Impact of Covid-19 on HIV care in Malawi and Uganda

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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

We conducted a multicentric mixed-methods study . The quantitative component explored patients' retention in care and viral suppression using programmatic data routinely collected from January 2018 to April 2021 . The qualitative study investigated 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. The interviews with patients were conducted from January to June 2021.

Results

From 2020 to 2021, we observed a 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). In addition, we observed a 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 Uganda, the lockdown affected patients' and caregivers' livelihoods, education, access to food and psychosocial wellbeing negatively, which at times affected their ability to manage HIV condition at home and to adhere. Adolescents lost support, experienced increasing HIV stigma, and started to provide for themselves. In Malawi, patients and caregivers emphasized the impact of the pandemic and public health measures on livelihoods and food security and noted the reduction or absence of MSF social support activities during this time. Also, the fear of COVID at health facilities and the confusion and lack of communication about regarding day-to-day changes in activities was disturbing to both patients and staff.

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 national authorities and advocacy for more non-violent and less authoritarian ways of implementing restrictions. In addition, innovative public health information campaigns about COVID-19 and care services, to reduce fear of disease and to dispel rumours and misinformation are recommended.

COVID-19 has severely disrupted access to health systems and treatment. The measures put in place to limit the spread of the epidemic have altered people's bearings. How has the pandemic in Arua and Chiradzulu affected PLHIV, who already suffer from higher levels of mental health problems, co-morbidities and stigma?