Editorial

The parallel fight against HIV and COVID-19

HIV remains one of the world's major public health challenges despite substantial progress in the past few decades. According to the World AIDS Day report released Nov 26, 2020, 1.7 million people were newly infected with HIV and up to 690 000 people died from AIDS-related illnesses in 2019. Decades of research experience from the HIV/AIDS epidemic offer valuable resources for fighting COVID-19, such as antiviral pipelines and vaccine platforms. Vice versa, lessons learnt from the COVID-19 response can offer new opportunities in the fight against HIV and AIDS.

Like other major health issues, the COVID-19 pandemic imposes additional challenges on HIV control. Key resources and medical care for HIV have been diverted to the management of COVID-19 in various countries. Mitigation measures such as lockdowns and physical distancing have delayed and disrupted access to HIV testing services and supply chains of life-saving medicines. On May 13, 2020, UNAIDS released the preliminary findings of a rapid survey on young key populations and young people living with HIV in Asia and the Pacific. Around 50% of young people in the survey lost income and employment during the pandemic; of those respondents who were on antiretroviral drug therapy, only 30% of them had a 2–3 month supply.

Despite challenges caused by the pandemic, the effect of COVID-19 on HIV treatment is less severe than expected according to UNAIDS data. The adoption of more accessible and innovative service delivery approaches, such as online training for antiretroviral therapy prescribers in Papua New Guinea and home delivery of antiretroviral therapy in the Philippines, is helping to ensure the continuity of services in this extraordinarily difficult time. Before the pandemic, these approaches were already in use (eg, online platforms have increased capacity and accelerated access to HIV tests and pre-exposure prophylaxis in men who have sex with men). Although stigma and discrimination against people with HIV still exists in the Western Pacific region, the wider adoption of safer and more confidential service delivery approaches via online platforms post-pandemic could help to improve access to HIV prevention and treatment services, especially for the hard-to-reach population.

On Dec 8, 2020, the first COVID-19 vaccine was authorised for use in the UK, less than a year since the causative agent SARS-CoV-2 was identified, with several other vaccines on the way. The hope to end the COVID-19 pandemic could be realised with the deployment of effective vaccines. Meanwhile, although HIV infection has become a manageable chronic health condition with antiretroviral therapies, there is still no prophylactic vaccine to protect people from HIV infection. The unprecedented collaborative efforts from different sectors in COVID-19 vaccine development, from academia to the pharmaceutical industry, as well as intergovernmental and private funding bodies, illustrate that extraordinary things can be achieved when all relevant parties are on board. This success could be replicated for a HIV vaccine if there is a common will.

HIV prevalence is low at 0.1% and has even decreased in the Western Pacific region as a whole, but these data mask the diverse and high infection rates in key populations and uneven progress on HIV control in different countries. For example, although Australia, Cambodia, and Singapore have achieved the 90-90-90 target of controlling HIV in 2020, the Philippines is among the countries that have the fastest growing HIV epidemics in the world. Now that the COVID-19 pandemic is in a stable phase in most Western Pacific countries, we have an opportunity to reflect, learn, and build in a new endeavour to end the HIV/AIDS epidemic. On World AIDS Day on Dec 1, 2020, WHO called for solidarity efforts from governments and individuals to maintain resilient HIV services during the COVID-19 pandemic. The same political commitment, community engagement, regional and national collaborations, and funding pledges, as exemplified in COVID-19 responses, are imperative more than ever to achieve Sustainable Development Goal 3 and end the HIV epidemic by 2030.

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