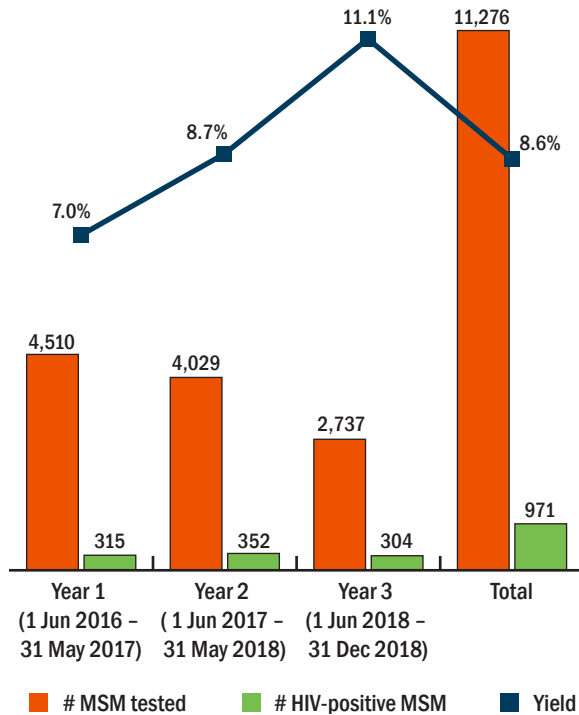
### Direct beneficiaries

Over the life of the EJAF project (June 2016 to December 2018), a total of 11,276 MSM were reached with HTS, 971 (8.6 percent) tested HIV positive and 773 clients (80 percent) were enrolled in treatment (Figure 2). Of the 773 on ART, more than a fourth (n=212) were enrolled at the *spokes* while the remaining 561 were enrolled at the *hub* (Figure 3). Of the 286 clients eligible for viral load testing (at least six months on ART), almost all had a viral load test completed, and 94 percent achieved viral suppression (Figure 4).

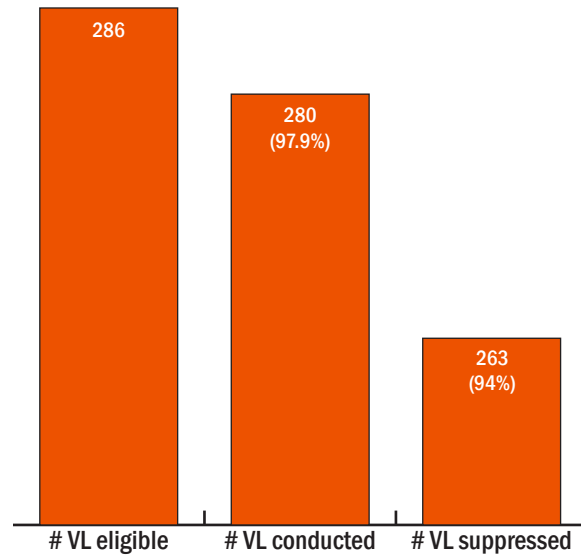
FIGURE 1 EJAF PEER NAVIGATION MODEL



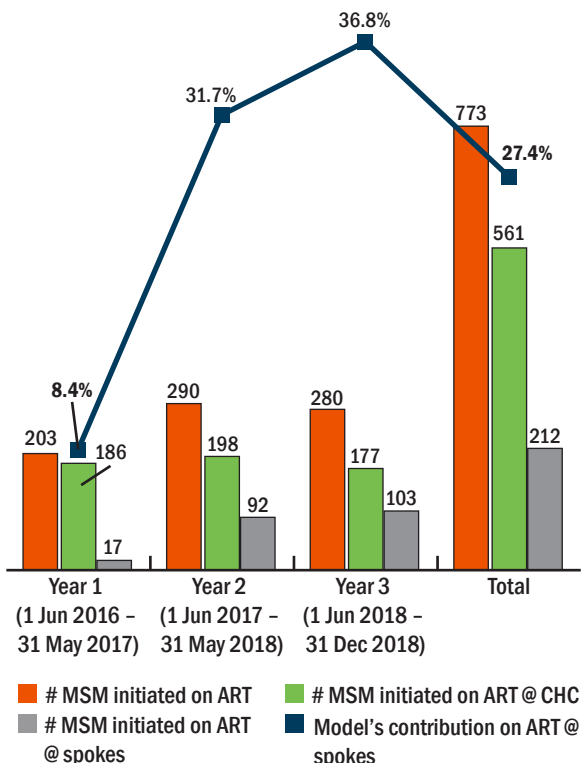
**FIGURE 2 HIV TESTING YIELD OVER THE LIFE OF THE PROJECT**



**FIGURE 4 VIRAL LOAD ASSAY CASCADE**



**FIGURE 3 PROPORTION OF MSM INITIATED ON ART IN PHFS OVER THE LIFE OF THE PROJECT**



### Other beneficiaries

- A total of 335 health care workers drawn from 19 PHFs in Lagos State were capacitated and sensitized to provide MSM-friendly services.
- The project actively engaged 25 stakeholders to constitute the community advisory committee (CAC) which provided structural oversight on the project. Membership was drawn from United Nations Program on HIV/AIDS, Nigeria Police Force, Lagos State Agency for the Control of AIDS, the State Ministry of Health, MSM community, local government agency for the control of AIDS managers, and focal persons from the PHFs. The CAC was the advocacy arm of the project and mitigated community conflict and homophobic crises.
- The project trained 37 KOLs as counselors/testers selected from various MSM networks.
- The project built the technical capacity of 125 health care providers on electronic data capture and basic analysis using statistical software.
- The project trained 125 health care providers on biosafety and infection control.

## KEY PERFORMANCE INDICATORS

TABLE 1 KEY PERFORMANCE RESULTS

| Performance Indicators   | Target (over the life of project) | Reached to date |
|--|-----------------------------------|-----------------|
| % of successful referrals of MSM reached in the community to testing   | 90%                               | 89.5%           |
| # of health facilities and mobile clusters with trained healthcare workers offering MSM-targeted test-and-treat programmes | 20                                | 22              |
| % of MSM tested and 10% of client referrals attributed to the EJAF Project   | 25%                               | 50%             |
| % of MSM with negative HIV results at spoke facilities re-tested after 6 months  | 50%                               | 82%             |

## LESSONS LEARNED

1. Virtual social networking sites such as Badoo, Grindr, Gayromeo, Manjam, Tinder, and Instagram are increasingly becoming viable recruitment platforms for hard-to-reach MSM in Lagos. KOL review meetings showed that about 36 percent of clients recruited through these social networks were HIV positive. The rising homophobic climate in Lagos has compelled many MSM to abandon physical hotspots for virtual hotspots.
2. The *hub and spokes* peer navigation model showed that despite the prevailing homophobic environment in Lagos State, one out of three HIV-positive clients through the project was likely to access ART at MSM-friendly PHFs. This is a strong indication that peer navigators are an

effective bridge between MSM communities and public health facilities.

3. The CAC is an effective structural strategy in mitigating community conflict and crisis in a homophobic environment and should be sustained. For example, the CAC secured the release of five mobile counselors/testers who were providing HIV testing services on 29 July 2017 when the police arrested 60 men suspected to be homosexuals at Royal Vintage Hotel, Owode-Onirin, Ikorodu, and Lagos.

## CONCLUSION

Despite rising homophobia in Lagos, the peer navigation *hub and spoke* model is a viable strategy for the integration of comprehensive HIV prevention, treatment and SRH services for MSM in public health facilities. While conventional interpersonal peer education interventions remain relevant, strategic behavior change communication strategies through virtual social networking platforms are quickly replacing physical (face-to-face) hotspots. Our project findings serve as a call to redesign and redefine behavior change communication strategies in order to meet the UNAIDS 90-90-90 targets for MSM in Nigeria.

## REFERENCES

1. Federal Ministry of Health [Nigeria] (2007) Integrated Biological and Behavioural Surveillance Survey (IBBSS), 2007.
2. Federal Ministry of Health [Nigeria] (2010) Integrated Biological and Behavioural Surveillance Survey (IBBSS) 2010.
3. Federal Ministry of Health [Nigeria] (2014) Integrated Biological and Behavioural Surveillance Survey (IBBSS) 2014.

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