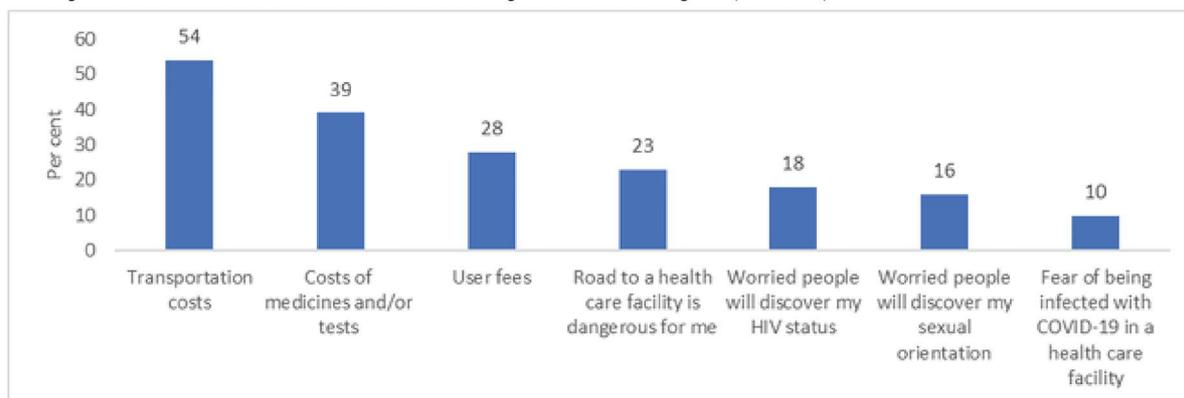


Figure 1. Barriers to health care for WLHIV or at high risk of HIV in Nigeria (N = 4541)



Abstract PEMOD72-Figure 1.

meet their financial obligations. WLHIV or at high risk of HIV said they experienced issues accessing health services for HIV, 55% (1988/3581), sexually transmitted infections, 36% (1104/3073), tuberculosis, 22% (609/2773), family planning, 19% (510/2702), and safe abortion care, 13% (335/2570). The biggest obstacles were financial: 54% affording transport, 39% medicines or tests, and 28% user fees at a health-care facility (Figure 1). Social and structural barriers were also reported (Figure 1).

Conclusions: Our study demonstrated the significant negative effects of the COVID-19 pandemic on WLHIV or at high risk of HIV in Nigeria. Interventions are necessary to mitigate socio-economic challenges, address structural inequality, and ensure access to health services.

PEMOD73

Covid-19 and self-perceived changes in psychosocial and behavioral outcomes of people living with HIV in community-based clinics of Mali: The EPIC programme of Coalition PLUS

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Background: In Mali, around 23% of the 57000 people living with HIV (PLHIV) on antiretroviral treatment (ART) are followed-up in community-based clinics. Their functioning was reorganized to guarantee the HIV-care continuum during Covid-19. We investigated changes in PLHIV's psychosocial and behavioral outcomes, associated factors to these changes, and their interrelationship.

Methods: The EPIC multi-country community-based research coordinated by Coalition PLUS was conducted in 33 countries including Mali, studying the impact of Covid-19 among PLHIV and key populations. Analyses used data collected in March 2021 among PLHIV of 18 community-based clinics of ARCAD Santé PLUS. Face-to-face questionnaires collected participants' characteristics, and assessed perceived changes in psychosocial/behavioral and HIV-care related

aspects compared before Covid-19. Outcomes: perceived changes in day-to-day life (DDL) (negative = 1/unchanged = 0), quality-of-life (QoL) (worse = 1/unchanged = 0), and ART-adherence (worse = 1/unchanged = 0). Three-equation multivariate probit model was estimated to investigate associated factors and the link between outcomes.

Results: Among 695 participants, 72.3% were female and median age was 38 years IQR[31-45]. Negative changes in DDL were declared by 74.5%; 27.2% and 40% declared poorer QoL and ART-adherence, respectively. Estimations showed deteriorated financial situation associated with worse DDL (coeff: 0.805/p < 0.001) and QoL (coeff: 0.278/p = 0.036). Negative changes in DDL were less likely for older (coeff: -0.276/p = 0.030) and those in rural areas (coeff: -0.507, p < 0.013), although more likely for those with difficulties finding social support (coeff: 0.640/p = 0.003). Female (coeff: 0.263/p = 0.040), older (coeff: 0.468/p < 0.001) and those in urban areas (coeff: 0.568/p = 0.002) were associated with poorer QoL. Long-term ART delivery reduced QoL decline (coeff: -0.346/p = 0.008). Accommodation difficulties (coeff: 0.503/p = 0.017), and perceiving that community-based response to Covid-19 was inadequate to PLHIV (coeff: 0.331/p = 0.002) were associated to negative changes in ART-adherence. Easy healthcare access (coeff: -0.653/p = 0.010) and long-term ART delivery (coeff: -0.243/p = 0.048) reduced ART-adherence issues. Finally, ART-adherence and QoL changes are strongly related (correlation: 0.308/p < 0.001), but not ART-adherence with DDL (correlation: 0.127/p = 0.063). However, DDL and QoL are processes that evolve together (correlation: 0.184/p = 0.011).

Conclusions: QoL seems to be a key aspect in the management of negative changes in ART-adherence and DDL among Malian PLHIV, although the mechanism is different. Community-based related factors to QoL should contribute to the improvement of ART-adherence, while focusing on demographic/socioeconomic factors should contribute to the attenuation of the Covid-19 impact over DDL through the improvement of QoL.

PEMOD74

Impact of COVID-19 on access to sexually transmitted and blood-borne infections (STBBI) and harm reduction services for people who use drugs or alcohol in Canada

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