

Editorial

The pandemic of Covid-19 has loomed large on every aspect of life for the last one year. Delivery of all basic and essential health services and routine scientific activities have been severely affected in most part of the world, including SAARC member states. It is, of course, imperative that all measures possible are taken to protect people from coronavirus and to treat those who have become sick. However, it need not be at the cost of people having to die of another preventable and treatable disease.

The potential impact on HIV and tuberculosis programs are arising predominantly from disruptions to the usual activities and services due to COVID-19. These disruptions include mitigation strategies undertaken in response to the COVID-19 pandemic, leading to the scaling back of certain activities and care-seeking; reduced capabilities of the health system due to overwhelmingly high demand for the care of patients with COVID-19; and interruptions to the supply of commodities as a result of effects on both domestic and international supply chains.

The long-term impact on the national and regional efforts to control/eliminate these public health issues is yet to be fully measured. However, some preliminary assessments published so far do suggest that significant gains made in past in efforts to control/eliminate these diseases may be reversed and the timelines aimed for control/elimination of these diseases will be pushed back further.

Extended periods of lockdown and prioritization of COVID-19 over other health services have prevented many people from accessing treatments for non-COVID infectious diseases; at the same time, new cases of these illnesses will have gone undetected. Taken together, this is resulting in a surge of cases.

According to WHO, the global HIV epidemic is not over and may be accelerating during the COVID-19 pandemic, with a devastating impact on communities and countries. According to The Global Fund for AIDS, TB and Malaria (GFATM), in 2020 we will likely see increases in deaths and new infections across all three diseases for the first time in many years as health and community systems are overwhelmed, treatment and prevention programs are disrupted, and resources are diverted. In many of the countries most heavily affected by HIV and TB, the knock-on impact of COVID-19 on these diseases in terms of incremental deaths may outweigh the direct impact of the virus.

The coronavirus is still raging in many countries which also have a high TB burden. With the total number of COVID-19 infections approaching 80 million, deaths standing at more than 1.7 million and effective vaccines far from being available throughout the world (at the time of publication), we can't say how bad the long term impact of the pandemic will be. But we can say that, without appropriate and timely interventions, diseases such as TB and AIDS are likely to take more lives.

For tuberculosis, the greatest impact would be from reductions in timely diagnosis and treatment of new cases. The disruption is expected to lead to an increase in tuberculosis deaths for several years because the disruptions leave individuals untreated for longer, leading to more transmission and more cases in later years.

The greatest impact on HIV has been estimated to occur from interruption to antiretroviral therapy. The greatest increase in HIV deaths was predicted to be caused by forced interruptions to antiretroviral therapy (ART) for some individuals. Smaller impacts are expected to occur due to a reduction in new ART initiations and a gradual accumulation of individuals not taking ART.

The impact on HIV and tuberculosis could be minimised by maintaining core services: continued access to antiretrovirals, maintenance of tuberculosis diagnosis and treatment.

The current pandemic also presents some opportunities. The response to the COVID-19 pandemic may bring prospect for synergies including increased levels of TB testing, particularly in high-HIV settings where symptoms of TB and Covid-19 disease are more difficult to differentiate clinically, better implementation of infection control measures and more effective contact tracing investigations.

In conclusion, disruptions to the services for HIV and tuberculosis resulting from the COVID-19 pandemic and its response, could lead to a substantial number of additional morbidity and mortality. In the short term, maintaining the most critical services, specifically treatment for HIV and tuberculosis (new and current patients) is a priority for reducing the overall impact of the COVID-19 pandemic. The main emphasis in the longer term must be on enhancing the resilience of the health system to cope with catastrophic events such as pandemics, and it may very well demand far-reaching changes and additional resources.

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