ELSEVIER

Contents lists available at ScienceDirect

EClinicalMedicine

journal homepage: https://www.journals.elsevier.com/eclinicalmedicine



Commentary

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

Jill Hanass-Hancock

South African Medical Research Council, Gender and Health Research Unit and University of KwaZulu-Natal, School of Health Science, South Africa

ARTICLE INFO

Article History: Received 22 July 2020 Accepted 23 July 2020 Available online 15 August 2020

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 programming still has 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 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 then 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 gendersensitive 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:

- How vulnerabilities to HIV among people with disabilities may vary by age, sex, gender identify, sexual orientation, different disability types, and geographical locations
- Which factors drive HIV risk and barriers to access services for sub-groups of people with disabilities
- 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

DOI of original article: http://dx.doi.org/10.1016/j.eclinm.2020.100477. E-mail address: |ill.HanassHancock@mrc.ac.za 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

The author JHH has nothing to declare and not received any funding related to this commentary.

Acknowledgements

JHH conceptualised and wrote this article. She would like to thank Kristin Dunkle and Bradley Carpenter for their quick review of this paper.

References

- [1] De Beaudrap P, Beninguisse G, Mouté C, Dongmo Temgoua C, Claver Kayiro P, Nizigiyimana V, et al. The multidimensional vulnerability of people with disability to HIV infection: results from the HandiSSR study in Bujumbura, Burundi. E Clinical Medicine 2020;25:100477.
- [2] De Beaudrap P, Beninguisse G, Pasquier E, Tchoumkeu A, Touko A, Essomba F, et al. Prevalence of HIV infection among people with disabilities: a population-based observational study in Yaoundé, Cameroon (HandiVIH). Lancet-HIV 2017:1–8 early online.
- [3] De Beaudrap P, Mac-Seing M, Pasquier E. Disability and HIV: a systematic review and a meta-analysis of the risk of HIV infection among adults with disabilities in Sub-Saharan Africa. AIDS Care 2014;26(12):1467–76.
- [4] Groce N.E. Global Survey on HIV/AIDS and disability new Haven: http://cira.med. yale.edu/globalsurvey; 2004.
- [5] UNAIDS. Disability and HIV Reference Report. Geneva: UNAIDS; 2017.
- [6] Hanass-Hancock J, Chappell P, Myezwa H, Kwagala B, Boivin JM, Lloyd J, et al. Committing to disability inclusion to end AIDS by 2030. Lancet HIV 2016;3(12): e556-e7
- [7] Africa Campaign on Disability and HIV & AIDS. Kampala declaration on disability and HIV & AIDS. In: Regional Conference on Disability and HIV/AIDS; 2008.
- [8] Ward E, Hanass-Hancock J, Amon JJ. Left behind: persons with disabilities in HIV prevalence research and national strategic plans in east and Southern Africa. Disabil Rehabil 2020 early online.
- [9] World Health Organisation, World Bank. World disability report. Malta: WHO; 2011
- [10] Dunkle K, van der Heijden I, Stern E, Chirwa E. Disability and violence against women and girls global programme. july 2018 brief. London: What Works to Prevent Violence; 2018.