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Project



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Executive summary

Background

The novel virus SARS-COV-2 has created global turbulence since it was first reported in China towards the end of 2019. COVID-19, the disease caused by SARS-COV-2, was classed a pandemic by the World Health Organisation in March 2020, and since then countries across the world have been implementing measures to contain viral transmission. These measures include social distancing, lockdown, wearing masks, handwashing, closure of retail outlets, and severely limiting meetings in public places. It is expected some form of infection control will need to be in place well into 2021, and at least until a suitable and safe vaccine is designed and available.

HIV communities, including key and vulnerable populations, have been significantly affected, as EATG's first rapid assessments confirm. This report provides information on the impact to date of COVID-19 on HIV communities. It provides examples of innovations in both health and community services. It draws on data from organisations (including EATG), and grey and academic literature. It will note implications and highlight key points for follow up.

Impact on the person, and community services

The separation and social distancing required to contain the spread of COVID-19 has hit marginalised groups the hardest, such as homeless people, sex workers, LGBTI people, people who use drugs, ethnic minorities, and prisoners. Community-based organisations (CBOs), at the forefront of service provision, have been forced to close and find alternative ways to support clients. For many people affected by HIV, the impact of lockdown and social distancing on their mental health and personal well-being cannot be understated. Restricted access to testing and face-to-face consultations, together with socio-economic impacts such as loss of income and increased threat of domestic violence, creates a situation characterised by fear and uncertainty.

There are also issues around human rights and equality. Data confirm that COVID-19 is not socially neutral, and it is disproportionately affecting and exploiting existing inequalities. Stigma and discrimination create a scenario where particular groups are blamed for spreading COVID-19, whilst other marginalised groups are beginning to be caught up in generalised stigma against *any* marginalised group.

CBO solutions have been emerging. Alternative ways of providing consultations and access to treatment or testing have, to an extent, bridged the gap between pre- and post-COVID worlds. Most CBOs now provide some form of online consulting, forced to adapt quickly to an increased demand for psychological support, and working hard to prevent the potentially catastrophic implications of treatment hiatus. Other online services aim to generate alternative means of personal and a safe space for clients to interact,

However, being online is not a magic bullet, especially for people unable to access the necessary equipment or without the required skills. There are also potential risks to safety and privacy with an increased online presence, especially sex workers or young people

(particularly girls).

Prevention

COVID-19 has had a major impact on prevention methodologies. Progress made in the HIV response may be slowing, with CBOs noting a reduction in client contact. Availability of PrEP has been disrupted, and for people who use drugs, already vulnerable because of stigma and criminalisation, there is lack of access to vital resources.

Testing for HIV, sexually transmitted infections, and associated diseases was an early victim of COVID-19. With CBOs closing, there has necessarily been a marked shift towards other modes of testing such as self-testing, posting testing kits to the home, or availability via vending machines. In countries with a higher 'COVID stringency score' – stricter infection control methods – data suggest there is inversely proportionate access to testing and other services. Aside from a few countries such as Ukraine, demand for self-testing has declined. There are not sufficient data as yet to provide insights into the extent to which linkage to care has been affected, but it would be a surprise if this were *not* the case.

COVID-19 has reduced ease of access to testing for sexually transmitted infections, which in many countries is now only available in emergencies. Testing for TB and viral hepatitis are also affected, and what is most concerning here (indeed, for tests of all other diseases) is that *demand* is reduced, and further data will be needed to track the impact of this service shrinkage on the incidence of new HIV and related infections in the coming months.

HIV care and treatment, comorbidities, and solutions

As with community services, access to clinics, hospitals, and pharmacies has been disrupted. Face to face consultations have been postponed or cancelled, and the bulk of support is now provided through online platforms. Prescriptions for medications have been extended, and alternative ways of providing medication include posting to the home, delivery by a clinic or CBO, and providing limited services in a local, rather than hospital pharmacy. An associated challenge has been for trans people not able to access their hormonal treatments or maintain continuity of care.

In some countries, there has been a potential threat to the HIV treatment supply due to restricted cross-border movements. There are also reports of delays in procurement (Russia), treatment being diverted to COVID-19 patients (Italy), and contracting delays (Kazakhstan). CBOs in Czechia and Italy are already advocating to pharma companies to maintain stock levels, and in Bulgaria treatment interruption was avoided through direct communication between hospitals and the drug companies.

There is evidence that the care and treatment of co-morbidities has been affected, especially where treatment and care is provided by general infection disease specialists now engaged in COVID-19, as in Russia. Some EATG members note reduced health system capacity to follow up HIV patients with another pathology. In the case of TB, lack of face to face meetings may impact on direct observed therapy (DOT), especially for people not able to use communication equipment.

Women (including SRHR)

In fragile and conflict-affected settings sexual and gender violence can be acute. Data suggest an increase in reports of violence against women during the COVID-19 epidemic. Progress towards gender equality is likely to be hindered, as women and girls are bearing a disproportionate burden of the larger impacts of COVID and nation states' emergency responses. Access to sexual and reproductive health services is also limited, and one group at particular risk are women who use drugs.

Health system responses

COVID-19 has affected health services in many specialties, mainly due to the need for clinical and non-clinical staff to maintain COVID control measures to protect themselves and service users. Data from EATG and other assessments confirm the rapid expansion of other modes of consultation, such as video consultation and prioritising urgency. Communication between health systems and users has been patchy, especially people living with HIV and comorbidity. One area of concern is people living with HIV who are not virally suppressed, late presenters, and the management of new HIV diagnoses.

The need for further information

This assessment, undertaken six months into the COVID-19 pandemic, highlights a number of areas where further data are needed, especially around the effectiveness of community and health services in addressing the needs of HIV affected communities in the time of COVID-19. We also need detailed information on the extent to which disrupted access to testing, treatment, and support are impacting on the lives and health of people living with HIV. Perhaps most importantly, how effective are interventions to alleviate the negative effects of social isolation, and what measures should be put in place now to minimise impact in the coming months and years?

Conclusion and next steps

The impact of the COVID-19 epidemic on the lives of people living with HIV has been significant. There are unprecedented challenges, and rapid adaptation of CBOs' working patterns has gone some way to ameliorating COVID-19's harm. But, with a possible 'second wave' coming over the next few months (more correctly, just continuation of the first wave), strategic and long-term planning is required to minimise damage to community and health services. One key challenge for CBOs is around funding, and for donors there must be an understanding of the key role CBOs are playing, with adjustments made to funding schemes accordingly.

An overarching principle throughout is to ensure all COVID-19 responses prioritise a human rights-based approach.

1. Background and objective of this rapid assessment

The purpose of this rapid assessment, the third in a series of six, is to provide a synthesis and comparative analysis of EATG's rapid assessments on the impact of COVID-19 on HIV and related services in the context of other reports and community assessments from the first half of 2020. The report will note implications and highlight key points for follow up. It is expected that the outcomes of this exercise will shape the methodology of assessments four and five, which will be strongly research-based. These are planned for release in September, October and December 2020, respectively.

The novel virus SARS-COV-2 has created global turbulence since it first emerged, with cases first reported in China towards the end of 2019.¹ SARS-COV-2 belongs to a large family of viruses, the coronaviruses, and the illness it causes soon became known as COVID-19, a coronavirus disease ('COVID') that first appeared in 2019 ('19'). The major challenges with SARS-COV-2 is that, being a novel virus, it can be presumed there is no pre-existing immunity in the population.² COVID-19 is now a pandemic affecting many countries.

Initial responses in many countries – though not all – were muted. In particular, for people living in wealthy countries, populations were accustomed to living without risk of serious infectious disease. Vaccinations, and a gradual improvement in global health, mean that outbreaks of diseases such as polio, diphtheria, measles, TB, and meningitis are not common in many parts of the world. COVID-19 therefore came as a real jolt. For older people in their 80s and 90s it was a reminder of pre-vaccination days when deaths from infectious disease, especially in children, were much higher. For others, it's been a wake-up call that infectious diseases still pose a risk to public health, and that there are likely to be far-reaching consequences on other diseases, poverty, food security, and economic growth.³

Once it became clear that there was significant threat, countries moved to reduce person-to-person transmission. Guidance from public health specialists was consistent with orthodox measures to deal with viruses spread by droplets from the nose or mouth – social distancing, lockdown (closure of retail services, and rules for home confinement), handwashing, masks, and general guidance for retail services. As of this report – August 2020 – many countries are emerging from this first difficult period, but the long-term impact, especially economic and social, will not be felt truly until 2021. The situation is complicated by misinformation about COVID-19 causing confusion and usually shared by social media,⁴ and not helped by rogue scientists casting doubt on evidence-based consensus.⁵ Further data are required to confirm

¹ World Health Organisation (2020). Coronavirus disease (COVID-19) outbreak. Available here: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> (Accessed August 2020)

² ECDC (2020). Outbreak of novel coronavirus disease 2019 (COVID-19): increased transmission globally – fifth update. Released 2 March 2020. Available here: <https://www.ecdc.europa.eu/sites/default/files/documents/RRA-outbreak-novel-coronavirus-disease-2019-increase-transmission-globally-COVID-19.pdf> (accessed August 2020).

³ Walker, P. G. T., et al. (2020). The impact of COVID-19 and strategies for mitigation and suppression in low- and middle-income countries. *Science* 369(6502): 413-422.

⁴ Phillips, T (2020). Coronavirus misinformation is dangerous. Think before you share. Released 13 March 2020. Available here: <https://www.theguardian.com/commentisfree/2020/mar/13/coronavirus-misinformation-health-advice> (Accessed July 2020)

⁵ Neil, S J D. and E M Campbell (2020). Fake Science: XMRV, COVID-19, and the Toxic Legacy of Dr. Judy Mikovits. *AIDS Res Hum Retroviruses* 36(7): 545-549. Available here: <https://www.liebertpub.com/doi/10.1089/AID.2020.0095> (Accessed July 2020)

whether this directly affects SARS-COV-2 transmission in the long term, though for other diseases this is a recognised problem, an example being Ebola.⁶

On March 11th, 2020, the World Health Organisation declared the COVID-19 outbreak a pandemic. From that point, concerns have been raised about the various implications the COVID-19 pandemic can have for people living with HIV and different communities affected by HIV, as well as for healthcare systems. There were initial concerns there may be increased risk of being infected with SARS-COV-2, but it has emerged that there is no evidence that the risk of infection is greater for people living with HIV who are clinically and immunologically stable and on ART, compared to the general population.⁷ However, if a person living with HIV is infected, the certainty about the severity of the disease is less clear. Comorbidities, such as diabetes, hypertension, or age and obesity could play a determining role.⁸ This is why in a number of countries people living with HIV were advised to self-isolate – ‘shield’ – for longer than the general population. This is the same with people with other pathologies such as chemotherapy-related immuno-suppression or chronic respiratory disease.

However, HIV communities – who include people living with HIV, those at increased risk of HIV, and their social networks – have been significantly affected in many other ways, as EATG’s rapid assessments confirm. Problems accessing health services with depleted staffing – with personnel self-isolating or being deployed elsewhere to deal with COVID-related hospital admissions – has been one of many challenges. Community services are also affected, creating difficulties accessing treatment, testing, and support services. Taken together with the need to self-isolate, there are significant psychological and social factors emerging as a result of COVID-19.

This report provides information on the impact to date of COVID on communities affected by HIV and considers a number of key affected areas of care and support. It will also provide examples of innovations in both health and community services. One of the features of national responses to COVID-19 has been how much they differ, in spite of the fact highly infectious respiratory disease are not new and only require tried and tested public health initiatives to slow the spread. Politics had a significant role in shaping responses,⁹ which may explain differences between nation states.

2. Method

This rapid assessment draws in three data sources:

⁶ Sell T, Hosangadi, D & Trotochaud, M (2020). The challenge of misinformation during disease outbreaks. BMC Public Health 20, 550. Released 7 May 2020. Available here: <https://doi.org/10.1186/s12889-020-08697-3> (Accessed August 2020)

⁷ Doherty, M (2020), Latest WHO updates and guidance on COVID-19 and HIV. International AIDS Society webinar, 3 April 2020. Presentation available here: <https://www.iasociety.org/HIV-Programmes/Cross-cutting-issues/COVID-19-and-HIV-Webinars> (Accessed July 2020)

⁸ Summarised in this report: Alcorn, K (2020). COVID-19 and coronavirus in people living with HIV. AIDSMAP. Released July 2020. Available here: <https://www.aidsmap.com/about-hiv/covid-19-and-coronavirus-people-living-hiv> (Accessed July 2020).

⁹ Greer, S L et al. (2020). The comparative politics of COVID-19: The need to understand government responses. Glob Public Health. Released 20 June 2020. DOI: <https://doi.org/10.1080/17441692.2020.1783340> (Accessed July 2020)

1. EATG rapid assessments #1 (April 2020) and #2 (May 2020), including original data from 30 and 57 respondents respectively.
2. A small, informal survey undertaken in July 2020 with EATG members, seeking narrative comments on the impacts, significant changes, and key innovations for HIV communities since the beginning of the COVID-19 epidemic.
3. Review of extant grey and published literature released since the beginning of the epidemic to add depth to findings and pinpoint emerging topics for further exploration.

3. Findings

“Prevention is gone, follow up is gone”: EATG member in Italy [July 2020]

“People are now more adherent to HIV medicines and seeking other health interventions to build their immunity and eat more healthily”: EATG member in the UK [July 2020]

3.1 Impact on the community and services

*Lessons learned from the global HIV response should inform COVID-19 responses: HIV has taught us that it is a shared responsibility and we need to empower communities and involve them in the response; we should never compromise on human rights; we need to remove all forms of stigma and discrimination; and we need to support vulnerable and marginalized groups.*¹⁰

Containing the spread of highly contagious viruses such as SARS-COV-2 requires major changes at the community level. The notion of separation and social distancing as a response to epidemics has for many years been the bedrock of general public health responses (even before the notion of ‘public health’). This has been the case since at least the 16th century, when ideas of enforced quarantines and isolation of individual disease cases were promoted to impede onward transmission.¹¹ For COVID-19, when social distancing and self-isolation were introduced in Europe around late February and early March 2020, marginalised groups such as homeless people, sex workers, LGBTI people, and prisoners, as well as people who use drugs, and ethnic minorities, were among the hardest hit, likely to be the least protected by governments,¹² and most affected by COVID-19 policy responses at the personal, physical, economic, and social levels.

¹⁰ UNAIDS (2020). Statement of the Joint UN Programme on HIV/AIDS (UNAIDS) IAWG on Key Populations, on the need to ensure access to quality, safe, and non-discriminatory services for HIV key populations and migrants in the context of the COVID-19 pandemic. Released 10 July 2020. Available here:

https://www.unaids.org/sites/default/files/media/images/Statement%20of%20the%20IAWG%20on%20Key%20Populations%20-%20COVID_19.pdf (Accessed July 2020)

¹¹ Lindemann, M (1999). *Medicine and society in early modern Europe*. Cambridge, Cambridge University Press.

¹² Nobody Left Outside Initiative (2020). COVID-19 in marginalised groups: challenges, actions, and voices [Briefing paper for the World Health Organization European Office for Investment for Health and Development]. Released August 2020. Available here: <https://nobodyleftoutside.eu/wp-content/uploads/NLO-COVID-19-Briefing-paper-Final-August-2020.pdf> (Accessed August 2020).

As described in this report, community-based organisations (CBOs) are at the forefront of service provision during the COVID-19 epidemic, but a related outcome for CBOs is likely to be a need for increased funding, or at least a need to maintain stability. At this relatively early stage of the epidemic, data are limited on the medium- to long-term impact but, according to one survey of 43 organisations released in July 2020, 53% of CBOs have been impacted financially already by the epidemic, with 74.4% expecting further losses. The same survey reports that 25% of the organisations state their existence might be at stake (with a higher percentage – 46.67% - of Russian language replies).¹³ EATG's data confirm this, with more than 50% of respondents reporting a funding shortfall in their organisations, as of May 2020.

The person: psychological and socioeconomic impact

For a Tajikistan-based EATG member commenting in July 2020, the single most significant change for HIV communities has been uncertainty and fear. The social and personal impact of the lockdown affected millions of people, but for those requiring particular medical and social support, and those already marginalised, this has been amplified. The first two EATG rapid assessments identified a number of ways the HIV community was affected by coronavirus. The most significant of these for many was closure of CBO offices, restricted access to testing and consultations, the need to make appointments for *all* meetings. Two months into the epidemic more insidious outcomes were becoming evident:

- Loss of income and threats to housing
- The psychological impact of isolation and mental health problems
- An increase in reports of domestic violence
- Problems with the food supply and access to sanitation products

A key psychological aspect of COVID control measures, such as social distancing and self-isolation, is a weakening of important social relationships and community links. In times of uncertainty, social isolation, loss of income, and unsafe or violent home environments can lead to feelings of “depression and isolation” according to EATG members in the UK and Portugal, commenting in July 2020. This presents serious challenges to mental health. There are also specific threats to particular key populations, for example a young gay or trans person trapped in an oppressive household confined with bigoted relatives,¹⁴ or the experience of a woman stuck at home in an abusive relationship.¹⁵ A recent survey of LGBTI people in the UK found that 8% do not feel safe where they are currently staying, with the figure doubling for

¹³ AIDS Action Europe (AAE) (2020). Impact of the COVID-19 Pandemic. Released July 2020. Available here: <https://www.aidsactioneurope.org/sites/default/files/COVID19-InfographicEnglish.pdf> (Accessed July 2020).

¹⁴ Batty, D (2020). Lockdown having 'pernicious impact' on LGBT community's mental health. The Guardian, August 5 2020. Available here: <https://www.theguardian.com/society/2020/aug/05/lockdown-having-pernicious-impact-on-lgbt-communitys-mental-health> (Accessed August 2020)

¹⁵ ILGA (2020). Open Letter to President Ursula von der Leyen: keeping equality for all at the core amid the COVID-19 crisis. Released 20 April 2020. Available here: <https://www.ilga-europe.org/resources/news/latest-news/open-letter-president-ursula-von-der-leyen-keeping-equality-all-core-amid> (Accessed July 2020)

trans and non-binary people.¹⁶

For many, this feeling is compounded by problems accessing essential medication,¹⁷ (Section 4.3 discusses treatment access in more depth). One of the challenges gathering data on the psychological impact of COVID control measures is that this kind of event has never occurred on this scale,¹⁸ but for LGBTI communities there are clear triggers for increased stress and anxiety:

*The physical distancing required to flatten the curve of new cases is having a negative impact on [the] economy, the effects of which intersect with socioeconomic status, jobs and incomes, nutrition, access to health and HIV services of the LGBT community, and even more of the marginalized racial and ethnic LGBT individuals.*¹⁹

For other key populations, loss of income can be significant, and Ukraine's Alliance for Public Health reported in April 2020 that trans people, people who use drugs, and sex workers, have limited resources, most of them having lost their jobs and needing additional consultations and material support.²⁰ In addition, sex workers who are homeless, use drugs, or are migrants with insecure legal or residency status, face even greater challenges accessing health services or financial relief, which increases their vulnerability to poor health outcomes and longer-term negative economic impacts.²¹ It is also now reported that people living with HIV are finding it more difficult to obtain life insurance due to the COVID-19 pandemic.²² Reports from the Asia Pacific also confirm that COVID and the response is negatively affecting the socio-economic status of young key populations and young people living with HIV.²³

EATG data reports innovations to address specific socioeconomic outcomes of COVID on key populations have included a local organisation in Amsterdam arranging to deliver food for the very ill, and other CBOs provide similar services. Many will be planning for this in the long term. A shift in donor thinking may also be required, as well as consideration of issues around distribution of resources, civil society capacity, and the impact on human rights work.

¹⁶ LGBT Foundation (2020). Hidden figures: the impact of COVID-19 pandemic on LGBT communities in the UK. Released May 2020. Available here: <https://lgbt.foundation/coronavirus/hiddenfigures> (Accessed July 2020).

¹⁷ AFEW (2020). International COVID-19 Report. Released 5 June 2020. Available here: <http://afew.org/covid-19/afew-international-released-the-covid-19-report-interruption-and-innovation/> (Accessed July 2020)

¹⁸ Hogan, A B et al. (2020). Potential impact of the COVID-19 pandemic on HIV, tuberculosis, and malaria in low-income and middle-income countries: a modelling study. *Lancet Glob Health*. DOI: 10.1016/S2214-109X(20)30288-6

¹⁹ POZ (2020). COVID-19 Threatens LGBT People's Economic Security. Released 8 July 2020. Available at: <https://www.poz.com/article/covid19-threatens-lgbt-peoples-economic-security> (Accessed July 2020)

²⁰ Alliance for Public Health (2020). Response to the challenges of COVID-19 in Ukraine. Released April 30 2020). Available here: http://aph.org.ua/wp-content/uploads/2020/05/SiTRep-COVID-19_ENGL.pdf (Accessed July 2020).

²¹ Platt, L et al. (2020). Sex workers must not be forgotten in the COVID-19 response. *Lancet* 396(10243): 9-11. DOI: [https://doi.org/10.1016/S0140-6736\(20\)31033-3](https://doi.org/10.1016/S0140-6736(20)31033-3) (Accessed July 2020).

²² Kasadha, B (2020). 'Significant reduction' in the availability of life insurance for people with HIV due to the COVID-19 pandemic. *AIDSMAP*. Released 9 June 2020. Available here: <https://www.aidsmap.com/news/jun-2020/significant-reduction-availability-life-insurance-people-hiv-due-covid-19-pandemic> (Accessed July 2020)

²³ UNAIDS (2020). Rapid Survey on the needs of YKP and young people living with HIV in Asia and the Pacific in the context of COVID-19. Released 1 May 2020. Available here: <https://unaids-ap.org/2020/04/30/assessing-the-needs-of-young-key-populations-during-covid-19-outbreak-in-asia-and-the-pacific/> (Accessed July 2020).

Human rights

Reports highlight the essential problem of human rights being jeopardised because of the COVID-19 response. This is at the level of access to health care in some form, and that COVID disproportionately affects groups that may be already vulnerable in some way. COVID-19 is not socially neutral, and the virus exploits and accentuates existing inequalities.²⁴ According to UNAIDS, “critical moments like this remind us more than ever that inequality can be a matter of life and death and that everyone is born free and equal in dignity and rights, including to the highest attainable standards of health.”²⁵ There is emerging evidence that COVID-19 has exposed stark inequities that exist in access to health and support services for marginalised people,²⁶ including HIV key and vulnerable populations. Ongoing advocacy is required to ensure policy agendas around the COVID-response ensure rights protection for all groups.

One continuing human rights concern is around criminalisation of HIV transmission, and the potential risk this could be expanded to include COVID-19. So far this has not occurred, though in Malta earlier in 2020 it was proposed, but rejected.²⁷

Stigma and discrimination

Human rights are connected with issues around perceptions of stigma or discrimination. The stigmatisation of groups associated with COVID-19 is fluid, and while Asian communities were initially blamed, this liability may shift to other marginalised communities such as undocumented immigrants, homeless persons, and others who experience barriers to testing.²⁸ In South Korea, there were incidences of LGBTI people being scapegoated for the spread of COVID-19 when new cases were linked to Seoul’s nightclub district that includes some LGBTI venues. This led to a homophobic backlash.²⁹ Many organisations recommend using lessons learned from the HIV response to challenge the stigma of COVID-19, for example Frontline AIDS.³⁰ There is also the potential for discrimination where LGBTI people with diverse gender expressions are subject to harassment and discrimination when admitted into sex-segregated institutional isolation settings.³¹

²⁴ Horton, R (2020). Offline: The second wave. *Lancet* 395(10242): 1960. Released 27 June 2020. Available here: [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(20\)31451-3.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)31451-3.pdf) (Accessed July 2020)

²⁵ UNAIDS (2020). Statement of the Joint UN Programme on HIV/AIDS (UNAIDS) IAWG on Key Populations on the need to ensure access to quality, safe, and non-discriminatory services for HIV key populations and migrants in the context of the COVID-19 pandemic. Released 10 July 2020. Available here: https://www.unaids.org/sites/default/files/media/images/Statement%20of%20the%20IAWG%20on%20Key%20Populations%20-%20COVID_19.pdf (Accessed July 2020)

²⁶ Nobody Left Outside Initiative (2020). COVID-19 in marginalised groups: challenges, actions, and voices [Briefing paper for the World Health Organization European Office for Investment for Health and Development]. Released August 2020. Available here: <https://nobodyleftoutside.eu/wp-content/uploads/NLO-COVID-19-Briefing-paper-Final-August-2020.pdf> (Accessed August 2020).

²⁷ HIV Justice Network (2020). HIV criminalisation still an issue during COVID-19 pandemic. Released 17 April 2020.

²⁸ Logie, C. H. (2020). "Lessons learned from HIV can inform our approach to COVID-19 stigma." *J Int AIDS Soc* 23(5): e25504. Available here: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7197953/> (Accessed July 2020)

²⁹ LGBT Foundation (2020). Hidden figures: the impact of COVID-19 pandemic on LGBT communities in the UK. Released May 2020. Available here: <https://lgbt.foundation/coronavirus/hiddenfigures> (Accessed July 2020).

³⁰ Frontline AIDS (2020). Six ways to stand against COVID-19 stigma: lessons from the HIV response. Released 5 June 2020. Available here: <https://frontlineaids.org/six-ways-to-stand-against-covid-19-stigma-lessons-from-the-hiv-response/> (Accessed July 2020)

³¹ Nobody Left Outside Initiative (2020). COVID-19 in marginalised groups: challenges, actions, and voices [Briefing paper for the

One EATG member, based in Poland, noted in July 2020 that, for HIV communities facing COVID-19, one of the biggest fears was of “being admitted into a medical institution,” likely because of negative attitudes in some health care settings. Indeed, according to a respondent from the Netherlands commenting for EATG’s first rapid assessment: “People with HIV and comorbidities can face a difficult time with this lockdown. We are not the priority to some service providers. When I am being ignored by healthcare providers in this difficult time, you can imagine my worries here.”

Future research should explore issues around the transference of stigma against COVID-affected people to other groups, which could include HIV key and vulnerable populations, and, more broadly, the experience of people living with HIV requiring medical interventions by health care workers who are HIV-naïve.

Strategies for support

“Human support is only given by charitable organisations”: EATG member based In Italy [July 2020]

“Online promotion is not as impactful as face to face”: EATG member based in the UK [July 2020]

In its second rapid assessment, EATG noted a significant increase in demand for psychological support and harm reduction. The latter is noted especially in Russian-speaking regions, and confirmed by EHRA.³² The bulk of support being provided through telephone support and online. CBOs, no longer able to provide direct client interactions to maintain contact with HIV affected communities, have been forced to shift rapidly to other modes of consultation. This is noted by an EATG member based in Portugal commenting in July 2020, where the “fast adaption of services to the situation and exchange of information online” was an innovative solution. Another member notes this development in Italy, where “finally” digital health can be expanded.

EATG’s first rapid assessments noted the steep rise in the use of remote consultations as a way of maintaining continuity. There has been an ever-increasing demand for this noted by respondents from across the European region, with CBOs offering online services dominated by counselling, support groups, ordering materials for safer sex, materials for safer drug use, and arranging self-tests. Many have followed this track to focus on particular groups. For example, support for sex workers has been established via WhatsApp and Facebook groups.³³ In Romania, a national network of volunteers has been created by psychologists and social

World Health Organization European Office for Investment for Health and Development]. Released August 2020. Available here: <https://nobodyleftoutside.eu/wp-content/uploads/NLO-COVID-19-Briefing-paper-Final-August-2020.pdf> (Accessed August 2020).

³² EHRA (2020). Harm reduction programmes during the COVID-19 crisis in Central and Eastern Europe and Central Asia. Released May 2020. Available here: https://harmreductioneurasia.org/wp-content/uploads/2020/06/regional-review-FINAL_ENG_1.pdf (Accessed August 2020)

³³ SWAN and ICRSE (2020). COVID-19 crisis impact on access to health services for sex workers in Europe and Central Asia. Released June 2020. Available here: <http://www.sexworkeurope.org/news/news-region/icrse-and-swan-publish-assessment-impact-covid-19-sex-workers-access-health> (Accessed July 2020)

workers to offer free advice on social isolation issues, according to EATG's second rapid assessment. For drug users in Ukraine, psychological support has been provided online, along with the ability to purchase opioid substitution therapy (OST).

According to UNAIDS, shifting to online contact and consultations is a vital approach for maintaining HIV programmes, enabling virtual case management and providing a mechanism for referrals.³⁴ According to EATG data, CBOs endeavour to provide support in the context of online socialising, personal contact, helplines, dating apps, use of virtual platforms, and local support. Whilst this may not address all the problems resulting from social isolation, this approach does at least give some structure for psychological support, generating a 'safe space' where people who already may feel vulnerable *without* COVID are able to interact and receive support. BCN PrEP Point in Barcelona, for example, has a specific target of supporting people recently diagnosed with HIV or people who are displaced and require pre-exposure prophylaxis (PrEP).³⁵

There are challenges, however. For online support, there are a number of people who may not be so experienced using computers to access the outside world, for example street drug users.³⁶ EATG's rapid assessments suggest people may have difficulty obtaining or using the required equipment. This is also noted in Tajikistan, where one member commenting in July 2020 states that, whilst transition to online consulting is innovative, "communication facilities such as the Internet and mobile phone are too expensive to introduce." There is also a need for training on privacy and online safety – especially for young people (and especially girls).³⁷ For sex workers in Ukraine and Russia, an online presence presents the risk of blackmail under legislation concerning dissemination of pornography.³⁸ For clinics without an online presence or the capacity to use SMS text messaging, there are fundamental difficulties, and according to an EATG member based in Greece commenting in July 2020, in this case "one must still visit the HIV unit for anything – consultations, or medication."

Further data are required to evaluate the effectiveness of interventions to alleviate the negative effects of social isolation, problems with care continuity, and meeting the needs of offline service users. Findings can be used to drive policy and community initiatives to evolve the health response and widen good practice implementation.

³⁴ UNAIDS (2020). Statement of the Joint UN Programme on HIV/AIDS (UNAIDS) IAWG on Key Populations on the need to ensure access to quality, safe, and non-discriminatory services for HIV key populations and migrants in the context of the COVID-19 pandemic. Released 10 July 2020. Available here:

https://www.unaids.org/sites/default/files/media/images/Statement%20of%20the%20IAWG%20on%20Key%20Populations%20-%20COVID_19.pdf (Accessed July 2020)

³⁵ EATG (2020). E-meeting on delivery of PrEP and sexual health service in times of crisis [webinar report]. Released 17 July 2020. Available from EATG. YouTube video available here: <https://www.youtube.com/watch?v=aGyUfjKfArY> (Accessed July 2020)

³⁶ Taylor, H (2020). Surviving the COVID-19 Era: Stories of People Who Use Drugs from Russia, Ukraine and Norway. IDPC. Released 2 July 2020. Available here: <https://idpc.net/alerts/2020/07/surviving-the-covid-19-era-stories-of-people-who-use-drugs-from-russia-ukraine-and-norway> (Accessed July 2020)

³⁷ UK SRHR Network (2020). Five Recommendations for Action: COVID-19. Available here: <https://frontlineaids.org/resources/uk-srhr-network-briefing-on-covid-19/> (Accessed July 2020).

³⁸ AFEW (2020). International COVID-19 Report. Released 5 June 2020. Available here: <http://afew.org/covid-19/afew-international-released-the-covid-19-report-interruption-and-innovation/> (Accessed July 2020)

3.2 Prevention

COVID-19 has had a significant impact on prevention methodologies, either reducing access to commodities or at least forcing alternative approaches to be used. It has also, according to one EATG member based in Switzerland commenting in July 2020, exposed previously unknown access issues, such as to monitoring, to prevention services, and PrEP interruptions.

COVID-19's potential for slowing progress made in the HIV response – already felt by some to be stalling – is a concern for the World Health Organisation (WHO).³⁹ In the European region, one report suggests that many CBOs in the eastern European and central Asian regions have stopped working directly with clients altogether. Slightly more than half of the organisations reported a drop of client contacts of more than 50% in the first month of quarantine measures.³³ This directly impacts on all prevention methodologies.

A key priority for the COVID response is to ensure HIV prevention, linkage to care, and medical follow up are kept on the political and policy agenda, with community advocacy a central pillar. As noted by Frontline AIDS:

During this unprecedented period, it's clearer than ever that communities have a critical role to play in sustaining services and keeping people safe. Since the earliest days, communities and community organisations have been on the frontline of the HIV response. In responding to the COVID crisis, governments and donors must recognise communities as an integral part of health systems – and must resource them accordingly.⁴⁰

The necessity to scale down CBOs normally providing prevention modalities due to COVID 19 has inevitably led to curtailed availability, and in countries where there are increasingly punitive actions by the police to enforce the 'lockdown' – for example Russia⁴¹ – this has made a difficult situation more challenging.

Testing for HIV

One of the earliest impacts of social distancing and CBO closures in February/March 2020 was on the availability of HIV testing. EATG data for its first rapid assessment confirm, for example, that rapid testing was suspended in Ireland, and two months later, in May 2020, testing in many countries was still difficult for nearly 36% of respondents. Respondents for the second EATG rapid assessment reported that self-testing was available via various systems, such as provided by CBOs, bought online, and in three locations via vending machines (UK, Russia, and Italy). Shortages of self-testing were also noted, for example in Cyprus, and the

³⁹ World Health Organisation (2020). Access to HIV medicines severely impacted by COVID-19 as AIDS response stalls. Released July 6 2020. Available here: <https://www.who.int/news-room/detail/06-07-2020-who-access-to-hiv-medicines-severely-impacted-by-covid-19-as-aids-response-stalls> (Accessed July 2020)

⁴⁰ Frontline AIDS (2020). HIV prevention in the time of COVID-19. Released 6 April 2020. Available at: <https://frontlineaids.org/hiv-prevention-covid-19/> (Accessed July 2020)

⁴¹ AFEW (2020). International COVID-19 Report. Released 5 June 2020. Available here: <http://afew.org/covid-19/afew-international-released-the-covid-19-report-interruption-and-innovation/> (Accessed July 2020)

data confirm locations where self-testing was *never* available – a useful fact for future mapping.

Problems accessing testing are noted by many reports tracking the impact of COVID-19 – some data also suggest that the demand for self-testing may be rapidly increasing in Ukraine.⁴² One multi-country survey report with data released in July 2020 suggested that, in the case of gay and bisexual cis and trans men, for every ten-point increase in the COVID stringency score (how strict lockdown measures are in a given country) there was a 10% reduction in the odds of access to in-person testing.⁴³ Other data from Ukraine suggest that the number of health facilities available for HIV testing has decreased considerably, with only 38 out of 147 still doing active testing.⁴⁴

Other surveys confirm similar problems. Sex workers in one report, for example, face difficulties accessing testing due to the large amount of national health, human and financial resources having been reallocated to departments for testing and treatment of COVID-19. In one country – Kyrgyzstan – sex workers report that laboratories were completely closed.⁴⁵ According to the IPPF in Albania, both HIV and STI testing have been significantly affected, as well as a reduction in service demand for associated issues. Reasons include limited opening hours, lack of precautions and protocols in place, lack of demand related to fear of getting COVID-19, and lack of trust in the healthcare system protection measures in place.⁴⁶ In Ukraine, the number of health facilities testing for HIV within one project has considerably decreased, because infectious disease departments operate as the key sites to provide medical aid to the patients with COVID-19.⁴⁷

UNAIDS notes that there is urgent need to rapidly adapt service provision, such as safe access to home HIV testing, to take into account the new realities of the COVID-19 epidemic, and to expand options for HIV testing services that will reduce clinic walk-ins and physical contact, such as HIV self-testing, facility pick-up, peer delivery, at-home testing, home delivery, and testing at private labs.⁴⁸

There may be some upsides to this disruption, albeit with caveats. Clinicians in the UK suggest social distancing measures have created a unique opportunity to make huge progress in the

⁴² GNP+ (2020). Living with HIV in the time of COVID. Update released July 2020. Available here:

https://www.gnplplus.net/assets/wbb_file_updown/8170/BeyondLIVING_COVID-19_Updated.pdf (Accessed July 2020).

⁴³ Lamontagne E et al. (2020). COVID-19 pandemic increases socioeconomic vulnerability of LGBTI+ communities and their susceptibility to HIV. 23rd World AIDS Conference (AIDS 2020: Virtual). Abstract LBPEE53.

⁴⁴ Alliance for Public Health (2020). Response to the challenges of COVID-19 in Ukraine. Released April 30 2020. Available here: http://aph.org.ua/wp-content/uploads/2020/05/SiTRep-COVID-19_ENGL.pdf (Accessed July 2020).

⁴⁵ SWAN and ICRSE (2020). COVID-19 crisis impact on access to health services for sex workers in Europe and Central Asia. Released June 2020. Available here: <http://www.sexworkeurope.org/news/news-region/icrse-and-swan-publish-assessment-impact-covid-19-sex-workers-access-health> (Accessed July 2020)

⁴⁶ IPPF (2020). COVID-19 Impact: What we know so far – Albania. Released April 2020. Available here: <https://www.ippf.org/blogs/covid-19-impact-what-we-know-so-far-albania> (Accessed July 2020)

⁴⁷ Alliance for Public Health (2020). Response to the challenges of COVID-19 in Ukraine. Released April 30 2020). Available here: http://aph.org.ua/wp-content/uploads/2020/05/SiTRep-COVID-19_ENGL.pdf (Accessed July 2020).

⁴⁸ UNAIDS (2020). Statement of the Joint UN Programme on HIV/AIDS (UNAIDS) IAWG on Key Populations on the need to ensure access to quality, safe, and non-discriminatory services for HIV key populations and migrants in the context of the COVID-19 pandemic. Released 10 July 2020. Available here: https://www.unaids.org/sites/default/files/media/images/Statement%20of%20the%20IAWG%20on%20Key%20Populations%20-%20COVID_19.pdf (Accessed July 2020)

work to eradicate HIV infections, but this depends on being able to access home tests before social distancing measures are lifted further and more people begin to have sex outside of their household. In the UK, there are variations in the provision of self-tests kits, meaning for many this access will be difficult.⁴⁹ In Poland, according to an EATG member commenting in July 2020, the crisis led to a 'first' and a key innovation for the country – sending home HIV testing kits via the post, a development also noted by another member in the UK.

Other solutions have been found by European CBOs, for example in Ireland, increased emphasis on HIV awareness campaigns being conducted via social media on how to stay safe. Rigid adherence to appointment systems in many countries, plus promoting infection control measures at testing checkpoints, have helped maintain some continuity. But reports of reduced overall demand in many countries for testing remains a concern. One survey stated that only 34% of 43 organisations report clients have taken up services to the same degree as before.⁵⁰

Further data are required to track the medium-term impact of COVID-19 on HIV testing, how this affects the lives of key and vulnerable populations, and rates of HIV incidence in the long-term.

HIV: linkage to care

Linkage to care following a positive HIV test, a pivotal point in the treatment cascade, is one factor that requires further data to evaluate COVID-19's impact. Data collected for EATG's second rapid assessment in May suggest linkage is not guaranteed in all countries. Reports and papers released since the beginning of COVID highlight the possibility of failure, even if it isn't happening already.^{51 52 53} This is hardly surprising – COVID-19 has forced a move from the position of strongly encouraging people to attend for HIV care, to one where clinics are keeping people away. Keeping engaged with patients during this time, especially the newly diagnosed, is an emerging crisis.

Testing for STI, viral hepatitis, and TB

Testing for sexually transmitted infections (STI) has also been affected. As of May 2020, 50% of respondents for EATG's rapid assessment stated this is only available in emergencies, and 25% that it is postponed. Other reports confirm that, along with testing for HIV and other

⁴⁹ Segalov, M. (2020). COVID-19 crisis raises hopes of end to UK transmission of HIV. The Guardian. Available here: <https://www.theguardian.com/society/2020/may/13/covid-19-crisis-raises-hopes-of-end-to-uk-transmission-of-hiv> (Accessed July 2020)

⁵⁰ AIDS Action Europe (AAE) (2020). Impact of the COVID-19 Pandemic. Released July 2020. Available here: <https://www.aidsactioneurope.org/sites/default/files/COVID19-InfographicEnglish.pdf> (Accessed July 2020).

⁵¹ Pinto, R. M. and S. Park (2020). COVID-19 Pandemic Disrupts HIV Continuum of Care and Prevention: Implications for Research and Practice Concerning Community-Based Organizations and Frontline Providers. AIDS Behav. <https://doi.org/10.1007/s10461-020-02893-3> (Accessed July 2020).

⁵² Jiang, H., et al. (2020). Maintaining HIV care during the COVID-19 pandemic. Lancet HIV 7(5): e308-e309. [https://doi.org/10.1016/S2352-3018\(20\)30105-3](https://doi.org/10.1016/S2352-3018(20)30105-3) (Accessed July 2020).

⁵³ EACS (2020). BHIVA, DAIG, EACS, GESIDA & Polish Scientific AIDS Society Statement on risk of COVID-19 for people living with HIV (PLWH). Released May 25 2020). Available here: <https://www.eacsociety.org/home/covid-19-and-hiv.html> (Accessed July 2020).

diseases (e.g. TB), testing for STI has been affected.⁵⁴ BASHH (UK) released data in May 2020 suggesting that in person STI (and contraception) services have continued to shrink during the COVID-19 epidemic, with clients being asked to contact the clinic first. Services are available at centralised locations, though a reduction in demand is noted.⁵⁵ There is also prioritising; for example EATG data describe community support in Portugal, which includes testing, is focusing on people living with HIV, the homeless, undocumented migrants, sex workers, and people who use drugs. In the US, data provided at AIDS2020 suggested almost three-quarters of providers in one study had to delay recommended STI testing or monitoring, while 15% simply decided to forgo routine checks altogether while refilling prescriptions. Almost half had treated patients for suspected STI without testing.⁵⁶ Further data are required to confirm the long-term impact on the sexual health of HIV key and vulnerable populations and identify specific areas for advocacy to maintain service provision.

For other morbidities, testing for TB was not disrupted for 50% of respondents in data collected by EATG in May 2020, though a large minority (25%) report that it was only available in emergency situations. Testing for HCB and HCV were also affected according to respondents, and this phenomenon is reflected globally. According to the WHO, hepatitis services are significantly disrupted, including around testing and treatment initiation, with some reporting closure of community screening altogether.⁵⁷ A survey conducted by the World Hepatitis Alliance found that only 36% of 300 partner organisations reported that people were able to access viral hepatitis testing. This shortfall was partly the result of closure, but it is also likely that people are not attending facilities due to COVID-19.⁵⁸

This is also reported in relation to TB, where contact screening – the cornerstone of TB management and control – is difficult to manage remotely,⁵⁹ as are other aspects of TB detection such as contact tracing. Patients are also likely to be deterred by COVID-19 in seeking support – from the patient’s perspective a sensible precaution perhaps, for someone already likely affected by respiratory disease.

CBOs have responded with innovations, such as sending viral hepatitis tests by post and revising routes of mobile testing vans,⁶⁰ and further data are required to explore further barriers to testing, and the short- and medium-term impact on the incidence of all

⁵⁴ Short, M. et al. (2020). Testing times. *Eur J Contracept Reprod Health Care* 25(3): 167-168. DOI: <https://doi.org/10.1080/13625187.2020.1754036> (Accessed August 2020)

⁵⁵ British Association for Sexual Health and HIV (BASHH) (2020). BASHH COVID-19 Sexual Health ‘Clinical Thermometer’ Survey Round 2 Results Snapshot. (Released May 2020). Available here: <https://members.bashh.org/Documents/COVID-19/BASHH%20COVID-19%20Clinical%20Thermometer%20Survey%20-%20Second%20Round%20Results%20Snapshot%20May%20.pdf> (Accessed July 2020).

⁵⁶ Brawley S et al. Impact of shelter in place orders on PrEP access, usage and HIV risk behaviours in the United States. 23rd International AIDS Conference, abstract OADLB0101, 2020.

⁵⁷ WHO (2020). Disruption in HIV, Hepatitis and STI services due to COVID-19. Released 8 July 2020. Available here: https://www.who.int/docs/default-source/hiv-hq/presentation-disruption-in-services-international-aids-conference-2020.pdf?sfvrsn=d4bf1f87_7 (Accessed July 2020)

⁵⁸ Wingrove, C. et al. (2020). The impact of COVID-19 on hepatitis elimination. *Lancet Gastroenterol Hepatol*. DOI: [https://doi.org/10.1016/S2468-1253\(20\)30238-7](https://doi.org/10.1016/S2468-1253(20)30238-7) (Accessed July 2020).

⁵⁹ Kaur, H (2020). Managing TB during the COVID-19 Pandemic. Royal College of Nursing (UK). Released 30 April 2020. Available here: <https://www.rcn.org.uk/news-and-events/blogs/managing-tb-during-the-covid-19-pandemic> (Accessed July 2020)

⁶⁰ Alliance for Public Health (2020). Response to the challenges of COVID-19 in Ukraine. Released April 30 2020). Available here: http://aph.org.ua/wp-content/uploads/2020/05/SiTRep-COVID-19_ENGL.pdf (Accessed July 2020).

comorbidities in the long term.

PrEP

EATG reported in the first two rapid assessments that PrEP was being affected by COVID-19. Reductions in availability were noted in Czechia, Ukraine, and St Petersburg in Russia. Thirty percent (30%) of respondents reported disruption of some kind, such as units closing, or postponed appointments in non-urgent cases. New users are likely to face the biggest challenge accessing PrEP, and one survey found that for every ten-point increase in the COVID-19 stringency score, for gay and bisexual cis and trans men in a multi-country survey, there was a 9% reduction in the odds of access to PrEP.⁶¹ In regions still at the early stage of PrEP availability and where demand is at the moment low, such as eastern Europe and central Asia, COVID-19 is likely to affect the scale up of PrEP programmes. In one survey, conducted by ECOM, online services are reaching only 50% of clients, with PrEP being provided by only 3% of organisations.⁶²

People who use drugs

People who use drugs are particularly vulnerable due to criminalisation and stigma and often experience underlying health conditions, higher rates of poverty, unemployment and homelessness, as well as a lack of access to vital resources – putting them at greater risk of infection.⁶³ EATG data from April 2020 noted that opportunities to purchase OST in some countries have ameliorated some of the challenges around CBO closures, though difficulties presented by the curfew in Greece are noted. In Ukraine, Aidsfonds partner organisations reported that, due to fear of coronavirus, 50% of their service users – mainly people who use drugs – are not showing up for their substitution therapy and antiretroviral medication.⁶⁴

There can be no doubt that COVID-19 responses have impacted on the continuity of care for drug users, jeopardising the continuum of harm reduction. Responses by CBOs have been adaptive, with a growth in telemedicine, and addressing other shortages such as food, water, and hygiene products.⁶⁵ Further data are required to confirm the short- and medium-term effects of COVID-19 on harm reduction services, and the lives of drug users in the European region. This should include tracking the incidence of HIV and viral hepatitis due to a possible increase in users sharing equipment.

⁶¹ Lamontagne E et al. (2020). COVID-19 pandemic increases socioeconomic vulnerability of LGBTI+ communities and their susceptibility to HIV. 23rd World AIDS Conference (AIDS 2020: Virtual). Abstract LBPEE53.

⁶² ECOM (2020), reported in EATG (2020). E-meeting on delivery of PrEP and sexual health service in times of crisis [webinar report]. Released 17 July 2020. Available from EATG. YouTube video available here: <https://www.youtube.com/watch?v=aGyUfjfkArY> (Accessed July 2020)

⁶³ Chang J. et al. (2020). COVID-19 - Enacting a 'new normal' for people who use drugs. *Int J Drug Policy*: 102832. Available here: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7332951/> (Accessed July 2020)

⁶⁴ Aidsfonds (2020). Communities first in the global COVID-19 response. Updated 14 April 2020. Available here: <https://aidsfonds.org/news/communities-first-in-the-global-covid-19-response> (Accessed July 2020).

⁶⁵ EMCDDA (2020). Impact of COVID-19 on the drug situation in Europe — EMCDDA Director presents findings to European Parliament. Released 4 June 2020. Available here: https://www.emcdda.europa.eu/news/2020/impact-of-covid-19-on-the-drug-situation-in-europe-emcdda-director-presents-findings-to-european-parliament_en (Accessed July 2020)

3.3 HIV care and treatment, and access to medicines

One stark result of the epidemic has been an inevitable shift towards alternative ways to provide face-to-face services, including medical consultations and obtaining HIV medication, to avoid the situation identified by a Greek-based EATG member in July 2020, of people living with HIV being “left with practically no doctor to follow up.” An EATG member based in Tajikistan noted in July 2020 that, for HIV communities, there is currently “no clear picture and dynamics of the spread of HIV and STIs” among key population groups. Challenges, such as HIV services based in CBOs “currently not fully working, a delayed funding for HIV programmes, no services for peer-to-peer or peer support, all mean that outreach work among key population groups is not being carried out.” Another, based in the UK, states that an impact of COVID-19 has been “[restricted] access to uninterrupted treatment and adherence support.”

For people living with HIV and attending clinics, EATG data from April, May, and July 2020, show that for nearly 48 % of respondents (April 2020), visits were postponed. For treatment continuity, solutions include extending prescriptions, for example Romania and Switzerland, and opportunities to collect medications from community pharmacists, via post, or by direct delivery. Other data confirm disruptions in viral load monitoring that is crucial in identifying non-adherence issues or treatment failures.⁶⁶

One interesting development is the shift from hospital to community pharmacies – often as a result of hospital pharmacies closing altogether. Clinics and pharmacies have been forced to explore more innovative approaches to ensure people living with HIV are provided with timely and sufficient medication. This is particularly important, according to EATG’s data, in places where people requiring treatment have been unable to travel to the main hospital (Albania), or Cyprus, where local politics make traveling between north and south difficult. Restrictions in travel are highlighted elsewhere,⁶⁷ and particular key populations are facing increased barriers accessing all their medications. For example, the Alliance for Public Health in Ukraine reported in April 2020 that trans people are not able to access their hormonal therapy medicines and require additional consultations to address this.⁶⁸ Similar findings are provided by ILGA, where 26 countries report limitations on transition-related care, including access to continuity of care for ongoing treatments.⁶⁹ In addition, a Switzerland-based EATG member, commenting in July 2020, highlights that quite a number of migrants with residence and work permits depend on treatment being shipped from their home countries.

HIV treatment supply

EATG’s first two rapid assessments note examples of potential problems in HIV treatment

⁶⁶ WHO (2020). Disruption in HIV, Hepatitis and STI services due to COVID-19. Released 8 July 2020. Available here: https://www.who.int/docs/default-source/hiv-hq/presentation-disruption-in-services-international-aids-conference-2020.pdf?sfvrsn=d4bf1f87_7 (Accessed July 2020)

⁶⁷ POZ (2020). COVID-19 Threatens LGBT People’s Economic Security. Released 8 July 2020. Available at: <https://www.poz.com/article/covid19-threatens-lgbt-peoples-economic-security> (Accessed July 2020)

⁶⁸ Alliance for Public Health (2020). Response to the challenges of COVID-19 in Ukraine. Released April 30 2020). Available here: http://aph.org.ua/wp-content/uploads/2020/05/SiTRep-COVID-19_ENGL.pdf (Accessed July 2020).

⁶⁹ ILGA (2020). COVID-19 impacts on LGBTI communities in Europe and Central Asia: A rapid assessment report. Released June 2020. Available here: <https://www.ilga-europe.org/sites/default/files/covid19-lgbti-assessment-2020.pdf> (Accessed August 2020)

supply. Data from May 2020 suggests this could be related to issues such as stockpiling (Switzerland), delays in procurement (Russia), treatments being diverted to COVID-19 patients (Italy), and delays in contracting (Kazakhstan). UNAIDS also note this issue at the global level, highlighting that lockdowns and border closures are impacting on both the production of medicines and their distribution, which could lead to an increase in cost and stockouts during July-August 2020.⁷⁰

There are solutions to preventing stock-outs, such as governments, donors and suppliers monitoring production and stock levels of medications to identify possible risks,⁷¹ but this will require advocacy and government commitment. Organisations such as EATG and GNP+ highlight this component as part of their COVID-19 advocacy response.^{72 73} EATG data confirm this is being done already in Czechia, with additional advocacy to pharma companies from Czechia and Italian CBOs. In Bulgaria, treatment interruption was avoided through direct communication between hospitals and pharma companies, and there are other examples of this approach leading to at least some resolution in supply and providing important case studies for initiatives elsewhere.

3.4 Comorbidities treatment and care

There is evidence that the care and treatment of co-morbidities has been affected. In Russia, for example, treatment and care for viral hepatitis is provided by infection specialists who are now engaged in COVID-19 treatment; this affects the situation of diagnosis and treatment of viral hepatitis, with lack of access to health facilities during lockdown and drug stockouts also leading to disruption in other countries.⁷⁴ For an EATG member based in Italy, a major gap has been health system follow up of people living with HIV with another pathology. This is “shameful!” according to the respondent and illustrates their fears of being unprotected by clinical services for health issues outside of HIV.

With TB, EATG’s data highlights problems in Romania, where patients are shielding at home, and doctors are needing to focus on COVID. One challenge facing all patients is that risk assessment for treatment adherence, should they require support with medication, is a requirement to begin direct observed therapy (DOT) that depends on face-to-face interactions each day. Some patients have used video observed therapy (VOT), though this

⁷⁰ UNAIDS (2020). COVID-19 could affect the availability and cost of antiretroviral medicines, but the risks can be mitigated. Press release 22 June 2020. Available here:

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/june/20200622_availability-and-cost-of-antiretroviral-medicines (Accessed July 2020).

⁷¹ UNAIDS (2020). Global AIDS Update 2020. Available here: <https://www.unaids.org/en/resources/documents/2020/global-aids-report> (accessed July 2020).

⁷² EATG (2020). COVID-19 is time for equitable access for all, not for business as usual. Statement July 8 2020. Available here: https://mailchi.mp/257403de1821/eatg_covid19_statement?fbclid=IwAR11YobKnuPe83dYWPcMPwAH1_lm1hpUnXiPcsbrTH28_HO69idlKBjRm5A (Accessed July 2020).

⁷³ GNP+ (2020). Living with HIV in the time of COVID. Available here: https://www.gnpplus.net/assets/wbb_file_updown/8170/BeyondLIVING_COVID-19_Updated.pdf (Accessed July 2020).

⁷⁴ WHO (2020). Disruption in HIV, Hepatitis and STI services due to COVID-19. Released 8 July 2020. Available here: https://www.who.int/docs/default-source/hiv-hq/presentation-disruption-in-services-international-aids-conference-2020.pdf?sfvrsn=d4bf1f87_7 (Accessed July 2020)

does not suit everyone.⁷⁵ The WHO does support the intensification of digital health technologies to support TB patients and programmes through improved communication, counselling, care, and information management,⁷⁶ and COVID-19 has forced increasing emphasis on this approach.

3.5 Women (including SRHR)

Sexual and gender violence remains a significant issue, especially in fragile and conflict-affected settings.⁷⁷ This has been especially acute during the COVID-19 epidemic, which has seen a marked increase in domestic violence.⁷⁸ This has also highlighted the difficulties around gathering confidential data safely in the context of sexual and gender-based violence, especially where it could be difficult interviewing a person alone, due to self-isolation in the home, and other family members being around.⁷⁹ There are broader concerns that the impact of COVID-19 will lead to a rolling back of progress towards gender equality.⁸⁰ According to the UN, women and girls are bearing a disproportionate burden of the impacts of COVID and nation states' emergency responses.⁸¹ For example, policy responses have left millions of girls out of school, and their chances of continuing their education remotely often depend on whether they have reliable internet.⁸²

UNAIDS is promoting a strong gender equality agenda to be at the heart of COVID-19 policies that includes lessons learned from the HIV response.⁸³ Specifically in relation to SRHR, according to the IPPF the COVID-19 pandemic is having a major impact on the delivery of sexual and reproductive healthcare around the world for women, with millions of women and girls facing an even greater challenge in trying to take care of their own health and bodies.⁸⁴ An especially vulnerable group are women who use drugs, whose access to sexual and reproductive health has always been precarious. EATG's second rapid assessments confirmed

⁷⁵ Kaur, H (2020). Managing TB during the COVID-19 Pandemic. Royal College of Nursing (UK). Released 30 April 2020. Available here: <https://www.rcn.org.uk/news-and-events/blogs/managing-tb-during-the-covid-19-pandemic> (Accessed July 2020)

⁷⁶ WHO (2020). Information Note: Tuberculosis and COVID-19. Released 11 May 2020. Available here: <https://www.who.int/docs/default-source/documents/tuberculosis/infonote-tb-covid-19.pdf> (Accessed July 2020).

⁷⁷ Gender-Based Violence (Violence Against Women and Girls) (World Bank 2019). Available at: <https://www.worldbank.org/en/topic/socialdevelopment/brief/violence-against-women-and-girls>

⁷⁸ IPPF (2020). COVID-19 and the rise of gender-based violence. Released 22 April 2020. Available here: <https://www.ippf.org/blogs/covid-19-and-rise-gender-based-violence> (Accessed July 2020)

⁷⁹ Devex (2020). Has it become too dangerous to measure violence against women? Released 6 May 2020. Available here: <https://www.devex.com/news/has-it-become-too-dangerous-to-measure-violence-against-women-97112> (Accessed July 2020)

⁸⁰ UN (2020). Policy Brief: The impact of COVID-19 on women. Released 9 April 2020. Available here: <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/report/policy-brief-the-impact-of-covid-19-on-women/policy-brief-the-impact-of-covid-19-on-women-en-1.pdf> (Accessed 2020)

⁸¹ UN (2020). Put women and girls at centre of COVID-19 recovery: UN Secretary-General. Available here: <https://news.un.org/en/story/2020/04/1061452> (Accessed July 2020)

⁸² UNDP (2020). What does coronavirus mean for women? (Released 13 July 2020). Available here: <https://www.undp.org/content/undp/en/home/blog/2020/what-does-coronavirus-mean-for-women.html> (Accessed July 2020)

⁸³ UNAIDS (2020). Six concrete measures to support women and girls in all their diversity in the context of the COVID-19 pandemic. Available here: https://www.unaids.org/sites/default/files/media_asset/women-girls-covid19_en.pdf (Accessed July 2020)

⁸⁴ IPPF (2020). COVID-19 pandemic cuts access to sexual and reproductive healthcare for women around the world. Released 9 April 2020. Available here: <https://www.ippf.org/news/covid-19-pandemic-cuts-access-sexual-and-reproductive-healthcare-women-around-world> (Accessed July 2020)

that, in some areas, appointments are limited to emergencies and examinations for pregnant women. Further data are required to ascertain the impact of COVID-19 on women's access to sexual and reproductive health services, and the fallout from COVID-19.

3.6 Health system responses and solutions

Disruptions to health services have been discussed in the context of communities. Health systems have strived to maintain services, though provision for many conditions requiring consultation, investigation, or treatment (including surgery), have, except for the most urgent, been restricted, including for non-communicable diseases, mental health, maternal and child health, and orthopaedics.^{85 86 87 88 89} The need for clinical and non-clinical staff to maintain COVID control measures, to protect themselves and patients according to WHO⁹⁰ and national guidelines, as well as health care workers themselves self-isolating if COVID is suspected, have had significant impact. For conditions requiring constant health service access such as people living with HIV, health care workers are forced to seek alternative ways to engage with patients. EATG's data in the second rapid assessment includes a number of examples, such as video consultation [with some respondents requesting this is extended beyond COVID-19], prioritising urgency – for example coinfections, comorbidities, for OST, and other specialist consultations – and adopting a proactive approach reaching out to patients.

There is real concern, though, for those who are not virally suppressed, late presenters, and how to manage new HIV diagnoses.⁹¹ One approach is to promote – at the policy level – differentiated service delivery, a systematic method for prioritising client needs and person-centred care in response to service crisis, empowering and protecting people living with HIV, whilst at the same time strengthening health systems.⁹² Communication is a priority, and EATG's data confirmed that the number of clients – including PrEP users – being contacted to provide information on changes due to COVID-19, with worrying numbers of people *not*

⁸⁵ WHO (2020). COVID-19 significantly impacts health services for noncommunicable diseases. Released 1 June 2020. Available here: <https://www.who.int/news-room/detail/01-06-2020-covid-19-significantly-impacts-health-services-for-noncommunicable-diseases> (Accessed July 2020)

⁸⁶ Richards, M. et al. (2020). The impact of the COVID-19 pandemic on cancer care. *Nat Cancer* 1, 565–567 (2020). <https://doi.org/10.1038/s43018-020-0074-y> (Accessed July 2020)

⁸⁷ Andalo, D. (2020). Can mental health services cope with the devastating effects of Covid-19? *The Guardian*, 15 July. Available here: <https://www.theguardian.com/society/2020/jul/15/can-mental-health-services-cope-with-the-devastating-effects-of-covid-19> (Accessed July 2020)

⁸⁸ Robertson, T. et al. (2020). Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study. *Lancet Glob Health* 8(7): e901. DOI: [https://doi.org/10.1016/S2214-109X\(20\)30229-1](https://doi.org/10.1016/S2214-109X(20)30229-1) (Accessed July 2020)

⁸⁹ Pouramin, P. et al. (2020). Delays in hospital admissions for patients with fractures. *Lancet Glob Health* 8(8): e1000. DOI: [https://doi.org/10.1016/S2214-109X\(20\)30067-X](https://doi.org/10.1016/S2214-109X(20)30067-X) (Accessed July 2020)

⁹⁰ WHO technical guidance on COVID-19 for a range of circumstances are detailed here: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/patient-management> (Accessed July 2020)

⁹¹ Samuel, K. (2020). COVID-19 rapidly reshaping HIV services around the world (report of IAS webinars). AIDS MAP. Released 27 April 2020. Available here: <https://www.aidsmap.com/news/apr-2020/covid-19-rapidly-reshaping-hiv-services-around-world> (Accessed July 2020).

⁹² Wilkinson, L and A Grimsrud (2020). The time is now: expedited HIV differentiated service delivery during the COVID-19 pandemic. *J Int AIDS Soc* 23(5): e25503. Available here: <https://onlinelibrary.wiley.com/doi/10.1002/jia2.25503> (Accessed July 2020)

being contacted, especially for co-infections, comorbidities, OST, and PrEP (where more were not contacted than were).

Further data are required to explore the impact on care provision in these cases.

4. Key issues, need for further information, and concluding comments

4.1 Key issues

The key issues highlighted in this assessment, reflecting a look back over the past six months, include:

1. **Community services:** providing testing, social support, counselling, treatment support, general information, OST, and the impact of CBO funding cuts
2. **Health services:** availability of and access to medications, access to consultations, pharmacies closed or moved, OST, linkage to care, travelling to health centres, HIV+ admitted for COVID treatment
3. **Testing and prevention for HIV and comorbidities or coinfections:** impact on HIV testing, plus screening and treatment/care for TB, STI, viral hepatitis
4. **Living as a person with HIV and/or part of key or vulnerable population:** socioeconomic issues, social isolation, women and sexual and reproductive health, domestic violence, psychological issues and mental health from social isolation, the impact of the disruption of HIV services, and threats to human rights.

4.2 Need for further information

Many of the data generated to date by EATG and other organisations have been necessarily descriptive – what have been the problems, and what solutions are offered. From this point on, more system-wide and granular data are required to begin exploring some of the more nuanced emerging issues, and to undertake in-depth monitoring and evaluation of interventions in the ever-changing context of COVID-19. This research can include collaboration between academia and the community.

Further information required includes:

1. Community and services

- a. The effectiveness of community support mechanisms – how effective and sustainable are they?
- b. Are key and vulnerable populations differentially affected by COVID-19? What are the different needs of particular groups? A key focus should include harm reduction, trans people, and migrant communities.
- c. Further data are required on the specific impact on women, especially women living with HIV and using drugs. What about sexual and reproductive health, and how has COVID-19 accentuated gender inequalities?

- d. What measures are in place for underserved communities, especially those with minimal access to technology?
- e. How will potential funding shortfalls affect services in the medium- and long-term, and what measures are being taken to ameliorate this?
- f. Protections for personnel – not just PPE, but more the extra pressures of meeting client need in a time of crisis.
- g. How will the COVID-19 crisis affect CBOs' advocacy role?
- h. There are limited data on the impact of COVID-19 on services for key and vulnerable populations such as migrants or displaced. Further information is needed.

2. Health services

- a. Treatment: granular exploration of stockouts and measures to improve supply
- b. Alternate approaches to remote consultation – how sustainable are they, and how effective?
- c. Exploration of collaborative working with community services (who are filling some of the gaps in health and treatment provision) – what has worked best, and what about the medium term?
- d. What is the experience of people living with HIV receiving care for non-HIV conditions?

3. Testing and prevention for HIV and comorbidities/coinfections:

- a. How jeopardised is linkage to care for HIV and comorbidities?
- b. How is the decreasing demand for testing being addressed?
- c. How effective are the alternative methods of providing community testing (home tests, delivery systems, counselling, and mechanisms for linkage-to-care)? Can they be expanded further?

4. Living as a person with HIV and/or part of a key or vulnerable population

- a. Explore issues around the transference of stigma against COVID-affected people to other groups, which could include HIV key and vulnerable populations, and, more broadly, the experience of people living with HIV requiring medical interventions by health care workers not experienced in this speciality.
- b. Evaluate the effectiveness of interventions in alleviating the negative effects of social isolation.

4.3 Conclusion and next steps

The body of this report ends where it began – the impact of COVID-19 on the lives of people living with HIV, their communities, and key and vulnerable populations. Data collected by EATG and other organisations confirm that the COVID-19 epidemic presents unprecedented challenges, and community responses have so far been at the forefront of meeting needs in many countries. Rapid adaptation of community organisations to arrange testing spots near

patients' homes in Ukraine,⁹³ purchasing food and distributing food packages for sex workers in Kyrgyzstan,⁹⁴ or training on computer literacy for older people living with HIV and those recently released from prison,⁹⁵ are some examples.

What's clear in August 2020, following the so-called 'first wave' of COVID-19 in the region, is that there are likely to be further outbreaks requiring different levels of response. As with all novel viruses, it will never truly disappear, but rather will become better controlled in the coming months and years. We are in for the long haul; the virus is still spreading fast, and the worst may yet be to come.⁹⁶ Whilst prolonged lockdowns are not the answer for future waves of COVID-19,⁹⁷ CBO and health system responses will need to be adaptable so as to minimise damage to services. Donors will also need to be adaptable, understand the key role CBOs are playing in the pandemic, and adjust funding schemes accordingly. CBOs are already involved in COVID-specific advocacy, and this is likely to become more necessary. Another component is the importance of learning from one another, such as EATG's webinar in June 2020 on the delivery of self-testing kits. Seeing what works in one country can be replicated elsewhere.

A respondent in EATG's second rapid assessment stated that, "at this stage, nobody has a clue how we will be able to continue our lives." As the impact of COVID-19 continues it will be community services that will be a vital part of the response for affected people facing multiple challenges living their daily lives. Lessons learned from the HIV response will be vital here; one of which is that community building works better than "edicts from above."⁹⁸ Another, that community solidarity is not optional or circumstantial, but an effective value in the face of an epidemic,⁹⁹ should be the bedrock for future planning.

COVID-19 also provides an opportunity to inform a broader rethink of health and social services toward more inclusive, integrated, and people-centred approaches.¹⁰⁰ Shaping COVID-19 responses to prioritise a human rights-based approach that centres on evidence, empowerment, and community engagement¹⁰¹ will be the gold standard from this point on.

⁹³ GNP+ (2020). Living with HIV in the time of COVID. Available here:

https://www.gnpplus.net/assets/wbb_file_updown/8170/BeyondLIVING_COVID-19_Updated.pdf (Accessed July 2020).

⁹⁴ SWAN and ICRSE (2020). COVID-19 crisis impact on access to health services for sex workers in Europe and Central Asia. Released June 2020. Available here: <http://www.sexworkeurope.org/news/news-region/icrse-and-swan-publish-assessment-impact-covid-19-sex-workers-access-health> (Accessed July 2020)

⁹⁵ AFEW (2020). International COVID-19 Report. Released 5 June 2020. Available here: <http://afew.org/covid-19/afew-international-released-the-covid-19-report-interruption-and-innovation/> (Accessed July 2020)

⁹⁶ Editorial (2020). COVID-19: the worst may be yet to come. *Lancet* (396). Released 11 July 2020. Available here: [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(20\)31517-8.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)31517-8.pdf) (Accessed July 2020).

⁹⁷ Horton, R. (2020). Offline: The second wave. *Lancet* 395(10242): 1960. Released 27 June 2020. Available here: [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(20\)31451-3.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)31451-3.pdf) (Accessed July 2020)

⁹⁸ Wolfe, D (2020). 10 lessons from HIV for the COVID-19 response. OSF. Released 12 June 2020. Available here: <https://www.opensocietyfoundations.org/voices/10-lessons-from-hiv-for-the-covid-19-response> (Accessed July 2020)

⁹⁹ Trabajando en Positivo (Spain) (2020). 10 Lessons learned in the HIV response for COVID-19. Released 15 May 2020. Available here: <https://www.aidsactioneurope.org/en/news/10-lessons-learned-hiv-response-covid19> (Accessed July 2020)

¹⁰⁰ Nobody Left Outside Initiative (2020). COVID-19 in marginalised groups: challenges, actions, and voices [Briefing paper for the World Health Organization European Office for Investment for Health and Development]. Released August 2020. Available here: <https://nobodyleftoutside.eu/wp-content/uploads/NLO-COVID-19-Briefing-paper-Final-August-2020.pdf> (Accessed August 2020).

¹⁰¹ UNAIDS (2020). Rights in the time of COVID: Lessons from HIV for an effective community led response. Available here: <https://www.unaids.org/en/resources/documents/2020/human-rights-and-covid-19> (Accessed July 2020)

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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