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Experiences of people living with both HIV and diabetes trying to access essential medications and care: a scoping review

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Category

E31: Systems to deliver effective, long-term chronic care

Countries of Research

Kenya, South Africa, United States, Malawi, Cambodia, Zimbabwe, Thailand, Morocco

Background

Both diabetes and HIV are lifelong conditions requiring reliable access to essential medicines, education, and care to survive. The experiences of people living with both conditions are insufficiently understood.

This study aimed to describe the experiences of people who are living with both HIV and diabetes when trying to access essential medications and care.

Methods

A scoping review of available literature was undertaken. Studies were included if they explored the attitudes, experiences, feelings, perceptions, satisfaction, interactions with stigma or stereotyping, of people simultaneously living with diabetes and HIV in trying to obtain essential medicine or care. Studies were included if they were published in English between January 2021 and December 2000 and a member of the study team could obtain the article in full.

Studies were excluded if they solely concerned people who were not simultaneously living with diabetes and HIV, did not address essential medicines or care, were written solely from the healthcare provider perspective. Reviews and secondary data were also excluded. Multiple databases were searched.

Results

A total of 1,426 articles were identified with 724 remaining after removing duplicates. A total of 17 studies were included after abstract and full text review. Study geographies most represented were South Africa (n=5), the United States (n=4), Malawi (n=2) and Kenya (n=2). Cambodia, Zimbabwe, Thailand and Morocco were also represented with one article each. Seven key themes were identified: uncoordinated care, female, and gender-based discrimination, stigma and disclosure, poverty, mental health. Patients reported HIV was easier to live with than diabetes, likely due to better access to care rather than a biomedical difference. Better integrated care could include better clinical scheduling, a focus on non-urgent transportation and a removal of out-of-pocket costs associated with accessing care. Limitations of this study include a lack of literature found on this specific patient population, a lack of specificity regarding diabetes type, and potential for sampling bias.

Conclusion

Health system integration, decreasing patient burden, addressing stigmatization and elimination of out-of-pocket costs associated with obtaining care are clear targets for improving the access to essential care for people living with diabetes and HIV.