

What Works to Reduce HIV-Related Stigma and Discrimination and How This Can Apply to COVID-19



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What Works to Reduce HIV-Related Stigma and Discrimination and How This Can Apply to COVID-19

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Outline

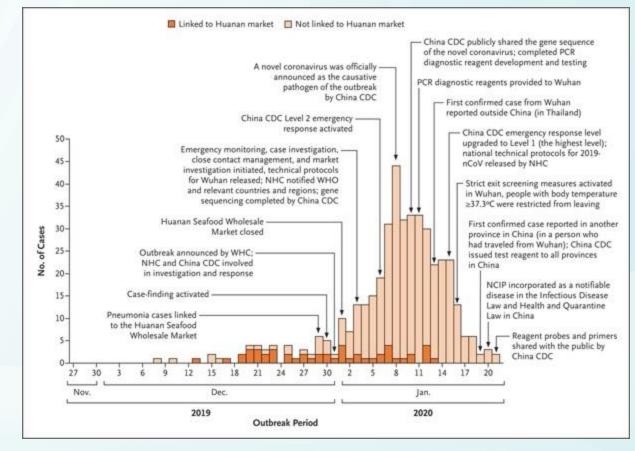
- COVID-19 Overview and Response
- COVID-19 stigma and discrimination
- Synergies between COVID-19 and HIV
- HIV-related stigma and discrimination
- HIV lessons learned for COVID-19





Identification and Evolution of COVID-19 Pandemic

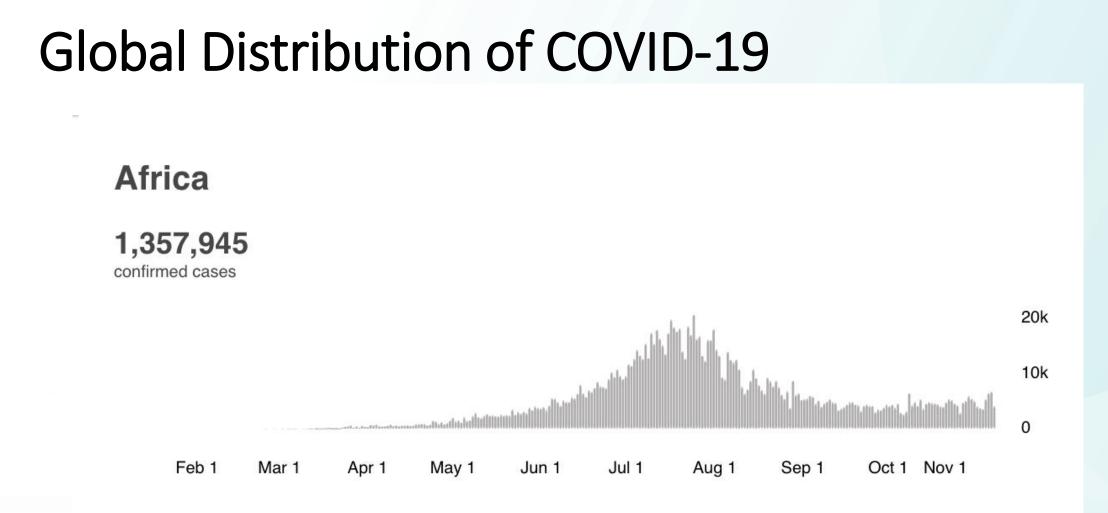
- December 2019: A pneumonia of unknown origin was detected in Wuhan, China
- January 2020: WHO declared a Public Health Emergency of International Concern
- February 2020: New coronavirus disease identified as COVID-19 (SARS-CoV-2)
- March 2020: WHO declared a Global Pandemic
- November 2020: More than 50 million cases of COVID-19 reported globally



Source: N Engl J Med 2020; 382:1199-1207 DOI: 10.1056/NEJMoa2001316







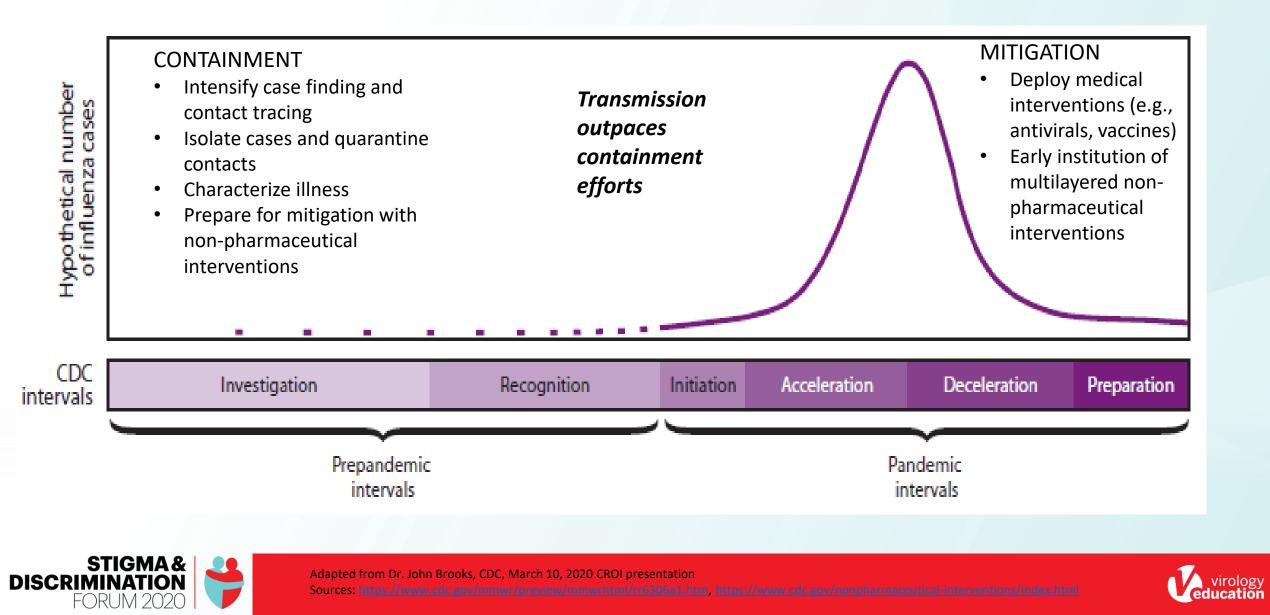
Source: World Health Organization

Data may be incomplete for the current day or week.





Response: Containment, Contact Tracing and Mitigation



COVID-19 Stigma and Discrimination





COVID-19 Response Efforts and their Consequences

- Restricted air travel/Closing of borders
- Quarantine/Stay-at-home orders issued/ Social distancing
- Closure of schools, universities and nonessential services
- Establishment of surveillance systems and contact tracing
- COVID-19 testing expansion

- \rightarrow Xenophobia, racism, discrimination
- →Social isolation, loneliness, disruptions in care, propagation of mis and disinformation
- →Most vulnerable persons put on frontlines of pandemic for economic survival
- → Reluctance to share information with health professionals, stigmatization
- → Unequal health care access and testing access





COVID-19 Stigma

- Why COVID-19 causes stigma
 - New disease
 - Fear of the unknown
 - Association of that fear with "others"
- Results in social stigma, othering, labeling, stereotyping
- Intersects with racism, agism, culture, sex, sexual orientation, health status, poverty, and other structural factors
- Results in barriers to testing, less health seeking behaviors and poor health outcomes including mental health

Source: <u>https://www.who.int/publications/m/item/a-guide-to-preventing-and-addressing-social-stigma-associated-with-covid-19?gclid=Cj0KCQiAy579BRCPARIsAB6QoIbiRR9e5i9wT2Wh3JLB6OIH94F3dIiybCKzxSk8UxhzBkoXx-pu-KsaAhS7EALw_wcB</u>; Logie et al. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7197953/, JIAS, 2020





Synergies between COVID-19 and HIV





Synergies between HIV and COVID-19

Maintaining HIV care during the COVID-19 pandemic

Coronavirus disease 2019 (COVID-19) has spread rapidly around the world since the first reports from Wuhan in China in December, 2019, and the outbreak was characterised as a pandemic by WHO on March 12, 2020.¹ Approximately 37.9 million people living with HIV² are at risk of infection with severe acute respiratory

only could undergo physical health deterioration but Lancet HIV 2020 also might suffer great psychological pressure. Published Online April 6, 2020 In response to these challenges, WHO, UNAIDS, https://doi.org/10.1016/ and the Global Network of People Living With HIV 52352-3018(20)30105-3 are working together to ensure continued provision of HIV prevention, testing, and treatment services.⁶⁻⁸

AIDS and Behavior https://doi.org/10.1007/s10461-020-02871-9

NOTES FROM THE FIELD

The Burden of COVID-19 in People Living with HIV: A Syndemic Perspective

Stephanie Shiau¹ · Kristen D. Krause^{2,3} · Pamela Valera⁴ · Shobha Swaminathan^{5,6} · Perry N. Halkitis^{1,2,4}

When pandemics collide

One pandemic virus has been a major topic in global health for almost 40 years, the other was discovered just 4 months ago, but, as SARS-CoV-2 infections have learned a remarkable amount about SARS-CoV-2 in a chart time, its notantial impact on people living with

At the time of writing, sub-Saharan Africa has reported relatively few cases: several thousand in South Africa and just tens or hundreds in other countries. However, these now been reported in most African countries, HIV and numbers are probably substantial underestimates owing COVID-19 are on a collision course. Although we have to limited testing capacity. A unifying factor of the countries that have managed to suppress SARS-CoV-2 outbroaks rapidly is large-scale testing and contact

Lancet HIV 2020 Published Online April 24, 2020 https://doi.org/10.1016/ \$2352-3018(20)30113-2 See Online/Comment https://doi.org/10.1016/ 52352-3018(20)30105-3 See Online/Featur

African Journal of AIDS Research

EDITORIAL: Managing the march of COVID-19: lessons from the HIV and AIDS epidemic

Alan Whiteside¹, Warren Parker² and Mike Schramm³

¹Global Health Policy, Balsillie School of International Affairs, Waterloo, Canada ²Independent public health and communication specialist, San Diego, USA 3NISC (Pty) Ltd, Makhanda, South Africa

AIDS and Behavior https://doi.org/10.1007/s10461-020-02856-8

NOTES FROM THE FIELD

How Do We Balance Tensions Between COVID-19 Public Health **Responses and Stigma Mitigation? Learning from HIV Research**

Carmen H. Logie^{1,2} · Janet M. Turan³

Three lessons for the COVID-19 response from pandemic HIV

The HIV pandemic provides lessons for the response of less well-off people died because of inequitable access to the novel coronavirus disease 2019 (COVID-19) to life-saving antiretrovirals, and the same trend might pandemic: no vaccine is available for either and there are occur with COVID-19.7 Global policy must prioritise access no licensed pharmaceuticals for COVID-19, just as there to innovations for those individuals in greatest need.

April 13, 2020 https://doi.org/10.1016/ \$2352-3018(20)30110-7







COVID-19 and PLWH

WHO Interim Guidance

Q&A on COVID-19, HIV and antiretrovirals

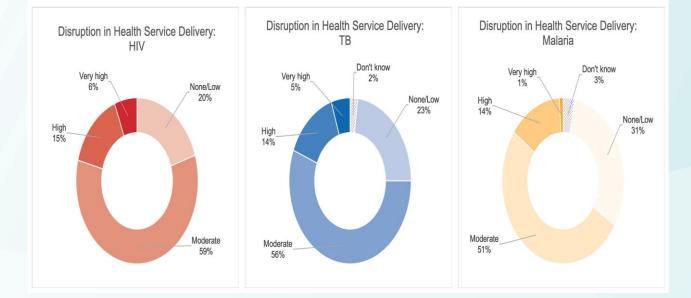
24 March 2020 Q&A	
Are people living with HIV at increased risk of being infected with the virus that causes COVID-19?	(+)
Can antiretrovirals be used to treat COVID-19?	(+)
Can antiretrovirals be used to prevent COVID-19 infection?	(+)
What studies on treatment and prevention of COVID-19 with antiretrovirals are being planned?	(+)
What is WHO's position on the use of antiretrovirals for the treatment of COVID-19?	(+)



Source: https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-hiv-and-antiretrovirals; https://www.theglobalfight.org/covid-aids-tb-malaria/



Impact on the Care Continuum





Characteristics of COVID-19 vs. HIV

Virus	HIV	SARS CoV-2
Type of Virus	Retrovirus	Coronavirus
Disease	AIDS	COVID-19
Animal Host	Non-human Primates	Possibly Bats
Year First Reported	1981	2019
Global Infections	75 million (1981-2018, 37 years)	50 million (10 months)
Global Deaths	32 million (1981-2018, 37 years)	1.25 million (10 months)
Mortality Rate	Very high if untreated	About 5% of reported cases
Countries with Most Cases	South Africa, Nigeria, India	US, Brazil, Russia, India
Primary Modes of Transmission	Sexual, Parenteral, Perinatal	Respiratory
Incubation Period	Years	Days
Testing	PCR, Serology	PCR, Serology
Typical Acute Clinical Symptoms	Asymptomatic or Acute Retroviral Syndrome (ARS)	Fever, Cough, Dyspnea
Examples of Disease Manifestations	Opportunistic Illnesses and Malignancies	Pulmonary, Renal, Cardiac
Treatment	Highly effective antiretrovirals	Partially effective antivirals, steroids
Prevention	Testing, contact tracing, PrEP, PEP, ARVs, safe sex, safe injection and transfusion practices	Testing, social distancing, masks, hand hygiene, contact tracing, isolation, quarantine
Vaccine STIGMA&	No	No





COVID-19 and HIV: Similarities in Response

- Essential role of testing and diagnostics
- Implementation of surveillance systems and use of contact tracing
- Development of therapeutics and vaccines
- Addressing the social and economic consequences
- Fighting fear, stigma, and criminalization

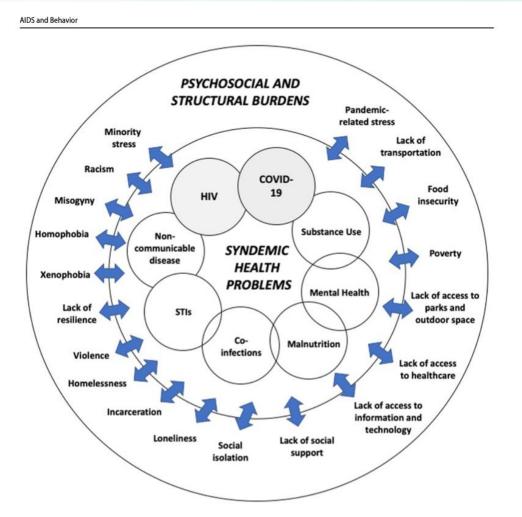


Fig. 1 A syndemic conceptualization of HIV & COVID-19 co-infection in people living with HIV



STIGMA

DISCR



The Era of Discovery and Misinformation and Disinformation







HIV and COVID-19 Related Stigma and Discrimination

- Novelty of viruses
- Naming
 - Gay-Related Immune Deficiency (GRID) –a plague among "at risk" populations in the US
 - The "4-H's" (haemophiliacs, heroin users, homosexuals, Haitians)
 - "Chinese" and "Wuhan" virus
 - Labelling of "superspreaders"
- Criminalization and legal action taken against people who
 - Transmit HIV to others
 - Are not following public health measures and put others at risk for COVID-19





HIV Lessons Learned for COVID-19





Evidence-based Approaches based on HIV Experiences (UNAIDS)

- 1. Community settings, including individuals, families and communities
- 2. Workplace settings
- 3. Educational settings
- 4. Healthcare settings
- 5. Justice settings
- 6. Emergency/humanitarian settings

Addressing stigma and discrimination in the COVID-19 response

Applying the evidence of what works from HIV-related stigma and discrimination in six settings to the COVID-19 response

Source: https://www.unaids.org/sites/default/files/media_asset/covid19-stigma-brief_en.pdf





Additional Potential Solutions

- Community engagement
- Key Opinion Leaders
- Social influencers
- Use of intentional language
- Interrupt spread of mis- and disinformation
- Using recovered patients as voices









Conclusions

- Coronavirus pandemic is an evolving situation with unprecedented global impact but disproportionate impact on certain populations
- The unknowns and uncertainty given novelty of the virus has led to stigma and discrimination similar to that observed with HIV
- Must capitalize on knowledge from prior pandemics and epidemics to address racial disparities, stigma, and discrimination
- HIV epidemic provides many examples of how to confront and reduce stigma and discrimination with COVID-19 and other infectious diseases



