



HIV SERVICE DELIVERY IN THE TIME OF COVID-19: FOCUS GROUP DISCUSSIONS WITH KEY POPULATIONS IN INDIA

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Context

- The COVID-19 pandemic and its control measures brought attention to the significant impact that interventions targeting one pandemic can have on the management of other communicable and non-communicable diseases
- In India, the COVID-19 pandemic resulted in devastating mortality rates, especially during the Delta variant surge. Additionally, it led to disruptions in the delivery of HIV prevention and care programs, prompting the Government to make necessary adjustments to ensure continuity of services
- As a result, in March 2020, the Government of India implemented revisions to HIV service delivery policies
- The revised policies included the distribution of life-saving antiretroviral therapy (ART) through community channels, and the adoption of multi-month dispensing (MMD) of ART for all individuals living with HIV (PLHIV)

Activity Description

- To assess the acceptability of the adaptations made and understand the impact of the pandemic on key populations (KP), focus group discussions (FGDs) were conducted in November and December 2020
- The FGDs included men who have sex with men (MSM), female sex workers (FSWs), and transgender women (TGW) in the states of Telangana and Maharashtra
- A total of seven group discussions were conducted, covering a range of topics, such as HIV service access, risk behaviors, economic security, and community feedback to ensure the continuity of services
- Through the process of inductive and iterative coding, common themes were identified that were consistent across the different topics discussed during the FGDs



Activity Impact

- The activity provided valuable insights into the challenges faced both by the community and service providers during mobility restrictions and the public health crisis
- The insights also helped to inform the strategy for HIV self-testing and community-based screening for key populations outside the sphere of COVID-19 restrictions
- In addition to the demand for dedicated HIV services, participants expressed the need for support finding income opportunities, accessing eligible government pensions, receiving skills training to improve their employability, and obtaining nutrient-rich food or supplements for themselves and their families
- Participants highlighted other priorities, such as COVID-19 testing, the provision of COVID-19 vaccines, and access to mental health services
- Participants also expressed the need for increased availability of HIV antibody testing, CD4 testing, HIV RNA testing, and improved accessibility to antiretroviral therapy (ART)



Evidence

A total of 44 individuals aged 20-49 years participated in the focus group discussions (13 MSM, 16 FSW, and 15 TGW). Out of these, 24 participants identified themselves as living with HIV:

- **Impact on sexual behaviors during the pandemic:** Among those involved in sex work, (including MSM and TGW), there was a decrease in sexual activity. Those who continued or resumed sex work earned less due to reduced demand, difficulty meeting clients, and fear of COVID-19. Condom use remained unchanged compared to before the pandemic
- **Barriers to facility-based HIV testing and treatment services:** difficulties travelling to the facilities to get an HIV test or collect antiretroviral therapy (ART). There was also confusion about which clinics were still providing services for HIV antibody, CD4, and HIV RNA testing, as some hospitals had shifted their focus to treat COVID-19 patients
- **Experience with ART adherence:** Participants living with HIV generally reported maintaining regular adherence to ART during the COVID-19 pandemic, without any lapses
- **Preferences for HIV service delivery:** Participants expressed a preference for accessing services across the HIV cascade (HIV antibody testing, CD4, HIV RNA testing, and ART pick-up) through community-based organizations (CBOs) instead of public hospitals or clinics. Their reasons included proximity, extended operating hours, more welcoming environments, and less perceived stigma
- **Experiences of limited livelihood:** The disruptions caused by the pandemic resulted in reduced income for participants, leading to stress and challenges in meeting basic needs such as food and rent

Facilitators

- The activities were made possible with the support of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), through the United States Agency for International Development (USAID), and the guidance of the National AIDS Control Organisation (NACO) and State AIDS Control Societies.
- This activity was implemented by the Johns Hopkins University School of Medicine, through ACCELERATE, along with the prime implementing partner, YR Gaitonde Center for AIDS Research and Education (YRGCARE)
- The Drop-in-Centers and Key Population Community Advisory Boards played a critical role in reaching out to the population
- The project was able to conduct the focus group discussions with the support of the State AIDS Control Society and the ART centers, based on client's line-lists provided

Challenges

- Due to COVID-19 restrictions, the program faced limitations in engaging with a representative sample of the population

Lessons Learned

- The findings highlight the need for person-centric comprehensive approaches for delivering HIV services and addressing syndemics through empowered referral networks and stakeholder coordination
- The impact of COVID-19 restrictions was more significant on the accessibility of HIV antibody, CD4, and RNA testing services compared to accessing antiretroviral therapy (ART)
- There was strong acceptance of multi-month dispensing (MMD) and community-based services, highlighting the importance of differentiated service delivery models
- In the event of future lockdowns, conflicts, or other unforeseen circumstances restricting mobility, the continuity of HIV services for key populations requires integration with non-HIV
- Non-HIV entry points during crisis were identified as crucial for the survival and well-being of KP, highlighting the need to incorporate these services alongside HIV-related care

