

Could COVID-19 Present an Opportunity in the Fight Against HIV?

Series | COVID-19 and other pandemics

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[This document forms part of a series of discussion notes addressing fundamental questions about global health. Its purpose is to transfer scientific knowledge into the public conversation and the decision-making process. These documents are based on the best information available and may be updated as new information comes to light.]

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Human immunodeficiency virus (HIV) affects **nearly 38 million people worldwide**,¹ a majority of whom live in low- and middle-income countries (LMICs).² HIV is considered to be one of the worst pandemics in human history, in terms of both the number of people infected or killed and the social impact of the disease. Programmes for HIV prevention, diagnosis and treatment in LMICs received € billion in development assistance funds in 2020, slightly less than in previous years, due to the **reallocation of funds to address COVID-19**.

This was not the only way in which the pandemic affected the fight against HIV. From **programmatic changes to sociological consequences** to the effect of **COVID-19 on people living with HIV**

(PLHIV), the two diseases have been intertwined in a number of ways.

Over the past two years, the broader international community has learned a lesson that HIV taught us decades ago: **only through coordinated and resolute action by all parties can we overcome the existential challenge posed by these diseases**. The good news is that we have the potential to create **virtuous cycles** that harness the resources, innovation and institutions developed for one disease for the purpose of fighting the other.

In this document, we describe the impact of the COVID-19 pandemic on the struggle against HIV, share some lessons learned from both diseases and outline recommendations for addressing this “double pandemic” ●

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¹ World Health Organisation (WHO). HIV/AIDS: Key facts. <https://www.who.int/news-room/fact-sheets/detail/hiv-aids>

² World Health Organisation (WHO). Estimated number of people (all ages) living with HIV. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/estimated-number-of-people--living-with-hiv>

1. The Fight Against HIV Before COVID-19: The Unmet UNAIDS Targets for 2020

“Despite major advances overall, progress has been very uneven, especially in terms of expanding access to antiretroviral therapy. Because gains have not been distributed evenly within and between countries, the global HIV targets set for 2020 have not been met.”

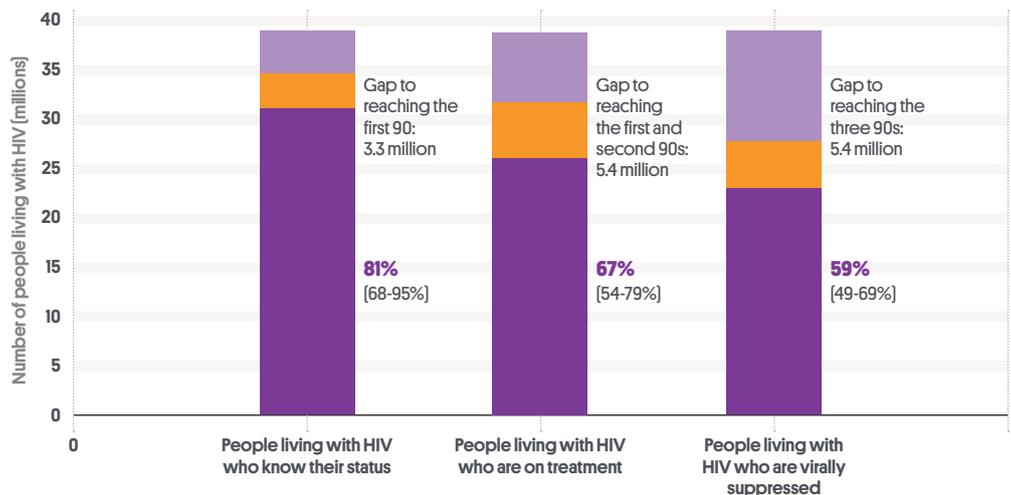
The Joint United Nations Programme on HIV/AIDS (UNAIDS) defined its **90-90-90 strategy** with the aim of ending the HIV epidemic by 2030. This strategy called for three targets to be reached by 2020: 90% of PLHIV would know their HIV status, 90% of people with diagnosed HIV infection would receive sustained antiretroviral therapy (ART) and 90% of people receiving ART would achieve viral suppression.³ Reaching this 90-90-90 target would have meant that at least 73% of all PLHIV would have achieved viral suppression.

By the end of 2019, 14 countries had reached the 90-90-90 HIV treatment targets. One such country was **Eswatini** (formerly Swaziland), which in 2019 had an HIV prevalence rate of 27%, one of the highest in the world. Having met the 2020 targets, Eswatini is now on track to reach the 95-95-95 targets set for 2025:

95% of PLHIV will know their HIV status, 95% of people with diagnosed HIV infection will receive sustained ART and 95% of people receiving ART will achieve viral suppression.

Globally, there have been major advances in the fight against HIV, reflected in the diagnosis and treatment cascade. As a result of these advances, the disease has gone **from lethal to chronic** in many places. By late 2019, 81% of PLHIV knew their HIV status and more than two thirds (67%) were receiving ART. This amounts to approximately 25.4 million of the world’s nearly 38 million PLHIV—three times more than in 2010. In addition, rates of viral load suppression among all PLHIV increased by 44% between 2015 and 2019. Nearly 59% of all PLHIV globally had achieved viral load suppression by 2019 (see Figure 1).

Figure 1. Global HIV diagnosis and treatment cascade (2019).



Source: UNAIDS. Seizing the moment. Tackling entrenched inequalities to end epidemics. Global AIDS Update. Vol. 14. 2020. <https://www.unaids.org/en/resources/documents/2020/global-aids-report>

³ UNAIDS. 90-90-90 - An ambitious treatment target to help end the AIDS epidemic. 2014. <https://www.unaids.org/en/resources/documents/2017/90-90-90>

Unfortunately, despite major advances overall, **progress has been very uneven, especially in terms of expanding access to ART**. Because gains have not been distributed evenly within and between countries, the global HIV targets set for 2020 have not been met. Consequently, since 2015, there have been 3.5

million more new HIV infections and 820,000 more AIDS-related deaths than there could have been if the targets set for 2020 had been reached. **The world has failed to meet the HIV targets established in 2015—and not because of the COVID-19 pandemic** ⁴

2. The Impact of COVID-19 on the Fight Against HIV: The Two Faces of the Pandemic

“The COVID-19 pandemic has had a formidable impact on the response to HIV. However, not all of its effects have been negative. In response to the public health crisis, numerous mitigation strategies were put in place that have generated what could be considered positive side effects of the pandemic.”

The COVID-19 pandemic has had a formidable impact on the response to HIV. However, **not all of its effects have been negative**. In response to the public health crisis, numerous mitigation strategies were put in place that have generated what could be considered positive side effects of the pandemic.

Negative Effects

Effects directly related to HIV infection at the individual level

Compared to the general population, PLHIV with a detectable viral load are at **higher risk of developing clinical complications and requiring hospitalisation** due to COVID-19 infection. Severity of infection appears to be directly related to advanced immunosuppression, uncontrolled viral load, the presence of chronic comorbidities and the need for hospitalisation.⁵ Furthermore, according to a study conducted in South Africa,⁶ the risk of dying of COVID-19 is twice as high for PLHIV who are hospitalised and/or have comorbidities as it is for the general population. Regarding risk of infection, some studies suggest that HIV infection

may be a risk factor for COVID-19 infection, although the effect of other pathologies cannot be ruled out.⁷

This is compounded by the **inequities surrounding access to COVID-19 vaccines**, which has been extremely unequal and unfair around the world. According to data from July 2021, 80 doses of vaccine were available per 100 people in high-income countries, whereas only 3 doses were available per 100 people in LMICs, where more than half (55%) of HIV cases are found (*see Figure 2*). This is especially relevant in a context where unvaccinated PLHIV are four times more likely than HIV-negative people to experience prolonged COVID-19 symptoms following acute infection.⁸

⁴ UNAIDS. Seizing the moment €—Tackling entrenched inequalities to end epidemics. Global AIDS Update. Vol. 14. 2020. <https://www.unaids.org/en/resources/documents/2020/global-aids-report>

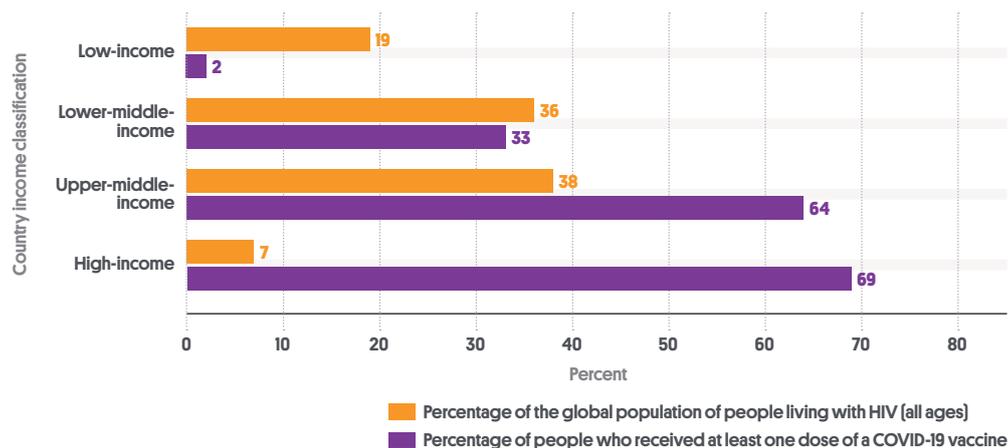
⁵ Nomah D, Reyes-Urueña J, Diaz Y, Moreno S, Aceiton J, Bruguera A. Unsuppressed plasma HIV-RNA viral load is associated with worse COVID-19 outcomes among people living with HIV. IAS Conference Abstract. IAS Conference, 18–21 July 2021. 2021. https://www.natap.org/2021/IAS/IAS_48.htm

⁶ Western Cape Department of Health in collaboration with the National Institute for Communicable Diseases, South Africa. Risk Factors for Coronavirus Disease 2019 (COVID-19) Death in a Population Cohort Study from the Western Cape Province, South Africa. *Clin Infect Dis*. 2021;73(7):e2005–15. doi: 10.1093/cid/ciaa1198

⁷ Costenaro P, Minotti C, Barbieri E, Giaquinto C, Donà D. SARS-CoV-2 infection in people living with HIV: a systematic review. *Rev Med Virol*. 2021;31(1):1–12. doi: 10.1002/rmv.2155

⁸ Deeks S. Putting Long COVID in context. Session: Long COVID - From Bench to Bedside and Beyond. Conference on Retroviruses and Opportunistic Infections, 2022.

Figure 2. Distribution of the population covered by at least one dose of a COVID-19 vaccine (as of 5 October 2021), compared to the distribution of people living with HIV (all ages), by country income classification.



Source: UNAIDS. People living with HIV at higher risk of COVID-19 illness but have lower access to COVID-19 vaccines. 2021. https://www.unaids.org/en/resources/presscentre/featurestories/2021/october/20211011_people-living-with-hiv-covid19

In some places, the **stigma and discrimination** associated with COVID-19 were directed at PLHIV, who were unfairly blamed for spreading the infection. In various countries, PLHIV—especially adolescents, women and transgender people—reported being required to disclose their HIV status when seeking HIV services during lockdown. There were also reports of increased violence against women and sexual and gender minorities, as well as a lack of social protection and income security for sex workers. Finally, access to justice was restricted and COVID-19 was used as an excuse to introduce punitive laws targeting PLHIV, transgender people and other vulnerable groups.⁹

Impact on HIV care programmes

Since the outbreak of the COVID-19 pandemic, there have been **notable disruptions in the delivery of HIV-related services**, including diagnosis, treatment, monitoring (viral load and CD4 cell count testing) and mental health programmes.¹⁰ The impact was greatest in LMICs, with Global Fund data showing that 72% of 32 countries (7 in Asia and 24 in Africa) had experienced moderate to high interruptions in HIV services by December 2020 (see Figure 3).

⁹ UNAIDS. COVID-19 and HIV: 1 moment, 2 epidemics, 3 opportunities—how to seize the moment to learn, leverage and build a new way forward for everyone’s health and rights. 2020. https://www.unaids.org/en/resources/documents/2020/20200909_lessons_hiv_covid

¹⁰ The Global Fund. Results Report 2021. <https://www.theglobalfund.org/en/results/>

Figure 3. HIV referrals and testing in 32 countries (7 in Asia and 24 in Africa), April-September 2020.

The grey blocks represent the number of COVID-19 cases diagnosed per surveyed facilities [right Y axis]. The line graph describes service delivery for the same period in 2020 [left Y axis].



Source: The Global Fund. The Impact of COVID-19 on HIV, TB and Malaria Services and Systems for Health: A Snapshot From 502 Health Facilities Across Africa and Asia. 2021. https://www.theglobalfund.org/media/10776/covid-19_2020-disruption-impact_report_en.pdf

HIV prevention programmes—including prevention of vertical transmission, voluntary medical male circumcision and pre-exposure prophylaxis (PrEP)—were also affected. Finally, **supply chains for prevention commodities** (such as condoms and lubricants) and **ART drugs** grew longer, leading to supply shortages in the most resource-limited countries.¹¹

Key populations—sex workers, men who have sex with men, incarcerated people, people who inject drugs and transgender people—were more affected, leaving them even more vulnerable.¹²

Effects indirectly related to HIV infection

COVID-19 containment and mitigation responses caused disruptions across all sectors of society. **School closures** dramatically increased the risk of infection among girls and young women because of the relationship between education and HIV transmission. For example, a study in Malawi and Uganda concluded that primary schooling for adult women decreases the likelihood of HIV infection.¹³ Moreover, the **interruption of sexual and reproductive health and family planning programmes** led to an increase

¹¹ Global HIV Prevention Coalition. Preventing HIV infections at the time of a new pandemic: A synthesis report on programme disruptions and adaptations during the COVID-19 pandemic in 2020. 2021. https://www.unaids.org/sites/default/files/media_asset/Status%20of%20HIV%20Prevention%20Services%20in%20the%20Time%20of%20COVID-19_web.pdf

¹² UNAIDS. COVID-19 and HIV: 1 moment, 2 epidemics, 3 opportunities—how to seize the moment to learn, leverage and build a new way forward for everyone's health and rights. 2020. https://www.unaids.org/en/resources/documents/2020/20200909_lessons_hiv_covid

¹³ Behrman JA. The effect of increased primary schooling on adult women's HIV status in Malawi and Uganda: Universal Primary Education as a natural experiment. *Soc Sci Med.* 2015;127:108–15. <https://doi.org/10.1016/j.socscimed.2014.06.034>

in unplanned pregnancies, which in turn increased the burden on services for preventing mother-to-child transmission.¹⁴

An impact on broader determinants of health was also observed. Restrictions stemming from COVID-19 led to an **increase in violence towards women and minors**, as well as harassment and arrests of members of the key groups mentioned in the previous section. In addition, the **interruption of harm-reduction programmes for people who inject drugs and programmes to protect the physical and mental health of incarcerated people** have made these groups more vulnerable.¹⁵

Positive Side Effects: Mitigation Measures

The response to COVID-19 underscored the importance of **communities** and helped to adapt HIV service delivery programmes through the promotion of rights. In response to service disruptions caused by the pandemic, community-based organisations led by and for PLHIV were at the **centre of preparedness and response efforts**. These organisations fought to ensure the continuity of HIV-related services, including the distribution of medicines and campaigns to raise awareness about prevention measures. They also detected upsurges in gender-based violence and provided assistance to survivors.¹⁶

The **adaptation of HIV service programmes** was intended to be both reactive and preventive. Community-based HIV testing and self-testing programmes were accelerated. Multi-month dispensing and alternative access points for condoms and syringes were also provided.¹⁷

These programmes were made more effective through community-based **protection and promotion of rights**—for example, guarantees regarding the provision of social, educational and health services. Finally, the World Health Organisation (WHO) has recommended that all PLHIV be prioritised for **early vaccination against COVID-19**.¹⁸

¹⁴ Global HIV Prevention Coalition. Preventing HIV infections at the time of a new pandemic: A synthesis report on programme disruptions and adaptations during the COVID-19 pandemic in 2020. 2021. https://www.unaids.org/sites/default/files/media_asset/Status%20of%20HIV%20Prevention%20Services%20in%20the%20Time%20of%20COVID-19_web.pdf

¹⁵ UNAIDS. COVID-19 and HIV: 1 moment, 2 epidemics, 3 opportunities—how to seize the moment to learn, leverage and build a new way forward for everyone's health and rights. 2020. https://www.unaids.org/en/resources/documents/2020/20200909_lessons_hiv_covid

¹⁶ UNAIDS. Holding the line: communities as first responders to COVID-19 and emerging health threats. 2021. <https://www.unaids.org/en/resources/documents/2022/holding-the-line-communities-first-responders>

¹⁷ Global HIV Prevention Coalition. Preventing HIV infections at the time of a new pandemic: A synthesis report on programme disruptions and adaptations during the COVID-19 pandemic in 2020. 2021. https://www.unaids.org/sites/default/files/media_asset/Status%20of%20HIV%20Prevention%20Services%20in%20the%20Time%20of%20COVID-19_web.pdf

¹⁸ World Health Organisation (WHO). Coronavirus disease (COVID-19): COVID-19 vaccines and people living with HIV. 2021. [https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-\(covid-19\)-covid-19-vaccines-and-people-living-with-hiv](https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-(covid-19)-covid-19-vaccines-and-people-living-with-hiv)

Box 1. Impact of COVID-19 on the UNAIDS 95-95-95 targets for 2025.

According to a mathematical modelling study, **achieving the 95-95-95 targets by 2025 would reduce** the worldwide annual incidence of new HIV infections by 83% and AIDS-related deaths by 78% compared to 2010.

However, the lack of progress on social enablers—access to justice and legal reforms to eliminate punitive and criminalising laws, elimination of HIV-related stigma and discrimination, and gender equality—could jeopardise these gains and lead to as many as 2.6 million (44%) more new HIV infections and 440,000 (54%) more AIDS-related deaths between 2020 and 2030.

Moreover, COVID-19-related interruptions in HIV services could cause new HIV infections and AIDS-related deaths to increase by 10% in the next two years. Nevertheless, the targets could still be met by 2025.¹⁹

3. Creating Synergies in the Fight Against the COVID-19 and HIV Pandemics

“We must seize the new opportunity presented by the COVID-19 pandemic to make health systems stronger, fairer, more inclusive, more adaptable and better able to meet the remaining challenge of ending HIV and any other epidemics that may emerge.”

How Can Lessons From HIV Be Applied to the COVID-19 Response?

Key lessons from the fight against HIV can be used to guide the COVID-19 re-

sponse in an effective, efficient, sustainable and people-centred manner.²⁰

Table 1. HIV/COVID-19.

HIV	COVID-19
Communities as pioneers in service delivery innovation	
Community-based organisations of PLHIV serving other PLHIV have pioneered innovations that have moved HIV diagnosis, ART delivery and adherence support groups away from hospitals or health centres and into communities. These efforts have freed up overburdened health units and achieved outcomes that are as good as—and often better than—those reported in health centres. ²¹	Most COVID-19 infections are mild cases that do not require hospital care. Therefore, in many LMICs with fragile health systems, community-based management of mild cases has been essential. Empowerment, training and recognition of community-led organisations as health providers are essential in the fight against COVID-19.

¹⁹ Stover J, Glaubius R, Teng Y, Kelly S, Brown T, Hallett TB, et al. Modeling the epidemiological impact of the UNAIDS 2025 targets to end AIDS as a public health threat by 2030. *PLoS Med.* 2021 Oct 1; 18(10). doi: 10.1371/journal.pmed.1003831

²⁰ UNAIDS. COVID-19 and HIV: 1 moment, 2 epidemics, 3 opportunities—how to seize the moment to learn, leverage and build a new way forward for everyone’s health and rights. 2020.

²¹ UNAIDS and Médecins Sans Frontières. Community-Based Antiretroviral Therapy Delivery: Experiences of Médecins Sans Frontières. 2015. https://www.unaids.org/en/resources/documents/2015/20150420_MSF_UNAIDS_IC2707

HIV	COVID-19
Using and leveraging infrastructure and laboratories	
<p>Throughout the history of the battle against HIV, abundant resources have been invested in building, expanding and continually improving infrastructure—centres and platforms for diagnosis and treatment, networks of community workers, sentinel surveillance systems, etc.—and laboratory and research systems for developing new diagnostic techniques, treatments and vaccines.</p>	<p>The COVID-19 response has benefited from this entire system of infrastructure built for the fight against HIV—from the development of diagnostic tests and vaccines to networks of surveillance systems. However, even better use could be made of these resources if strategic action were more comprehensive.</p>
Continuous improvement through monitoring and evaluation systems	
<p>The monitoring of outcomes at each of the essential stages of HIV service delivery—diagnosis, start of treatment, retention in care and viral load suppression, etc.—has fostered innovation and continuous quality improvement in HIV programmes. Data on gender equality and human rights have also enabled countries to allocate their finite resources to the neediest people.</p>	<p>The analytical capacity and surveillance and monitoring systems developed with HIV funding have great potential to support the COVID-19 response.</p>
The importance of global coordination	
<p>The response to HIV illustrates how strong global coordination can improve efforts to address a global health problem. UNAIDS helps to ensure that the global response includes a broad range of key sectors—from education to social protection—so that the most vulnerable groups are taken into account.</p>	<p>Through inclusive global leadership that brings together health-related and non-health-related stakeholders and interventions, UNAIDS provides a potentially useful example for an effective, sustainable and people-centred response to COVID-19.</p>
Patents and intellectual property: equitable access to treatment and vaccines	
<p>Thanks to the regulation of patents and intellectual property, the cost of HIV ART drugs has fallen dramatically—by nearly 99%—allowing distribution to be expanded to the most vulnerable populations.²²</p>	<p>Access to COVID-19 vaccines has been extremely inequitable, with LMICs being left behind. To address this challenge, there have been international calls for: 1) the sharing of know-how and technology transfer through transparent non-exclusive licensing, 2) reform or outright waiver of intellectual property rights, and 3) funding to enable resource-limited countries to manufacture their own vaccines.²³</p>

²² UNAIDS. On the Fast-Track to End AIDS. UNAIDS 2016–2021 Strategy. 2016. https://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_15_18_EN_rev1.pdf

²³ Malpani R, Maitland A. The People's Vaccine. Dose of Reality: How rich countries and pharmaceutical corporations are breaking their vaccine promises. 2021. https://www.unaids.org/en/resources/presscentre/featurestories/2021/october/20211021_dose-of-reality

The negative impact of human rights violations

The history of the struggle against HIV has shown how public health responses are undermined by stigma, discrimination and human rights violations. Important gains have been made as human rights have taken centre stage in the HIV response. Whether through parliamentary legislation or litigation brought by organisations and individuals, many countries have recognised that their citizens have a right to HIV treatment as part of their human rights.²⁴

Many of the drivers of inequality observed in the HIV epidemic are the same ones that have led to inequality and injustice during the COVID-19 pandemic. Responses to COVID-19 must therefore be grounded in gender norms and power dynamics, while also ensuring equal and robust access to education and economic opportunities.

How Can Lessons From COVID-19 Be Used to Close Gaps in the Fight Against HIV?

While successes in the struggle against HIV have contributed significantly to the response to the COVID-19 pandemic, the failure to achieve the UNAIDS 90-90-90 targets for 2020 has exposed weaknesses in health systems as well as entrenched inequalities. We must seize the **new opportunity** presented by the COVID-19 pandemic to make health systems stronger, fairer, more inclusive, more adaptable and better able to meet the remaining challenge of ending HIV and any other epidemics that may emerge.

Accelerate and sustain differentiated HIV service delivery models

Since 2015, the WHO has recommended implementing differentiated service delivery models for HIV as an alternative to standard care. The aim is to reduce the number of visits to health centres and move services out of clinics, thereby improving the efficiency and quality of care. These models—which include multi-month dispensing of ART, community-based adherence support groups and family-centred care—are primarily targeted at countries with limited resources and overstretched health systems. Many countries in **sub-Saharan Africa** with high rates of HIV had already started adopting these models before the arrival of COVID-19, but implementation has

been very slow and small-scale. Although impact assessment studies remain limited, preliminary findings have shown increased retention in care and lower mortality for PLHIV enrolled in a differentiated service delivery model.²⁵

With the advent of COVID-19, we have seen an expansion of differentiated HIV care—especially multi-month dispensing of ART—with the aim of reducing contact with the health system for PLHIV and freeing up the capacity of health workers to manage the fight against COVID-19. According to a 2020 survey of all countries with UNAIDS offices, 56% of countries reported **changes in their multi-month dispensing practices due to COVID-19**. Data on the short-, medium- and long-term impact of differentiated service delivery models for HIV during the coronavirus pandemic are still lacking, but it appears that these models are here to stay.²⁶

Continuing the fight for human rights and gender equality

Since the start of the COVID-19 pandemic, international organisations have called for protecting human rights and for preventing and addressing gender-based violence. They have underscored the importance of sexual and reproductive health and rights—which are often the first thing to be sacrificed during epidemics—as well as education, welfare and recognition of all the unpaid work and

²⁴ UNAIDS. International Guidelines on HIV/AIDS and Human Rights. 2006. <https://www.ohchr.org/sites/default/files/Documents/Publications/HIVAIDSGuidelinesen.pdf>

²⁵ Long L, Kuchukhidze S, Pascoe S, Nichols BE, Fox MP, Cele R, et al. Retention in care and viral suppression in differentiated service delivery models for HIV treatment delivery in sub-Saharan Africa: a rapid systematic review. *J Int AIDS Soc.* 2020;23(11):1–14. doi: 10.1002/jia2.25640.

²⁶ Grimsrud A, Wilkinson L. Acceleration of differentiated service delivery for HIV treatment in sub-Saharan Africa during COVID-19. *J Int AIDS Soc.* 2021 Jun;24(6):e25704. doi: 10.1002/jia2.25704.

care that women provide. Scarce resources should be directed primarily towards **women belonging to key populations or the most vulnerable groups**, such as sex workers, incarcerated women, migrant women, unemployed women and women experiencing homelessness.²⁷

Adapting science to the dynamics of a pandemic

The COVID-19 pandemic significantly disrupted scientific research on HIV. Most clinical trials had to be suspended from March 2020 to 2021. Recently, a major debate has emerged on how to resume these studies safely and fairly as the coronavirus continues to spread and the pandemic remains highly dynamic.

Rational, ethical and pragmatic approaches must be adopted in order to **ensure that research is safe for PLHIV**. For this to be possible, it is essential to develop close partnerships between communities, public health authorities and research staff, while also ensuring flexibility during the course of the studies. At least for the time being, COVID-19 prevention and risk mitigation strategies will remain a key consideration when implementing new HIV clinical trials.²⁸

New hope for HIV vaccine development

The success of the messenger RNA (mRNA) technology used in COVID-19 vaccines has opened the door to the possibility of developing an effective HIV vaccine—a symbiosis that could become a scientific milestone in the battle against HIV.

In March 2022, a phase I clinical trial to test **three experimental mRNA-based HIV vaccines** in 56 HIV-negative adults was launched in the United States. These vaccines work by stimulating the production of a specific type of antibody (bnAb) capable of acting against the many variants of HIV in circulation. The vaccine aims to educate B cells, which form part of our immune system, to produce these antibodies.²⁹

²⁷ UNAIDS highlights six critical actions to put gender equality at the centre of COVID-19 responses. UNAIDS. 2020. https://www.unaids.org/en/resources/presscentre/feature-stories/2020/june/20200615_gender-equality-at-the-centre-of-covid-19-responses

²⁸ Henderson M, Fidler S, Mothe B, Grinsztejn B, Haire B, Collins S, et al. Mitigation strategies to safely conduct HIV treatment research in the context of COVID-19. *J Int AIDS Soc.* 2022;25(2): 1–7. <https://doi.org/10.1002/jia2.25882>

²⁹ HVTN 302 enrolls participants - IAVI [Internet]. [cited 2022 May 12]. Available from: <https://www.iavi.org/news-resources/features/hvtn-302-begins-first-dosing-of-mrna-hiv-vaccine-antigens>

4. Conclusion

“In order to address this dual epidemic and be able to respond in an effective, agile, fair and comprehensive manner—not only to HIV or COVID-19, but to any other public health crisis that may arise—it is necessary to develop a comprehensive strategy and action plan.”

There are important differences between HIV and COVID-19, including mechanisms of transmission, incubation period and infectiousness, and health effects. Any response to COVID-19 must be strategically tailored to the unique attributes of the pandemic. However, **lessons learned during the fight against HIV** provide a solid roadmap for combating the coronavirus in terms of how to generate political engagement, involve communities, prioritise research and accountability, promote innovation in service delivery, mobilise sectors beyond the health care world, and ground responses in the principles of human rights and equality.

Moreover, with the evident health system failures seen during this pandemic, we must **embrace the challenge of COVID-19 as a new opportunity to reinvent people-centred health systems**, maximise effectiveness and efficiency, attract sufficient resources, and involve communities as essential partners for health, especially in the most resource-limited countries.

Therefore, in order to address this dual epidemic and be able to respond in an effective, agile, fair and comprehensive

manner—not only to HIV or COVID-19, but to any other public health crisis that may arise—it is necessary to **develop a comprehensive strategy and action plan** that:

- Advocates for an equitable, flexible and innovative health system.
- Places communities at the centre of the response.
- Is gender-sensitive and grounds responses in human rights and equality.
- Addresses social and structural inequalities as well as the needs of key populations.
- Includes multiple sectors such as health, education, development, employment, finance and social protection.
- Supports the convergence of HIV and COVID-19 prevention efforts, as well as efforts against other epidemics, such as tuberculosis and malaria.
- Ensures the collection of monitoring and tracking data in real time and in the most disaggregated way possible ●

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- [UNAIDS. Holding the line: communities as first responders to COVID-19 and emerging health threats. 2021](#)
- [UNAIDS. Seizing the moment €– Tackling entrenched inequalities to end epidemics. Global AIDS Update. Vol. 14. 2020. <https://www.unaids.org/en/resources/documents/2020/global-aids-report>](#)

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