

USAID Afya Yangu Southern Program



Title: *Effectiveness of Using Peer Led Approach to scale up Covid 19 Vaccination Among PLHIV in Southern Tanzania*

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Background/Introduction

- The novel coronavirus disease 2019 (COVID-19) pandemic has created an unprecedented global health challenge
- The 1st case of COVID-19 in Tanzania was reported on 16 March 2020
- Population with chronic medical conditions is among groups that was highly affected
- Development and global rollout of effective COVID-19 vaccines was a crucial step in controlling the pandemic
- USAID Afya Yangu Southern (AYS) played a bigger role in vaccination distribution while monitoring vaccination coverage among People Living with HIV (PLHIV)
- By March 2022, vaccination coverage among PLHIV was only at 2% while general population had coverage of 12%
- In July 2022 , the program employed ***“Peer-Led Approach”*** to improve vaccination coverage among PLHIV

Methodology/Strategies

- The program invested in 148 high volume facilities out of all 676 supported facilities
- Strengthened partnership with the Network of PLHIV (“NACOPHA Kongas”) to address HIV/COVID-19 related myths and conceptions to improve COVID-19 vaccination behavior
- Program together with R/CHMTS and Kongas identified PLHIVs who have already been vaccinated in general population pool and made them Vaccination champions.
- Conducted orientation to the champions and vaccinators to build their capacity on proper counselling, demand creation and strengthened link between demand and service.

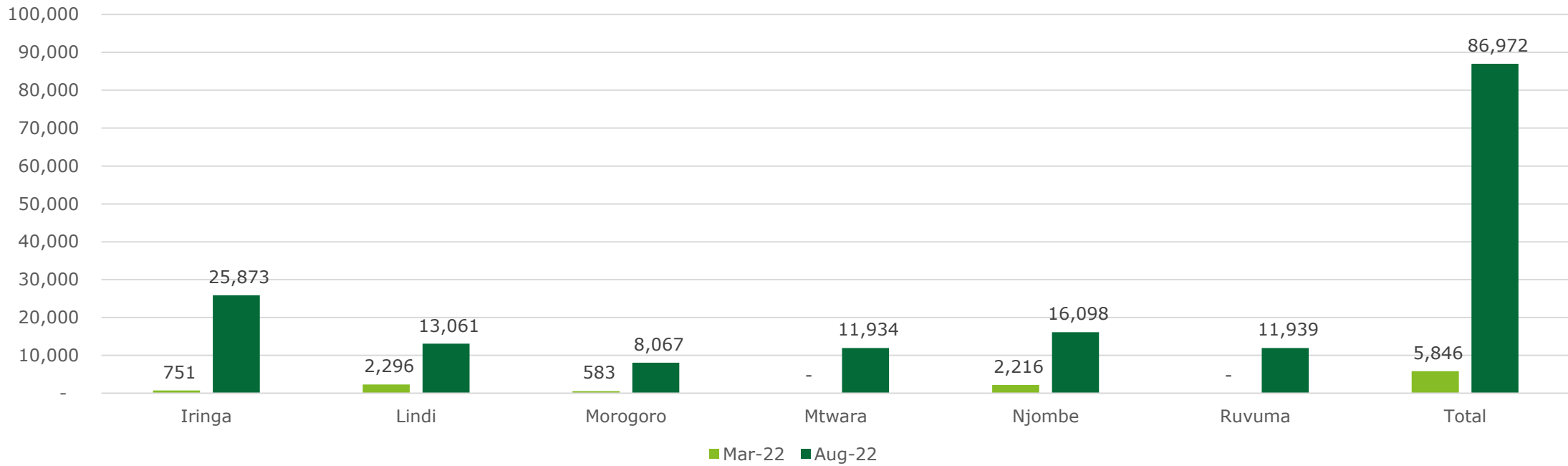


Methodology/Strategies

- The program used 823 Peer Vaccinated Champions to create awareness and link the PLHIV to received COVID 19 vaccine provided at facilities and outreach services
- Introduced entry and exit desk mechanism: In each CTC vaccination point stationed a Peer Vaccinated Champion to advocate for vaccination among PLHIVs as they visit the CTCs
- Conduct COVID 19 vaccination outreaches integrated with other ART services in hard-to-reach areas
- Supported Peer Vaccinated champions to implement call back approach to recall clients on mult-monthly dispensing (MMD) to come for COVID-19 vaccination,
- Engaging local radio stations to create mass awareness on vaccination. Supported RIVOs/DIVOs to participate in the live educative sessions.

Results

Figure 1: PLHIV Vaccination coverage



Results

- In March, the program fully vaccinated PLHIV 5,846
- In August, 86,972 PLHIV were fully vaccinated

Results

Figure 2: General Population Covid-19 Vaccination Coverage in AYS Supported Regions

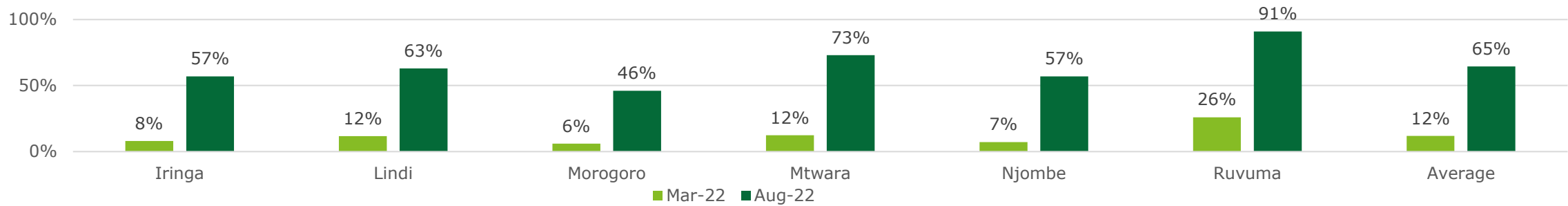
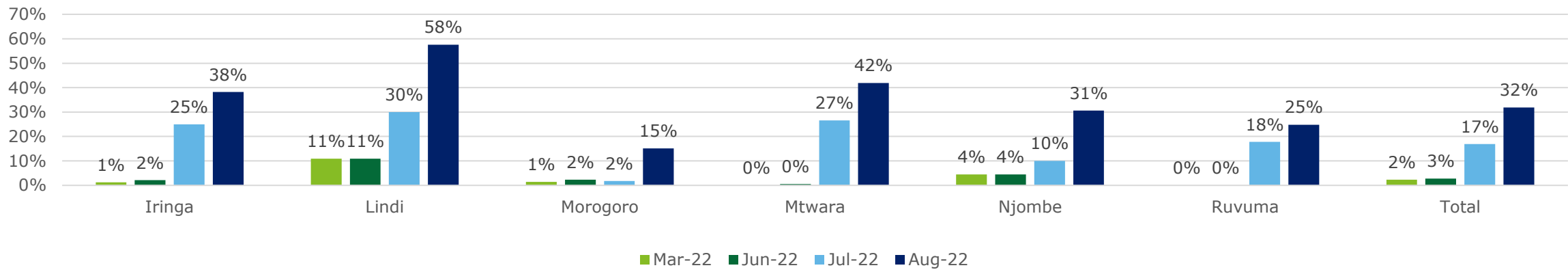


Figure 3: PLHIV Covid-19 Vaccination Coverage in AYS Supported Regions



Results

- Vaccination coverage has increased with time
- The increase has been in all regions

Discussion

- General population coverage was easy and quick as compared to PLHIV
- The deployment of Peer Vaccinated Champions drastically improved vaccination coverage from 3% in March 2022 to 31% at the end of August 2022
- Services uptake among PLHIV has shown to improve with peer led approach
- PLHIV population is among the vulnerable groups that need special intervention even for the services that are available for general population
- Use of peer vaccination champions improved coverage as knowledge and experience shared by the peer was well understood.
- With these result and other results from interventions that involved peers it is proven than engagement of peer in addressing challenges faced by PLHIV is the best approach.

Recommendations

- There is a pressing need to address the inequalities fueling the twin pandemics of HIV and COVID-19 including stronger support for peer-led interventions.
- To increase vaccination coverage among PLHIV, health-care professionals should work closely with peer champions to reach the fellow PLHIV through their social networks.
- Peer-led approach is a promising strategy to promote COVID-19 vaccine uptake because peers have a pre-existing, trusted relationship with PLHIV.

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