

Assessing the impacts of COVID-19 on people living with HIV in Uganda: results from a PLHIV-led participatory study

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BACKGROUND

The global COVID-19 evidence-base has been rapidly populated by clinical and epidemiological research. There is a comparative lack of data on the direct effects of the COVID-19 pandemic on people living with HIV (PLHIV), particularly in resource-constrained settings. Community perspectives on the impacts of COVID-19 on PLHIV are urgently needed.

METHODS

From **October 2020 to February 2021**, the International Treatment Preparedness Coalition initiated a 4-site multi-country assessment on the impacts of COVID-19 on PLHIV. In Uganda, in partnership with the National Forum of People Living with HIV and AIDS Network in Uganda (NAFOPHANU), a stepwise assessment was conducted through locally tailored treatment literacy trainings; identification of context-specific indicators; and data collection among 18 recipients of care. The participants were HIV-positive mothers, from urban and rural areas, aged 18 to 24 years—a vulnerable population. The assessments were transcribed, back translated and co-analyzed collectively and inductively.

RESULTS

The assessment showed the cross-cutting negative effects of the COVID-19 pandemic on access, availability and affordability of HIV treatment and care. HIV testing services offered to communities declined while access to health facilities was hampered by limited operating hours and admissions, facility closures and rising transport costs. Antiretroviral stockouts and widespread food insecurity also negatively impacted treatment adherence. Other services deemed non-essential, including ante- and postnatal care, mental health, and sexual and reproductive health services, were de-prioritized or became unavailable. Additionally, healthcare workers demanded out-of-pocket payments for antenatal services, previously offered freely. Reported income loss also resulted in hunger and greater violent and abusive living conditions. More extensive assessment involving recipients of care in Uganda could productively explore opportunities for post-COVID-19 health and social services, such as differentiated service delivery and community-led HIV service delivery.

CONCLUSIONS

COVID-19 amplified crises across health, human rights and socio-economic domains worsening conditions for PLHIV in Uganda. However, the response has also highlighted the unique role PLHIV organisations can play in assessing and leading targeted, community-based responses for young women that addresses their health and socioeconomic needs.

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