

Investing in HIV community-led peer support groups to empower recipients of care and improve HIV quality of care in Sierra Leone

Solthis and NETHIPS experiences, building capacities of HIV peer support groups to provide comprehensive and quality support to recipients of care, have demonstrated positive impact to empower patients and improve their treatment adherence and retention in care. This policy brief aims to influence decision makers toward scaled and comprehensive HIV community led support groups services for sustained high quality HIV response in the country.



Context

The Global AIDS Strategy aims to reduce inequalities that drive the AIDS epidemic and prioritize people who are not yet accessing life-saving HIV services. One of its strategic priorities aims to break down barriers to achieving HIV outcomes with fully recognized, empowered, resourced and integrated community-led HIV responses for a transformative and sustainable HIV response¹.

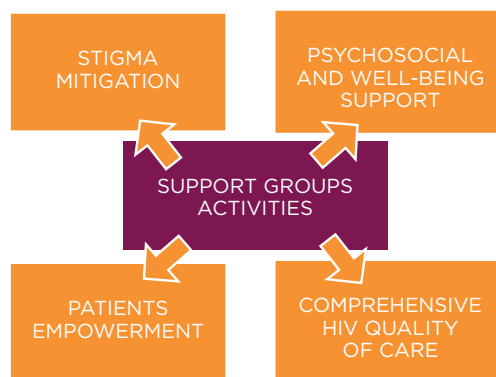
The Global Strategy on Human Resources for Health: Workforce 2030², adopted by the World Health Assembly in 2016, calls for Community health workers (CHWs) and other types of community-based health workers to be harnessed as part of a diverse, sustainable health worker skills mix. The strategy recommends that innovative, community-based models for health care delivery be implemented and expanded to build sustainable health systems and service delivery models³.

The HIV epidemic in Sierra Leone affects all the population through multiple and diverse transmission dynamics. The national adult prevalence rate stood at 1.7% (with women 2.2% and men 1.1%)⁴. Community services are part of the national HIV strategy involving community health workers and support groups even though their contribution could be enhanced to cover all needs.

SHARE project, supported by The Agence Française de Développement (AFD) Group, aims to generate and disseminate knowledge exploring NETHIPS past experiences on HIV peer support groups.

Based on qualitative analysis of 11 focus group discussions with about 32 Recipients of Care (RoCs), 30 support group leaders and 5 health care workers along with 9 key informant interviews with 6 national stakeholders and 3 HIV districts supervisors, Solthis and NETHIPS propose this policy brief and the key

results. We also propose key recommendations to national authorities, donors, implementing partners and decision makers to influence investments and recognition of the pivotal role of support groups toward HIV quality of care and enhanced national HIV response.



Key messages

- ▶ HIV peer support groups contribute to improve treatment adherence and retention in care for RoCs.
- ▶ HIV peer support groups provide patient centered service, enabling RoCs empowerment to defend their rights, improve their self-esteem and decision-making capacities.
- ▶ HIV peer support groups contribute to mitigate stigma, enhance HIV disclosure and mobilize communities (families and leaders) to support RoCs well-being.
- ▶ HIV peer support group activities implemented in collaboration with health facilities represent a key opportunity to improve access to comprehensive quality HIV care.

1 - https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026-summary_en.pdf

2 - Global strategy on human resources for health: Workforce 2030, <https://iris.who.int/bitstream/handle/10665/250368/9789241511131-eng.pdf>

3 - Optimizing community health worker programmes for HIV services <https://iris.who.int/bitstream/handle/10665/350197/9789240040168-eng.pdf?sequence=1>

4 - National AIDS Secretariat Sierra Leone (2020) The Sierra Leone National HIV & AIDS Strategic Plan 2021-2025



Key results

Improved treatment adherence and retention in care.

From 2016 to 2018, in 12 health facilities, combining health care workers capacity building and developing HIV peer support group to support recipient of care:

► average treatment adherence score increased from 23% to 69% (+46%);

► average retention in care score (at 6 months) increased from 44% to 86% (+42%).

Perceived significant benefits and positive impact of the HIV peer support groups activities.

HIV peer support groups are recognized to provide comprehensive patient centered and tailored support helping RoCs to accept their situation, supporting them not to remain isolated and stigmatized, finding solutions to their personal and daily difficulties and enhancing their treatment adherence and retention in care.



I became a member of this support group, I have benefitted greatly. Initially, I never wanted to disclose my status for fear of being pointed fingers at. Since I joined, the support has been immense. They often assist me in collecting my medication or mobilizing someone to deliver it to my doorstep, especially when I am facing self-stigma and don't want people to know my status. RoC

Had it not been for the Support Group in my community, I don't know what would have happened to me by now. When I contracted the virus, I almost committed suicide until I came in contact with one Support Group member. She was friendly and opened up to me because I thought I was alone. Since her counseling and encouragement, I became a member of the Support Group, and now I look at myself as if I am without the disease; I am living like any other person. Counseling and encouragement from people and the community is critical in the fight against the disease. RoC

Limited resources and socioeconomic context affect negatively benefits of HIV support groups activities.

Support groups face challenges to provide comprehensive support due to lack of resources and economic vulnerability of RoCs. More globally, NETHIPS and support groups have the capacity to support only around 1/3 of all RoCs receiving care at national level.

Persistent community and health care workers' stigma and discrimination, lack of coordination with health facilities are still limiting quality of HIV services.

Despite improvements observed, investments in building capacities of health care workers and strengthening coordination with health facilities appear to be necessary for optimized quality HIV care. Sensitization and collaboration with communities are also considered essential to reduce stigma and promote RoCs well-being.



Recommendations

1 - Increase investments in community-led services and HIV peer support groups to cover national needs and provide comprehensive patient-centered support to RoCs. This should consider the following activities:

- sharing experiences among RoCs, mixing expert patients with new RoCs and promoting mixed socio-economic profiles participation;
- strengthen RoCs and health care workers relationship in health facilities, communities and other platforms;
- promote psychosocial support with families' involvement toward status disclosure and reduced stigma;
- empower RoCs and build their capacities to defend their rights, increase their self-esteem and decision-making capacities;
- intensify community HIV sensitization and mobilization to reduce stigma and increase RoCs well-being;
- support social protection to mitigate RoCs socioeconomic vulnerability and increase access to HIV services.

2 - Fully integrate HIV support groups mechanism within HIV national response and strengthen coordination with health facilities to optimize quality HIV services.

3 - Strengthen community services capacities and create an enabling environment to provide quality HIV services :

- design and implement national capacity building strategy and plan for CHWs and support groups leaders, in line with the National Community Health Worker Policy 2016-2020;
- strengthen differentiated service delivery involving CHWs and HIV support group members to provide decentralized HIV services at community level.

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