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Covid-19, Economic Lockdown, Treatment Interruptions And The Fear Of Survival Among HIV/AIDS Patients In Malakand Division, Khyber Pakhtunkhwa

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Abstract

The novel coronavirus disease (COVID-19) is evolving as a global public health concern. It has infected millions of people while millions have been died of COVID-19 related illnesses. In Pakistan, COVID-19 had infected all types of people, however; people with pre-existing risky health conditions are at particular risk of contracting the virus. This paper is based upon the argument that different measures such as physical distancing, self-quarantine or isolation, economic lockdown, suspension of non emergency treatment, and travel restrictions that have been adopted to control the spread of COVID-19 have produced treatment interruptions for HIV/AIDS patients. The economic issues faced by the HIV/AIDS patients have intensified other social and psychological challenges and increased their fear of survival. The study was carried out in District Dir Lower, while applying qualitative approach. Fifteen (15) respondents were selected for interview, from a list of 45 respondents (identified through survey). The study utilized purposive sampling techniques, while those HIV/AIDS patients were selected who have faced treatment interruptions as a result financial issues that were created by of COVID-19 pandemic. Verbal consent was obtained and codes instead of names were used to prevent disclosure of respondents' identity. The study found that complete or partial lockdown intensified the existing economic issues of HIV/AIDS patients and as a result they faced treatment interruptions. It was also found that HIV/AIDS patients also faced social and psychological issues, and the fear of exposure to COVID-19 which aggravated their existing vulnerabilities. The study suggests provision of

economic packages, strengthening of response towards both HIV/AIDS and COVID-19 patients and extending social and moral support to HIV/AIDS patients to integrate them and decrease their anxiety, frustration and isolation.

Keywords: COVID-19, Economic issues, Treatment Interruptions, Lockdown, Vulnerabilities, Integration, Fear, Isolation

Introduction

The novel coronavirus has been a global health crisis which has thrown the world into a major economic decline, with potentially strong adverse impacts on the livelihoods of poor communities and groups. The disease (COVID-19) is highly contagious, with higher reproduction rate and it transmits easily and rapidly (Liu, Gayle, Wilder-Smith, & Rocklöv, 2020). It has affected millions of people around the globe, and within no time it has spread across nations (WHO, 2020; Tanne, 2020). Pakistan has been the second most affected country in South Asia and the number of COVID-19 cases has been increasing rapidly. In Pakistan, the coronavirus pandemic has further compounding the pre-existing socio-economic inequalities in general and among people with preexisting vulnerabilities (HIV/AIDS) in particular. Although, the virus infect the rich and poor, young and old, rural and urban people equally, however; old age people, people living in congested settlements, or people who have pre-existing risky health conditions are at particular risk of severe illness (Garnier-Crussard, Forestier, Gilbert, & Krolak-Salmon, 2020; Organization, 2020b). In addition, the disease (COVID-19) is primarily creating health implications for other patients who require healthcare services including HIV/AIDS patients (Heymann & Shindo, 2020).

The precautionary measures in form of physical distancing and self-quarantine or isolation have produced significant social, economic, psychological and treatment challenges for HIV as well as AIDS patients and have further aggravated their already fragile situation (Wu & McGoogan, 2020). During COVID-19, HIV infected people are at particular risk and they are extremely vulnerable, while those HIV/AIDS patients who are not taking antiretroviral (ART) face increased risk for contracting COVID-19. Further, due to weak immune system and many other complications of HIV/AIDS the body provides a weak response for COVID-19, making it easy for COVID to spread in their bodies (Cooper, Woodward, Alom, & Harky, 2020). During the prevalence of COVID-19, HIV/AIDS patients faced significant economic problems and also faced treatment interruptions (Gervasoni, Meraviglia, Riva, Giacomelli, Oreni, Minisci, & Cattaneo, 2020). The treatment interruptions occur due to lockdown of economic activities, restrictions on non-emergency medical appointments and the stress upon physical distancing in order to prevent the transmission COVID-19. Similarly, during visits to medical services or their routine treatment, HIV/AIDS patients become exposed to COVID-19, which in turn intensifies their existing vulnerabilities (Lodgell & Kuchukhidze, 2020). Similarly, in wake of COVID-19 and transfer of focus and resources to COVID-19 treatment, seventy three countries have recently warned that they are facing shortage of antiretroviral (ARV) medicines (WHO, 2020a), while among these, twenty four countries reported either a critically low stock of HIV treatment medicine (ARVs) or

face disruption in the supply of these medicines. In this context, UNAIDS and WHO reports of May, 2020, warned that a six months disruption in ARVs could result in doubling in AIDS related deaths in the world.

It is also important to mention that both COVID-19 and HIV/AIDS have certain risk factors and those HIV/AIDS patients who have been infected with COVID-19 are facing double stigma and discrimination in society instead of support and protection (Goffman, 2009). The unprecedented outbreak of the COVID-19 has increased the economic issues of these patients and have multiplied their anxiety and stress of HIV/AIDS patients at a global level (Cooper, Woodward, Alom, & Harky, 2020). Such stress leads to dangerous coping mechanisms, including the increased use of alcohol and other drugs, which in return reduce the strength of immune system, and weaken the ability of HIV/AIDS patients to fight COVID-19 (Cohen, 1993). In addition, maintaining physical distancing for combating COVID-19 also increase loneliness of HIV patients, which in turn aggravate depressive symptoms such as loss of interest in treatment, feelings of worthlessness, and thoughts of death or suicide (Ridgway et al., 2020). It also has negative effects on HIV/AIDS patients in terms of taking their medications and engaging in the necessary activities and lifestyle that are conducive for their health (Blashill, Perry, & Safren, 2011). The spread of coronavirus has created multiple complications for HIV/AIDS patients ranging from isolation, depression, stigmatization to treatment interruptions and has thus intensified their fear of survival.

Study Justification

The coronavirus has been a global public health crisis. COVID-19 has infected millions of people around the globe. It has infected people beyond cultural, ideological, racial and geographical boundaries. In Pakistan, the virus spread rapidly and infected all segments of society, however; it has widely infected people with pre-existing risky health conditions such as HIV/AIDS are at particular risk of contracting the virus (Garnier-Crussard, Forestier, Gilbert, & Krolak-Salmon, 2020; WHO, 2020b). The precautionary measures to control the spread of COVID-19 in form, lockdown, physical distancing, self-quarantine or isolation, transfer of resources to COVID treatment and restrictions on non-emergency medical appointments have produced treatment interruptions for HIV/AIDS patients (Gervasoni, Meraviglia, Riva, Giacomelli, Oreni, Minisci, & Cattaneo, 2020). Similarly, when medical services reopened and resume their routine operations, and PLWHA, start attending these treatment services they have become exposed to COVID-19, which intensifies their existing vulnerabilities and marginalization (Lodgell & Kuchukhidze, 2020).

During COVID-19, HIV infected people faced significant economic problems and they became medically and socially vulnerable. As a result of the outbreak of COVID-19 many health facilities that were providing free HIV prevention, treatment and care services had changed their treatment schedules, postponed their routine and operation strategies and shifted their attention

towards treatment of COVID patients (Beima-Sofie, Ortblad, Swanson, Graham, Stekler, & Simoni, 2020; Ridgway, Schmitt, Friedman Taylor, Devlin, & McNulty, 2020). COVID-19 also impacted treatment services of HIV/AIDS and seventy three countries have recently warned that they are facing shortage of antiretroviral (ARV) medicines (WHO, 2020a), while twenty four among these countries reported either a critically low stock of HIV treatment medicine (ARVs) or disruption in the supply of these medicines. The UNAIDS and WHO warned that a six months disruption in ARVs could result in doubling in AIDS related deaths in the world (UNAIDS & WHO Reports, 2020). Although certain guidelines related to the treatment and prevention of HIV/AIDS patients during corona pandemic have been provided, however; there have been several challenges in the implementation. This paper aims at 1) investigating treatment interruptions, 2) the fear of survival of HIV/AIDS patients during the coronavirus pandemic, 3) the risk factors of COVID-19 for HIV/AIDS patients and 4) the extent of stigma, isolation and stress among HIV/AIDS patients during COVID-19.

Methods and Procedures

The study adopted qualitative research design for its implementation. For inclusion of respondents an explicit eligibility criteria was set and those patients were selected who receive routine treatment of HIV/AIDS. Further, those patients were interviewed who faced problems/interruptions in their treatment due to COVID-19 and its associated challenges. For identification of respondents and selection of sample certain steps were taken. In step one, total fourty five (45) HIV/AIDS patients were accessed while primary data was collected from those fifteen (15) patients who faced issues in their treatment. Verbal consent was obtained and four letter codes i.e. 4-S-1 are used instead of names to prevent disclosure of respondents. The first letter is used for serial number of interview; second letter is for first alphabet of name, while the last letter means interview number. The fifteen respondents were selected because all patients were not facing treatment issues, and this was because of respondents' nature of disease, their socioeconomic status, area wise difference in spread of COVID-19, and respondents' different location in the district as all health facilities are not providing COVID-19 services and continued their routine treatment. The collected information was qualitatively analyzed under different themes for clarification, derivation of findings, conclusions and recommendations of the study.

Results and Discussion

COVID-19 and Treatment Interruptions of HIV/AIDS patients

In developing countries like Pakistan with low socio-economic indicators the pandemic (coronavirus) is further compounding the pre-existing socio-economic and health vulnerabilities. The disease (COVID-19) primarily creating health implications for HIV/AIDS patients who require constant healthcare (Heymann & Shindo, 2020). The precautionary measures in form of physical distancing and self-quarantine or isolation have produced significant social, economic, and psychological challenges for HIV as well as AIDS patients and have further compounded their

fragile situation (Wu & McGoogan, 2020). There is a significant impact on HIV prevention, testing and treatment during COVID-19, due to centralized HIV treatment facilities while the growing number of corona cases resulted in shortage of medical services treating infectious diseases. In addition quarantine, enforcement of physical distancing and transportation lockdown designated for COVID care make it difficult for HIV patients to maintain treatment and get admission in hospitals whenever it was required. Field information also show similar findings and a respondent told that:

> "The COVID-19 created barriers and it made it difficult for us to continue our treatment. Before COVID, I visited after fifteen days for checkups, while now it is hard to visit clinics within a month" (1-H-2).

In similar context another respondent elaborated that:

> "The disease (coronavirus) has completely disturbed our treatment routine. Because of the fear of corona infection, we remain at home and constant lockdown has made it impossible for us to move to cities and maintain treatment".

He further added that:

> "In absence of public transport it is difficult for us to arrange private vehicle for us and visit doctors. Arrangement of private/special vehicle is costly and in our weak economic system these expenditure/ expenses are beyond our economic status"

The pandemic of COVID-19 has intensified the existing vulnerabilities of these patients and those HIV/AIDS patients who are not taking antiretroviral (ART) face increased risk for contracting COVID-19. Further, as HIV/AIDS destroys the immune system of the body and provides a weak response for COVID-19 thus makes it easy for COVID to spread in the body easily (Cooper, Woodward, Alom, & Harky, 2020). During the prevalence of current COVID-19, HIV/AIDS patients also faced treatment interruptions (Gervasoni, Meraviglia, Riva, Giacomelli, Oreni, Minisci, & Cattaneo, 2020). This occurs due to restrictions on non-emergency medical appointments and the stress upon physical distancing in order to prevent COVID-19 transmission. An extract from interview:

> "I fear corona infection and avoid going out of my home. I am facing treatment problems due to the shift of focus to corona patents. Once I visited clinic for treatment, where I found the clinic closed due to corona virus and thus I returned without any treatment"

The COVID-19 along with its complications affects HIV/AIDS patients in numerous ways. In this context, they would become exposed to COVID-19, when medical services reopened and resume their routine operations, and PLWHA start attending these treatment services (Lodgell & Kuchukhidze, 2020). Moreover, as a result of COVID-19 seventy three countries have recently warned that they facing shortage of antiretroviral (ARV) medicines (Organization, 2020a), while among these, twenty four countries reported either a critically low stock of HIV treatment medicine (ARVs) or face disruption in the supply of these medicines. In this context, UNAIDS and WHO reports of May, 2020, warned that a six months disruption in ARVs could result in doubling in AIDS related deaths in the world. A respondent stated that:

> "I had not received my medicine in the last month and I was told that due to shortage of medicine I will be given two months medicine at a time. Coronavirus has impacted our treatment schedule and it is difficult for me to manage these changes. Last week I visited for checkup in morning but I was informed to come at afternoon as the treatment schedule has been changed due to COVID".

COVID-19 and Difficulty in Services Accessibility for HIV/AIDS Patients

During the outbreak of COVID-19, there has been interruption in treatment services, ranging from minimal to complete interruptions. The interruptions in treatment occurred due to closure of clinics, change in clinic operations hours, and non-availability of existing services and health care providers. Similarly, other supportive services including counseling, distribution of their routine packages and outreach services have been suspended. In this regard a respondent shared that:

> "The spread of coronavirus has negatively impacted our treatment. The focus has been changed from us and shifted to COVID patients. Our treatment has been considered as a secondary priority. We also fear contracting the virus and avoid going outside our home"

The rapid spread of COVID-19 created fear among communities and different patients including HIV/AIDS patients avoided visits to health facilities and availing treatment. In order to avoid exposure to COVID-19 protect themselves from double economic burden (treatment of two diseases) also influence the patterns of interruptions of treatment HI/AIDS patients (Beima-Sofie, Ortblad, Swanson, Graham, Stekler & Simoni, 2020). Besides, COVID-19 lockdown, travel restrictions, access to HIV testing and treatment services is a significant concern for HIV patients. Also, the stock-outs of HIV/AIDS medications in the form of antiretroviral affecting the response towards HIV during COVID-19 (Nachega, Kapata, Sam-Agudu, Decloedt, Katoto, Nagu,& Zumla, 2021). Although, online clinics and consultation along with postal testing facilities have been introduced, there have been shocking reports about challenges to HIV/AIDS patients during the COVID-19. A respondent stated that:

> "The rapid spread of coronavirus has intensified our fear. It is widely said that people with some prior health issues are more vulnerable to HIV/AIDS. Treatment of two infections is difficult for me.

Another respondent:

> "The coronavirus has disturbed our access to treatment services. During the spread of cornona virus I visited health facility for routine treatment but I was informed that such routine treatment is suspended. On my enquiry, the doctor informed me that this decision has been taken for controlling the spread of corona. He also insisted me to stay at home to avoid the infection.

The coronavirus pandemic has created disruption in people's lives. It has also disturbed access to healthcare services around the world. The access to health services has issues people living with HIV/AIDS have faced critical challenges and difficulties in accessing health care services. The actual adherence to treatment and regular attendance to clinics have been impacted due to certain structural barriers (Huan, Fuzhi, Lu, Min, Xingzhi, & Shiyang, 2019). Field information also show similar results and a respondent told that:

COVID-19, Vulnerabilities and Double Stigmatization

Before the outbreak of COVID-19, people living with HIV/AIDS were facing stigma. The COVID-19 has intensified the level of stigma as it has increased the chances of their exposure to families and communities. This occurred as a result of mailing medicine, interpersonal proximity and quarantine. This led to high levels of stigma, depression, anxiety, and low adherence to treatment (Wang, Fu, Kaminga, Guo, & Chen, 2018; Zeng, Li, Hong, Zhang, Babbitt, Liu, Qiao, Guo, & Cai, 2018). Filed data also show similar findings and a respondent told that:

> "I face negative reaction from community and friends. At first I faced hatred from people due to my HIV/AIDS disease, now people shrunk to come near me as they fear that I will infect them. This situation has created adjustment issues for me and I avoid coming out of my home and interacting with other"

Further, it has been found that those HIV/AIDS patients who have been infected with COVID-19 have faced double stigma and discrimination in society instead of support and protection. Importantly, COVID-19 has increased in anxiety at a global level and individuals having chronic health conditions such as HIV/AIDS patients may experience a significant stress condition than the general population, and such stress is developed due to the fear of an increased risk of contracting COVID-19 (Cooper, Woodward, Alom, & Harky, 2020). Such stress thus leads to dangerous coping mechanisms, including the increased use of alcohol and other drugs, which

in return reduce the strength of immune system, and weaken the ability of HIV/AIDS patients to fight COVID-19. Primary data:

> "Coronavirus like HIV/AIDS is stigmatized and community react negatively to the infected people. Being infected of both HIV and coronavirus we also face discrimination and isolation. The community considers us as carrier of the infection and avoids mixing with us"

> "COVID-19 infects vulnerable population like us more. While having both HIV and corona infection I face mistreat from my family members, health care providers and community. I kept my corona positive status for one week due to my previous negative experience with HIV".

> "In my opinion any treatment strategy towards corona will remain ineffective until discriminatory attitude towards the patients is reduced. In the name of social distancing we are isolated and discriminated".

The increased intake of alcohol may exacerbate symptoms of depression and anxiety (Gervasoni et al., 2020), and the development of depression is two to four times higher in HIV positive people than the general population. Thus maintaining physical distancing for combating COVID-19 further increase loneliness of HIV patients, which in turn aggravate depressive symptoms (Ridgway et al., 2020), such as (loss of interest, feelings of worthlessness, and thoughts of death or suicide) may have negative effects on HIV/AIDS patients in terms of taking their medications and engaging in the necessary activities and lifestyle that are conducive for their health (Blashill, Perry, & Safren, 2011). Conclusively, COVID-19 exacerbates the already vulnerable conditions of HIV/AIDS patients, as it impacts their medication; increases their anxiety, stress, and depression level. Those HIV patients who have contracted coronavirus disease (COVID-19) have encountered double stigma and discrimination. They are perceived with fear and any contact with them is considered synonymous to contracting the disease.

Conclusion and Recommendations

COVID-19 pandemic has created significant economic issues for HIV/AIDS patients and have impacted their treatment globally. It has created barriers to HIV prevention, testing, and access to care and support services. The COVID-19 precautionary measures such as strict quarantine, lockdown of economic activities and services, travel restrictions, focus on non-emergency care and allocation of resources to combat the spread of coronavirus have severely impacted HIV/AIDS patients. The prevalence of COVID-19 has also disrupted routine treatment operations, reduced working hours, and decreased the availability of healthcare providers in HIV treatment clinics, thus impacted counseling and social support services. The study concludes that people living with

both HIV and COVID-19 experience mistreatment, and COVID-19 as well as HIV patients face discriminatory attitudes in family, health services and community.

Based upon study findings it is suggested that efforts are required to address both COVID-19 and HIV/AIDS, in terms of allocation of resources, provision of free treatment services. The study suggests development of effective strategies to reach HIV/AIDS patients in this critical time to avoid intensification of their vulnerabilities. Further, the study also suggests engagement and education of public as well as people living with HIV/AIDS in reducing HIV stigma. There is also a need of providing integrated COVID-19 and HIV testing and treatment services for at district as well as local levels. The relevant authorities i.e. health department, NGOs and health administration shall take necessary steps to avoid constant interruptions to HIV/AIDS patients, and ensure the operational hours, availability of health care providers, necessary medicine and testing services during the outbreak of COVID-19. There is also a need to prioritize research related to patients of HIV/AIDS who have also acquired or at high risk of COVID-19.

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