

SCALING UP COVID19 VACCINATION THROUGH CONGREGATIONAL APPROACH AND COMMUNITY ART SERVICES INTEGRATION IN RESOURCE LIMITED SETTING: CARES ACT/ARPA PROJECT EXPERIENCE IN ABIA STATE

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Background

The COVID-19 pandemic is the most devastating in the last 100 years after Spanish flu. Vaccine hesitancy is a major barrier to vaccine uptake and the achievement of herd immunity, which is required to protect the most vulnerable populations. It is unknown whether the COVID19 vaccines provides equal immunity to persons living with HIV. The paper aims to share the experience of vaccine uptake in Abia state using congregational approach and Community ART services integration.

Methods

CCFN in collaboration with stakeholders such as ABSPHCDA, religious and community leaders embarked on sensitization drive and demand creation in churches, mosques, markets, and communities to correct myths and misconception on COVID19 vaccination. Volunteers were engaged to mobilize communities, record, validate and vaccinate eligible persons in comprehensive ART sites while COVID 19 vaccination was integrated into the community ART activities. Data was retrospectively collected from the DHIS platforms between January 2022 and September 2022 and analyzed using descriptive statistics on Excel.

Results

In the period of March to December 2021, the state recorded a total vaccination of 158,138 (19%). The intervention by CCFN resulted in 1,288, 485 persons reached with COVID-19 messages and additional 667,415 (81%) vaccinated between January and end of September 2022 leading to a total of 825,553 COVID-19 vaccinations. 368,415 (45%) were partially vaccinated, 352,128 (43%) fully vaccinated while 105,010 (13%) received booster doses. 8,703 (19%) PLHIV received COVID-19 vaccination out of the 46,564 clients on ART in Abia State

Conclusion

We conclude that effective stakeholders' engagement and demand creation increased COVID-19 vaccination in communities with vaccine hesitancy and integration of COVID-19 activities with HIV services also helped to reach the PLHIV population. Further study is needed to explore the level of immunity of COVID-19 in PLHIV cohorts.

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