A research project looks at how the COVID-19 lockdowns impacted HIV testing in KwaZulu-Natal, an area in which 1.7 million people are living with the disease.

The effects of the COVID-19 pandemic on HIV outcomes in low- and middle-income countries are not well understood. As a result, it is difficult for policy-makers to implement and adjust interventions accordingly. The Centre for the AIDS Programme of Research in South Africa (CAPRISA), which hosts the DSI-NRF Centre of Excellence in HIV Prevention, in association with a number of organisations including the University of KwaZulu-Natal, the Health Unit of the eThekwini Municipality and the University of Oxford among others, undertook a research project that analysed the anonymised data from 65 primary care clinics in KZN, including data from people testing for HIV; initiating antiretroviral therapy (ART) and ART collections at participating clinics before and after the first COVID-19 lockdown that began on 27 March 2020.

The research found that, while the provision of ART to existing HIV patients was maintained during the lockdown period, HIV testing and ART initiations were heavily impacted. For example, in the 27 months before lockdown, a median of 41,926 HIV tests were performed per month as compared to only 38,911 test per month in the first four months after lockdown. The data also revealed a 47.6% decrease in HIV testing during the first month of lockdown, increasing by 18.3% per month to 82.7% of pre-lockdown levels by July 2020.

Similarly, for ART initiations, in the 117 weeks prior to lockdown, 571 ART initiations per week were done compared to 375 ART initiations per week in the first 11 weeks after lockdown.

The research team has posited a number of reasons for the drastic drop off in numbers of HIV tests and ART initiations early in the lockdown period based on data from countries such as Uganda and Kenya. These reasons include a shortage of personal protective equipment (PPE) and a lack of space for physical distancing at many of the clinics. In addition, clinic opening times were reduced and clinic staff in many cases were redeployed from HIV testing to COVID-19 response activities. Other factors that have also been considered include costs; transport difficulties; the requirement for proof of the reason for travel and even a fear of contracting COVID-19 at clinics.

However, the researchers also point out that they did not find evidence of large disruptions in ART provision. On the contrary, efforts to continue providing treatment to patients in the ART programme were largely successful. Despite this, there is still the threat to disruptions in ART supply chains and future COVID-19 outbreaks and consequent lockdowns. In addition, people not already enrolled in HIV care programmes are the most affected by the lockdown. It is suggested that an integration of HIV and SARS-CoV-2 testing programmes would be beneficial as would HIV self-testing as advocated by the WHO and other organisations. Other ameliorative programmes could include home and community-based ART initiation.

The Impact of the COVID-19 LOCKDOWN ON HIV CARE

HIV testing and antiretroviral therapy initiations were heavily impacted

ART initiations decreased 46.2% in the first week of lockdown

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