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Impact of COVID-19 on key populations and people living with HIV: recommendations and sociopolitical responses from the EPIC community research program in Latin America

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Abstract

Background Health inequality in Latin America is particularly severe for individuals living with HIV (PLHIV) and key populations, such as men who have sex with men, transgender women, people who use drugs, and

and academic organizations (including 4 from Spain and Portugal).

e EPIC working group developed a general and adaptable protocol that foresaw the possibility of implementing qualitative and/or quantitative studies [11]. e quantitative questionnaire (see Annex 1) included a mandatory module (sociodemographic profile and general questions about the impact of COVID-19 on participants' lives) and 11 optional thematic or population modules (e.g., access to healthcare, perceived risk of COVID-19, men who have sex with men (MSM), community health workers (CHWs), peer educators and people living with HIV (PLHIV)). Additionally, it was possible to add specific questions adapted to the local context and interest. However, two semi-structured interview guides were designed to qualitatively explore the experiences and needs of key populations and CHWs during the crisis. Informed consent to participate was obtained from all of the participants in the study.

Each organization that participated in EPIC adapted the protocol with the assistance of a template defining its own objectives, the population(s) it wanted to survey, the general methodology (qualitative and/or quantitative), and the recruitment and data collection methods. e most appropriate sampling strategy in the pandemic context in which the EPIC program was developed was to use convenience sampling. Each participating organization received technical support from the Coalition PLUS research team to reach the largest sample size based on their specific characteristics, needs and target population. Quantitative data collection was conducted using Voxco, with training provided as needed to ensure standardized procedures and centralized data management. All qualitative interviews were administered by CHWs working with the local organization in each country or region or, when necessary, by a local consultant and were recorded either in person or via teleconference in the local language, and later transcribed verbatim. In total 118 studies were conducted across 31 countries: 66 quantitative ($n=12{,}060$ among KP or people living with HIV or people living with HCV and $n=811$ among CHWs) and 52 qualitative ($n=766$ among KP or people living with HIV or people living with HCV and $n=136$ among CHWs). More details have been published elsewhere [11].

In Latin America, the EPIC program was implemented in seven countries: Argentina, Bolivia, Brazil, Colombia, Guatemala, Peru, and Chile (Table 1). During the implementation process, each participating organization ($n=9$) benefited from technical support from a reference person from the research department of Coalition PLUS and from spaces for sharing experiences with other organizations throughout the region to optimize implementation and promote the development of research and communication skills. Moreover, webinars, training sessions, thematic meetings, and newsletters were organized and distributed by the Coalition PLUS community-based research department.

All data presented in this article come from descriptive analyses for the quantitative studies (frequencies), and thematic analyses for the qualitative studies.

Results

Access to healthcare during the health crisis

Corroborating other recently published studies [4, 14–17], the results of the EPIC program in Latin America highlight the following key issues related to healthcare access during the health crisis:

1. Di culties to access to healthcare in general and for PLWHIV
2. Arduousness to get antiretrovirals for those living with HIV
3. Poor access to prevention tools for key populations in di erent countries during the crisis

According to quantitative data collected in Colombia, 20% of drug users perceived a decrease in access to prevention tools and/or services, 14% experienced a decrease in access to treatments, and 6% saw a decrease in access to harm reduction tools and/or services related to drug use. e closure of healthcare services was the main barrier to accessing prevention, diagnosis, and treatment for this population. Conversely, for migrants in this country, the lack of valid identification documents or visas or a COVID-19 vaccination card posed the most significantbarriers to receiving care at health centers.

In Peru, during the lockdown, dispensing medication to PLHIV was prioritized, which caused the neglect of prevention services. Data from Peru showed that 57% of MSM who were using daily or on-demand pre-exposure prophylaxis before the health crisis stopped taking it during the lockdown, and 45% of them resumed taking it when the lockdown ended.

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Table 1 Organizations involved in the EPIC community research program in Latin America

Country	EPIC Implementing Organizations	Other Organizations Involved in EPIC	Study Type	Target Populations (Sample Size)
Argentina	Fundación Huésped	Association of Transvestite, Transsexual, and Transgender Women of		

the participation of civil society and communities in policy formulation and in the evaluation process related to health in all policies in order to reduce health inequities [7] (given the comparative advantage of community-led HIV responses [31]). Furthermore, to adopt policies that allow for the sustainable financing of integrated people-centered community responses through various public financing mechanisms [32]. Finally, given the experiences and capacities at the community level related to addressing health crisis situations, strengthening communication and social mobilization capacities in the context of epidemic outbreaks is key to the success of the response [33, 34]. e incorporation of socio-cultural aspects, as well as the challenges or facilitators of implementing strategies in the most vulnerable populations, can quickly contribute to the response and actions of governments in facing such health emergencies.

To achieve this, community systems and models are essential. Community response during the crisis through concrete actions (e.g., community distribution of antiretrovirals, social and psychological support to vulnerable populations, development of telemedicine, and so on) along with the involvement of community health workers and peer educators in community research projects like EPIC, demonstrate that they can e ciently contribute to improving population health in times of crisis. ose responsible for policy formation and implementation must promote and institutionalize community participation both at the level of healthcare services and in scientific research.

Supplementary Information

The online version contains supplementary material available at https://doi.org/10.1186/s12889-025-22017-7.

Supplementary Material 1

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Authors' contributions

5. Garcia PJ, Cabrera DM, Cárcamo PM, Diaz MM. HIV and COVID-19 in Latin America and the Caribbean. Curr HIV/AIDS Rep. 2022;19(1):37–45. https://doi.org/10.1007/s11904-021-00589-