EATG statement on the evolving COVID-19 pandemic

(Brussels, 26 March 2020) - On March 11, the World Health Organization declared the COVID-19 outbreak a pandemic. Two weeks later, the pandemic is accelerating exponentially, having affected nearly every country in the world, some of the most affected being located in Europe.

We, the people living with and affected by HIV in Europe and Central Asia, and our partners, families and friends are concerned by the various implications the COVID-19 pandemic can have for our lives and well-being, for our communities, as well as for healthcare systems.

While people living with HIV who have achieved viral suppression of HIV through antiretroviral treatment seem to have similar vulnerability to SARS-CoV-2 as the general public, there are many who have intermittent or no access to treatment and their immune system remains compromised. As access is more problematic in countries in Eastern Europe and Central Asia, we are concerned about the impact the growing pandemic may have on these populations. Moreover, more than half of people living with HIV in Europe are older than 50 years and have increased comorbidities such as cardiovascular disease, diabetes, chronic respiratory disease and hypertension, which current clinical data suggest are risk factors for COVID-19 vulnerability and implications.

Beyond the potential clinical implications, the psycho-social, social and economic consequences of this global emergency will probably play an even more important role in our lives. We raise our concerns and underline the importance of solidarity and cooperation between community organisations, local governments, international and EU agencies, and the pharmaceutical industry to take steps in regards to:

Continuity of treatment, care, testing and prevention services

Most of the countries around Europe have applied policies of social distancing, self-isolation and curfews. The already overloaded healthcare systems are called on to direct all their efforts to addressing the current emergency. Due to the necessary restrictions, community-based services are obliged to temporarily suspend their operations. Healthcare personnel in hospitals and in community/low threshold settings on the frontline are particularly exposed to SARS-CoV-2, many of them having insufficient access to personal protective equipment (PPE). International transportation restrictions and controls have an impact on supply chains of medicines. In this context, the risk of essential services being disrupted is considerable: medical appointments being cancelled, treatment supply not being consistent affecting treatment adherence, PrEP and OST access being disrupted, concerns raised over safety and feasibility of outreach and community-friendly services, including harm reduction, testing etc.
A strategy needs to be put into place to ensure critical service delivery to those who need them in a safe and user-friendly manner. This includes access to essential medication for those who have been unable to return to their resident countries due to national travel restrictions. Past experience and creative thinking can be combined to surpass emerging barriers. There can be cross-border cooperation between countries and communities to tackle medicines shortages and ensure continuation of treatment. Community groups can learn from each other to optimise existing tools and deliver services differently. Emergency health guidance should also enable people to visit not only healthcare settings but also community service centers for essential services if they need to.

**Key populations and human rights affected by COVID-19**

The current pandemic threatens to exacerbate existing disparities faced by key populations affected by HIV. This crisis is already taking a toll on most spheres of life worldwide, and it is specific groups that remain without a safety net due to existing regulatory and legal barriers: sex workers are faced with a drastic loss of income, access to services becomes even more difficult or impossible for migrants and people who use drugs and the measures of self-isolation are not even applicable for the homeless.

Many of the activities that define these communities are related to risk, like drug use and sexual intercourse. Penalising measures stemming from the current self-isolation policies will be added on top of existing criminalisation of practices in many European countries. Hence, the EATG calls for strategies for risk mitigation that will involve these key populations. Along with evidence-based policies to tackle the COVID-19 pandemic on a larger scale we call for rights-based solutions for people who have been facing social exclusion and are more vulnerable in the current context.

We remain at physical distance, in solidarity.

**Statements from other organisations working with key populations:**

- EPHA | FEANTSA | EPF | Correlation & EHRA | ICRSE | HIV Justice Network
- PrEP & Coronavirus (BHIVA | HIV Scotland | BASHH | i-Base | PrEPster)

**About the European AIDS Treatment Group:**

The European AIDS Treatment Group (EATG) is a patient-led NGO that advocates for the rights and interests of people living with or affected by HIV/ AIDS and related co-infections within the WHO Europe region. Founded in 1992, the EATG is a network of more than 180 nationally-based members from 47 countries in Europe. Our members are PLHIV and representatives of different communities affected by HIV/AIDS and co-infections. EATG represents the diversity of more than 2.3 million people living with HIV (PLHIV) in Europe as well as those affected by HIV/AIDS and co-infections. For more information, please visit [www.eatg.org](http://www.eatg.org)