



European
AIDS Treatment
Group

EATG Rapid Assessment COVID-19 crisis' Impact on PLHIV and on Communities Most Affected by HIV



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1. Background

On March 11 2020, the World Health Organisation declared the COVID-19 outbreak a pandemic. 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 are also opportunities and solutions to be found.

The European AIDS Treatment Group, as a network of people living with and affected by HIV and partners in Europe and Central Asia, supports community reporting and exchange between members and partners to support mutual learning and advocacy at local or European levels.

The rapid assessment aims to document in a structured manner the perceptions of people living with and affected by HIV and that of organisations providing services to affected communities about the way in which COVID-19 impacts their health, well-being and access to HIV related prevention, treatment and care. This assessment has its limitations and biases (little time to develop the tool, questionnaire only available online and only in English, limited time the survey was open). Nonetheless, this rapid assessment provides a snapshot of information, concerns and solutions shared by respondents in several countries during the week of 27 March to 3 April 2020.

This rapid assessment bulletin aims to support local community actors in learning from each other and in developing solutions for their own settings. The information will also be used to focus EATG follow up actions in cooperation with relevant institutions and stakeholders. A second round of the assessment is foreseen with more targeted questions.

EATG intends to constantly improve the quality of the review and therefore welcomes questions and comments in regard to the project, its method and its outcome. The rapid assessment will be repeated and will provide information if issues raised in this first report are confirmed, remain unsolved or if new problems arise.

2. Method

The COVID-19 rapid assessment survey was open from 27 March to 3 April 2020. The questionnaire comprised 15 questions and was available online in English. It was disseminated to EATG and AIDS Action Europe (AAE) via internal communication channels. This bulletin synthesises data collected from the survey during that week. It will inform the formulation of recommendations and the follow up in response to the problems highlighted by respondents.

3. Summary

The respondents to the survey included 30 people (average age: 52,5 years) from 22 different countries. Overall, 23 participants were affiliated with a local organisation. A total of 20 participants were PLHIV, 14 participants were MSM, 5 participants were migrants, 3 participants were women, 1 was a PrEP user and 1 was a person injecting drugs.

Countries (and locations, when specified) of respondents were as follows: Cyprus (2 responses), Spain (Seville), Ukraine (2 responses), Czechia (Prague), Portugal (Lisbon), Italy (Faenza-Ravenna, Ravenna, Milan, Rome, Other), Switzerland, Ireland (Cork), Belgium, Romania (Bucharest), Finland, Albania, The Netherlands, UK, France, Germany (Berlin, Other), Slovenia, Turkey (Istanbul), Poland, Austria, Greece.

General information

Some respondents indicated measures have been taken to ensure support for PLHIV who are more exposed to serious illness (6/30). Recommendations seem the same as for older persons and those with multiple morbidities. Though some support is reported (remote consultations, medication pick up/home delivery and support for grocery), many respondents replied that no steps were being taken to mitigate the impact of social isolation (12/30) however, it seems some support is starting to get organised at grass-root level (10/30).

In terms of socio-economic concerns impacting people living with or affected by HIV, all respondents reported loss of income as a concern. Nearly all reported concerns over the impact of isolation. Some respondents reported concerns over domestic violence, mental health, elderly, prisoners, sex workers, housing and access to food issues.

In most locations, respondents reported that community organisations/NGOs are trying to provide some support, organising online socialising, and contacting people. Some organised helplines. Peer groups are being organised through virtual platforms and are using WhatsApp for communication. Some local support is organised at community level. This does not mean that these initiatives in themselves are sufficient to mitigate the impact of social isolation.

Service disruption

Health care services are disrupted and alternative arrangements are being implemented progressively, though not every country has been in a position to prepare adequately. Medical consultations are suspended, postponed or carried out remotely. Facilitation of medicines delivery is being organised, e.g. pick up at community pharmacist, post or direct delivery on a case by case basis. The crisis has also been the occasion to introduce e-prescribing or tariffs for virtual visits.

Community services are disrupted. The ability to provide services could depend on the severity of confinement measures locally and access to protective materials. Organisations have moved services to online support when possible, however doing so may present challenges for some people. Community testing is suspended, though some centres are still operating on an appointment-only basis. Some settings are looking into self-testing, self-sampling and it will be useful to explore delivery systems, counselling and linkage to care mechanisms.

There was little information reported regarding harm reduction services for people who use drugs, but this information is provided by specialised organisations. Some limitations are reported outside of the survey, including limited access to protective equipment.

Medicines shortages

Some HIV medicines shortages were reported (Romania, Albania, Italy, Ukraine) and the signals of upcoming supply issues are there. Some concerns regarding shortages were raised beyond this survey and will require follow up.

4. HIV prevention, treatment and care - Assessment of continuity/ disruption in service delivery

Disruption in routine and emergency visit schedule

All respondents reported that in-person health services have been limited to emergencies and ARVs distribution. In many locations, health services responsible for HIV and TB are now focused on COVID-19.

In most cases, routine consultations are postponed or organised remotely (e. g. phone, Skype). Some patients were contacted by their healthcare provider. While most consultations occur via phone, some respondents noted that it would be useful to expand the use of video consultations.

Routine testing appears to be deferred or suspended until further notice in several locations, with a noted exception of emergencies.

In Romania, TB treatment is reported to be delayed as doctors are focused on care for COVID-19.

One respondent reported challenges for people with HIV that have comorbidities (e.g. heart conditions, diabetes) as follow up is reduced and the information provided varies by different providers. Though the issue was highlighted only once, it could be more widespread.

Limitations on the freedom of movement are impacting access to treatment for PLHIV in certain locations. For instance, in Albania, challenges are reported for PLHIV who have to travel to get their medication. In other cases, current difficulties result from pre-existing political division. In Cyprus, if the confinement is prolonged, people living with HIV treated in the south but living in the northern part may face treatment interruption as they can no longer cross to the other side.

One respondent (Turkey) reported ad-hoc support for people unable to travel back home for ARVs. There are several such reports from EATG members beyond this particular survey.

Table 1. Reported situation with scheduled, future and emergency visits

	scheduled visits	future visits	emergency visits
postponed	12	10	4
cancelled	2	1	1
virtual	13	7	10
N of respondents who answered the question	27	18	15

Table 2. Healthcare provider-initiated contact about visits

YES	13
NO	17
N of respondents who answered the question	30

Alternative arrangements concerning supply of medications

Efforts are being made in several countries to provide 2-6 months of ARV medicines to patients. In several locations this effort pre-existed the COVID-19 crisis, in others the extension of provision resulted from contingency planning. Variations within countries are reported (e.g. Spain, Italy). In some locations, provision is very limited: one-month supply (Ukraine) or some shortages reported (Romania and Albania).

In a number of cases, respondents noted facilitation in delivery: pick up at community pharmacist, post or direct home delivery on case by case basis. One respondent, noted the introduction of e-prescribing to a community pharmacy as a result of the COVID-19 response (Austria). Two respondents reported the support of community organisations in local delivery (Spain, Cyprus).

One respondent reported a change of delivery from hospital to community pharmacy. At times, the closure of certain hospital pharmacies and the change of mechanisms were noted to cause delays, with treatment interruptions reported (Portugal). While there seems to be a move away from ARV delivery at hospital pharmacies, it is not generalised and varies at country level. At least five respondents pointed out pick up at hospital pharmacies. Some hospitals organise home delivery.

One respondent reported difficulties for patients having to travel to the capital to get their medicines due to the special permission needed to do so (Albania). This challenge may be more frequent than reported.

In Romania, there seems to be a move towards extending the supply of antiviral treatment from one to three months.

In Ukraine, there are concerns over ARV supply if the confinement measures last more than two months.

Some respondents reported that prescriptions for opioid substitution treatment were extended for a longer period than before (e. g. Ukraine). This measure is reported to be implemented in

other countries (e.g. Romania 1-2 weeks), though the information comes from sources beyond this particular survey.

Disruption in HIV, STI testing, prevention services

Overall, HIV and related testing activities from community centres are for the most part suspended. Some HIV and STI testing is still possible in public service settings, though it is not encouraged.

Two respondents reported that their centres maintain a limited rapid testing for HIV services by appointments (Czechia, Ukraine). Social workers are also reported to be distributing saliva rapid tests (Ukraine). One respondent noted the possibility of STI testing and treatment once a week at a community centre with the involvement of a doctor (Czechia).

Three respondents noted that they are looking into the possibility of self-testing (Portugal, Czechia, Poland).

Some respondents reported an impact on PrEP programmes. In Cork, the crisis halted the rolling out of the PrEP programme. PrEP was also reported to be discontinued in Portugal.

5. In search for solutions for community support to populations most affected by HIV

In many locations, respondents report that local organisations are developing solutions to mitigate the disruption in face-to-face services and to address the impact of social isolation for most affected communities. They set up and use online communication platforms to provide support. Social media is used to share information, including on risk reduction. Community service providers were still in the process of investigating and negotiating alternative arrangements for in-person services during the week the survey was open.

In some locations, respondents affiliated with local organisations report having reached out to pharmaceutical companies regarding the provision of ARVs (Prague, Milan).

In Cyprus, the Checkpoint introduced new hygiene measures (temperature checks, protective masks and gloves, extra disinfection). An online information service for PLHIV was started via the local organisations' website.

In Seville, Spain, the respondents reported no longer being able to run PrEP, HIV and STI screening services at the Checkpoint or in prison. The organisation however offers individual and group psychological support, legal advice and information through virtual platforms, as well as medications delivery.

In Kyiv, Ukraine, since public transport is problematic, pharmacies lack protective

masks, gloves and disinfectants, most of the services for MSM take place online. However, limited testing is reported to be possible by appointment.

In Prague, Czech Republic, MSM outreach programmes stopped. There is discussion with the Ministry of Health about the possibility to use funding for HIV testing for financing HIV self-tests which would be distributed by mail. ART provision is being closely monitored by community organisations to make sure there is no interruption in ART delivery.

In Lisbon, Portugal, testing and STI appointments are severely affected. The focus of the community support is PLHIV, homeless persons, undocumented migrants, sex workers and people using drugs. The government temporarily legalised all those who did ask for residence permits and provided access to national health services. New services for PUD and homeless.

In Cork, Ireland, rapid HIV testing at the centre and outreach is suspended. Support services for people living with HIV support have moved online or by phone. The centre posts condoms to people who are requesting them. The centre also provided information via social media on sex and COVID-19.

In Bucharest, Romania, community organisations are organising counselling online and over the phone for problem solving.

In Amsterdam, The Netherlands, the association of PLHIV is offering online updates for PLHIV and to deliver food on doorsteps if a person is very sick, though there are practical challenges.

In Helsinki, Finland, the community space for face-to-face meetings and peer support is closed and other services it provided (e.g. food) came to a halt as a result. Peer support meetings are now virtual. The respondent noted that it means that some people may not access these services. Community testing at the centre is halted. Some anonymous testing may still be possible with organisations still trying to meet people who really need help (1-3 / week).

In the UK, the UK Community Advisory Board organises a forum to keep its members informed on COVID-19. Positively UK is now providing online and phone peer support.

In Slovenia, while face-to-face services are suspended for the most part, support is provided online with information delivery and counselling. An online PLHIV self-support group is organised.

In Istanbul, Turkey, face-to-face peer-to-peer services have stopped, and phone support put into place.

In Warsaw, Poland, all testing and harm reduction activities (both outreach and those provided in the office) are suspended. Online activities for newly-diagnosed PLHIV and problematic chemsex users are still provided (one-to-one support and support groups).

In Milan, Italy, the local association suspended most services but still organises virtual

meetings.

In Austria, psycho-social face-to-face support for key populations is suspended. Social workers are providing some support by phone. Anonymous testing is on halt, though old test results can be accessed.

In Berlin, Germany, testing has been reduced. Local organisations are exploring moving to online platforms.

In Cork, Ireland, face-to-face services are suspended and some support services are provided online. Some campaigns are being conducted on social media on how to stay safe.

In Brussels, Belgium, face-to-face services are suspended and the local organisation offers online support by phone call, mail, WhatsApp discussion group, especially for PLHIV.

6. Reporting on medication shortages/stockouts

Some respondents reported HIV medicines shortages and some expressed concerns at potential shortages in the coming months.

In Italy and the Czech Republic, respondents noted outreach to pharmaceutical companies to assess the risk of stockouts.

In Albania, shortages are reported outside of the capital.

A shortage of Rezolsta was reported in Milan, Italy but it is unclear whether it is due to its use for COVID-19 treatment. In other Italian locations, sporadic shortages are noted, though their cause is unclear.

Tenofovir, Emtriva are reported to be missing in Bucharest, Romania.

7. Follow-up to the assessment

Considering the findings of this rapid assessment, we will adapt the questionnaire and run a new round of the survey very soon. In the second round, we will address the survey beyond internal communication channels. Our aim is to use the results and updates to produce a second issue of the rapid assessment.

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