

The impact of COVID-19 on provision of HIV testing services and mitigation strategies among key population in Sub-Saharan Africa: A Systematic review

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INTRODUCTION

- The impact of the coronavirus disease (COVID-19) pandemic on HIV testing services in Sub-Saharan Africa, especially among key populations remain unclear.
- COVID-19 has been associated with interruption of HIV services due it's nonpharmacological measures such as social distancing on access to screening tests.
- Uninterrupted HIV testing services remains pivotal for reaching the 95-95-95 target goals to end HIV as an epidemic by 2030 agenda.
- Key population continue to be disproportionately affected by HIV due to underlying individual & structural barriers, stigma and discrimination.



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OBJECTIVES

- To quantify the extent and nature of the impact of covid-19 on HIV testing services
- To describe strategies employed to mitigate the impacts among key population in Sub-Saharan Africa

METHODS

- This review is registered on PROSPERO (International Prospective Register of Systematic Reviews)

Search strategy

- “COVID-19”, “COVID-19 impact”, “HIV”, “HIV testing” “COVID-19 impact on HIV” “COVID-19 impact on key population” “HIV testing among the key population” “key population” “provision of HIV testing” “mitigation strategies”

Table 1: Inclusion and exclusion criteria

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> ➤ Primary/original publications such as journal articles, government reports, case reports/studies, randomized controlled trial, and clinical trials among others as well as grey literature 	<ul style="list-style-type: none"> ➤ Reviews, meta-analysis and other forms of secondary research
<ul style="list-style-type: none"> ➤ Sub Saharan Africa 	<ul style="list-style-type: none"> ➤ Outside of Sub Saharan Africa
<ul style="list-style-type: none"> ➤ Key population – men who have sex with men ➤ Transgender people (transgender women and men) ➤ Female sex workers ➤ People who inject drugs ➤ People in person and detention/incarcerated people ➤ All races 	<ul style="list-style-type: none"> ➤ Non-key population studies
<ul style="list-style-type: none"> ➤ 18 years and above 	<ul style="list-style-type: none"> ➤ Below 18 years of age
<ul style="list-style-type: none"> ➤ Full texts publications 	<ul style="list-style-type: none"> ➤ Abstract-only papers as preceding papers (Articles without available full text available) ➤ Conference, editorial and author response theses and books
<ul style="list-style-type: none"> ➤ Publications written in English 	<ul style="list-style-type: none"> ➤ Non English publication and without translations to English
<ul style="list-style-type: none"> ➤ Publications published between 2018-2021 	<ul style="list-style-type: none"> ➤ Publications published before 2018 and after 2021

RESULTS

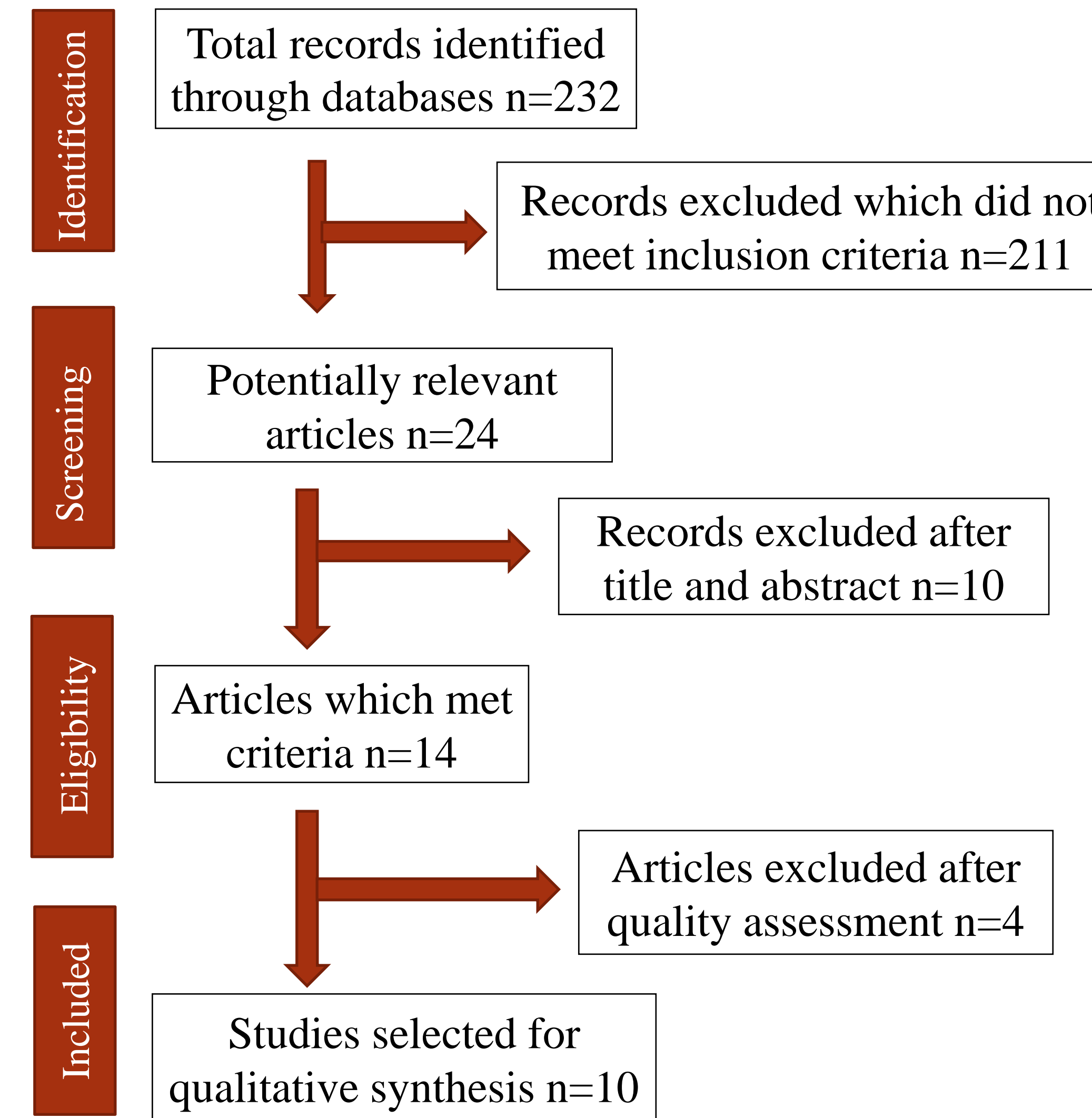


Figure 1: PRISMA Flow chart representing systematic search results

- COVID-19 impact varied across key populations, countries, and period of the pandemic.
- ☐ South Africa and Zimbabwe reported a decline in number of HIV tests done, one-on-one consultations and linkage to care.
- ☐ Men who have sex with men, transgender people, migrants, sex workers, and people who inject with drugs had reductions in the number of tests, (10.74% to 52.85%) while prisoners showed an increase in the number of HIV tests performed.
- ☐ These impacts were reported irrespective of the implementation of several mitigation strategies such as
 - telephonic or video consultation,
 - HIV self-testing,
 - Use of mobile clinic to reach clients
 - Focused HIV testing strategies for key populations.

CONCLUSIONS

- The outcomes of this review show that the impacts of COVID-19 on HIV testing services are varied across and within countries, key population, and timing of the pandemic.
- Health care providers and implementors should build on the lessons learned from COVID-19 pandemic to further enhance mitigation strategies and establish targeted HIV testing approaches for key populations for both the current and future pandemic periods.

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