



Forgotten People



Syrians seeking refuge



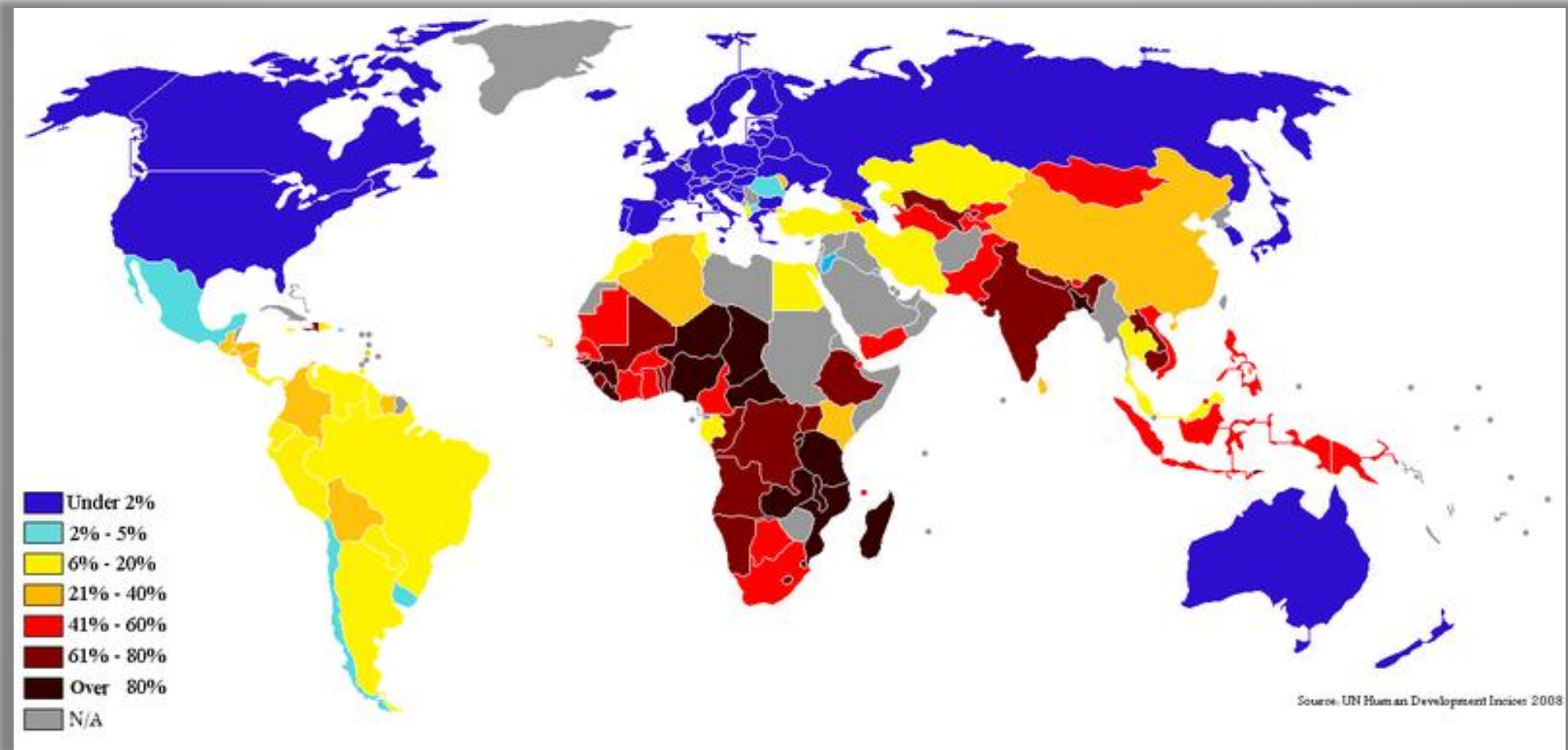
Turkey-Syria Earthquake



JOHN MOORE/GETTY IMAGES EUROPE/GETTY IMAGES

Ebola in Congo

OUR NEEDY WORLD



Nations of Poverty



Forgotten People in the United States



“WE WANT TO DO THE SAME!”



Record Interest
Among
Healthcare
Students &
Professionals

“BUT WE HAVE QUESTIONS LIKE...”



- Where to serve?
- What organization to choose?
- How to prepare?
- What skills are needed?
- How to pay for this?
- Where does family fit in?
- What about language?
- Isn't all this dangerous?



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SEE

AND

HANDS

REACH BEYOND

REACH BEYOND



Despite Free Medication, Socioeconomic and COVID-19 Pandemic-Related Barriers Limit HIV Care in Rural Western Kenya



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Abstract

Western Kenya has a relatively high burden of HIV (1). A 2017 study of a rural Western Kenyan community identified significant socioeconomic barriers to receiving HIV-related care (2). We surveyed 18 rural Kenyan patients in this community to assess levels of socioeconomic barriers identified in the 2017 study and to assess how COVID-19 pandemic-related barriers impacted responses. We found that food insecurity, social stigma, medication side effects, and transportation issues were common barriers. Also, most respondents reported they had increased difficulty receiving HIV care during the COVID-19 pandemic, with the majority experiencing multiple barriers to care.

Objectives

This study aimed to identify trends in socioeconomic barriers that contribute to ART (antiretroviral treatment) non-adherence as compared to data collected in a 2017 study of the same HIV-positive community (2). This study also aimed to identify any new barriers that occurred during the COVID-19 pandemic which contributed to ART non-adherence. Our hypotheses were that the socioeconomic barriers identified in the 2017 study period and that the COVID-19 pandemic had exacerbated existing barriers and created new barriers to ART adherence in this community.

Introduction

A previous study performed by KCU students in 2017 at the Many Pitsua Memorial Health Center in Manyara, Kenya found that socioeconomic factors, including illness/hydration/transport problems, and food insecurity were the largest barriers to ART adherence for HIV-positive patients in the community (2). Additionally, a 2020 study of HIV-positive patients living in an urban informal settlement within Nairobi, Kenya found that patients experienced decreased ability to access and take their ART and sometimes avoided healthcare facilities due to fear of contracting COVID-19 (3). The Manyara community, a rural community with high prevalence of HIV, the HIV-positive living in this community are an ideal population to study for trends in patient-perceived socioeconomic barriers to ART adherence and impacts of the COVID-19 pandemic on care.

Data and Methods

After obtaining IRB approval, we developed a voluntary, anonymous patient survey in order to identify reasons for ART non-adherence including transportation, financial, social stigma, and work/family responsibilities. The survey also contained questions regarding impacts of the COVID-19 pandemic on ART adherence. Surveys were offered to patients presenting to Many Pitsua for either HIV clinic or normal and clinic who were known HIV+ and at least 18 years of age. Surveys were provided in English or Luo depending on patients' preferred language.



COVID-19 Pandemic-Related Barriers to HIV Care



Results

We asked participants what challenges they had had in obtaining and taking their ART, and the 2 most common challenges cited were lack of food (89.2%, n=18), and income for medication side effects (83.3%, n=16), although ART had a side effect that was not not for treatment, and 34.4% (n=7) of respondents felt their treatment was too expensive.

When asked about transportation that made it difficult to get HIV-related care, 66.7% (n=13) of respondents reported they had issues with transportation or weather. 22.2% (n=4) reported they could not travel work to come to clinic, and 38.9% (n=8) reported they could not travel to clinic. The most common transportation feedback reported were walking (72.2%, n=14), riding a bike (55.6%, n=11), and taking a taxi (22.2%, n=4). 87.8% (n=17) of respondents reported being 5-20km from the clinic, 34.4% (n=7) reported being 5-20km from clinic, 30.6% (n=6) reported being 21-30km from clinic, and 11.1% (n=2) reported being more than 30km from clinic.

We asked several questions in relation to the impact of the COVID-19 pandemic on ability to receive HIV care and ART. 84.4% (n=16) reported that the COVID-19 pandemic made it more difficult to receive care/medications. 72.2% (n=14) reported they had difficulty receiving HIV care or ART at clinic because of concerns for falling sick with COVID-19. The most common reasons cited as challenges that made accessing HIV care and ART medications more difficult during the COVID-19 pandemic were: afraid of becoming ill with COVID-19 by coming to clinic (77.8%, n=15), feeling isolated or alone during the pandemic (72.2%, n=14), financial difficulty making it hard to afford care/ART medications (66.7%, n=13), and difficulty obtaining ART medications regularly (66.7%, n=13).

Multiple Requirements: 18
Family Responsibilities: 18
Declined or Non-Response: 2

87.8% (n=17) had at least one child
22.2% (n=4) had no children



Discussion and Conclusions

Compared to the 2017 study of the same community, our study had some congruent results and some major differences. In the 2017 study, the three largest socioeconomic barriers identified were food scarcity, being too distant to pick up medications, and transportation/weather concerns. Food insecurity has remained the largest socioeconomic barrier across both studies. Multiple respondents reported they used a formal nutrition support program for HIV patients. HIV clinic staff reported that although Many Pitsua does not have a nutrition clinic with patient dietary training, most HIV patients do not qualify. The Kenyan Ministry of Health's National AIDS & STI Control Programme includes a national nutrition office (4), but it seems that the rural Manyara community has not received beyond funding for nutrition support for HIV patients.

A significant difference between our study and the 2017 study was with reporting of stigma related to HIV. In the 2017 study, 61.1% (n=12) reported they had issues with stigma, while in our study, 61.1% (n=12) reported they had issues with stigma. In the 2017 study, 61.1% (n=12) reported they had issues with stigma, while in our study, 61.1% (n=12) reported they had issues with stigma. In the 2017 study, 61.1% (n=12) reported they had issues with stigma, while in our study, 61.1% (n=12) reported they had issues with stigma.

References:
1. Eisele J, Eisele N, Desai G, et al. Prevalence of HIV and associated risk factors in a rural Kenyan community. *PLoS One*. 2017;12(12):e0187888.
2. Eisele J, Eisele N, Desai G, et al. Socioeconomic barriers to HIV care in a rural Kenyan community. *PLoS One*. 2017;12(12):e0187888.
3. Eisele J, Desai G, Eisele N, et al. Impact of the COVID-19 pandemic on HIV care in a rural Kenyan community. *PLoS One*. 2021;16(12):e0258888.
4. Kenya Ministry of Health. National AIDS & STI Control Programme. <http://www.moh.go.ke/>

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Sean Mark

MD, DIMPH

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international public health, disaster management, cross-cultural skills, health leadership, and
healthcare education, has completed and is awarded the INMED professional certificate in
international medicine & public health. Witness the signatures hereto affixed this 15 day of July 2023.

Nicholas Comminellis

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MD

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medicine, maternal-newborn care, international public health, disaster management, cross-cultural
skills, health leadership, healthcare professions education, and research methodologies, has completed
and is awarded the INMED Professional Master's Degree in International Health (MIH).

Witness the signatures hereto affixed this 10th day of June 2022.

Nicholas Comminellis

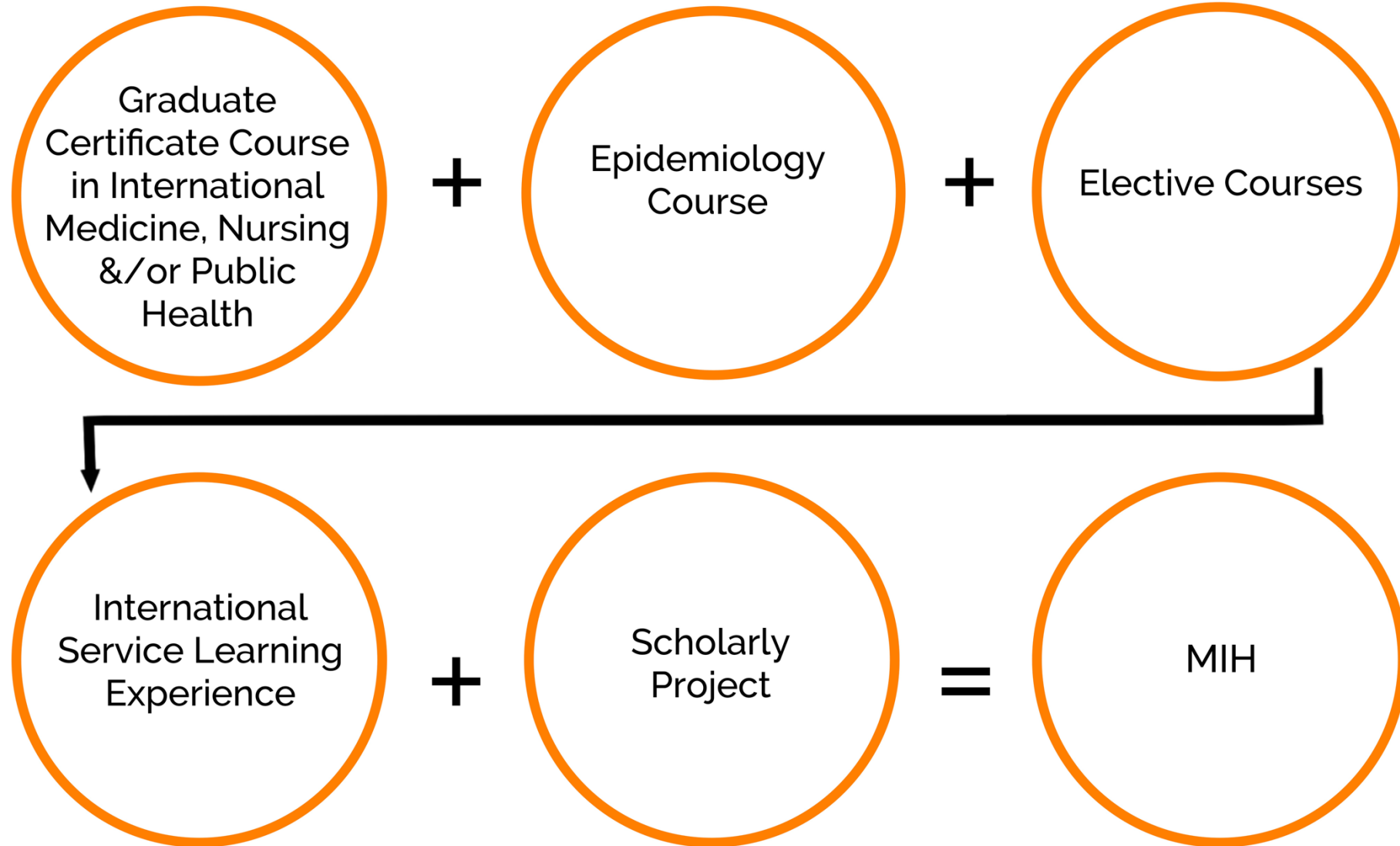
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