Pandemic Parallels: Understanding the Connections Between HIV/AIDS and COVID-19

Parallels

Ending the pandemics

Adapting to shifting needs

Takeaway

AIDS Protest in Maine in 1991. Dirck Halstead/Getty Images

For more than 40 years, the HIV/AIDS pandemic has been affecting communities around the world.

In 2020, roughly 37.7 million people had HIV, the virus that causes AIDS. More than 36 million

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people across the globe have died from AIDS-related complications since the HIV/AIDS pandemic started.

Thanks to the advent of antiretroviral therapy, survival and quality of life for people with HIV have improved dramatically in recent decades.

Antiretroviral therapy can suppress HIV to undetectable levels in the body, preventing its transmission and the development of AIDS. Improvements in testing, condom use, preexposure prophylaxis (PrEP), and HIV prevention education are also helping to prevent new infections.

However, more work needs to be done to stop the spread of HIV and ensure that everyone who contracts the virus has access to testing and long-term treatment.

In the United States, roughly 13 percent of people with HIV don’t know they have the virus, and only 65.5 percent

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were virally suppressed in 2019. At the global level, 16 percent of people with HIV didn’t know their HIV status and 34 percent weren’t virally suppressed in 2020.

Now, the world is in the grips of another pandemic — and it’s adding to the challenges of managing HIV/AIDS.

The COVID-19 pandemic has highlighted many of the same inequalities that have shaped the dynamics of HIV/AIDS. It has also made it harder for many people to access HIV prevention, testing, and treatment services.

This has pushed many organizations to adapt their HIV education, outreach, and service delivery models. To bring both the HIV/AIDS and COVID-19 pandemics to an end, ongoing collaboration and commitment by governments, non-profit organizations, and other groups are needed.

Parallels between HIV/AIDS and COVID-19

COVID-19 first hit the news in December 2019, when scientists identified the first known case in Wuhan, China.

Since then, more than 261 million cases of COVID-19 have been reported worldwide, including more than 48 million cases in the United States. More than 5 million people around the world have died from the disease, including nearly 778,500 people in the United States.

Compared with HIV, the novel coronavirus that causes COVID-19 spreads from one person to another and affects the body in different ways. Nonetheless, there are some striking similarities in how the two viruses have impacted communities.

Emergency department in Oceanside, New York in April 2020. Jeffrey Basinger/Newsday/Getty Images

“There are several parallels that I see between COVID-19 and HIV,” Larry Walker, co-founder of the HIV nonprofit organization THRIVE SS, told [name removed]. “Mainly the fear, as they were both new and showing themselves to be more fatal than other viruses we were accustomed to.”

In the early days of each pandemic, experts knew little about how HIV or the novel coronavirus spread or what could be done to prevent transmission. In both cases, high fatality rates, lack of knowledge, and misinformation added to fears of infection.

Those fears in turn contributed to the stigmatization of communities that have been “highly impacted” or wrongly blamed as the “originators” of HIV

or the novel coronavirus, said Walker. This includes gay men in the case of HIV and Asians in the case of the novel coronavirus.

According to a Pew Research Center survey, 81 percent of Asian adults in the United States say that violence against them has increased since the start of the pandemic.

Uneven effects

Another striking similarity between the HIV/AIDS and COVID-19 pandemics is the uneven effects they have had on different communities.

Like HIV/AIDS, COVID-19 in the United States has disproportionately affected Black people, Hispanic/Latino people, people living in poverty, and other socially and economically marginalized groups.

For example, the Centers for Disease Control and Prevention (CDC)

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reports that Black/African-American and Hispanic/Latino people are more likely than non-Hispanic white populations to be hospitalized with COVID-19 and more likely to die from the disease.

“Similar to what we see with HIV, COVID seems to be doing the most damage in Black and other communities of color, due to a myriad of factors, including but not limited to anti-Blackness, systemic oppression, and medical mistrust,” said Walker.

Inequitable work and living conditions raise the risk of exposure to infectious diseases, while systemic racism, homophobia, and other forms of discrimination pose barriers to prevention, testing, treatment, and support services.

The health effects of inequality are playing out a global scale, too.

Many low-income countries have poorly resourced healthcare systems, which makes it harder to manage the HIV/AIDS and COVID-19 pandemics. Access to COVID-19 vaccines in low-income countries remains very low. Residents who live in poverty or face discrimination due to their race, gender, sexuality, or other factors face added barriers to HIV and COVID-19 prevention, testing, and treatment.

“Vulnerable populations experience both increased impact from diseases, including HIV and COVID-19, and decreased access to services,” Maria Sol Pintos Castro told [name removed]. She leads the Resource Mobilization team of the Private Sector Engagement Department at the Global Fund, an international organization that mobilizes funding to combat the HIV/AIDS, tuberculosis, and malaria pandemics.

“Widespread stigma and discrimination, state and non-state violence and harassment, restrictive laws and policies, and criminalization of behaviors or practices put vulnerable populations at heightened risks and undermine their access to services,” she added.

Collective trauma

The millions of deaths caused by COVID-19 have left many individuals, families, and communities in a state of mourning. For communities that have also been affected by HIV/AIDS, that collective grief and trauma is painfully familiar.

Martina Clark is a resident of New York City who has contracted both viruses — HIV in the 1990s and the novel coronavirus in March 2020. She was the first openly HIV-positive person to work for UNAIDS, and she recently penned a book about her experiences, “My Unexpected Life: An International Memoir of Two Pandemics, HIV and COVID-19.”

“I’m in a sort of writing-slash-support group of long-term survivors with HIV,” Clark told [name removed], “and we have all been discussing the grief of losing so many people, originally in the AIDS pandemic and how that has been reactivated with COVID.”

“We’ve been really hard hit by the COVID pandemic,” she continued, “but it also brings up again that experience of so many people taken away in such a short period of time, echoing the gay community in the early days of the AIDS pandemic.”

Photos courtesy of Martina Clark

Although more research is needed, a global analysis from the World Health Organization found that people with HIV who contract the novel coronavirus have increased risk of developing severe COVID-19. They are also more likely than average to die from COVID-19.

Pandemic mitigation measures have added to the challenges of mourning people lost to HIV/AIDS, COVID-19, or other causes. Due to restrictions on social gatherings, many people have been unable to gather for funerals or other rituals of mourning.

Bringing the pandemics to an end

To stem the tide of illness and death from both COVID-19 and HIV, collective action is needed. However, the COVID-19 pandemic is making it harder for many organizations to provide HIV prevention, testing, and treatment services.

“Initially, COVID presented a huge barrier for people living with HIV as it related to accessing their care, support, medications, and various other services,” said Walker.

Like many community organizations across the United States, THRIVE SS had to close its community center and safe space during the first year of the COVID-19 pandemic. Some organizations have yet to reopen their doors.

Health care facilities have also had to restrict access to in-person services, including HIV testing and treatment programs. Even when in-person services are available, many people with HIV or at risk of HIV have been reluctant to attend in-person appointments.

“From about March to November 2020, I basically canceled all of my appointments,” Clark said, “I think I went in for one blood draw in that period, and that was just sort of run in and run out.”

Similar barriers have limited access to HIV prevention, testing, and treatment services in other countries as well, including many low- and middle-income countries.

“For the first time in the history of the Global Fund,” Pintos Castro told [name removed], “key prevention and testing services declined compared to the previous year. For example, the number of people tested for HIV in 2020 dropped by 22 percent compared to 2019, holding back HIV treatment initiation in most countries.”

Adapting to shifting needs

In response to COVID-19-related challenges, organizations that serve communities affected by HIV have had to shift their approach to providing support.

“[The Global Fund has] awarded over $4.1 billion since the start of the pandemic to over 100 low- and middle-income countries to fight COVID-19 with diagnostic tests and treatments including medical oxygen, protect front-line workers, and adapt lifesaving HIV, TB, and malaria programs,” Pintos Castro said.

“Examples of successful adaptations include dispensing long-term supplies of medicines for HIV,” she continued. “The number of people on antiretroviral therapy rose 9 percent, from 20.1 million in 2019 to 21.9 million in 2020, and the percentage of people receiving multi-month

dispensing of [antiretrovirals] — over three months of medicine at a time — increased."

Identifying and reaching marginalized community members who can't access public health services is a major priority of the Global Fund's COVID-19 response. Those community members includes detainees, migrants, refugees, and stigmatized populations.

Organizations in the United States are also working hard to reach people affected by HIV, including marginalized community members who face added barriers to accessing health care and social support services.

"COVID has taught us that it is important to be flexible with how we deliver programming and services," said Walker. "Also, that our efforts should seek to address the total social determinants of health as faced by our communities — and that operating from the silo of one disease state won't address or best prepare our communities for uncertainties to come."

The takeaway

Although HIV and the novel coronavirus affect the body in different ways, there are striking similarities in how these viruses have impacted communities in the United States and around the world.

The HIV/AIDS and COVID-19 pandemics have both contributed to widespread fear of infection, as well stigmatization of community members who have been highly affected by these viruses or blamed for their spread.

Both pandemics have disproportionately affected economically and socially marginalized populations. Both have caused many deaths, leading to a collective state of mourning.

During the COVID-19 pandemic, organizations that serve communities affected by HIV have had to adapt their programs and services. They have had to take creative and holistic approaches to ensure that communities that hard-hit communities have access to HIV and COVID-19 prevention, testing, treatment, and support services.

“Fighting both pandemics requires investments, innovation, and the strong commitment of public and private partners, as well as citizens, to address the inequalities that fuel them,” Pintos Castro told [name removed].

“COVID-19 can be a catalyst to design a more integrated approach to the fight against all infectious diseases, including HIV, and to be better prepared for future health threats,” she added.

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