

Impact of Covid-19 on HIV care in Malawi and Uganda: mixed-methods study

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Introduction

The COVID-19 pandemic and the measures taken to limit its spread have severely disrupted health systems and medical care. People living with HIV (PLHIV) suffer from high levels of comorbidities and stigma, and often faced challenges in access to care prior to the pandemic. The aim of this study was to explore the extent to which the pandemic and the public health measures have affected medical care for PLHIV. The study took place in two different contexts in terms of care and experience of the pandemic where MSF operates, in Arua (Uganda) and Chiradzulu (Malawi).

Methods

- Multicentric mixed-methods study
- Quantitative component → retention in care and viral suppression using programmatic data routinely collected from January 2018 to April 2021 .
- Qualitative study → patient perspectives and perceptions of the impact of Covid-19 and the public health and social measures on their lives and ability to manage their health, and on HIV care.
- Interviews with patients conducted from January to June 2021.

Results – Quantitative approach

- From 2020 to 2021, 15% decrease in active cohort among adults on any regimen and a 17% decrease among children and adolescents in Arua
- During the same period in Chiradzulu, the first- and second-line cohorts decreased in size (10% drop and 12% drop, respectively)
- Reduction in ART initiations and in clinical consultations at the start of pandemic (50% and 68% in Arua and 34% and 60% in Chiradzulu, respectively) and a gradual decrease in viral load coverage
- In Chiradzulu, proportion of High VL decrease 3.49% in Q2 2018 to 0.78% in Q2 2019, until the second quarter of 2020. In Q2 2020 the number of tests conducted dropped by almost 30% from Q1 2020 and the proportion of High VL subsequently increased. In Arua, proportion of high VL appeared relatively comparable between 2019 and 2020/2021, apart from children on first and second line who appeared experience a decrease in high viral load.

Fig 1a: Active cohort in Uganda

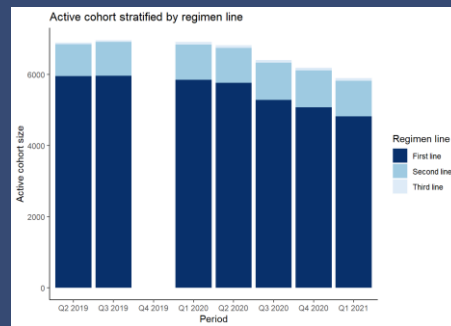


Fig 1b: Active cohort in Malawi



Fig 2a: High VL in Uganda

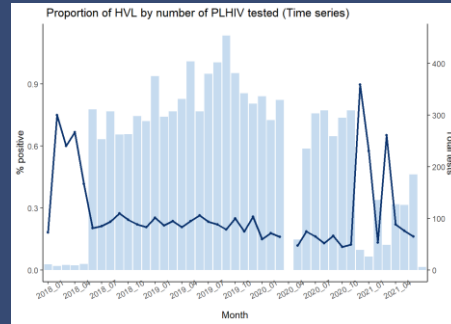
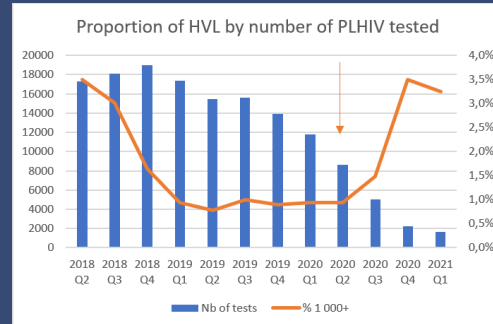


Fig 2b: High VL in Malawi



Results – Qualitative approach

Uganda:

- Restrictive measures limited access to HIV health services and care

Sharon didn't go to the hospital because of the soldiers beating people in the streets. [...] Sharon and her brother Felix were caught up with time – they were past curfew time. The soldiers started beating them. (Adolescent girl)

Malawi:

- Fear of getting infected with Coronavirus

[P]eople said there's a Covid injection. When you get it you die and I was scared of the hospital. [Normally] I take my medication but the past few months I wasn't taking them, as they are finished but I didn't come here since I was afraid. (Ado boy)

In both sites:

- Patient expressed helpfulness of active follow-up and out-reach (phone-call or in person) during Covid-19 but not adapted to adolescents care

Before [corona] the children had specific days for their peer activities. They would get to know that having this disease does not mean that they will die soon. That they can actually lead a normal and happy life. They get to meet their peers who have the same challenges as them. (Female caregiver)

Conclusion

The COVID-19 epidemic and public health measures had an important negative impact on HIV care in the health facilities and in the community in Arua and Chiradzulu. To ensure a conducive environment for patients' access to essential HIV care and treatment during potential future outbreaks requires continued collaboration with the authorities and advocacy for more non-violent and less authoritarian ways of implementing restrictions. In addition, innovative public health information campaigns about COVID-19, to dispel rumours and misinformation are recommended.

Ethics approval was granted for this study from Mbarara University of Science and Technology (MUST), Uganda National Council for Science and Technology (UNCST), Malawi National Health Sciences Research Committee and MSF ERB.

