HIV IN THE TIME OF COVID-19:

Leaving No-One Behind to Truly End the HIV Epidemic

The COVID-19 pandemic has brought into sharp focus the ways that disadvantaged communities are disproportionately affected by public health crises. These pervasive inequities have negatively impacted health and wellbeing, including HIV-related health outcomes and quality of life. Urgent action is needed to address the longstanding barriers individuals and communities face across the HIV continuum of care to ensure that no one is left behind in our endeavour to truly end the HIV epidemic.

A concerted global effort is required to achieve the Joint United Nations Programme on HIV/AIDS (UNAIDS) goals of ensuring that 95 percent of people living with HIV know their HIV status, 95 percent of people with diagnosed HIV are on treatment, and 95 percent of all people receiving treatment are virally suppressed by 2025.[1] It is only by eliminating health inequities that countries will be able to close the gaps in outcomes that are preventing progress to these goals.

Addressing the structural barriers to optimal HIV care

The scientific advancements that have transformed HIV/AIDS into a long-term manageable condition have not been equally accessible to all people living with HIV (PLWH). PLWH and other communities* continue to have difficulty accessing HIV prevention, testing, treatment, and ongoing care services due to a broad range of social and structural barriers. These include stigma and discrimination, criminalization of HIV status and other aspects (e.g. sex work, sexual orientation, drug use, etc.), as well as lack of access to affordable healthcare, economic stability or stable housing options.

COVID-19 has exacerbated entrenched healthcare inequities. The physical closure of HIV clinics, diversion of healthcare workers to other areas and financial constraints have all compromised the management of HIV for groups most affected. Specifically, treatment delays for HIV care,[2] fewer people being tested for HIV[3] and fewer people receiving adequate HIV and STI prevention services, including lower enrolment in pre-exposure prophylaxis (PrEP) services are threatening progress towards ending the HIV epidemic.[4]
The stakes are high: failing to address the underlying inequities or tolerating bad policies risks leading to more cases of HIV.

Implementing health policies in HIV to combat inequities

A one-size-fits-all approach to improving health is no longer enough. Targeted action is required to understand and address the barriers that disadvantaged individuals and communities face to ensure adequate access to treatment and care. Health policies that tackle inequities in accessing HIV prevention and care services need to be inclusive, practical and holistic, informed by the communities affected by them.

The key principles set out below inform a policy framework focused on removing barriers to effective HIV prevention, treatment, and care. Ensuring all people living with or at risk of HIV receive access to testing, prevention and treatment services and support they need must be at the center of policy decision-making if we are to pursue the shared goal of ending the HIV epidemic.

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Key Principles for Developing HIV Policies to Ensure that No One is Left Behind

» Develop inclusive policies:

Equitable and inclusive policymaking should inform HIV policies, funding, and resource allocation, in consultation with affected communities.

» Bring decision-making closer to communities:

Governments should implement differentiated national, local and community HIV responses that reflect the context and needs of communities that are disproportionately impacted by HIV. Governments should also focus on working in partnership with community-based organizations to ensure there are resources in place to evaluate the effectiveness of HIV service delivery programs by community organizations.

» Expand access to HIV testing:

Promote and increase the uptake of HIV screening among at-risk communities through policies that support the widespread integration of HIV screening into routine healthcare testing. Bring testing closer to at-risk individuals by working closely with community-based organizations to reach the most vulnerable and raise awareness of more accessible and free testing options.

» Improve data collection and separate data systems:

Improve the quality of data collection across key HIV indicators and key populations to enable benchmarking of HIV interventions and equitable allocation of resources.

» Ensure leadership continuity:

HIV policy planning should be de-politicized, agile, and made in multiyear cycles to ensure continuity between governments working in partnership with community groups.

» Decriminalize discriminatory policies:

All discriminatory policies and legislation must be identified and revoked to support equal access to HIV services and care.

» Address socioeconomic barriers:

HIV policy must address socioeconomic barriers to HIV testing, prevention, treatment, and care faced by communities most impacted by HIV.

References

[1] UNAIDS. 2025 AIDS targets. Available at: https://aidstargets2025.unaids.org Last accessed May 2021.
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[3] Brawley S, Dinger J, Nguyen C, Anderson J. Impact of shelter in place orders on PrEP access, usage, and HIV risk behaviours in the United States. J Int AIDS Soc. 2020;23(Suppl.4):178 (abstract OADLB0101).
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