Commentary

Understanding the vulnerability of people with disabilities to HIV: Who is at risk?

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The latest Lancet HIV paper by Pierre De Beaudrap and colleagues illustrates why we need disability-focused research to address vulnerabilities of those who have been left behind in the response to HIV and AIDS [1]. Emerging prevalence studies suggest that HIV prevalence among people with disabilities is higher than among their peers without disabilities in Sub-Saharan Africa [2,3]. Scattered evidence has also shown that while people with disabilities are exposed to all known HIV risk factors, they experience multiple barriers to accessing HIV services and programmes [4,5]. Researchers and advocacy groups therefore have called for accessible HIV services and social protection [6,7]. However, detailed evidence on the vulnerabilities to HIV among people with disabilities is still scarce and, therefore, HIV programmes still have to embrace outreach to people with disabilities as essential and develop methods to reach this population [6,8]. Without fully including people with disabilities, who account for 15% of the world’s population, we will not achieve zero new HIV infections or end AIDS [9].

People with disabilities are diverse and their HIV-risk varies from individual sexual and substance use behaviour to contextual factors such as poverty, lack of access to health and education, and experiences of violence [5,10]. HIV risk for people with disabilities may vary via disability type, degree of impairment, socio-cultural context, and geographical location; it may also intersect with other vulnerabilities such as gender and sexual orientation. Disability-focused epidemiological research is therefore needed to help us understand who is at increased risk of exposure to HIV and why.

Using a matched, random sampling design, De Beaudrap et al.’s paper compares the prevalence of HIV and HIV-risk factors between people of different sexes and disability onset in urban Burundi. The paper shows that people with disabilities are more likely to be affected by multidimensional poverty, which includes lack of access to education, health, and income. De Beaudrap’s current and past papers have also provide compelling evidence that women with disabilities are at increased risk of exposure to HIV [1–3]. However, in past, cross-sectional, surveys it was difficult to distinguish between women who were living with HIV and acquired disability and those women who grew up with disability and were later infected with HIV [2,3]. The methodology developed by de Beaudrap et al. distinguishes between people with ‘early and late disability onset’ and therefore allows us to identify HIV prevalence and risk factors among people who grew up with disability (‘early disability’) [1]. The data shows that the prevalence of HIV is higher among women with disabilities than their peers without disabilities or men. The in-depth analysis of women with early disability onset reveals that HIV prevalence is higher among those who are socially isolated. It also shows that the relationship between early disability onset and subsequent HIV infection is driven by increased exposure to sexual violence and low educational outcomes.

While these results are specific to Burundi’s HIV response they can shape discussion and research in other countries. From the authors’ analysis, we see that accessible HIV-services and social protection alone do not address the increased risk of exposure to HIV among women with disabilities. We also need to address violence against women with disabilities, their exclusion from education and increased social isolation.

The paper thus highlights the importance of collecting gender-sensitive and disability-inclusive data to inform HIV programming across the world, and particularly in high HIV-prevalence areas of Sub-Saharan Africa. This includes epidemiological studies, as presented by De Beaudrap et al. and further research that helps us to understand:

1) How vulnerabilities to HIV among people with disabilities may vary by age, sex, gender identify, sexual orientation, different disability types, and geographical locations
2) Which factors drive HIV risk and barriers to access services for sub-groups of people with disabilities
3) What works to address vulnerabilities and reduce HIV risk among these groups
4) Which services or organisations are best placed to deliver disability-inclusive or specific interventions and what support do these organisations need
5) What is needed to design and implement disability-inclusive HIV policies and programmes

Furthermore, we need innovation in disability-specific and inclusive research. Innovative data collection methods, such as De Beaudrap’s methodology, need to be developed, refined, and integrated into epidemiological and intervention research to provide population-based data, understand intersectionality and what works to reduce the increased vulnerability of those currently left behind. This challenge will require multidisciplinary teams of researchers to build bridges between diverse fields including violence against women, HIV, education, poverty/social protection, and disability.

Declaration of Competing Interest

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