

Access to HIV and sexual healthcare during COVID-19: gay and bisexual men's experiences during concurrent epidemics

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Key Takeaways

- The gay, bisexual and other men who have sex with men (GBM) living with HIV that we interviewed reported little to no interruption in HIV care during the first two waves of COVID-19 in Canada.
- GBM living with HIV in major metropolitan areas did, however, face significant disruptions in mental health and substance use support services during the same period.
- HIV care providers in Canada's largest cities adopted innovative strategies to ensure continued access to HIV care during the first two waves of COVID-19. This included, for example, extending prescriptions for HIV medications and transitioning to virtual care.

Introduction

Rising COVID-19 cases and the implementation of regional lockdowns resulted in limited access to health services for many Canadians during the first two waves of COVID-19 (March-May 2020, September 2020-January 2021).

- Engage COVID-19 is a mixed methods study examining the impact of COVID-19 on gay, bisexual and other men who have sex with men (GBM) living in Vancouver, Toronto, and Montréal.
- Our objective was to examine disruptions to health services (e.g. sexual, mental) caused by COVID-19 for GBM living with HIV.
- Between November 2020 and February 2021, 20 qualitative interviews were conducted across the three study sites with GBM living with HIV (5 in Montréal, 7 in Vancouver, 8 in Toronto).

Results

I didn't see my doctor I think for like, a year almost or talk to her or nothing. Yeah, I just got my meds every three months, but I was staying completely away from [in-person visits]. I'm just starting to come back a little bit now... It was very different. I avoided [...] do[ing] blood work and I avoided stepping into the hospital at all means. Yeah, I think the idea was, "why go in a place where you can get infected?" (50s, Latin American, Vancouver)

This [program for addiction] is something I need to go to, and I can manage it just fine. [But] **the thought of being on a cam** talking to people I don't know about substance use issues just **stresses me out.** (50s, White, Toronto)

I want[ed] to go to [a] rehab center and then to – for quitting the meth. And then **because of the pandemic,** so I don't go there, **because I don't want to meet people in person and get infected.** (30s, East Asian, Vancouver)

[T]hey give you more [medication] so it lasts for a lot longer. So I had like, now on the last [visit], **no this is the first time they gave me three months,** if not, four months' worth of medication now so **I don't have to go back as frequently.** (50s, Black, Montreal)

Conclusions

- For GBM living with HIV and already linked to care, there appears to be stability and adaptability of the HIV care system in these Canadian cities. Nonetheless, GBM living with HIV experienced interruptions to mental health and substance use services, posing challenges to their overall health and their continued enrollment in the HIV care cascade.
- Our findings signal the need to expand our understanding of essential HIV care to include mental health and substance use supports.

Further information

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