

ISSUE BRIEF

Lessons Learned from HIV Messaging Can Help with COVID-19 Prevention Efforts

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Since declared a pandemic by the World Health Organization (WHO) on March 11, 2020,¹ over 759,000 people in the United States have died from COVID-19² and thousands of new infections are diagnosed weekly.³ Despite availability of vaccines, prevention efforts are still needed to stop the spread of the virus. Pandemic fatigue, a term coined by WHO, suggests that people are less motivated to follow recommended prevention methods.⁴ While this is a natural response to a prolonged health crisis like COVID-19, lessons learned from the past 40 years of HIV prevention can provide valuable insights in the fight against COVID-19.

Over the past 4 decades, the HIV epidemic has claimed the lives of over 700,000 people in the United States⁵ and 36.3 million worldwide.⁶ With over 1.2 million people living with HIV,⁷ and over 35,000 new diagnoses in 2019 alone,⁸ dissemination of HIV prevention messaging has become commonplace in U.S. society via television commercials, billboards, posters, peer-to-peer strategies, and guidelines from federal agencies. Many decades of HIV prevention messaging has resulted in *HIV message fatigue* or a loss of interest in HIV prevention or counseling due to overexposure to HIV prevention messages.⁹

The response to the HIV epidemic in the United States and globally taught us that abstinence-only strategies are ineffective and can backfire.

Abstinence-only sexual education programs do not

Key highlights

- The response to the HIV epidemic in the United States and globally taught us that certain communication strategies are ineffective and can backfire.
- To improve messaging about responding to COVID-19, we should implement a combination of behavioral, biomedical, and structural interventions.

delay sexual debut or reduce sexual risk behaviors among adolescents, however comprehensive HIV prevention strategies such as use of condoms are much more effective.¹⁰ Similarly, in the context of COVID-19, promoting behaviors such as avoiding leaving the house as much as possible are ineffective. Instead, the focus should be on the benefits of vaccination, mask wearing, socializing outdoors, and social distancing. Messages to stay at home were certainly important at the beginning of the COVID-19 pandemic when little was known about the virus and how best to prevent its spread. However, this approach ignored "essential workers" and others who were required to work in person, and did not provide them with adequate information about how to protect themselves. In the United States, essential workers are predominantly women and people of color working in low-paying positions.^{11,12}

Successful HIV prevention efforts have also demonstrated that combining prevention strategies is key as no prevention strategy works all the time. UNAIDS defines combination HIV prevention¹³ as "rights-, evidence-, and community-based programs that promote a combination of biomedical, behavioral, and structural interventions designed to meet the HIV prevention needs of specific people and communities." To decrease the spread of COVID-19 in a way that does not exacerbate pandemic fatigue, we should implement a combination of behavioral (social distancing, mask wearing), biomedical (vaccines, treatments), and structural interventions (improved access to healthcare for all people in the country, paid sick leave, childcare options, stronger worker protections for essential workers). These COVID-19 efforts should be customized to and address the needs and concerns of specific communities.

Additionally, the response to the HIV epidemic has shown the importance of individualized messaging from healthcare providers, especially in recommending biomedical interventions. For HIV prevention this can be discussions about initiation on and adherence to pre-exposure prophylaxis (PrEP) or antiretroviral therapy (ART).¹⁴ With respect to COVID-19, healthcare providers should be leveraged to recommend COVID-19 vaccination uptake to their patients.

Leveraging decades of experience with HIV prevention and applying these same lessons learned to the COVID-19 pandemic can yield successful prevention efforts and reduce pandemic fatigue.

About the authors

Jennifer Carter, MPH, is a Senior Study Director with experience in applied public health research methods. She manages a variety of large-scale, federally funded public health initiatives as well as provides technical assistance and capacity building to community-based organizations. Her research interests and expertise include HIV/AIDS, maternal and child health, substance use disorder, chronic disease prevention, community engagement, and minority health disparities.

Margaret Dunne, MSc, is a Research Associate with experience improving health equity through strengthening community response to infectious diseases. Through her work facilitating HIV-prevention programs in Botswana, the Philippines, and Washington, DC, she contributed to the positive impact that the collection and use of quality data, strategic planning, and strong community collaboration can have on controlling infectious diseases and, thereby, improving health...

- 1 WHO Declares COVID-19 a Pandemic
- 2 Centers for Disease Control and Prevention COVID Data Tracker
- 3 Centers for Disease Control and Prevention COVID Data Tracker Weekly Review
- 4 Pandemic fatigue Reinvigorating the public to prevent COVID-19
- 5 The HIV/AIDS Epidemic in the United States: The Basics
- 6 Global HIV & AIDS statistics Fact sheet
- 7 See Footnote 5
- 8 Centers for Disease Control and Prevention HIV Surveillance Report
- 9 The effectiveness of individual-, group-, and community-level HIV behavioral risk-reduction interventions for adult men who have sex with men: a systematic review
- 10 The Society for Adolescent Health and Medicine, 2017
- 11 The plight of essential workers during the COVID-19 pandemic
- 12 <u>Essential workers comprise about half of all workers in low-paid occupations. They deserve a \$15 minimum wage.</u>
- 13 Combination HIV Prevention, PAHO
- 14 Better Physician-Patient Relationships Are Associated with Higher Reported Adherence to Antiretroviral Therapy in Patients with HIV Infection









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