

COVID-19 could undermine gains in HIV prevention and sexual-health care

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Recent reports have proposed that the COVID-19 pandemic may create an opportunity to make serious inroads into the virtual elimination of HIV in certain countries, and may even lead to dramatic reductions in STI transmission [1]. In contrast, however, studies from many countries show the pandemic is exposing inequities in access to HIV prevention and sexual-health care – which consequently are placing people at greater rather than less risk.

A common theme across some of these studies was that younger people were more likely to report negative effects related to the pandemic, including service-related impacts (such as difficulties accessing services) but also economic impacts such as loss of employment.

A survey of MSM in the US conducted in early April found that a substantial proportion (a quarter) reported trouble accessing HIV/STI testing or treatment due to COVID-19 [2]. Younger men (that is, those aged 15–24 years) were more likely than older men to report difficulties). In addition to difficulties accessing services, young men were also more likely to report economic impacts, which included loss of employment.

Some participants (approximately 1 in 10) reported problems getting either a script for PrEP or the medications. A similar proportion (i.e. approximately 1 in 10) of participants in a UK study reported that they were unable to access PrEP, either through their clinic or online [3]. About a quarter of these men tested in a clinic, whilst almost three-quarters used remote testing options such as self-sampling or self-testing.

Notably, these US and UK studies were conducted early in the COVID-19 pandemic. At that point in time, only 30% and 12% of men in the US and UK respectively had accessed HIV/STI testing services. It is unknown whether difficulties would be likely to increase or decrease (or even fluctuate) over time, and whether new testing and treatment strategies will compensate for in-person options.

An analysis of survey responses from MSM in ten countries (from Asia, Europe and North America) found that (unsurprisingly) access to in-person testing, PrEP, condoms, self-testing were all related to the severity of restrictions in that country [4]. Again, young people (aged under 24 year) as well as those with the lowest average income, were less able to access prevention services.

A study in a large sexual health centre in Italy found that there was a decrease in clients accessing the service after the ‘lockdown’ in that part of the country, and that younger clients were more likely to have been affected, with the proportion of clients aged 15–24 years accessing the service declining from 27.3% to 15.5% [5]. However, the proportion of clients overall who were MSM increased from around a quarter to a third, which may indicate fewer concerns related to accessing care or being unable to access care elsewhere [5].

Together these findings suggest the need for more remote solutions such as telehealth, mobile-service delivery, and mail-ordering of testing and prevention supplies in order 'to avert increased HIV incidence among MSM during the COVID-19 pandemic era' [2], which may be especially important for younger men. Also, as is already happening in some places, HIV-prevention and sexual-health services could be packaged with COVID-19 services.

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